



REGISTRATION OF EMPLOYMENT AFFIDAVIT OF COMPLIANCE Incorporated by Reference in Rule 11B-27.002(2), F.A.C.



Please type or print in black or blue ink and use capital and small letters to write names, addresses, and titles

- 1. Social Security Number: [redacted]
2. Officer's Name: Korossy, Steven Nicholas
3. Date of birth: [redacted]
4. Ethnic group or race: White
5. Sex: Male
6. Education:
7. Agency ORI: FL0640000
8. Agency Name: Volusia County Sheriff's Office
9. Employment Date: 5/18/2015
10. Is this officer employed under a Temporary Employment Authorization?
11. Employment Type & Class Full-Time Law Enforcement
12. If officer completed auxiliary training, does agency have proof of required high liability training on file?
13. Is this officer requesting an equivalency-of-training?
14. Does the agency have the results of this officer's processed fingerprints on file?
15. Does the agency have on file the seven-panel controlled substance screening results as required in Rule 11B-27.00225?
16. Has the agency completed a background investigation and have on file all documents required in Chapter 27, F.A.C.?

I hereby certify that I have collected, verified, and am maintaining on file evidence that the applicant has met the provisions of Section 943.13(1)-(8) and 943.131, F.S., or any rule adopted pursuant thereto. I fully understand that this affidavit constitutes an official statement under the purview of Section 837.06, F.S., is subject to verification by the Criminal Justice Standards and Training Commission, and any intentional false execution of this affidavit constitutes a misdemeanor of the second degree.

17. Laura Bounds Agency Administrator or Designee's Signature
18. 5/19/15 Date
Laura Bounds, VCSO Administrative Services Director

19. Agency Administrator or Designee's Printed Name and Title

20. OATH Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF FLORIDA, COUNTY OF Volusia

Sworn to (or affirmed) and subscribed before me this 19th

day of May, year 2015, By Laura Bounds

Sandi Campbell Signature of Notary Public, State of Florida



Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification Type of Identification Produced

An officer shall not be employed in a sworn status until all requirements of Section 943.13, F.S. have been met.