

EMPLOYMENT APPLICATION

ST. AUGUSTINE BEACH POLICE DEPARTMENT

POSITION APPLIED FOR:

INSTRUCTIONS

APPLICATION MUST BE TYPEWRITTEN OR PRINTED LEGIBLY IN INK. ALL QUESTIONS MUST BE ANSWERED. IF A QUESTION IS NOT APPLICABLE, SO STATE AND INDICATE NA (NOT APPLICABLE). APPLICATIONS WHICH ARE NOT COMPLETE AND LEGIBLE WILL NOT BE CONSIDERED. IF SPACE PROVIDED IS NOT SUFFICIENT FOR COMPLETE ANSWERS, OR YOU WISH TO FURNISH ADDITIONAL INFORMATION, ATTACH SHEETS OF THE SAME SIZE AS THIS APPLICATION AND NUMBER ANSWERS TO CORRESPOND WITH QUESTIONS.

PERSONAL HISTORY

A. FULL NAME: _____
(LAST) (FIRST) (MIDDLE) (MAIDEN)

B. LIST ALL OTHER NAMES YOU HAVE USED INCLUDING NICKNAMES: _____

C. HEIGHT WEIGHT MINIMUM AGE 19 PLACE OF BIRTH SOCIAL SECURITY #

D. HAVE YOU EVER HAD YOUR NAME LEGALLY CHANGED? NO ___ YES ___ IF YES, PLEASE FURNISH DATE, PLACE AND COURT: _____

MARITAL STATUS

A. SINGLE ___ IF MARRIED:

MARRIED _____
(DATE) (PLACE OF MARRIAGE)

SEPARATED _____

DIVORCED ___ NUMBER OF CHILDREN ___ AGES: _____

RESIDENCES

A. LIST CHRONOLOGICALLY ALL RESIDENCES BEGINNING WITH PRESENT:

DATES

FROM TO APT. # STREET ADDRESS CITY, STATE
MO. YR. MO. YR.

B. COMPLETE ADDRESS YOU WISH MAIL TO BE SENT: _____

C. RESIDENCE PHONE NUMBER: _____

CITIZENSHIP

A. ARE YOU A CITIZEN OF THE U.S.?

NO ____ YES ____

B. BY BIRTH: NO ____ YES ____ NATURALIZED: NO ____ YES ____

EDUCATION

DATES

NAME OF SCHOOL	LOCATION	DATES		COURSE PURSUED	DEGREE
		FROM MO. YR.	TO MO. YR.		

HIGH SCHOOL _____

JR. COLLEGE _____

COLLEGE _____

GRADUATE SCHOOL _____

OTHER _____

EMPLOYMENT

LIST CHRONOLOGICALLY ALL EMPLOYMENT BEGINNING WITH PRESENT INCLUDING SUMMER AND PART TIME EMPLOYMENTS WHILE ATTENDING SCHOOL. ALL TIMES MUST BE ACCOUNTED. IF UNEMPLOYED FOR A PERIOD, INDICATE, SETTING FORTH DATES OF UNEMPLOYMENT.

NAME/ADDRESS OF EMPLOYER	DATES				SALARY	POSITION OR KIND OF WORK	NAME OF SUPERVISOR	REASON LEAVING
	FROM MO.	TO YR.	FROM MO.	TO YR.				

CRIMINAL HISTORY

1. HAVE YOU EVER BEEN ARRESTED OR INVOLVED IN A CRIMINAL OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? YES _____ NO _____
IF YES, PLEASE LIST CHARGE, DATE AND JURISDICTION OF ARRESTING AGENCY.

2. HAVE YOU EVER BEEN DISCHARGED OR RELIEVED FROM ANY POSITION FOR ANY REASON?

YES _____ NO _____ GIVE DETAILS: _____

GENERAL INFORMATION

1. LIST THE NAMES OF PROFESSIONAL ORGANIZATIONS TO WHICH YOU BELONG: _____

2. APPROXIMATE NUMBER OF DAYS ABSENT IN LAST TWO YEARS DUE TO PERSONAL ILLNESSES.

3. IF YOU HAVE BEEN INVOLVED IN PRIOR LAW ENFORCEMENT EXPERIENCE PLEASE LIST ALL SCHOOLS ATTENDED OR CERTIFICATES RECEIVED:

APPLICATION CERTIFICATION

I UNDERSTAND THAT ANY EMPLOYMENT OFFERED TO ME WILL BE CONTINGENT UPON THE RESULTS OF A COMPLETE CHARACTER AND FITNESS INVESTIGATION AND I AM AWARE THAT WILLFULLY WITHHOLDING INFORMATION OR MAKING FALSE STATEMENTS ON THE APPLICATION WILL BE THE BASIS FOR MY DISMISSAL FROM THE POLICE DEPARTMENT. I AGREE TO THESE CONDITIONS AND HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER FULLY UNDERSTAND AND CONSENT TO A POLYGRAPH EXAMINATION CONCERNING THE VERACITY OF MY RESPONSES TO THE INFORMATION REQUESTED ON THIS APPLICATION. I ALSO UNDERSTAND AND AGREE THAT THIS EMPLOYMENT APPLICATION SHALL BE THE PROPERTY OF THE POLICE DEPARTMENT.

DATE

SIGNATURE OF THE APPLICANT AS USUALLY WRITTEN

WITNESSED BY:

DOCUMENTS TO BE ATTACHED TO APPLICATION

- A. ATTACH A CERTIFIED COPY OF BIRTH CERTIFICATE.
- B. ATTACH A CERTIFIED COPY OF HIGH SCHOOL DIPLOMA OR APPROVED G.E.D..
- C. ATTACH A COPY OF MILITARY DISCHARGE.
- D. IF APPLICABLE, A COPY OF CERTIFICATE OF COMPLIANCE, POLICE STANDARDS.
- E. ATTACH A COPY OF YOUR CURRENT DRIVER LICENSE & SOCIAL SECURITY CARD.

OTHER REQUIREMENTS

A. WHEN ORDERED BY THE DEPARTMENT, APPLICANT WILL BE FINGERPRINTED AND SHALL SUBMIT TO A COMPLETE PHYSICAL EXAMINATION AND ELECTROCARDIOGRAM. TESTS PERTAINING TO JOB APPLICATION MAY BE GIVEN, I.E. VOCABULARY AND SPELLING TEST, TYPING TEST, PSYCHOLOGICAL EVALUATION. THESE TESTS WILL BE USED TO DETERMINE AN APPLICANT'S ABILITY TO MEET CERTAIN NECESSARY REQUIREMENTS IN JOB PERFORMANCE AREAS.

PERSONAL INQUIRY WAIVER

APPLICANT'S NAME: _____

SOCIAL SECURITY NUMBER: _____

I RESPECTFULLY REQUEST AND AUTHORIZE YOU TO FURNISH THE ST. AUGUSTINE BEACH POLICE DEPARTMENT OR THEIR DESIGNEE ANY AND ALL INFORMATION THAT YOU MAY HAVE CONCERNING MY WORK RECORD, SCHOOL RECORD, MILITARY RECORD, REPUTATION AND FINANCIAL AND CREDIT STATUS. PLEASE INCLUDE ANY AND ALL MEDICAL, PHYSICAL AND MENTAL RECORDS OR REPORTS INCLUDING ALL INFORMATION OF A CONFIDENTIAL OR PRIVILEGED NATURE, AND PHOTOSTATS OF SAME, IF REQUESTED. THIS INFORMATION IS TO BE USED TO ASSIST THE POLICE DEPARTMENT OR THEIR DESIGNEE IN DETERMINING MY QUALIFICATIONS AND FITNESS FOR THE _____ POSITION I AM SEEKING WITH THE CITY OF ST. AUGUSTINE BEACH.

I HEREBY RELEASE YOU, YOUR ORGANIZATION OR OTHERS FROM LIABILITY OR DAMAGE WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED ABOVE.

APPLICANT'S SIGNATURE

DATE

ADDRESS

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF ST. JOHNS

BEFORE ME PERSONALLY APPEARED THE SAID _____
WHO WAYS THAT HE/SHE EXECUTED THE ABOVE INSTRUMENT OF HIS/HER OWN FREE WILL AND ACCORD, WITH FULL KNOWLEDGE OF THE PURPOSE THEREFORE.

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE



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

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____
(Optional)

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: _____

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:

Florida State Statute 768.095 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 Section 943.13 (4), (5) and (7) 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

Applicant's Address

AFFIDAVIT

STATE OF _____

COUNTY OF _____

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

Sworn and subscribed in my presence this _____ day of _____, 20____. My Commission

expires on _____, 20_____.

Personally Known _____ - or - Produced Identification _____

Notary Public

Type of Identification Produced: _____

Effective: 8/9/2001 via Statutory Authority and Commission approval.

Original - Employing Agency

Effective: 2/7/2002 for Rule Promulgation

St. Augustine Beach Police Department

Application Addendum

Answer all questions honestly and thoroughly. If you have any doubt in your mind concerning a particular question, or if you are unsure whether to include certain information, the answer is "Yes, include it." Use additional paper if necessary. A polygraph examination is required and any omissions or inaccuracies in your application will result in disqualification or termination.

States that you have or had a driver's license with: _____

Have you received any traffic citations or been involved in any traffic accidents within the last 2 years? YES NO Dates/Explain: _____

Indicate any of the following controlled substances you have used below:

Amphetamines	Amyl-nitrates	Angel Dust/PCP	Barbituates
Cocaine	Diet pills	Ecstasy	GHB
Hash/Hash Oil	Heroin	Inhaled Intoxicants	
Librium	LSD	Marijuana	Mescaline
Methadone	Mushrooms	Opium	Peyote
Qualudes	Speed/Crystal Meth		Steroids
Tysticks	Valium		

<u>Drug</u>	<u># times used</u>	<u>Last date used</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

St. Augustine Beach Police Department

Application Addendum

Have you ever sold drugs illegally or acted as a middle-person in a drug transaction? YES NO Dates/Explain: _____

When was the last time you were where illegal drugs or substances were either used or present? Date/Explain: _____

Have you ever used someone else's prescription medication? YES NO
Dates/Explain: _____

Have you ever received treatment for any drug or substance abuse? YES NO
Dates/Explain: _____

Do you have any tattoos, scars or brands? YES NO
Location/description: _____

Have you ever filed bankruptcy or had a bankruptcy discharged? YES NO
Dates/explain: _____

St. Augustine Beach Police Department

Application Addendum

Are you currently in default or late on any payment obligations? YES NO

Explain: _____

Have you ever been disciplined or terminated by any employer? YES NO

Explain: _____

List three (3) personal references (not relatives or employers):

<u>Name</u>	<u>Address</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that the answers on this addendum are true and correct.

Signature of Applicant

Date

Witnessed by:
