

Employment Application for the Palm Beach Shores Police Department

The Palm Beach Shores Police Department is an equal opportunity employer (EOE), drug, tobacco and smoke free workplace and will select qualified candidates for appointment. No applicant and or employee will be dis-criminated against because of race, color, age, sex, religion, national origin, marital status, political affiliation, familial status, sexual orientation, citizenship, genetic information or disability.

POLICE OFFICER PART-TIME POLICE OFFICER CIVILIAN EMPLOYEE
 VOLUNTEER RESERVE OFFICER CIVILIAN VOLUNTEER OTHER _____

Last Name	First Name	Middle Name
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Nickname(s), maiden name, or other names by which you have been known:

Street Address

City	County	State	Zip Code
(____)_____	(____)_____	(____)_____	
Home Number	Business Number	Cellular Number	

Driver's License Number and State

Date of Birth	(M-D-Y)	Place of Birth
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Emergency Notification Contact (other than spouse): _____

Relationship: _____ Telephone Numbers: _____

Police Officer: Certified? Yes No, if yes in what state? _____

Currently in Police Academy? ___ Yes ___ No Citizenship: ___ USA ___ Other

For Office Use Only	
Date Received: _____	Date Removed: _____
Oral Review Results: _____ P _____ F	One-on-One Intervieww/Chief Date: _____
Notes: _____	Conditional Letter Date: _____

INSTRUCTIONS

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

- The application may be handwritten or typed by the applicant.
- Fill out this application completely and accurately, as all statements in this application are subject to verification. When the employment application is submitted, it will be reviewed for completeness and accuracy. Errors, omissions, and deficiencies not corrected before any oral review may disqualify the applicant from the selection process.
- Any applicant intentionally giving false information will be subject to disqualification.
- All dates and addresses **MUST** be complete, including zip codes.
- If there is insufficient space on the form for you to include all information required, attach extra sheets. Be sure to reference the question number and the extra page number indicating the total number of pages. Sign and date the bottom of each extra page.
- If a question is not applicable to you, enter N/A in the space provided.
- **THIS APPLICATION MUST BE NOTARIZED ON THE LAST PAGE.**

GENERAL REQUIREMENTS

- Be a high school graduate or equivalent. A General Education Diploma (GED) and/or graduation from the United States Armed Forces Institute (USAFI) are acceptable when accompanied by a certified or official transcript of grades. An out-of-state General Education Diploma (GED) or the USAFI equivalence must be acceptable by the State of Florida Police Standards Council (sworn positions only).
- Be a **NON-SMOKER** for the past one (1) year, this includes use of any tobacco products – on or off-duty, and be willing to continue to not use tobacco products on or off duty.
- Possess a valid Florida Driver's License and possess a good driving record prior to appointment.
- Never been convicted of any felony.
- Never arrested for ANY Domestic Violence related misdemeanor.
- Never convicted of any "moral turpitude" misdemeanor.
- Never have received a dishonorable discharge from any of the Armed Forces of the United States.
- Have a positive work history, being free from frequent disciplinary actions, suspensions, terminations or asked to resign.
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POLICE OFFICER REQUIREMENTS

- Be at least 19 years of age (minimum age of twenty-one (21) preferred) and a citizen of the United States.
- Maintain the highest moral character, as specified under the provision of Florida State Statutes 943.13(7) and Rule 11B-27.002 of the Florida Administrative Code, by never having been convicted of any felony or of a misdemeanor involving perjury or false statement. Any person who, after July 1, 1981, pleads guilty or nolo contendere to, or is found guilty of a felony, or of a misdemeanor involving perjury or a false statement, shall not be eligible for employment or appointment as an officer, notwithstanding suspension of sentence or withholding of adjudication.

CIVILIAN REQUIREMENTS

Be at least eighteen (18) years of age (age twenty-one (21) preferred) and a citizen of the United States.

SECTION A – APPLICATION INFORMATION

1. Referral Source: _____ Advertisement - Where _____
_____ Friend / Relative _____ Walk-In _____ Other: _____
2. Have you filed a previous application here? _____ No _____ Yes - If yes, Date _____ Position _____
3. Are you currently employed? _____ No _____ Yes - May we contact your present employer? _____ No _____ Yes
4. Does your citizenship allow you employment in this country? _____ No _____ Yes
5. On what date would you be available for work? _____
6. Are you available to work? (Check all that apply) _____ Part-Time _____ Full Time _____ Shift Work
7. Can you travel out of the local area if an assignment requires it? _____ No _____ Yes
8. Are you available to work occasional overtime? _____ No _____ Yes
9. What salary range are you willing to accept? _____ to _____
10. Are you currently or have you in the past year used any tobacco products? _____ No _____ Yes - If yes, when was the last time you used a tobacco product? _____

SECTION B – RESIDENCY

11. List ALL addresses where you have lived during the past TEN (10) years, beginning with your present address. List all dates by month and year. Attach extra pages if necessary.

From	To	Complete Address – Number, Street, Apt #, City, State, Zip Code and Country:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION C – EMPLOYMENT

12. Beginning with your present employer or most recent job, list ALL employment held for the past ten years, including part-time, temporary or seasonal employment. Attach extra pages if necessary.

CompanyName _____ Supervisor Name/Title _____

() _____ () _____ () _____
Home # Business # Cellular #

Address: _____ City _____ St. _____ ZipCode _____

Position/Title _____ Start Date _____ End Date _____

Reason for Leaving: _____ Laid Off _____ Voluntarily Resigned _____ Retired _____ Transfer, Fired or Discharged

Other _____

Duties/Responsibilities _____

CompanyName _____ Supervisor Name/Title _____
() _____ () _____ () _____
Home # _____ Business # _____ Cellular # _____
Address: _____ City _____ St. _____ ZipCode _____
Position/Title _____ StartDate _____ EndDate _____
ReasonforLeaving: _____ LaidOff _____ VoluntarilyResigned _____ Retired _____ Transfer FiredorDischarged _____
Other _____
Duties/Responsibilities _____

CompanyName _____ Supervisor Name/Title _____
() _____ () _____ () _____
Home # _____ Business # _____ Cellular # _____
Address: _____ City _____ St. _____ ZipCode _____
Position/Title _____ StartDate _____ EndDate _____
ReasonforLeaving: _____ LaidOff _____ VoluntarilyResigned _____ Retired _____ Transfer FiredorDischarged _____
Other _____
Duties/Responsibilities _____

CompanyName _____ SupervisorName/Title _____
() _____ () _____ () _____
Home # _____ Business # _____ Cellular # _____
Address: _____ City _____ St. _____ ZipCode _____
Position/Title _____ StartDate _____ EndDate _____
ReasonforLeaving: _____ LaidOff _____ VoluntarilyResigned _____ Retired _____ Transfer FiredorDischarged _____
Other _____
Duties/Responsibilities _____

CompanyName _____ Supervisor Name/Title _____
() _____ () _____ () _____
Home # _____ Business # _____ Cellular # _____
Address: _____ City _____ St. _____ ZipCode _____

Position/Title _____ StartDate _____ EndDate _____
ReasonforLeaving: _____ LaidOff _____ VoluntarilyResigned _____ Retired _____ Transfer _____ FiredorDischarged _____
Other _____
Duties/Responsibilities _____

CompanyName _____ SupervisorName/Title _____
() _____ () _____ () _____
Home # _____ Business # _____ Cellular # _____
Address: _____ City _____ St. _____ ZipCode _____
Position/Title _____ StartDate _____ EndDate _____
ReasonforLeaving: _____ LaidOff _____ VoluntarilyResigned _____ Retired _____ Transfer _____ FiredorDischarged _____
Other _____
Duties/Responsibilities _____

CompanyName _____ SupervisorName/Title _____
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Other _____
Duties/Responsibilities _____

CompanyName _____ SupervisorName/Title _____
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Home # _____ Business # _____ Cellular # _____
Address: _____ City _____ St. _____ ZipCode _____
Position/Title _____ StartDate _____ EndDate _____
ReasonforLeaving: _____ LaidOff _____ VoluntarilyResigned _____ Retired _____ Transfer _____ FiredorDischarged _____
Other _____
Duties/Responsibilities _____

13. In the past three years, how many times were you absent from your workplace or job assignment (during normal working hours) without your supervisor's approval? _____

14. List professional, trade, business, or civic organizations and activities you participate in, including any offices you hold (you may exclude memberships which would reveal sex, race, age, or other protected status).

Name	Address	Office Held

SECTION D – EDUCATION, TRAINING AND SKILLS

For Police Applicants complete questions 15 thru 19

15. Florida Law Enforcement Certified? _____ No _____ Yes: Date Issued: _____

16. Other Law Enforcement Certification: State _____ Exp. Date _____

17. If you have an out-of-state Law Enforcement Certification, have you completed the Florida Department of Law Enforcement (FDLE) Comparative Compliance Course? _____ No _____ Yes

18. Are you currently enrolled in a Florida Police Academy? _____ No _____ Yes _____ N/A

19. Police Applicant Only: Can you swim? _____ No _____ Yes

20. Circle the highest level of formal education that you have completed.

Grade School GED High School College Bachelor's Master's Doctorate
 12345678 1 2 3 4 1 2 3 +

List schools attended below, if required use a separate sheet of paper to list ALL schools

High School	Name	Address		
College	Name	Address	Major	Degree
Graduate School	Name	Address	Major	Degree
Vocational School	Name	Address	Major	Degree

21. Special Skills and Qualifications – list any special skills, licenses and/or certifications acquired by prior employment or training experience.

22. Second Language – Note the second language or place an X in the box for your capacity to read, write and speak the language. You may exclude language information which would reveal ethnicity, race, or other protected status.

	FLUENT	GOOD	FAIR
Speak			
Read			
Write			

American Sign Language			
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SECTION E – MILITARY HISTORY

23. Have you ever served in the United States Armed Forces, including Reserves and National Guard?
 _____ No _____ Yes

24. Have you ever served in ANY foreign country Armed Forces, including Reserves and National Guard or equivalent? _____ No _____ Yes

25. If you answered “No” to both #23 and #24, are you willing to sign an affidavit stating you have NOT served in any Armed Forces? _____ No _____ Yes, then proceed to question # 29.

26. Dates of Service:

From _____ to _____ Branch of Service _____

Serial Number: _____ Rank _____

Type of Discharge _____ Reason Discharge _____

From _____ to _____ Branch of Service _____

Serial Number: _____ Rank _____

Type of Discharge _____ Reason Discharge _____

27. Were you ever tried, punished, reprimanded, or reduced in rank for any infraction of military rules and regulations? _____ No _____ Yes - If yes, indicate on a separate sheet of paper: **1) Dates, 2) Charges** against you, **3) Type of court martial or other disciplinary proceeding, and 4) the disposition of the charges.**

28. Has your discharge or separation ever been corrected or changed? _____ No _____ Yes - If yes, indicate details below:

Change from _____ to _____

Authority: _____

SECTION F – FAMILY STATUS

29. Do you currently have any relatives working for the Town of Palm Beach Shores? _____ No _____ Yes
- If yes, note name and what Department they work
in _____

30. Have you ever had your name legally changed? _____ No _____ Yes - If you answered yes, provide:
a) Previous Name _____
b) Date and Location of Change _____
c) Reason for Change _____

31. Current Spouse’s Full Name _____

32. Current Spouse’s Maiden Name _____

33. Is your current spouse in favor of you becoming a Palm Beach Shores Police Employee? _____ No _____ Yes

34. Have you ever been married to anybody before the above listed spouse? _____ No _____ Yes - If you have answered yes, provide the following on a separate sheet of paper for each former spouse: 1) Full name of former spouse, 2) If you are responsible for making any child support or alimony payments, and how much a month for each, 3) Has any legal action ever been taken against you for failed or delayed payments to your former spouse, if so explain

SECTION G – DRIVING RECORD

35. Can you operate a motor vehicle? _____ No _____ Yes

36. Do you possess a valid Florida Driver’s License? _____ No _____ Yes

37. List any State, Province or Foreign Country in which you were issued a driver’s license or driving permit.

38. Has your Driver’s License ever been suspended or revoked? _____ No _____ Yes
If yes, indicate on separate sheet: 1) state of issue; 2) the date; 3) ALL details.

39. Have you ever been involved in a motor vehicle accident? _____ No _____ Yes - If yes, indicate on a separate sheet for each accident: 1) Date; 2) Location; 3) Any charges and 4) Final disposition of any police charges or civil liability.

40. Have you ever received a traffic citation (non-parking)? _____ No _____ Yes - If yes, indicate on a separate sheet for each citation: 1) Date, 2) Issuing authority, 3) city, county and state, 4) charges, and 5) final disposition.

41. Do you have any unpaid summonses outstanding against you for any parking violations? _____ No _____ Yes - If yes, where and how many _____

SECTION H – FINANCIAL HISTORY

If you answer **YES** to any of the **FINANCIAL HISTORY** questions, provide an explanation on a separate sheet of paper.

42. Have you, your spouse, or former spouse(s) ever had your wages attached/garnished? _____ No _____ Yes

43. Have you, your spouse, or former spouse(s) ever been a party to small claim actions? _____ No _____ Yes

44. Do you, your spouse, or former spouse(s) have any civil actions pending against you? _____ No _____ Yes

45. Have you, your spouse, or former spouse(s) ever had a judgment rendered against you? _____ No _____ Yes

46. Have you, your spouse, or former spouse(s) ever filed for bankruptcy or been declared bankrupt?
 _____No_____Yes
47. Have you, your spouse, or former spouse(s) ever had any property repossessed? _____No_____Yes
48. Have you ever been bonded? _____No_____Yes
49. Have you ever been refused a bond? _____No_____Yes
50. If employed by the Palm Beach Shores Police Department, do you anticipate any income other than your Palm Beach Shores salary? _____No_____Yes

SECTION I – CRIMINAL HISTORY

51. Have you ever been arrested, or detained by any law enforcement officer? This question also includes any instance involved as a juvenile. _____No_____Yes. If yes, provide on a separate sheet: 1) The police agency, 2) The charge, 3) The final disposition, 4) The date, 5) ALL details of the incident and case.
52. Have you ever committed a felony or misdemeanor in which you were NOT ARRESTED? _____No
 _____Yes - If yes, provide on a separate sheet ALL details.

SECTION J – REFERENCES

53. List the name of three (3) persons not related to you and not former employers, who have known you for at least five (5) years. All persons whom you refer will be asked to appraise your character, ability, experience, personality and other qualities.

Name _____

Home Address _____

Business, Occupation or Profession _____ Years Known _____

Name of Business _____

Business Address _____

(_____) (_____) (_____) _____

Home # Business # Cellular #

Name _____

Home Address _____

Business, Occupation or Profession _____ Years Known _____

Name of Business _____

Business Address _____

(_____) (_____) (_____) _____

Home # Business # Cellular #

Name _____

Home Address _____

Business, Occupation or Profession _____ Years Known _____

Name of Business _____

Business Address _____

(_____) (_____) (_____) _____

Home # Business # Cellular #

SECTION K – LOYALTY

The term “subversive organization” as defined by Florida Statutes Section 876.22 means “any organization which engages in or advocates, abets, advises, or teaches, or a purpose of which is to engage in or advocate, abet, advise, or teach activities intended to overthrow, destroy, or to assist in the overthrow or destruction of the constitutional form of the Government of the United States, the constitution or government of the state, or of any political subdivision of either of them, by revolution, force, violence, or other unlawful means.” Answer only “yes” or “no” to each question. If yes, provide details on a separate sheet.

54. Are you now or have you ever been a member of a subversive organization? _____ No _____ Yes

55. Have you ever, by word of mouth or in writing, advocated, advised or taught the doctrine that the government of the United States of America, any state, or any political subdivision thereof should be overthrown by force, violence or any unlawful means? _____ No _____ Yes

56. Have you ever paid, contributed, collected or solicited any money or dues, to, for, or on behalf of any subversive organization? _____ No _____ Yes

57. Have you ever been connected or affiliated with, in any manner, or ever attended any meeting of any subversive organization? _____ No _____ Yes

Police Applicant Only answer question # 58

58. Do you belong to a religious sect or hold any belief which would prevent you from:

Pledging allegiance to the flag of the United States of America? _____ No _____ Yes

Enforcing the Constitution of the United States of America and the State of Florida? _____ No _____ Yes

Enforcing the laws of the United States of America and the State of Florida? _____ No _____ Yes

Taking a human life while carrying out your duties when such action is lawful and necessary? ___ No ___ Yes

SECTION M – DRUG USE

59 Do you now, or have you ever used, purchased, possessed, supplied or sold marijuana?
No _____ Yes - If yes, answer a thru d – use extra pages if necessary.

- a. Circumstances? _____
- b. Number of times used, purchased, possessed, supplied and/or sold? _____
- c. First time, used, purchased, possessed, supplied and/or sold? _____
- d. Last time, used, purchased, possessed, supplied and/or sold? _____

60 Do you now, or have you ever used, purchased, possessed, supplied or sold any narcotics or controlled substances such as, but not limited to; hashish, cocaine, LSD, amphetamines, heroin, steroids or any drug of similar nature (excluding lawfully prescribed drugs)? ___ No _____ Yes - If yes, answer a thru e – use extra pages if necessary.

- a. Drug? _____
- b. Circumstances? _____
- c. Number of times used, purchased, possessed, supplied, and/or sold? _____
- d. First time, used, purchased, possessed, supplied and/or sold? _____
- e. Last time, used, purchased, possessed, supplied and/or sold? _____

SECTION N – OTHER

61 Do you have any tattoos, body art or piercings, which may be observed in whole or part, if you are dressed in a short-sleeved uniform shirt, shorts or skirt? ___No ___Yes
If yes, provide: 1) Location on body; 2) Detailed description.

62 List all social networking sites that you currently subscribe to and have subscribed to in the past.

SECTION P – EMPLOYMENT APPLICATIONS TO OTHER POLICE AGENCIES

63 Have you submitted any employment applications to other law enforcement agencies in the past two (2) years? ___No ___Yes - If yes, please provide below:

1) Date of application, 2) Name and address of agency, 3) Position applied for, 4) Disposition of application:

SECTION Q – AFFIDAVIT (MUST BE NOTARIZED)

64 I affirm that this application contains no misrepresentations or falsifications, omissions, or concealment of material fact and that information given by me is true and complete to the best of my knowledge and belief. Should any investigation disclose any misrepresentations or falsifications, omissions, or concealment of material fact, I am aware that my application may be rejected and my name removed from any eligibility list. If already appointed, I may be dismissed.

I understand that if and when my social security number is requested it will be used by the Town for the purposes of verifying payroll eligibility, processing employment benefits, conducting applicant and employee background checks, and reporting income and will be used solely for these purposes.

Signature of Applicant

Date

State of _____ County of _____

The foregoing instrument was acknowledged before me on this _____ day, of _____, 20____ by the above of the purpose therefore.

Notary Public's Signature

S
E
A
L

Thank you for your interest in the Palm Beach Shores Police Department.



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

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



CJSTC 58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME:
DATE OF BIRTH:
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:

AGENCY REQUESTING BACKGROUND INFORMATION:

ADDRESS:

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. 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 copy 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 copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. 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

Applicant's Address

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF COUNTY OF

Sworn to (or affirmed) and subscribed before me this

day of, year, By

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