

DEPARTMENT OF CORRECTIONS
PERSONNEL FILE/MEDICAL CONFIDENTIAL FILE CHECK-LIST

Name

Omar Mateen

Social Security #

This form does not reflect a filing format or sequence; for additional information/ instructions regarding personnel files/medical confidential files refer to Procedure #208.012.

PERSONNEL FILE

SECTION I

- ☒ Personnel Action Request
☐ Report of Personnel Action

SECTION II

- ☐ Performance Appraisals and related Correspondence

SECTION III

- ☐ Health Care Selection Form - Acceptance/Refusal
☐ State Life - Acceptance
☐ DC Group Life - Acceptance
☐ Pre-Tax Premium Waiver
☐ *Misc Deduction Authorization Forms
☒ Copy of W-4 Form
☒ Copy of Social Security Card
☐ SMS/SES Group Disability-Acceptance/Refusal
☐ DC Group Disability Insurance-Acceptance
☐ Beneficiary Designation Form, BEN-001 (Optional)
☐ Pre-Tax Benefits Acknowledgment Form
☐ Request for Conversion of Annual Leave (DC2-682)
☐ Flexible Work Schedule Request (DC2-655)

SECTION IV

- ☒ Employment Application/Resume, including Supplemental Application, Willingness
☒ Questionnaire and Reference Check
☒ Loyalty Oath
☒ Employment Eligibility Verification (I-9)
☒ (ONLY for employees hired after 11/6/86)
☒ Receipt for Rules, Proced. & Pol.(DC2-810B)
☒ Letters of Appointment
☒ Selective Service Registration Form
☐ Workforce Reduction Documentation

SECTION V

- ☐ Fingerprint Card
☐ Transcripts (if applicable)
☒ FDLE/CJSTC Documentation
☐ Credentialing Documents for Health Services
☒ Professional Licenses and all other license(s) information
☒ Applicant Release of Information (DC2-607), if applicable

SECTION VI

- ☐ Use of Force Reports (DC2-802) (If Notice of Injury Form is attached, file in Medical Confidential file)
☐ Copy of all Disciplinary Actions
☐ Charges of Discrimination (EEOC form) and letters of Determination
☐ Copy of all Grievance Forms and all applicable responses

MEDICAL CONFIDENTIAL FILE

SECTION I

- ☐ Workers' Compensation documents
☐ Hepatitis B documents
☐ Tuberculosis documents

SECTION II

- ☐ Drug testing documents

SECTION III

- ☐ Physical Examination documents or/ and information reflecting medical status
☐ Trauma Debriefing Participation Information
☐ Family Medical Leave Act documents
☐ Physician's statements

SECTION IV

- ☐ Americans with Disabilities Request
☒ Request for Accommodation
☒ Medical Confidential File Standard Release form
☐ Miscellaneous medical documents

Completed by Servicing Personnel Staff Member

Location

Date

Tom Watts

Amey

10/30/06

*If applicable.

REVERSE SIDE OF THIS FORM TO BE COMPLETED ONLY FOR THE CERTIFIED OFFICER.

- ☒ EMPLOYEE ACKNOWLEDGEMENT – SIGNED
- ☒ NEW EMPLOYEE INSURANCE ACKNOWLEDGEMENT – SIGNED
- ☒ PERSONNEL FILE/MEDICAL CONFIDENTIAL FILE CHECKLIST
- ☒ DIRECT DEPOSIT AUTHORIZATION – SIGNED, VOIDED CHECK PROVIDED (ONLY IF SIGNING UP TODAY)
- ☒ W-4 – SIGNED
- ☒ EMPLOYMENT ELIGIBILITY VERIFICATION – SIGNED
- ☒ OATH OF LOYALTY – SIGNED
- ☒ RECEIPT FOR RULES, PROCEDURES, OR POLICIES – SIGNED
- ☒ DRIVER'S LICENSE REQUIREMENT AND MANDATORY SAFETY RESTRAINT USE – SIGNED
- ☒ ACKNOWLEDGEMENT OF RESPONSIBILITY TO MAINTAIN CONFIDENTIALITY OF MEDICAL INFORMATION – SIGNED
- ☒ MEDICAL CONFIDENTIAL FILE STANDARD RELEASE – SIGNED
- ☒ ESSENTIAL STAFF FAMILY EMERGENCY PREPAREDNESS PLAN – SIGNED
- ☒ OATH OF ALLEGIANCE/CODE OF CONDUCT – SIGNED
- ☒ OMNIBUS/DOMESTIC VIOLENCE FORM (NON-CORRECTIONAL OFFICERS ONLY) – SIGNED
- ☒ CERTIFIED OFFICER TRAINEE RELEASE OF INFORMATION (NON-CERTIFIED CORRECTIONAL OFFICERS ONLY) - SIGNED

NAME:

Omar Mateen

SIGNATURE:





FLORIDA DEPARTMENT OF CORRECTIONS

Oath of Allegiance:

I do solemnly swear or affirm that I will uphold the Constitutions of the United States and the State of Florida, that I will obey the lawful orders of those appointed over me, and that I will perform my duties faithfully and in accordance with my mission to ensure the public safety, the support and protection of my co-workers, and the care and supervision of those in my charge, so help me God.

* In the Oath of Allegiance, employees may strike through the phrase "so help me God" when the employee affirms rather than swears.

Code of Conduct:

- I. I will never forget that I am a public official sworn to uphold the Constitutions of the United States and the State of Florida.
- II. I am a professional committed to the public safety, the support and protection of my fellow officers, and co-workers, and the supervision and care of those in my charge. I am prepared to go in harm's way in fulfillment of these missions.
- III. As a professional, I am skilled in the performance of my duties and governed by a code of ethics that demands integrity in word and deed, fidelity to the lawful orders of those appointed over me, and, above all, allegiance to my oath of office and the laws that govern our nation.
- IV. I will seek neither personal favor nor advantage in the performance of my duties. I will treat all with whom I come in contact with civility and respect. I will lead by example and conduct myself in a disciplined manner at all times.
- V. I am proud to selflessly serve my fellow citizens as a member of the Florida Department of Corrections.

Omar Mateen

Employee's Printed Name

10/30/06

Date

Employee's Signature

DEPARTMENT OF CORRECTIONS

**Medical Confidential File
Standard Release**

EMPLOYEE'S PRINTED NAME: _____

Omer Mateen

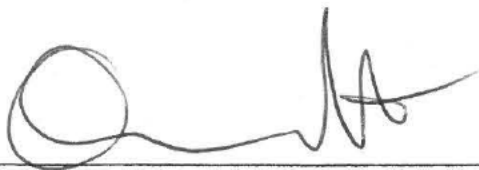
SOCIAL SECURITY NUMBER: _____



I understand the Americans with Disabilities Act (ADA) provides that medical-related information shall be kept confidential except the following may be provided without my consent:

1. Supervisors and managers may be informed about necessary restrictions on my work or duties and necessary accommodations;
2. First aid and safety personnel may be informed, when appropriate, if I have a disability that might require emergency treatment or if any specific procedures are needed in the case of fire or other evacuations;
3. Government officials investigating compliance with the ADA and other federal and state laws prohibiting discrimination on the basis of a disability or handicap may be provided relevant information upon request; and
4. Relevant information may be provided to state and federal agencies and persons having the legal authority to obtain such information.

No other disclosure of medical information from my file will be made without my written consent.

A handwritten signature in dark ink, appearing to be 'Omer Mateen'.

EMPLOYEE'S SIGNATURE

10/27/00

DATE

NOTE: In the event you refuse to sign this form, you must note "refused to sign" and the date of your refusal on the applicable signature line and return the form to your personnel office immediately.

FORM TO BE FILED IN EMPLOYEE'S MEDICAL CONFIDENTIAL FILE

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last <u>Mateen</u>	First <u>Omar</u>	Middle Initial <u>S</u>	Maiden Name
Address (Street Name and Number) [REDACTED]			Date of Birth (month/day/year) [REDACTED]
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Social Security # [REDACTED]
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): ☒ A citizen or national of the United States ☐ A Lawful Permanent Resident (Alien # <u>A</u>) ☐ An alien authorized to work until <u>1/1/</u> (Alien # or Admission #)	
Employee's Signature <u>[Signature]</u>		Date (month/day/year) <u>10/27/06</u>	

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		Drivers License		Social Security Card
Issuing authority: _____		<u>FL DMV</u>		<u>SS Ad</u>
Document #: _____		[REDACTED]		[REDACTED]
Expiration Date (if any): ____/____/____		<u>11/11/08</u>		<u>PIA</u>
Document #: _____				
Expiration Date (if any): ____/____/____				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 10/27/06 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>[Signature]</u>	Print Name <u>Marlin Durrance</u>	Title <u>PSS</u>
Business or Organization Name <u>5610 NW 9th Avenue, Ft. Lauderdale, FL 33309</u>		Date (month/day/year) <u>10/27/06</u>

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): ____/____/____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

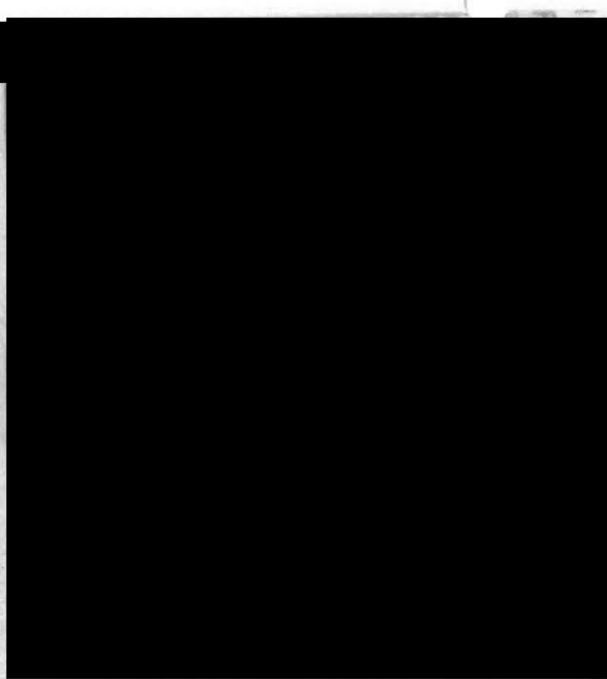
Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

Florida *the sunshine state*

DRIVER LICENSE CLASS E

OMAR MIR SEDDIQUE

DOB: [REDACTED] SEX: M HGT: 6-11



ck hX

P710607190045 SAFE DRIVER
Operation of a motor vehicle constitutes
consent to any sobriety test required by law.

SOCIAL SECURITY



THIS NUMBER HAS BEEN ESTABLISHED FOR

OMAR MIR SEDDIQUE MATEEN

[Handwritten Signature]

SIGNATURE

TRANSMISSION VERIFICATION REPORT

TIME : 10/30/2006 10:20
NAME : DESOTO CI PERSONNEL
FAX : 8634915393
TEL : 8634943723
SER.# : 000K5J898687

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

10/30 10:20
DIRECT DEPOSIT
00:00:43
01
OK
STANDARD
ECM

Please leave this area blank.

PLEASE READ AND CAREFULLY FOLLOW INSTRUCTIONS!
For a **Start** or **Change** all boxes must be completed;
do not leave information blank!

This form will start, change, or stop direct deposit for all payments received by you from the State of Florida. You may not have direct deposit to more than one account at one time.

Name: Please be sure your last name on this form matches the last name on your W-4 on file with your personnel office. Your direct deposit will not start if the last names do not match. If you change your last name on your W-4, you also must change your last name for direct deposit. You may fax a copy of signed, revised W-4 to the number below to make the change.

Direct Deposit Action Requested:

1. Check **Start** if you don't have direct deposit and wish to.
2. Check **Change** if you have direct deposit and wish to change your financial institution or just your account number or account type (Checking or Savings). Your current direct deposit is stopped when a change request is received. While the change is being processed, you will be paid by warrant (check).
3. Check **Stop** if you wish to stop your direct deposit. Stops are processed the day they are received.
4. Check **Name Change Only** if you are changing only your name to correspond to your W-4. Complete the top portion of the form and sign and date it.

Account Number: Please make sure the account number written on this form is correct. If you're not sure, PLEASE CONTACT YOUR FINANCIAL INSTITUTION.

Transit Routing Number: This is the nine-digit number that identifies your financial institution (Bank, Savings and Loan or Credit Union). It is found in the bottom left-hand corner of your personal check.

AGREEMENT

I hereby authorize and request the State of Florida to initiate credit entries and, if necessary, a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named. This direct deposit is to remain in effect until withdrawn by: (a) me in writing with sufficient notice to the State to allow adequate time to effect termination; (b) my death or legal incapacity; (c) the financial institution or (d) the State of Florida. It will purge approximately six (6) months after my last wage or retirement payment. It will

STATE OF FLORIDA DIRECT DEPOSIT AUTHORIZATION Tom Gallagher, Chief Financial Officer PLEASE TYPE OR PRINT CLEARLY

Your Social Security Number		
[REDACTED]		
Last Name	First Name	M.I.
Matern	Donar	S
Your Home Mailing Address (Number, Street)		
[REDACTED]		
Home Telephone		
[REDACTED]		
Other Telephone (work, cell, etc.)		
[REDACTED]		
Direct Deposit	(1) Start	☒
Action Requested	(2) Change	☐
(Check Only One)	(3) Stop	☐
	(4) Name Change Only	☐
Are you a state employee, retiree or both?	(1) Retiree	☐
	(2) Employee	☒

Please leave this area blank

PLEASE READ AND CAREFULLY FOLLOW INSTRUCTIONS!

For a **Start** or **Change** all boxes must be completed;
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Special Note: Please make sure your direct deposit has stopped before closing your account. Otherwise, the funds will be returned to the state and cause a seven to ten day delay before you receive your retirement payment in the mail.

To find out the status of your direct deposit or the amount of the deposit, please call our automated response system at (850) 413-7262

Forms with deposit slips attached will be rejected; the banking codes are not correct.

Tape a voided personal check here for verification.

If a savings account, please verify account information with your financial institution.

FAX to: (850) 410-9376 SunCom 210-9376 If you fax your form, retain the original, do not mail it.	Or mail to: Direct Deposit Section Department of Financial Services 101 E. Gaines St., Room 414 Tallahassee, FL 32399-0354
Telephone (850) 410-9466, SunCom 210-9466	

Please allow 3 to 4 weeks for your direct deposit to begin.

DFS-AA-26S, Rev. Oct-2001

STATE OF FLORIDA

DIRECT DEPOSIT AUTHORIZATION

Tom Gallagher, Chief Financial Officer

PLEASE TYPE OR PRINT CLEARLY

Your Social Security Number	
[REDACTED]	
Last Name	First Name M.I.
Mateon	Omar S
Your Home Mailing Address (Number, Street)	
[REDACTED]	
Home Telephone	Other Telephone (work, cell, etc.)
[REDACTED]	
Direct Deposit Action Requested (Check Only One)	(1) Start ☒ (2) Change ☐ (3) Stop ☐ (4) Name Change Only ☐
Are you a state employee, retiree or both? (Check One)	(1) Retiree ☐ (2) Employee ☒ (3) Both ☐
Account Type (Check Only One)	(1) Checking ☒ (2) Savings ☐
Your Account Number - Start at left, leave unused spaces blank	
[REDACTED]	
Transit Routing Number of Your Financial Institution	
[REDACTED]	
Name of Your Financial Institution	
Washington Mutual	
Telephone number of Your Financial Institution	
[REDACTED]	
Employee, Retiree or Legal Representative Signature	Date
[Signature]	10/27/06

THIS FORM MUST BE SIGNED AND DATED BY PAYEE
Signature above signifies acceptance of the terms and conditions in
AGREEMENT to the right.

State employees may view salary payments and expense reimbursements at <https://flair.dbf.state.fl.us>

OATH OF LOYALTY

I, Omar Mateen, a citizen/resident of the State of Florida and of the United States of America, and being employed by or an officer of the Department of Corrections and a recipient of public funds as such employee, do hereby solemnly swear of affirm that I will support the Constitution of the United States and of the State of Florida.



Signature

State of Florida
County of DeSoto

The fore going instrument was acknowledged before me this 27th day of Oct, 2004 by Omar Mateen who has produced DL as identification and who did take an oath.

NOTARY PUBLIC-STATE OF FLORIDA
 Marilyn M. Durrance
Commission #DD415768
Expires: APR. 05, 2009
Bonded Thru Atlantic Bonding Co., Inc.

Marilyn M. Durrance

Notary Public

Marilyn M. Durrance

Print Notary Public Name

My Commission Expires: 4/6/09

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
CERTIFIED OFFICER TRAINEE RELEASE OF INFORMATION

This form instructs FDLE to release the results of your Certified Officer Examination to our Department. This completed form must be obtained from the servicing personnel office and attached to your FDLE Certified Officer Examination application. A Certified Officer Trainee may not be removed from trainee status until successfully passing said examination.

ATTENTION:

CJSTC Certification Examination
Florida Department of Law Enforcement
Division of Criminal Justice Standards and Training
Post Office Box 1489
Tallahassee, Florida 32302-1489

I, Omar Mateen, request my FDLE Officer Certification Examination results be released to my employer, the Department of Corrections. Please mail my examination results to:

Department of Corrections
Servicing Personnel Office

A copy of this form shall be considered as an original.

[Signature]
Signature

10/27/06
Date

STATE OF FLORIDA, COUNTY OF DeSoto. The foregoing instrument was acknowledged before me this 10/27/06 (date) by Omar Mateen, who is personally known to me or who has produced DL (type of identification) as identification and who did (did not) take an oath.

Marilyn Durrance
Marilyn Durrance
PSS
DD415768

Notary's Signature

Notary's Name

Notary's Title or Rank

Serial Number, if any

Seal



**STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
ESSENTIAL STAFF FAMILY EMERGENCY PREPAREDNESS PLAN**

The next time that a disaster strikes the State of Florida, you will have two areas of responsibility. The first is to ensure that your family is safe and is able to effectively deal with the emergency. The next is your responsibility to the Department.

If your position is of such a critical nature that you are needed to prepare and implement the Department's disaster response you will be required to report to work at your scheduled shift. You may be required to report to work on your days off or even come in and work other shifts and perform other duties as required.

If you have special circumstances that you believe may cause difficulty with your compliance with these requirements, you must notify the Department.

ONCE YOU HAVE REVIEWED *THE STATE OF FLORIDA – FAMILY PREPAREDNESS GUIDE* AND EVALUATED YOUR FAMILY'S NEEDS, REVIEW AND CHECK ONE OF THE FOLLOWING STATEMENTS:

For Essential Staff:

- ☒ I understand that I am required to report for duty in the event of a disaster. I have analyzed my family situation and have prepared a plan of action to meet my family's needs in the event of my absence due to duty requirements.
- ☐ I understand that I am required to report for duty in the event of a disaster. I have analyzed my family situation and have identified a need for special care that I have not been able to resolve should I be required to report for duty. I request an appointment to discuss this matter with my Director/Warden/Circuit Administrator (or designee).

For Non-essential Staff:

- ☐ I understand that even though I am not essential staff I have completed a personal preparedness plan.

I understand that if my circumstances change, I shall to provide an updated *Essential Family Emergency Preparedness Plan Form* to my Director/Warden/Circuit Administrator/Deputy Circuit Administrator (or designee).

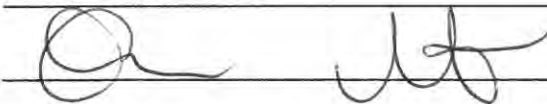
Name(print):

Omar Mateen

Title:

CO

Signature



Date

10/27/06

ACKNOWLEDGMENT OF RESPONSIBILITY

TO MAINTAIN CONFIDENTIALITY OF MEDICAL INFORMATION

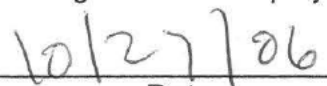
By virtue of your employment or volunteer capacity with the Florida Department of Corrections, you may need to know and, therefore, may be informed of certain medical/mental health information pertaining to individual inmates necessary to perform your assigned duties and/or to classify and transfer inmates to facilities appropriate for delivery of the required health care services for diagnosed medical/mental health conditions.

State law, and in some instances, federal law, mandates that medical/mental health information be kept confidential unless specific written authorization is given by the patient or unless compelled by court order or subpoena when certain conditions are met for release of the medical/mental health information.

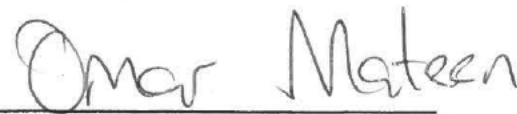
By signing this form, you acknowledge that you must maintain as confidential all medical/mental health information regarding any inmate which you obtain in conjunction with your duties and responsibilities and you further acknowledge that you may not disseminate this medical/mental health information to or discuss the medical/mental health condition of an inmate with any person except those persons directly necessary to the performance of your duties and responsibilities. If you have been designated as a member of the department's Healthcare Transfer Team, you may not disseminate inmate medical information to or discuss the medical condition of an inmate with any person except other members of the Healthcare Transfer Team, medical staff, upper level management at the institutional/facility level, regional level, and central office level, or department attorneys. The dissemination or discussion of inmate medical information with the team members or persons enumerated herein shall only be to the extent necessary for the provision of health care to the inmate; the health and safety of others; law enforcement purposes; the administration and maintenance of safety, security and good order of the institution; and other purposes as authorized by law.

Breach of this confidentiality may result in monetary liability and/or civil or criminal penalties imposed by law, and shall subject you to discipline, up to and including dismissal, for violation of department rules.



Signature of Employee/Volunteer


Date



Employee's/Volunteer's Printed Name


Social Security Number

Department of Corrections

**DRIVER'S LICENSE REQUIREMENT AND
MANDATORY SAFETY RESTRAINT USE**

I understand that when acting as a passenger or operator of a state-owned, leased, or privately-owned vehicle in the official conduct of state business, failure to use seat belts or occupant restraint systems shall be considered improper use of such vehicle. Failure to use safety equipment may result in disciplinary action as outlined in Department of Corrections Rule 33-208 and/or possible reduction in worker's compensation benefits in accordance with Florida Statutes 440.09(5).

I understand a valid driver's license is required in order to operate a department-owned vehicle, or to operate my personal vehicle for department business. I further understand that operation of a department-owned vehicle or operation of my personal vehicle for department business without possession of a valid driver's license may result in disciplinary action as outlined in Department of Corrections Rule 33-208 and/or civil or criminal penalties in accordance with Chapter 322, Florida Statutes.

I UNDERSTAND THAT THIS IS A DEPARTMENT POLICY, AND I DO AGREE TO COMPLY.



Employee's Signature

10/27/06
Date



Social Security Number



FLORIDA DEPARTMENT OF CORRECTIONS

Oath of Allegiance:

I do solemnly swear or affirm that I will uphold the Constitutions of the United States and the State of Florida, that I will obey the lawful orders of those appointed over me, and that I will perform my duties faithfully and in accordance with my mission to ensure the public safety, the support and protection of my co-workers, and the care and supervision of those in my charge, so help me God.

* In the Oath of Allegiance, employees may strike through the phrase "so help me God" when the employee affirms rather than swears.

Code of Conduct:

- I. I will never forget that I am a public official sworn to uphold the Constitutions of the United States and the State of Florida.
- II. I am a professional committed to the public safety, the support and protection of my fellow officers, and co-workers, and the supervision and care of those in my charge. I am prepared to go in harm's way in fulfillment of these missions.
- III. As a professional, I am skilled in the performance of my duties and governed by a code of ethics that demands integrity in word and deed, fidelity to the lawful orders of those appointed over me, and, above all, allegiance to my oath of office and the laws that govern our nation.
- IV. I will seek neither personal favor nor advantage in the performance of my duties. I will treat all with whom I come in contact with civility and respect. I will lead by example and conduct myself in a disciplined manner at all times.
- V. I am proud to selflessly serve my fellow citizens as a member of the Florida Department of Corrections.

Omar Mateen

Employee's Printed Name

10/27/06

Date

Employee's Signature

Department of Corrections
RECEIPT FOR RULES, PROCEDURES, OR POLICIES
NEW EMPLOYEE

- 1) I hereby acknowledge that today I have been furnished a copy of the rules, procedures, or policies of the Department of Corrections as indicated below.
- 2) I understand that I am responsible for immediately reading and complying with the rules, procedures, or policies.
- 3) I understand that I am responsible for reading and becoming familiar with Chapter 33, Rules of the Florida Department of Corrections, prior to assuming the duties of my position. A copy of the Rules is available for loan at each department institution, service center, all community facilities, and probation and parole offices. They can also be found on the Department's Internet site at: <http://www.dc.state.fl.us/highlite.html>. It is also my responsibility to maintain familiarity with Chapter 33, Rules of the Florida Department of Corrections.
- 4) I understand that it is my responsibility to obtain clarification from the servicing personnel officer or my supervisor regarding any part of these rules, and any other rule, policy, directive, or instruction which is not clear to me.
- 5) I understand that it is my responsibility to read and become familiar with all revised rules, policies, or procedures below and newly developed rules, policies, or procedures that are maintained through the department's Intranet site at: <http://dcweb/>.

-
- (X) Mission Statement
 - (X) Chapter 33-208, Personnel, Rules of the Department of Corrections
 - (X) Driver License Requirement and Mandatory Safety Restraint Use Form DC2-811
 - (X) Hostage Statement
 - (X) Staff/Inmate/Offender Relationships Statement
 - (X) Weapons on Institution Property Statement
 - (X) Use of Force in the Workplace Statement
 - (X) Acknowledgment of Responsibility to Maintain Confidentiality of Medical Information Form DC2-813
 - (X) Anti-Harassment Statement and the pamphlet "Sexual Harassment, Your Rights and Responsibilities"
 - (X) Department of Corrections Equal Employment Opportunity (EEO) Statement
 - (X) Domestic Violence Procedure (Excluding Appendices)
 - (X) Drug-Free Workplace Statement
 - (X) Notice of Random Drug Testing Requirements for Employees
 - (X) Medical Confidential File Standard Release Form DC2-812
 - (X) I.D. Card and Procedure 604.002 Employee Identification Cards
 - (X) Security Awareness Pamphlet
 - (X) Dual Employment and Compensation Guideline (60L-32.003)
 - (X) Procedure 208.013 Outside Employment
 - (X) Employee Relationships with Regulated Entities (60L-36.003)
 - (X) Post Trauma Staff Support Program Brochure
 - (X) Employee Assistance Program Brochure
 - () Omnibus Consolidated Appropriations Act Of 1997 Affidavit
 - () Procedure 208.003 Dress Code for Non-uniformed Employees
 - () Chapter 33-302, Probation and Parole Services, Rules of the Department of Corrections
 - (X) Florida Statute 943, Tuition Reimbursement Agreement
 - (X) Certified Officer Trainee Release of Information DC2-846
 - () Commercial Driver License Drug & Alcohol Testing Program Procedure
 - () Pamphlet: What Every Employee Should Know About Drug Abuse
 - () Pamphlet: What Every Employee Should Know About Alcohol Abuse
 - () Financial Disclosure Form 1
 - () Department of Corrections Executive Staff Code of Ethics

Omar Mateen
Employee's Name Printed

[Signature]
Employee's Signature

[Redacted]
Social Security Number

10/27/04
Date

EMPLOYEE ACKNOWLEDGEMENT

In order to provide the most timely and suitable quality medical care in the event of an injury on the job, we have instituted a Managed Care Program for Workers' Compensation with the CorCare Network and CorVel Corporation.

The following procedures must be followed for all work-related injuries and illnesses. It is important to note that Florida Statute 440.134(17) states "...Treatment received outside the Workers' Compensation Managed Care Arrangement is not compensable unless authorized by the carrier prior to the treatment date."

- Report promptly any work-related injury to the supervisor.
- Follow the Primary Care Physician or "PCP's" instructions for any medical specialist referral or treatment.
- Ensure all medical treatment is handled only through the PCP (Primary Care Physician).
- Direct all questions about the level of care to the PCP (Primary Care Physician), who is the focal point for all medical treatment.
- Follow established grievance procedures to resolve any dissatisfaction with medical treatment. I understand that a grievance form and a copy of the grievance procedures will be provided to me in the event that I am injured on the job.
- A directory of medical care providers and a manual explaining fully the managed care process is available at my request through my employer.

Please sign below to indicate that you have read and understand the procedures to follow in the event of an injury and your duties under our Managed Care Program.

Omar Matean
Print Name
[Signature]
Employee Signature

10/27/06
Date
Maurice Dunane
Employer Representative

**AN EMPLOYEE MANUAL, AS WELL AS A COPY OF THE CORCARE PPO DIRECTORY
IS MADE AVAILABLE FROM YOUR EMPLOYER OR ADJUSTER UPON YOUR REQUEST.**

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

NEW EMPLOYEE INSURANCE ACKNOWLEDGEMENT

As a State employee, you are eligible for insurance benefits. It is your responsibility to review the information on the website listed below and select the appropriate insurance benefits that you desire. The time limit for enrolling in any of the insurance available for State employees is sixty (60) days from your appointment date.

If you fail to enroll in the available insurance within the sixty (60) day period, the next available time to enroll will be during open enrollment which is usually in September and October of each year. The benefits effective date would then be January 1 of the following year. Changes in coverage can only be made during an open enrollment period or if you experience a "Qualifying Event" such as marriage, divorce, birth, changing positions from career service to SES or from SES to career service, etc., in which you will have thirty-one (31) days from the date of the event to make the change.

You may access the People First Website on your home computer or at the facility where you are assigned. Access to a computer is provided for employees at each institution. Your supervisor will direct you to the computer (kiosk).

The website for People First is <https://peoplefirst.myflorida.com>. Once into the People First Website, you will click on the tab for Health and Insurance. If you need further assistance with enrollment, you can call 1-866-ONE-HRFL (1-866-663-4735) for the People First Service Center. Human Resource Specialists are available Monday through Friday, 7:30 a.m. to 4:30 p.m. CT.

To gain access to the People First Website you will need a User Identification Number. This number will be provided to you by your supervisor as soon as Human Resources has entered your information into the payroll system.

By signing this informational sheet, I am acknowledging receipt of this insurance information. This information was provided to me during new employee orientation.

Omer Newton
PRINT NAME

[REDACTED]
SOCIAL SECURITY NUMBER

[Signature]
SIGNATURE

10/27/08
DATE

EMPLOYER COPY



FLORIDA
DEPARTMENT of
CORRECTIONS

Governor
JEB BUSH

Interim Secretary
JAMES R. MCDONOUGH

An Affirmative Action/Equal Opportunity Employer

2601 Blair Stone Road • Tallahassee, FL 32399-2500

<http://www.dc.state.fl.us>

October 23, 2006

Omar Mateen



Dear Mr. Mateen:

This is to advise you of your conditional appointment to the position of Correctional Officer Trainee at Martin Correctional Institution, pending your successful completion of our background investigation to include a drug test and physical examination. Should you fail to pass any of these requirements, this appointment offer shall be withdrawn.

Your conditional appointment date is **October 27, 2006**, with a biweekly salary of **\$1,123.35**, which includes a competitive area differential of \$46.15. You must report to the DeSoto Correctional Institution, 13617 SE Highway 70, Arcadia, Florida 34266 at 9:00 a.m. on the above date for orientation and benefits sign up. You are required to dress in professional attire for an office setting and bring the following original items with you for payroll and benefit processing:

Original social security card
Original driver's license
Voided check for mandatory direct deposit

Please be advised that you will be enrolled in the next available Basic Recruit Academy. You are required to successfully complete the Basic Recruit Academy and the ensuing Florida Department of Law Enforcement examination. Your appointment will be with trainee status initially followed by a probationary period of 12 months and upon successful completion, you will attain permanent status in the Career Service. When you report to your assigned duty station you will receive your shift assignment and uniforms.

We look forward to you joining the staff of the Florida Department of Corrections and are sure that you will find your new position rewarding and challenging. Should you have any questions, please feel free to contact Recruitment at (863) 494-3727 extension 6128.

Sincerely,

Toni L. Watts
Acting Assistant Chief of Personnel

TLW/tlw

cc: Employee Personnel File
Warden

Region IV Personnel Annex – DeSoto Correctional Institution
13617 SE Highway 70, Arcadia, Florida 34266 • Telephone (863) 494-3727 • Fax (863) 491-5393



An Equal Opportunity Employer

NEIGHBORHOOD CHECK

Applicant's Name (including prior names): Omar Mateen
Neighbor's Name: Mike Mazzoci
Neighbor's Address: 657 NW Stanford Ln
Port St Lucie, FL 34983
Neighbor's Phone: 772-343-0584

The above named individual has made application for Criminal Justice employment with the Florida Department of Corrections and has given your name as a current or former neighbor. We would appreciate your responding to the questions below and sharing any other information with us which you consider important regarding this applicant.

Toni Watts
Recruiter

10/2/06
Date

1. Were you the applicant's neighbor within the last 3 years? yes
2. How well acquainted are / were you with the applicant? He and his family were very good neighbors
3. How does/did the applicant get along with the neighbors?
Very Well Always willing to give a hand if needed
4. Does the applicant seem to have good self-control? yes
5. If the applicant is employed as an officer, would you have confidence in his/her ability and integrity to perform assigned duties?
yes
6. Do you know of any reason the applicant should not be considered for a position in the criminal justice field? None If not, what is the reason?



State of Florida

EMPLOYMENT APPLICATION

Equal Opportunity Employer/Affirmative Action Employer
The State of Florida does not tolerate violence in the workplace.

Where to Find Vacancy Information:

- On the Internet: <http://jobsdirect.state.fl.us>
- Jobs and Benefits Centers - Consult your local telephone directory
- State Agency Personnel Offices

FOR OFFICIAL USE ONLY

Agency Authorized Signature: [Signature] Date: 9/16/06 Class Code: 80B Status: EL

POSITION APPLIED FOR

Agency: DOC
Title: CO
Position Number: 700-35788 Date Available: JUN 24 2006
Counties of Interest: Martin **F.D.C. RECRUITMENT**
Minimum Acceptable Salary: _____

RECEIVED**GENERAL INSTRUCTIONS**

- Type or print in ink this application in its entirety.
- Specify the position for which you are applying.
(Note: A separate application must be submitted for each vacancy. Photocopies are acceptable.)
- Submit your application to the office announcing the vacancy no later than the close of business on the announced deadline date.
- Sign your name in the Certification Section (page 4). All information you submit is subject to verification.
- Notify the agency's hiring authority in advance if you require special disability accommodations to participate in the employment process.

HOW DO WE CONTACT YOU?

Omar McTeen
Your Name: _____
Social Security Number: _____
on patrol86@yahoo.com
Your Mailing Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Home Phone: _____ Business Phone: _____ SUNCOM (State Employees)

EDUCATION772-486-9225**HIGH SCHOOL:**

NAME / LOCATION OF SCHOOL

Martin County Adult High School

RECEIVED:

☒ Diploma☐ Other (specify) _____☐ None

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH / YEAR)		CREDIT HOURS EARNED		MAJOR / MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		
<u>IRCC</u>	<u>FT. Pierce FL</u>	<u>2003</u>	<u>2006</u>			<u>criminal justice</u>	<u>A.S</u>

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

JOB-RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		COURSE OF STUDY	TRAINING COMPLETED?	
		FROM	TO	CLASS	CLOCK		YES	NO

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

LICENSURE, REGISTRATION, CERTIFICATION EXAMPLES: Driver License, Teacher Certification, RN, LPN, PE, CPA, etc.

LICENSE, REGISTRATION OR CERTIFICATION:	Number	Date Received	Expiration Date	State Licensing Agency

4

Name of Next Previous Employer: Nutrition World

Address: 2501 S US Highway 1 Fort Pierce

Phone No.: (772) 464-3548

Your Job Title: Cashier

Supervisor's Name: Nicole

FROM: 06/20/05 TO: 8/7/05 HOURS PER WEEK: 30 ()
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: Ring up customers and put products in place. I had to show customers where specific products were placed at. I had to make sure the store was organized and clean

Reason For Leaving:

5

Name of Next Previous Employer: Walgreens

Address: 1511

Phone No.: (772) 878-0957

Your Job Title: Cashier

Supervisor's Name: Ms. Masters

FROM: 02/30/05 TO: 08/30/05 HOURS PER WEEK: 20 ()
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: I had to ring up customers and block/face products in the store. I placed new sign prices up.

Reason For Leaving:

6

Name of Next Previous Employer: Chic Fila

Address: 3278 NW Federal Hwy Jensen Beach FL

Phone No.: (772) 692-2322

Your Job Title: Cashier/cook

Supervisor's Name: Nathan Buchanan

FROM: 1/1/04 TO: 7/1/04 HOURS PER WEEK: 30 ()
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: I had to ring up customers and clean the area. My biggest responsibility was making sure the customers were getting serviced fast and that the customers were satisfied

Reason For Leaving: College

Department of Corrections

**CORRECTIONAL OFFICER/CORRECTIONAL PROBATION OFFICER
SUPPLEMENTAL APPLICATION**

Applicant's Name:

Omar Mateen

SS#:



Yes No

1. Are you a U.S. Citizen? ☒ Yes ☐ No
2. List all names you have used (include maiden, married, and nicknames):
Omar Mir Seddique
3. Are you related to anyone presently employed with the Florida Department of Corrections? If yes, give name, relationship, and place of employment: ☐ Yes ☒ No
4. Do you have a business or personal relationship with anyone presently incarcerated or under the supervision of the Florida Department of Correction's system? If yes, give name, relationship, and place of incarceration/supervision: ☐ Yes ☒ No
5. Have you ever applied for or held a position (including internship, volunteer or OPS positions) with the Florida Department of Corrections? If yes, where, position(s), and dates: ☐ Yes ☒ No
6. Have you ever applied for or been employed by any law enforcement agency as a Correctional Officer, Probation and Parole Officer or Law Enforcement Officer? If yes, give name of agency, position(s), and dates: ☐ Yes ☒ No
7. Have you taken any Correctional Officer, Probation & Parole Officer or Law Enforcement Officer training? If no, go to Question #11. If yes, state type of training, dates of training, etc. Certificate(s) #: ☐ Yes ☒ No
8. Have you taken and passed the Florida Department of Law Enforcement Officer Certification Examination? If yes, what discipline: ☐ Yes ☒ No
9. Has your certification ever been suspended, revoked, terminated or expired? If yes, explain: ☐ Yes ☒ No

10. Have you ever had any type of disciplinary action taken against you while employed as a Correctional Officer, Probation & Parole Officer, or Law Enforcement Officer? If yes, explain: ☐ ☒
-
11. Have you served in the Armed Forces of the United States? (Do not include National Guard) (A copy of your DD214 for each period of service must be submitted.) If yes, answer questions 11 through 15. If no, skip to question 16. ☐ ☒
12. State branch of service and service number:
-
13. State dates of all periods of active military service: ☐ ☒
-
14. Did you receive a dishonorable discharge? ☐ ☒
15. Was any type of disciplinary action taken against you while you were a member of the Armed Forces? If yes, please explain: ☐ ☐
-
16. Do you possess a valid driver license? If yes, list state and license number: ☒ ☐
Florida [REDACTED]
-
17. Have your driving privileges ever been canceled, suspended, or revoked? If yes, explain: ☐ ☒
-
- 18a. Have you ever used, or experimented with any illegal drug? If yes, explain: ☒ ☐
I experimented marijuana when I was a juvenile (5-6 years ago)
- b. Have you ever sold, delivered, manufactured, smuggled, trafficked in, or possessed illegal substances or drug paraphernalia? ☐ ☒
- 19a. Have you ever been convicted of a felony or a misdemeanor? ☐ ☒
- b. Have you ever pled Nolo Contendere or pled guilty to a crime which is a felony or a misdemeanor? ☒ ☐
- c. Have you ever had the adjudication of guilt withheld to a crime which is a felony or a misdemeanor (including sealed records)? ☒ ☐
- d. If you answered "Yes" to 19 a, b, or c, complete the following:
- | Date | Place | Agency | Charge | Disposition Details |
|------|---------------|-------------------------|---------|---------------------|
| 5/05 | Martin County | Martin Sheriff's Office | Battery | Adjudication |

20. Are you or have you ever knowingly been under investigation by any local, state, federal agency, or entity for any wrongdoing either administrative, civil or criminal? If yes, explain:

☐ ☒

21. Have you ever committed a crime, whether arrested or not, that would constitute a felony or a misdemeanor?

☒ ☐

22. Chronologically list all previous places of residence for the past ten years. (Begin with present and work backwards.)

From Mo/Yr	To Mo/Yr	Number/Street	County/City	State	Zip Code
---------------	-------------	---------------	-------------	-------	-------------

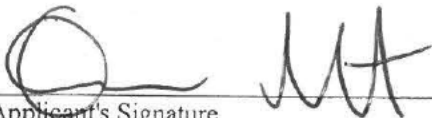


23. List complete addresses and telephone numbers of five individuals (non-relatives) who have known you for at least three years:

Full Name	Address	(Area Code) Telephone
-----------	---------	-----------------------

Steven Brown	[Redacted]	[Redacted]
Mike Tatalias	349 NE Gladiola Ave Port St. Lucie FL 34983	(321) 287-3358
Danny Voegtlin	500 Treasure Cay Dr Apt 305 Ft. Pierce, FL 34947	(772) 519-3804
Vito Lorenzo	216 Flamingo Ave Stuart FL 34996	(772) 215-3584
Sarah Chagon	439 NW Sheffield Circle Port St. Lucie FL 34981	(772) 224-6052

24. List any special qualifications or skills you may possess:


 Applicant's Signature

7/24/06
 Date

Department of Corrections
CORRECTIONAL OFFICER
WILLINGNESS QUESTIONNAIREPrinted Name: Omar MateenSS# **ARE YOU WILLING TO:****YES NO**

- ☒ ☐ work rotating shifts
- ☒ ☐ work day shift (8 am - 4 pm)
- ☒ ☐ work evening shift (4 pm - 12 am)
- ☒ ☐ work night shift (12 am - 8 am)
- ☒ ☐ be present and on time for work
- ☒ ☐ work weekends and/or holidays
- ☒ ☐ work overtime
- ☒ ☐ work a double shift
- ☒ ☐ work on your off duty days when necessary
- ☒ ☐ report to duty during a natural disaster such as a hurricane, flood or other emergency
- ☒ ☐ return to the institution at any hour in an emergency situation
- ☒ ☐ take a TB test annually
- ☒ ☐ notify your servicing personnel office of dual employment with another state agency(ies)
- ☒ ☐ carry a firearm
- ☒ ☐ participate in physical and firearms training
- ☒ ☐ be exposed to chemical agents such as pepper spray and tear gas
- ☒ ☐ participate in defensive tactics training
- ☒ ☐ maintain qualification in firearms (shotgun and handgun)
- ☒ ☐ maintain qualification in CPR and First Aid
- ☒ ☐ administer CPR and First Aid
- ☒ ☐ maintain all training requirements
- ☒ ☐ participate in additional training
- ☒ ☐ work whatever post assigned whether inside or outside
- ☒ ☐ work on an outside post during extreme weather conditions, day or night
- ☒ ☐ work with violent inmates, homosexual inmates, sex offenders, drug offenders, or inmates with AIDS
- ☒ ☐ supervise male or female inmates
- ☒ ☐ walk through a large group of male or female inmates alone to count them
- ☒ ☐ be locked in a housing unit with male or female inmates
- ☒ ☐ supervise a group of male or female inmates on work detail

ARE YOU WILLING TO:

YES NO

- ☒ shoot an inmate attempting to escape
- ☒ body search a male or female inmate
- ☒ perform drug testing on inmates
- ☒ search inmate's personal property
- ☒ break up a fight, using physical force if necessary
- ☒ take a certain amount of verbal abuse from inmates
- ☒ be of assistance to your fellow officers in case of an emergency
- ☒ take short trips (traveling 100-200 miles), overnight travel, or for a few days at a time and if appropriate, travel on a commercial airline
- ☒ transport inmates statewide
- ☒ sit alone for long periods of time and remain alert
- ☒ stand on your feet for long periods of time
- ☒ write an incident report in clear and concise language
- ☒ follow supervisor's lawful orders
- ☒ make decisions and stand by the results
- ☒ show respect to authority and rank
- ☒ read and become familiar with institutional operating procedures, DC directives, DC procedures and DC rules and post orders
- ☒ enforce and comply with all rules and regulations governing inmates
- ☒ obtain a valid driver license if you do not already have one
- ☒ maintain a valid driver license
- ☒ to keep information confidential and understand that if you do not, you will be subject to discipline, up to and including termination
- ☒ have your payroll warrant direct deposited in accordance with comptroller's regulations

Please explain any "No" answers: _____

Have you received monthly benefits under the Florida Retirement System (FRS) or taken any distribution under the FRS Investment Plan or optional non-FRS plans (e.g. CCORP, SUSORP, or SMSOAP). Yes _____ No ☒ _____

If yes, you must complete the FRS New Employee Certification Form.

Section 943.17, Florida Statutes, mandates the Criminal Justice Standards and Training Commission to administer an examination to basic recruit training graduates and candidates seeking an exemption from a Commission-approved Basic Recruit Program. The certification examination provides the Commission with

assurance that each person employed or appointed as a sworn officer in this State possesses the minimum knowledge required to perform competently.

The Officer Certification Examination will be administered upon completion of a Commission-approved Basic Recruit Training Program or an approved Certification Examination Preparation Training Course based upon an approved training exemption for out-of-state candidates.

ARE YOU WILLING TO:

YES NO

☒ ☐

pay the Florida Department of Law Enforcement (FDLE) examination fee (if I am not currently a certified Correctional Officer) and take the first available examination upon completion of required training?

☒ ☐

pay an additional FDLE examination fee if I fail the first examination and again take the examination on the first available examination date? I understand that failure to do this shall result in termination of my employment with the department. I also understand that if I fail the FDLE examination three times, I will be terminated from employment with the department.

☒ ☐

reimburse the department as required by DC Rule 33-209.104(3)(a), which states, "registration fees and tuition for advanced courses taken by a certified officer shall be paid by the department; however, the department shall be reimbursed by any officer who does not successfully complete an advanced course for salary incentive pay due to unsatisfactory performance or withdrawal for any reason other than death in the immediate family or personal illness or injury." I agree to reimburse the "Department of Corrections Training Trust Fund," within thirty (30) days, if I should fail/withdraw from any FDLE approved advance course due to any reasons other than those stated in DC Rule 33-209.104(3)(a) above. I understand and agree to have the repayment of the obligated amount deducted from any regular wages, annual leave payments, sick leave payments, special/holiday compensation payments or any other payments due to me.

Certification of Applicant (Read carefully before signing)

I understand that if I attend an approved Basic Recruit Training program at the expense of the Department of Corrections (department) I must remain in the employment of the department for a period of not less than 2 years after graduation from the basic recruit training program. I further understand that if I terminate employment on my own initiative within 2 years, I shall reimburse the department for the full cost of tuition and other course expenses paid for me by the department during the academy training period in accordance with Chapter 943.16, Florida Statutes. I agree to have the repayment of the obligated amount deducted from any regular wages, annual leave payments, sick leave payments, special/holiday compensation payments or any other payments due to me upon separation and reimburse the department for any remaining outstanding balance.

I hereby swear or affirm there are no misrepresentations or omissions in or falsifications of the foregoing statements and answers to the questions on the Supplemental Application and Willingness Questionnaire. I am aware that should an investigation disclose such misrepresentations, omissions, or falsifications, my application will be rejected and I will be disqualified for employment with the Florida Department of Corrections or, if after my acceptance for employment, subsequent investigation should disclose misrepresentations, omissions, or falsifications, it will be just cause for my immediate dismissal.

I hereby agree to the release of any and all information (excluding records deemed confidential under ADA) pertaining to me by any person to whom this authorization may be presented, in consideration of the fact that all such obtained information shall be used only in relation to my application for employment with the State of Florida, Department of Corrections. I understand that if I am employed by the Department of Corrections, any documents obtained pursuant to this release will be placed in my personnel file and will become public record pursuant to Chapter 119, Florida Statutes.

A photocopy of hereof shall be as valid as the original.

Omar Mateen
Printed Name

[Signature]
Signature

Requisition # 70035788
Date 7/24/06

DEPARTMENT OF CORRECTIONS

SELECTIVE SERVICE REGISTRATION VERIFICATION

Individuals required to register with the Military Selective Service are males between eighteen (18) and twenty-six (26) years of age who are either citizens of the United States or aliens (including parolees and refugees and those who are lawfully admitted to the United States for permanent resident and for asylum) residing in the United States; and who are or were required to register under the Military Selective Service Act.

Applicant's Name: Omar Seddique Hakeem
Class Title: CO Position #: 35788
Closing Date: 12/31/06

Supervisors shall verify registration status by requesting the applicant provide a copy of proof of registration or exemption issued by the Selective Service System, calling the Selective Service System to verify registration (847) 688-6888, or by verifying the applicant's registration through the Selective Service System online web site and attaching a copy of the verification: <https://www4.sss.gov/regver/verification1.asp>

Verified by: Toni L. Wass
Date Verified: 9/6/06
Selective Service System #: 86-1122514-8



----- KEY INFORMATION -----

Results of your search for the Selective Service record of:

Last Name: *SEDDIQUE MATEEN*

Social Security Number [REDACTED]

Date of Birth: [REDACTED]

Selective Service Number:

86 - 1122514 - 8

Date of Registration:

10/18/2004

To obtain written proof of Selective Service registration [CLICK HERE](#) and instructions on our "Registration Information" page.

[New Search?](#)

[FAQs](#)

Last Updated April 30, 2002

OMNIBUS CONSOLIDATED APPROPRIATIONS ACT OF 1997 AFFIDAVIT

Pursuant to the Omnibus Consolidated Appropriations Act of 1997, which amends the Gun Control Act of 1968, any person convicted of a misdemeanor crime of domestic violence as defined by the Act is prohibited from shipping, transporting, possessing or receiving firearms or ammunition. There is no "official use" exemption to this prohibition. Accordingly, the Florida Department of Corrections is requiring that every applicant applying for a certified position, required or granted the authority to bear arms, submit the following Affidavit. In addition, the department will complete an FCIC check on each applicant seeking a certified position.

NOTE: A conviction shall not apply for purposes of this law UNLESS:

- (A) The person was represented by counsel in the case or knowingly and intelligently waived the right to counsel in the case; and
- (B) If the person was entitled to a trial by jury under the laws of the convicting jurisdiction, then the conviction must have resulted from:
 - (1) A trial by jury; or
 - (2) The person knowingly and intelligently waived the right to have the case tried by a jury, by guilty plea or otherwise.

I, Omar Maden, do solemnly swear and affirm that the following information is true and correct to the best of my knowledge. *(For statements (1) and (2) below, in the space provided, please state true or false, followed by your initials.):*

(1) True OM That I have never been convicted of a misdemeanor crime of domestic violence, not including those convictions that have been expunged or otherwise set aside or pardoned, as defined below:

- (a) is a misdemeanor under Federal or State law; and
- (b) has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

(2) False OM That I have been convicted of a misdemeanor crime of domestic violence, as defined in (1) above, as follows *(please provide the following information for each conviction):*

AFFIDAVIT

Omnibus Consolidated Appropriations Act of 1997

Page 2

Court/Jurisdiction: _____

Court/Jurisdiction: _____

Docket/Case Number: _____

Docket/Case Number: _____

Statute/Charge: _____

Statute/Charge: _____

Date sentenced: _____

Date sentenced: _____

(3) That I understand that violating this law will subject me to a fine of up to \$250,000, imprisonment for not more than 10 years, or both.

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date.


Signature of Employee

State of Florida)
County of Martin)

Sworn to or affirmed and subscribed before me this 24 day of July, 2006
by Omar Mateen.



Barbara St. Hill
Commission #DD269126
Expires: Nov 19, 2007
Bonded Thru
Atlantic Bonding Co., Inc.


Signature of Notary Public

BARBARA ST. HILL
Printed Name of Notary

Personally Known _____ OR Produced Identification FL Driver License
Type of Identification [Redacted]



Florida Department of
Law Enforcement

**AUTHORITY FOR RELEASE
OF INFORMATION
(Background Investigation Waiver)**

Incorporated by Reference in Rule 11B-27.0022(2)(b), F.A.C.



**CJSTC
58**

To: Concerned Person or Authorized
Representative of Any Organization,
Institution or Repository of Records

APPLICANT'S NAME: Omar Mir Seddique Mstern

DATE OF BIRTH: 11/16/86

SOCIAL SECURITY NUMBER (Optional): _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: Dept. of Corrections

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former employees states: An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760. **Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.**

Applicant's Signature

Date

AFFIDAVIT

STATE OF Florida

COUNTY OF Martin

Before me personally appeared Omar Seddique who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this 24 day of July, 2006. My Commission

expires on November 19, 2007. Personally Known _____ - or -

Produced Identification FL Driver License

Notary Public: Barbara St. Hill

Type of identification produced

Effective: 8/9/2001 Pursuant to
Sections 943.134(2)(a) and (4), F.S.



Barbara St. Hill
Original - Employing Agency
Expires: Nov 19, 2007
Bonded Thru
Atlantic Bonding Co., Inc.

Revised 5/6/2004

DEPARTMENT OF CORRECTIONS
APPLICANT RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

Applicant Release of Information

I, Omar Marten, do hereby agree to the release of any and all information (excluding records deemed confidential under ADA) pertaining to me by any person to whom this authorization may be presented, in consideration of the fact that all such obtained information shall be used only in relation to my application for employment with the State of Florida, Department of Corrections. I understand that if I am employed by the Department of Corrections, any documents obtained pursuant to this release will be placed in my personnel file and be public records pursuant to Chapter 119, Florida Statutes.

A photocopy of hereof shall be as valid as the original.

[Signature]
Signature

7/24/06
Date

STATE OF FLORIDA, COUNTY OF Martin. The foregoing instrument was acknowledged before me this July 24, 2006 (date) Omar Seddique who is personally known to me or who has produced FL Driver License (type of identification) as identification and who did ☒ did not ☐ take an oath.

Barbara St. Hill
BARBARA ST. HILL

Notary's Signature

Notary's Name

Notary's Title or Rank

Serial Number, if any _____

Seal



Barbara St. Hill
Commission #DD269126
Expires: Nov 19, 2007
Bonded Thru
Atlantic Bonding Co., Inc.

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
FT. LAUDERDALE SERVICE CENTER
FACILITY PREFERENCE CHECK LIST

Please rank by number order the institution(s) you are applying for.

- _____ **Broward Correctional Institution – Broward County**
20421 Sheridan Street, Fort Lauderdale, Fl 33332 / Phone: (954) 252-6442
- _____ **Charlotte Correctional Institution- Charlotte County**
33123 Oil Well Road, Punta Gorda, Fl 33955 / Phone: (941) 833-2537
- _____ **Dade Correctional Institution-Miami Dade County**
19000 SW 377th Street, Florida City, Fl 33034/ Phone: (305) 242-1871
- _____ **DeSoto Correctional Institution- DeSoto County**
13617 SE Hwy 70, Arcadia, Fl 34266 / Phone: (863) 494-3727
- _____ **Everglades Correctional Institution – Miami Dade County**
1601 SW 187th Avenue, Miami, Fl 33185 / Phone: (305) 228-2021
- _____ **Glades Correctional Institution- Palm Beach County**
500 Orange Avenue Circle, Belle Glades, Fl 33430 / Phone: (561) 829-1404
- _____ **Hardee Correctional Institution- Hardee County**
6901 State Road 62, Bowling Green, Fl 33834 / Phone: (863) 773-2441
- _____ **Hendry Correctional Institution- Hendry County**
12551 Wainwright Drive, Immokalee, Fl 34142/ Phone: (239-657-3654)
- _____ **Homestead Correctional Institution- Miami Dade County**
19000 SW 377th Street, Florida City, Fl 33034 / Phone: (305) 242-1871
- _____ **Indian River Correctional Institution- Indian River County**
7625 17th Street SW, Vero Beach, Fl 32968 / Phone: (561) 564-2814
- 1 **Martin Correctional Institution- Martin County**
1150 SW Allapattah Road, Indiantown, Fl 34956 / Phone: (772) 597-5119
- _____ **Okeechobee Correctional Institution- Okeechobee County**
3420 NE 168th Street, Okeechobee, Fl 34972 / Phone: (863) 462-5409
- _____ **South Florida Receptions Center- Miami Dade County**
14000 NW 41st Street, Miami, Fl 33178 / Phone: (305) 592-9567

Applicants are encouraged to accept employment at any selected institution/facility and apply to be reassigned to a specific institution/facility after completion of the probationary period. The probationary period is for one year following certification as a Correctional Officer. Applicants refusing an employment offer will be placed at the bottom of the list of recommended applicants from the correctional officer selection pool.

Print Name: Omar Mateen Social Security Number: [REDACTED]

Signature: [Signature] Date: 7/24/06

Department of Corrections
PERSONAL REFERENCE

Date: August 28, 2006

To: Sarah Chagori

439 NW Sheffield Circle
Port St. Lucie, FL 34981

Phone: 772-224-6052

From: Region IV Personnel Annex
Toni L. Watts
13617 SE Highway 70
Arcadia, FL 34266

Subject: Applicant's Name: Omar Mir Seddique Mateen

Previous Name(s):

Position Applied For: Martin Correctional Institution/ Correctional Officer

The above individual has made application for Criminal Justice Employment with the Florida Department of Corrections and has given your name as a personal reference. We would appreciate your attention to the questions listed below and cooperation in responding. Please return this completed form within five (5) workdays of receipt. A self-addressed stamped envelope is enclosed for your convenience.

1. Are you a relative of the candidate? (This includes being a relative through marriage.) Yes ☐ No ☒
If so, what is the relationship?:
2. How many years have you known the candidate? 10
3. How did you become acquainted with candidate? Friend of the family.
4. Do you know if he/she has ever engaged in the use or sale of illegal drugs and/or abuse of alcohol? NO
5. Do you know any reason the applicant should not be considered for employment in the Criminal Justice field? NO
6. If this applicant was your former neighbor, would you be pleased if he/she resumed residency next door? N/A
7. Do you know of any other individual(s) the department can contact regarding this applicant?
Yes ☐ No ☒ If yes, please provide the following (if known):

Name:

Address:

Phone:

8. Is there any other information you would like to share that you believe we should consider in making this employment decision?


Signature


Date

Department of Corrections
PERSONAL REFERENCE

Date: August 28, 2006

To: Vito Lorenzo

216 Flamingo Ave.
Stuart, FL 34996

Phone: 772-215-3584

From: Region IV Personnel Annex
Toni L. Watts
13617 SE Highway 70
Arcadia, FL 34266

Subject: Applicant's Name: Omar Mir Seddique Mateen

Previous Name(s):

Position Applied For: Martin Correctional Institution/ Correctional Officer

The above individual has made application for Criminal Justice Employment with the Florida Department of Corrections and has given your name as a personal reference. We would appreciate your attention to the questions listed below and cooperation in responding. Please return this completed form within five (5) workdays of receipt. A self-addressed stamped envelope is enclosed for your convenience.

1. Are you a relative of the candidate? (This includes being a relative through marriage.) Yes ☐ No ☒
If so, what is the relationship?:
2. How many years have you known the candidate? 4 years
3. How did you become acquainted with candidate? we met in college
4. Do you know if he/she has ever engaged in the use or sale of illegal drugs and/or abuse of alcohol? I Don't know
5. Do you know any reason the applicant should not be considered for employment in the Criminal Justice field? NO
6. If this applicant was your former neighbor, would you be pleased if he/she resumed residency next door? yes
7. Do you know of any other individual(s) the department can contact regarding this applicant?
Yes ☐ No ☒ If yes, please provide the following (if known):

Name:

Address:

Phone:

8. Is there any other information you would like to share that you believe we should consider in making this employment decision?

Vito Lorenzo
Signature

8-31-06
Date

Department of Corrections
PERSONAL REFERENCE

Date: August 28, 2006

To: Danny Voegtlin

500 Treasure Cay Drive,
Apt. 305
Fort Pierce, FL 34947

Phone: 772-519-3804

From: Region IV Personnel Annex
Toni L. Watts
13617 SE Highway 70
Arcadia, FL 34266

Subject: Applicant's Name: Omar Mir Seddique Mateen

Previous Name(s):

Position Applied For: Martin Correctional Institution/ Correctional Officer

The above individual has made application for Criminal Justice Employment with the Florida Department of Corrections and has given your name as a personal reference. We would appreciate your attention to the questions listed below and cooperation in responding. Please return this completed form within five (5) workdays of receipt. A self-addressed stamped envelope is enclosed for your convenience.

-
1. Are you a relative of the candidate? (This includes being a relative through marriage.) Yes ☐ No ☐
If so, what is the relationship?:
 2. How many years have you known the candidate?
 3. How did you become acquainted with candidate?
 4. Do you know if he/she has ever engaged in the use or sale of illegal drugs and/or abuse of alcohol?
 5. Do you know any reason the applicant should not be considered for employment in the Criminal Justice field?
 6. If this applicant was your former neighbor, would you be pleased if he/she resumed residency next door?
 7. Do you know of any other individual(s) the department can contact regarding this applicant?
Yes ☐ No ☐ If yes, please provide the following (if known):

Name:

Address:

Phone:

8. Is there any other information you would like to share that you believe we should consider in making this employment decision?

Signature

Date

Department of Corrections
PERSONAL REFERENCE

Date: August 28, 2006

To: Mike Tatalias

349 NE Gladiola Ave.
Port St. Lucie, FL 34983

Phone: 321-287-3358

From: Region IV Personnel Annex
Toni L. Watts
13617 SE Highway 70
Arcadia, FL 34266

Subject: Applicant's Name: Omar Mir Seddique Mateen

Previous Name(s):

Position Applied For: Martin Correctional Institution/ Correctional Officer

The above individual has made application for Criminal Justice Employment with the Florida Department of Corrections and has given your name as a personal reference. We would appreciate your attention to the questions listed below and cooperation in responding. Please return this completed form within five (5) workdays of receipt. A self-addressed stamped envelope is enclosed for your convenience.

- =====
1. Are you a relative of the candidate? (This includes being a relative through marriage.) Yes ☐ No ☐
If so, what is the relationship?:
 2. How many years have you known the candidate?
 3. How did you become acquainted with candidate?
 4. Do you know if he/she has ever engaged in the use or sale of illegal drugs and/or abuse of alcohol?
 5. Do you know any reason the applicant should not be considered for employment in the Criminal Justice field?
 6. If this applicant was your former neighbor, would you be pleased if he/she resumed residency next door?
 7. Do you know of any other individual(s) the department can contact regarding this applicant?
Yes ☐ No ☐ If yes, please provide the following (if known):

Name:

Address:

Phone:

8. Is there any other information you would like to share that you believe we should consider in making this employment decision?

Signature

Date

September 10, 2006

**To: State of Florida
Department of Corrections
Region IV Personnel Annex
c/o Toni Watts
13617 SE Highway 70
Arcadia, Florida 34266**

From: Steven J. Brown



Reference: Applicant Omar Mateen

To whom this may concern:

I am pleased to write this letter on behalf of Mr. Omar Mateen. Omar has been a personal acquaintance for approximately three years. Omar's character is beyond reproach. Omar's judgment, work ethic, sensibility, and problem solving ability are impeccable.

I have observed Omar work in Gold's Gym (St. Lucie West), and GNC (Treasure Coast Mall). Omar has the ability to provide the highest levels of professionalism while performing his duties. Omar is proved to be trustworthy and reliable both personally and professionally.

It takes a certain person to perform the duties of a Correctional Officer. The amount of responsibility is one of the greatest a profession can demand. Omar does possess a character which would compliment the requirements of a Correctional Officer. I guess to sum up my opinion of Omar and his endeavors to become a Correctional Officer: I would sleep soundly at night knowing that a person like Omar is protecting us for the element which resides behind your concrete and steal walls.

It was a pleasure to be Mr. Mateen's personal reference. I could be reached further for additional comments if needed.

Sincerely,

A handwritten signature in black ink, appearing to be "SJB", with a long horizontal line extending to the right.

Steven J Brown

**Police Officer
Port Saint Lucie Police Department
Community Programs Division
121 SW. Port Saint Lucie Blvd
Port Saint Lucie, FL 34984
(772)871-5000**

Department of Corrections
PERSONAL REFERENCE

Date: August 28, 2006

To: Steven Brown

Phone: [REDACTED]

From: Region IV Personnel Annex
Toni L. Watts
13617 SE Highway 70
Arcadia, FL 34266

Subject: Applicant's Name: Omar Mir Seddique Mateen

Previous Name(s):

Position Applied For: Martin Correctional Institution/ Correctional Officer

The above individual has made application for Criminal Justice Employment with the Florida Department of Corrections and has given your name as a personal reference. We would appreciate your attention to the questions listed below and cooperation in responding. Please return this completed form within five (5) workdays of receipt. A self-addressed stamped envelope is enclosed for your convenience.

1. Are you a relative of the candidate? (This includes being a relative through marriage.) Yes ☐ No ☒
If so, what is the relationship?:
2. How many years have you known the candidate? *Approx. 2 1/2 - 3 years*
3. How did you become acquainted with candidate? *Colts 6 yrs*
4. Do you know if he/she has ever engaged in the use or sale of illegal drugs and/or abuse of alcohol? *NO*
5. Do you know any reason the applicant should not be considered for employment in the Criminal Justice field? *NO*
6. If this applicant was your former neighbor, would you be pleased if he/she resumed residency next door? *N/A*
7. Do you know of any other individual(s) the department can contact regarding this applicant?
Yes ☒ No ☐ If yes, please provide the following (if known): *MICHAEL FATALIAS*
Name: *349 NE GLADYDA AVE*
Address: *PORT ST. LUCIE, FL*
Phone:
8. Is there any other information you would like to share that you believe we should consider in making this employment decision? *See ATTACHED LETTER.*

Signature

Date

Neighborhood references

1) John Upde Grave
663 NW Stanford LN
Port St. Lucie FL 34983
(772) 528-0631

2) Hasanally Ali
642 NW Stanford LN
Port St. Lucie FL 34983
(772) 418-0499

Mike Mazzoci
657 NW Stanford Ln.
Port St. Lucie FL 34983
772. 343-0584



An Equal Opportunity Employer

NEIGHBORHOOD CHECK

Applicant's Name (including prior names): Omar Mateen
Neighbor's Name: Mike Mazzoci
Neighbor's Address: 657 NW Stanford Ln
Port St Lucie, FL 34983
Neighbor's Phone: 772-343-0584

The above named individual has made application for Criminal Justice employment with the Florida Department of Corrections and has given your name as a current or former neighbor. We would appreciate your responding to the questions below and sharing any other information with us which you consider important regarding this applicant.

Toni Watts
Recruiter

10/2/06
Date

1. Were you the applicant's neighbor within the last 3 years? _____
2. How well acquainted are / were you with the applicant? _____

3. How does/did the applicant get along with the neighbors? _____

4. Does the applicant seem to have good self-control? _____

5. If the applicant is employed as an officer, would you have confidence in his/her ability and integrity to perform assigned duties? _____

6. Do you know of any reason the applicant should not be considered for a position in the criminal justice field? _____ If not, what is the reason? _____



An Equal Opportunity Employer

NEIGHBORHOOD CHECK

Applicant's Name (including prior names): Omar Mateen

Neighbor's Name: Hasanally Ali

Neighbor's Address: 642 NW Stanford Ln
Port St. Lucie, FL 34983

Neighbor's Phone: 772-418-0499

The above named individual has made application for Criminal Justice employment with the Florida Department of Corrections and has given your name as a current or former neighbor. We would appreciate your responding to the questions below and sharing any other information with us which you consider important regarding this applicant.

Toni Watts
Recruiter

10/2/06
Date

1. Were you the applicant's neighbor within the last 3 years? Yes
2. How well acquainted are / were you with the applicant? Very well
I ALSO know his Family.
3. How does/did the applicant get along with the neighbors?
Very Friendly
4. Does the applicant seem to have good self-control? Yes
5. If the applicant is employed as an officer, would you have confidence in his/her ability and integrity to perform assigned duties? Yes
6. Do you know of any reason the applicant should not be considered for a position in the criminal justice field? No If not, what is the reason?



An Equal Opportunity Employer

NEIGHBORHOOD CHECK

Applicant's Name (including prior names): Omar Mateen

Neighbor's Name: John Updegrave

Neighbor's Address: 6603 NW Stanford LN
Port. St. Lucie FL 34983

Neighbor's Phone: 772-528-0631

The above named individual has made application for Criminal Justice employment with the Florida Department of Corrections and has given your name as a current or former neighbor. We would appreciate your responding to the questions below and sharing any other information with us which you consider important regarding this applicant.

Toni Watts
Recruiter

10/2/06
Date

1. Were you the applicant's neighbor within the last 3 years? YES
2. How well acquainted are / were you with the applicant? Very Well - Acquainted
for 3 yrs.
3. How does/did the applicant get along with the neighbors?
Very Well
4. Does the applicant seem to have good self-control? Yes
5. If the applicant is employed as an officer, would you have confidence in his/her ability and integrity to perform assigned duties?
Absolutely - Omar is very good candidate for an officer
6. Do you know of any reason the applicant should not be considered for a position in the criminal justice field? NO If not, what is the reason? _____

VERIFICATION OF PREVIOUS EMPLOYMENT

Applicant's Name: Omar MateenSSN: Position Applied for: Correctional Officer Pos. # _____DATE: 8/18/06Organization Contacted: NutritionTelephone: 772-464-3599Person Contacted: David Cohen1. Dates of Employment: from 06/14/05 to 8/7/052. Title of Position held: Cashier3. Why did this person leave? Wouldn't Provide Below Information

4. Would you rehire? _____

5. What were the basic job duties and responsibilities? _____

_____6. How would you evaluate his/her performance of these duties and responsibilities? _____

_____7. What other job-related information can you tell us about the person to help us make a decision? _____

_____B. St. Hill

Signature of person obtaining the information

8/18/06

Date

(To complete this form please refer to the reverse side)

SSN:

DATE: 8/18/04

Telephone: 772-464-3548
772-464-3598

Person Contacted:

1. Dates of Employment: from 06/1/05 to 8/05
2. Title of Position held: Cashier
3. Why did this person leave? _____
4. Would you rehire? _____
5. What were the basic job duties and responsibilities? _____

6. How would you evaluate his/her performance of these duties and responsibilities? _____

7. What other job-related information can you tell us about the person to help us make a decision? _____

8/18/04
Date

DC2-827 (Revised 3-01)

VERIFICATION OF PREVIOUS EMPLOYMENT

Applicant's Name: Omar MateenSSN: Position Applied for: Correctional Officer Pos. # _____DATE: 8/18/06Organization Contacted: GNCTelephone: 772-692-1386Person Contacted: Mat1. Dates of Employment: from 02/06/06 to Present2. Title of Position held: Sales Associate3. Why did this person leave? Couldn't provide Below Information

4. Would you rehire? _____

5. What were the basic job duties and responsibilities? _____

_____6. How would you evaluate his/her performance of these duties and responsibilities? _____

_____7. What other job-related information can you tell us about the person to help us make a decision? _____

_____B. St. Hill

Signature of person obtaining the information

8/19/06

Date

(To complete this form please refer to the reverse side)

VERIFICATION OF PREVIOUS EMPLOYMENT

Applicant's Name: Omar Mateen SSN: [REDACTED]
Position Applied for: Correctional Officer Pos. # _____ DATE: 8/18/06
Organization Contacted: Hollister Co.
Telephone: 772-692-1767 Person Contacted: Carra

1. Dates of Employment: from 01/03/06 to 2/1/06
2. Title of Position held: Sales Associate
3. Why did this person leave? Couldn't provide below information
4. Would you rehire? _____
5. What were the basic job duties and responsibilities? _____

6. How would you evaluate his/her performance of these duties and responsibilities? _____

7. What other job-related information can you tell us about the person to help us make a decision? _____

B. St. Hille
Signature of person obtaining the information

8/18/06
Date

(To complete this form please refer to the reverse side)

VERIFICATION OF PREVIOUS EMPLOYMENT

Applicant's Name: Omar Mateen

SSN: [REDACTED]

Position Applied for: Correctional Officer Pos. # _____

DATE: 8/18/06

Organization Contacted: Gold's Gym.

Telephone: 772-878-7662

Person Contacted: Amanda

1. Dates of Employment: from 8/17/05 to 12/6/05

2. Title of Position held: Floor Watcher

3. Why did this person leave? Wouldn't Give Below Information

4. Would you rehire? _____

5. What were the basic job duties and responsibilities? _____

6. How would you evaluate his/her performance of these duties and responsibilities? _____

7. What other job-related information can you tell us about the person to help us make a decision? _____

8/18/06

Signature of person obtaining the information

8/18/06

Date

(To complete this form please refer to the reverse side)

VERIFICATION OF PREVIOUS EMPLOYMENT

Applicant's Name: Omar Mateen

SSN: [REDACTED]

Position Applied for: Correction Officer

Pos. # _____

DATE: 8/18/09

Organization Contacted: Chic Filia

Telephone: 772-692-2322

Person Contacted: Patti

1. Dates of Employment: from _____ to _____
2. Title of Position held: _____
3. Why did this person leave? _____
4. Would you rehire? _____
5. What were the basic job duties and responsibilities?

6. How would you evaluate his/her performance of these duties and responsibilities?

7. What other job-related information can you tell us about the person to help us make a decision?

Signature of person obtaining the information _____

Date _____

(To complete this form please refer to the reverse side)

VERIFICATION OF PREVIOUS EMPLOYMENT

Applicant's Name: Omar Mateen

SSN: [REDACTED]

Position Applied for: Correction Officer

Pos. # _____

DATE: 8/18/09

Organization Contacted: Chic Fila

Telephone: 772-692-2322

Person Contacted: Patti

1. Dates of Employment: from _____ to _____
2. Title of Position held: _____
3. Why did this person leave? _____
4. Would you rehire? _____
5. What were the basic job duties and responsibilities?

6. How would you evaluate his/her performance of these duties and responsibilities?

7. What other job-related information can you tell us about the person to help us make a decision?

Signature of person obtaining the information _____

Date _____

(To complete this form please refer to the reverse side)