

NOTICE:

Please read and follow these instructions exactly. Your ability to complete this document as requested will be evaluated and used as one basis for employment decisions. This document, when completed, will be used by the Palm Beach Shores Police Department as an investigative aid. Retention of this personal data will remain in the files of the Town of Palm Beach Shores as required by state statute.

REQUIREMENTS:

1. Candidates applying for the position of Police Officer or Reserve Officer must be twenty-one (21) years of age at the date of application and have a high school diploma or a Florida recognized G.E.D.;
2. In the absence of proof of successful high school completion or General Education Development (G.E.D.) tests, the Florida Police Standards and Training Commission will recognize an Associate’s Degree, or transcript verification of successful completion of two (2) years of college work from any state recognized accrediting association, or grant exemption to those individuals who hold a certificate issued prior to December 31, 1974 by the United States Armed Forces Institute (U.S.A.F.I.) denoting that holder has successfully completed high school equivalency examinations.;
3. The remaining tests include a background investigation, a psychological test, and a drug screening and medical test. Failure to pass any portion of the requirements will result in being eliminated from any further consideration for the particular testing cycle. Candidates must be available for all the tests as scheduled. All tests can not be scheduled or accomplished in one day.

IMPORTANT! You will be denied employment if you:

1. Are not a United States Citizen;
2. Do not have corrected vision to a standard of 20/40;
3. Have ever been convicted of, or plead no contest, as an adult, of any felony or a misdemeanor involving perjury or false statements;
4. Have been dishonorably discharged from the military;
5. Have ever used any illegal substance, but not limited to Marijuana, Cocaine, Heroin, LSD, Quaalude, Hashish, PCP, GHB, etc; or within the last five years used any prescription drugs or steroids not prescribed by a physician.
6. Have ever illegally sold or distributed any narcotic, drug or similar substance, including marijuana;
7. Misrepresent, falsify or omit any information on the application;
8. Have an unacceptable driving history, which would be indicative of a pattern of poor driving behavior, with particular regard to recent experience and seriousness of respective violations;
9. Have an unstable work history or a pattern of unreliable work practices including frequent or serious disciplinary actions from previous employers.

I understand that any of the above circumstances will disqualify me from consideration for a position of _____ with the Palm Beach Shores Police Department. I further attest, after carefully reviewing these stipulations, that I do, to the best of my knowledge, qualify for the aforementioned position. I understand that by making this claim, any information which surfaces to the contrary during my pre-employment processing or during my actual employment with the Palm Beach Shores Police Department, will result in my immediate termination of employment or consideration of employment.

Applicant’s Signature

INSTRUCTIONS: (PLEASE READ CAREFULLY)

- 1. Hand print clearly, in black ink and in your own handwriting.**
- 2. Answer every question. If a question does not apply to you, so state with N/A.**
- 3. Any unanswered, incomplete or omitted questions may result in rejection of your application or dismissal.**
- 4. If the space available is insufficient, use a separate sheet of 8 ½ x 11 paper and precede each answer with the number of the referenced block.**
- 5. Do not misstate or omit any material fact since the statements made herein are subject to verification to determine your qualifications for employment.**
- 6. Answer all questions accurately and completely. Do not make exaggerated, false or misleading statements as they may cause your rejection or dismissal.**
- 7. Each and every question has a purpose. Do not fail to answer each question completely, even if you feel it is “not important.”**

SPECIAL INSTRUCTIONS:

If you have expunged or sealed records, read this section before completing the Personal History Questionnaire.

Florida State Statute (FSS) 943.058 – Criminal History Record Expunction or Sealing

“When all criminal history records have been sealed or expunged, the subject of such records may lawfully deny or fail to acknowledge the events covered by the expunged or sealed records, except in the following circumstances:”

- a) When the person who is the subject of the record is a candidate for employment with a criminal justice agency.

This exception requires by law that you as an applicant for employment with a criminal justice agency (such as the Palm Beach Shores Police Department) may not lawfully deny or fail to acknowledge the events in any expunged or sealed records.

“I have read and I understand all the above instructions. I also understand that I will be asked to take a Voice Stress Test (lie detector) examination to determine the authenticity of the information provided in this questionnaire”.

Signature

Date

12. Information concerning previous marriages (List all marriages):
 (Include copies of all marriage certificate(s), separation agreement(s) or divorce decree(s), if applicable)

<u>Date Married</u>	<u>Where performed</u>	<u>Spouse's Name</u> (Wife's maiden name)	<u>Date of Separation/Divorce</u>	<u>Social Security Number</u>
/ /			/ /	- -
/ /			/ /	- -
/ /			/ /	- -

13. List all your children, stepchildren and adopted children and give the following information:

<u>Name</u>	<u>Birthdate</u>	<u>Birth Place</u>	<u>Address</u>	<u>Resides With</u>	<u>Supported By</u>
	/ /				
	/ /				
	/ /				
	/ /				

14. Are you subject to court ordered support payments for the benefit of a minor child? Yes No

Give details: _____

15. If you claim income tax exemptions for support of dependents other than your spouse and children, provide the following information:

<u>Name</u>	<u>Address (Street, City, State)</u>	<u>Relationship</u>	<u>Percent of Support Provided</u>

16. List in the order given, showing relationship, parents, guardians, stepparents, parents-in-law, brothers and sisters, even if deceased. Include any others you have resided with or with whom a close relationship existed or exists:

<u>Relationship</u>	<u>Name</u>	<u>Present Address (if living)</u>	<u>Phone</u>	<u>Birthdate</u>
Father			()	/ /
Mother (Maiden)			()	/ /
			()	/ /
			()	/ /
			()	/ /
			()	/ /
			()	/ /
			()	/ /

17. List all residences for the past **TEN YEARS**, beginning with your present address.

From: _____ / _____ To: _____ / _____ Own Rent Family

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Landlord's Name: _____ Landlord's Phone No. _____

Landlord's Address: _____

City: _____ State: _____ Zip: _____

Local Police Dept. _____ Phone No. _____

From: _____ / _____ To: _____ / _____ Own Rent Family

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Landlord's Name: _____ Landlord's Phone No. _____

Landlord's Address: _____

City: _____ State: _____ Zip: _____

Local Police Dept. _____ Phone No. _____

From: _____ / _____ To: _____ / _____ Own Rent Family

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Landlord's Name: _____ Landlord's Phone No. _____

Landlord's Address: _____

City: _____ State: _____ Zip: _____

Local Police Dept. _____ Phone No. _____

From: _____ / _____ To: _____ / _____ Own Rent Family

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Landlord's Name: _____ Landlord's Phone No. _____

Landlord's Address: _____

City: _____ State: _____ Zip: _____

Local Police Dept. _____ Phone No. _____

From: _____ / _____ To: _____ / _____ Own Rent Family

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Landlord's Name: _____ Landlord's Phone No. _____

Landlord's Address: _____

City: _____ State: _____ Zip: _____

Local Police Dept. _____ Phone No. _____

EDUCATION

18a. List all junior high and high schools attended (Include copies of high school or GED diplomas):

<u>Name</u>	<u>Location</u>	<u>Dates Attended</u>		<u>Years Completed</u>	<u>Graduated</u>	
		<u>From</u>	<u>To</u>		<u>Yes</u>	<u>No</u>
_____	_____	/	/	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	/	/	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	/	/	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	/	/	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	/	/	_____	<input type="checkbox"/>	<input type="checkbox"/>
18b. GED (if applicable)	_____	/	/	_____	<input type="checkbox"/>	<input type="checkbox"/>

18c. List information below for all colleges or universities attended (Include an official transcript from any institution awarding you a degree or certificate):

<u>Name and Location</u>	<u>Dates Attended</u>		<u>Credit Hours</u>	<u>GPA</u>	<u>Degree Received</u>	<u>Year Received</u>
	<u>From</u>	<u>To</u>				
_____	/	/	_____	_____	<input type="checkbox"/>	_____
_____	/	/	_____	_____	<input type="checkbox"/>	_____
_____	/	/	_____	_____	<input type="checkbox"/>	_____
_____	/	/	_____	_____	<input type="checkbox"/>	_____

18d. List other schools or training (trade, vocational, business or military):

<u>Name and Location</u>	<u>Dates Attended</u>		<u>Courses Studied</u>	<u>Certificate</u>	
	<u>From</u>	<u>To</u>		<u>Yes</u>	<u>No</u>
_____	/	/	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	/	/	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	/	/	_____	<input type="checkbox"/>	<input type="checkbox"/>

18e. Were you ever expelled or suspended from ANY SCHOOL or ever disciplined by any school official? Yes No

If yes, give particulars: _____

FOREIGN LANGUAGE

19. List all foreign languages and indicate your knowledge of each:

<u>Language</u>	<u>Reading</u>	<u>Speaking</u>	<u>Understanding</u>	<u>Writing</u>
_____	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
_____	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
_____	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair

SPECIAL QUALIFICATIONS AND SKILLS

20a. Indicate any special skills/qualifications (i.e. Radar, Traffic Homicide, Scuba Diving):

20b. Indicate special skills that you possess regarding personal computers and applicable software programs:

Typing: Approximate number of words per minute: _____

MILITARY

21a. Have you ever served in the U.S. Military, Military Reserve, National Guard or Coast Guard, including R.O.T.C.? Yes No

(If YES, INCLUDE A PHOTO COPY OF DD214; If NO, proceed to question 22)

21b. Branch of service _____ Unit or Ship _____

21c. What is your service number? _____

21d. Highest rank held? _____

21e. How many periods of active military service have you had? _____

21f. List all medals and decorations awarded to you as a member of the armed forces:

21g. What type of discharge? Honorable Dishonorable General Honorable Conditions Other

21h. Give date and location of entrance to active duty: _____

21i. Give date and location of discharge: _____

21j. Give period or periods of active military service:

From _____ / _____ To _____ / _____ From _____ / _____ To _____ / _____

From _____ / _____ To _____ / _____ From _____ / _____ To _____ / _____

21k. Are you currently a member of a National Guard or Reserve Unit? Yes No

State _____ Regiment _____ Unit _____ Rank _____

21l. What is your present draft classification? _____
(Not applicable for age 27 or above)

Date of classification? _____ / _____ / _____ Selective Service Number: _____

Draft board number and location: _____

21m. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, Article 15 or any other disciplinary action while a member of the armed forces? Yes No

If yes, explain: _____

21n. List any disciplinary action taken against you in the National Guard or other reserve unit: _____

EMPLOYMENT

22a. Are you now or have you ever been engaged in any business as an owner, partner, or corporate member? Yes No

If yes, give details: _____

22b. Were you ever discharged, terminated, fired or forced to resign because of misconduct or unsatisfactory service for other than medical reasons (except military)? Yes No

If yes, explain, give name and address of employer, approximate date and reasons for each case:

22c. Please list the number of sick hours used in the last year to date:

Explain any use: _____

22d. Please list the number of sick hours used in the last five (5) years to date:

Explain any use: _____

22e. Have your employers always treated you fairly? Yes No If not, explain:

22f. Please list any disciplinary action received in the last five (5) years:

22g. Do you object to working nights or shift work? Yes No

22h. Have you ever received unemployment insurance or other Federal, State or local benefits or assistance? Yes No

<u>Type of Assistance</u>	<u>Local Office</u>	<u>Address</u>	<u>For how long?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

22i. Are you currently under contract with your employer? Yes No

22j. List all jobs you have held in the last **TEN YEARS**. Place your present or most recent job **FIRST**. Include military service in proper time sequence and also all periods of unemployment. List all part-time, temporary, seasonal, voluntary jobs and periods of unemployment. If you were self-employed, provide copies of tax returns.

From	Name of Employer	Part Time	Full Time	Job Title
/ /		<input type="checkbox"/>	<input type="checkbox"/>	
To Date	Street Address	Phone No.		Description of Duties
/ /		() -		
Begin Salary	City, State, Zip Code	Name of Supervisor		
\$				
Salary End	Why did you leave?	Name of Co-Worker		
\$				

From	Name of Employer	Part Time	Full Time	Job Title
/ /		<input type="checkbox"/>	<input type="checkbox"/>	
To Date	Street Address	Phone No.		Description of Duties
/ /		() -		
Begin Salary	City, State, Zip Code	Name of Supervisor		
\$				
Salary End	Why did you leave?	Name of Co-Worker		
\$				

From	Name of Employer	Part Time	Full Time	Job Title
/ /		<input type="checkbox"/>	<input type="checkbox"/>	
To Date	Street Address	Phone No.		Description of Duties
/ /		() -		
Begin Salary	City, State, Zip Code	Name of Supervisor		
\$				
Salary End	Why did you leave?	Name of Co-Worker		
\$				

22j.

From	Name of Employer	Part Time	Full Time	Job Title
/ /		<input type="checkbox"/>	<input type="checkbox"/>	
To Date	Street Address	Phone No.		Description of Duties
/ /		() -		
Begin Salary	City, State, Zip Code			Name of Supervisor
\$				
Salary End	Why did you leave?			Name of Co-Worker
\$				

From	Name of Employer	Part Time	Full Time	Job Title
/ /		<input type="checkbox"/>	<input type="checkbox"/>	
To Date	Street Address	Phone No.		Description of Duties
/ /		() -		
Begin Salary	City, State, Zip Code			Name of Supervisor
\$				
Salary End	Why did you leave?			Name of Co-Worker
\$				

From	Name of Employer	Part Time	Full Time	Job Title
/ /		<input type="checkbox"/>	<input type="checkbox"/>	
To Date	Street Address	Phone No.		Description of Duties
/ /		() -		
Begin Salary	City, State, Zip Code			Name of Supervisor
\$				
Salary End	Why did you leave?			Name of Co-Worker
\$				

From	Name of Employer	Part Time	Full Time	Job Title
/ /		<input type="checkbox"/>	<input type="checkbox"/>	
To Date	Street Address	Phone No.		Description of Duties
/ /		() -		
Begin Salary	City, State, Zip Code			Name of Supervisor
\$				
Salary End	Why did you leave?			Name of Co-Worker
\$				

From	Name of Employer	Part Time	Full Time	Job Title
/ /		<input type="checkbox"/>	<input type="checkbox"/>	
To Date	Street Address	Phone No.		Description of Duties
/ /		() -		
Begin Salary	City, State, Zip Code			Name of Supervisor
\$				
Salary End	Why did you leave?			Name of Co-Worker
\$				

VEHICLE OPERATOR'S LICENSE (Driver's, Chauffeur's, etc.)

23a. Can you operate a motor vehicle? Yes No
Do you now or did you ever possess a valid driver's license from the state of Florida? Yes No
Driver's Lic. # _____ Date Issued ____ / ____ / ____ Restrictions: _____

23b. Did you ever possess a driver's license issued by any state other than Florida? Yes No
If yes, provide the following information: Driver's Lic. # _____ State _____
Date Issued ____ / ____ Restrictions: _____ Current Yes No

23c. Was your license ever suspended or revoked? Yes No If yes, give reasons, date and length of suspension:

23d. Was your license ever restored? Yes No If yes, give details: _____

23e. Have you ever been refused a driver's license by any state? Yes No If yes, give details:

23f. Has your driver's license ever been restricted due to traffic offense convictions or placed on negligent operator's probation? Yes No If yes, give details:

23g. Have you ever been involved in a motor vehicle accident? Yes No If yes, give complete details for each accident whether collision, non-collision or hit and run:

Date ____ / ____ Police Investigation? Yes No

Location _____

Cause of Accident (for example: ran red light, careless driving, etc.) _____

Were you charged with a violation? _____ Disposition: _____

23g. Date _____ / _____ Police Investigation? Yes No
 Location _____
 Cause of Accident (for example: ran red light, careless driving, etc.) _____
 Were you charged with a violation? _____ Disposition: _____

Date _____ / _____ Police Investigation? Yes No
 Location _____
 Cause of Accident (for example: ran red light, careless driving, etc.) _____
 Were you charged with a violation? _____ Disposition: _____

Date _____ / _____ Police Investigation? Yes No
 Location _____
 Cause of Accident (for example: ran red light, careless driving, etc.) _____
 Were you charged with a violation? _____ Disposition: _____

23h. List below all traffic citations you have received: (include parking tickets)

<u>Location</u> (<u>Street, City, State</u>)	<u>Approximate Date</u>	<u>Nature of Violation</u>	<u>Penalty or Disposition</u>
_____	_____/_____/_____	_____	_____
_____	_____/_____/_____	_____	_____
_____	_____/_____/_____	_____	_____
_____	_____/_____/_____	_____	_____
_____	_____/_____/_____	_____	_____
_____	_____/_____/_____	_____	_____
_____	_____/_____/_____	_____	_____
_____	_____/_____/_____	_____	_____

23i. List all vehicles you currently own or operate:

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Tag Number</u>	<u>Own</u>	<u>Lease</u>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

MOTOR VEHICLE INSURANCE

24a. Do you presently have automobile liability insurance? Yes No If no, give details:

24b. If you presently have automobile insurance, list the following information:

Name of Company Policy Number Name of Agent Address Phone Number

List the dates of coverage: From ____ / ____ / ____ To ____ / ____ / ____

List your present policy coverage: _____

24c. If you have been insured by this company for less than three (3) years, list the previous insurance company:

Name of Company Policy Number Name of Agent Address Phone Number

List the dates of coverage: From ____ / ____ / ____ To ____ / ____ / ____

From ____ / ____ / ____ To ____ / ____ / ____

24d. Have you ever had automobile insurance refused, withdrawn or revoked? Yes No

If yes, give details: _____

ARREST, DETENTION AND LITIGATION (Show all arrests including juvenile delinquent and traffic arrests):

25a. Have you ever been arrested or detained by ANY law enforcement agency? Provide police and court records, if available. (Include any arrest in which the records were expunged or sealed in accordance with F.S.S. 943.058)

Crime Charged: _____ Police Agency: _____

Date ____ / ____ / ____ Disposition of Case _____

Crime Charged: _____ Police Agency: _____

Date ____ / ____ / ____ Disposition of Case _____

25b. Have you ever been placed on probation, parole or community control? Yes No

If yes, give details: _____

25c. Have you ever been required to pay a fine? Yes No If yes, give details: _____

25d. Have you ever been reported as a missing person or runaway? Yes No
 If yes, give complete details, including police jurisdiction, date and outcome: _____

25e. If you have been fingerprinted by a law enforcement agency for any reason, give details below. Your answers will be checked with the FBI and other agencies.

Agency	_____	Date	____/____/____	Purpose	_____
Agency	_____	Date	____/____/____	Purpose	_____
Agency	_____	Date	____/____/____	Purpose	_____
Agency	_____	Date	____/____/____	Purpose	_____

25f. Have you ever been advised of your Miranda rights? Yes No If yes, give details: _____

25g. Have you ever been the subject of a police investigation? Yes No
 If yes, give details including police department and date: _____

25h. Has any member of your immediate family ever been arrested or convicted of a criminal offense? Yes No
 If yes, give particulars below:

<u>Name</u>	<u>Relationship</u>	<u>Offense</u>	<u>Where Arrested</u>	<u>Date</u>
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____

25i. Have you or your spouse ever sued anyone (civil court plaintiff)? Yes No
If yes, give details and provide copies: _____

25j. Have you or your spouse ever been sued by anyone (civil court defendant)? Yes No
If yes, give details and provide copies: _____

FINANCIAL INFORMATION

26a. Do you have a savings account? Yes No Account Number _____ Amount _____
Name of Bank _____ City and State _____

26b. Do you have a checking account? Yes No Account Number _____ Amount _____
Name of Bank _____ City and State _____

26c. Do you own or are you buying your own home? Yes No
Amount invested _____ Company _____ City and State _____
Present mortgage balance _____ Monthly mortgage payment _____
Insurance coverage _____ Company _____ City and State _____

26d. Do you own or are you buying other real estate? Yes No
Type of real estate _____ Amount invested _____
Bank or Company _____ City and State _____

26e. What income other than salary do you have at the present time? _____

26f. List spouse's occupation, place of employment and salary _____

26g. Have you ever had accounts placed in the hands of a collection agency? Yes No
If yes, give details: _____

26h. Have you ever filed for bankruptcy? Yes No
If yes, give details, including date and court filed: _____

CONTROLLED SUBSTANCE USE

27a. Have you *ever* possessed, smoked or ingested by any means, marijuana without legal authorization? Yes No
If yes, how many times and when was the last time you used marijuana (explain the circumstances)?

27b. Have you *ever* possessed, injected, inhaled, swallowed or ingested by any other means, any illegal drugs without legal authorization? Yes No
If yes, how many times and when was the last time you used any illegal drugs (explain the circumstances)?

CHARACTER REFERENCES: (Do not include relatives, former employers or persons living outside the United States or its territories). List only character references who have definite knowledge of your qualifications for the position for which you are applying. Do not repeat the names of supervisors. List four (4) characters.

28a.	Name of Character Reference	Years Known	Address (Street/City/State/Zip)	Business Phone	Residence Phone
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

28b. Are you acquainted with any members of the Palm Beach Shores P D? Yes No If so, whom?

NEIGHBOR REFERENCES: List four (4) neighbors over the past three (3) years.

28c.	Name of Neighbor Reference	Address (Street/City/State/Zip)	Residence Phone
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS

29a.	Name/Address/Phone No.	Type (Social, Fraternal, Unions, Professional, Academic, Etc.)	Office or Position held	Membership From	Membership To
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

SUBVERSIVE ORGANIZATIONS:

- Are you now or have you ever been a member of an organization that advocates the superiority of one racial group over another? Yes No
- Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means? Yes No
- Are you now or have you ever been affiliated or associated with any organization of the type described above, as an agent, official, or employees? Yes No
- Are you now associating with, or have you associated with individuals, including relatives, who you know or have reason to believe are or have been members of any of the organizations identified above? Yes No

29b. 5. Have you ever been engaged in any of the following activities of any organization of the type described above: Contributions(s) to, attendance at or participation in any organizations, social, or other activities of said organizations or of any projects sponsored by them; the sale, gift, or distribution of any written, printed or other matter, prepared, reproduced or published, by them or any of their agents or instrumentalities? Yes No

If YES to any of the answers above, describe the circumstances. Attach sheets for a full detailed statement. If associated with any of these organizations, specify nature and extent of associations with each, including office or position held. Also include dates, places and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organizations with which they were or are affiliated.

CIVIL SERVICE

30a. List below **EVERY** Law Enforcement Agency to which you have applied?

<u>Agency</u>	<u>Approx. Date Applied</u>	<u>Position Applied For</u>	<u>Present Status</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

30b. Are you now on any eligibility list? Yes No If yes, give details:

30c. Were you ever rejected for any government position? Yes No If yes, give details:

30d. Is there anything not mentioned herein which may reflect upon your suitability to perform the duties which may be required of you in a law enforcement capacity or which might require further explanation?

Yes No If yes, give details: _____

31. **The following is to be executed PRIOR to submission:**

I hereby swear or affirm that there are no misrepresentations or omissions in or falsifications of the above statements and answers to questions. I am aware that should investigation disclose such misrepresentations, falsifications or omissions, my application will be rejected and I will be disqualified from applying in the future for any position in the service of the Palm Beach Shores Police Department, or if after my acceptance for employment, subsequent investigation should disclose misrepresentations, falsifications or omissions, it will be just cause for immediate dismissal.

_____ Date _____ Signature of Applicant
Subscribed and sworn to before me this _____ day of _____, _____

By _____ Check one: Personally Known Produced Identification
(Name of Affiant) Type of Identification Produced: _____

_____ Notary Public, State of Florida at Large _____ Notary Public (Print Name)

My Commission expires _____, _____

FORMS WHICH MUST ACCOMPANY A POLICE OFFICER APPLICATION

Note: All attached copies must be clear and sharp. Enlarge when necessary to insure details are readable.

Please check off the forms you have attached and indicate N/A if not applicable in your case:

- 1. Birth Certificate
- 2. Copy of High School Diploma or equivalency certificate (including GED grade scores)
- 3. Notarized Release of Liability and FDLE Release of Information Form 58
- 4. Copy of DD214, if applicable
- 5. Copy of current driver's license
- 6. Copy of Social Security card
- 7. If you are a certified Police Officer, a copy of your Police certification
- 8. A photocopy of your Naturalization Certificate, if applicable
- 9. Documentation of all name changes from birth name
- 10. College transcripts

List of other forms attached (college degrees, certificates, etc.):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

AGILITY WAIVER AND RELEASE FORM

For and in consideration of the Town of Palm Beach Shores, Florida, permitting the undersigned to apply for a position with the Palm Beach Shores Police Department, and whereas the undersigned knows and understands that prior to being accepted for employment by the City of Palm Beach Shores said City may require the undersigned to take certain physical fitness or agility tests in order to determine whether the undersigned is physically capable of carrying out the duties of a Police Officer, and whereas the undersigned knows and understands that such a rigorous physical fitness and agility test could result in injury to the undersigned, I, _____ do hereby waive all claims for any injuries which I may receive or sustain during or as a result of the physical fitness and agility tests; and I further *do hereby release the Town of Palm Beach Shores*, its Officers, employees, and agents from any and all liability, for any and all injuries which I may receive or sustain during or as a result of the aforesaid physical fitness and agility tests. I further understand and agree that I am assuming the risk of any and all injuries which I may receive or sustain during or as a result of the physical fitness and agility tests. I further understand and agree that this Waiver and Release is binding on me, my dependents, heirs, personal representatives, successors and assigns.

Any and all medical, hospital and other expenses that may be incurred by me or by any person in my behalf in connection with an injury or injuries which I may receive or sustain during or as a result of the aforesaid physical fitness and agility tests are the sole and separate obligation of myself; and the Town of Palm Beach Shores and its agents, officers, employees, successors and assigns are hereby released and discharged of and from any and all liability therefore.

Print Name

Signature

SWORN AND SUBSCRIBED before me by the above-named applicant this _____ day of _____, _____

NOTARY PUBLIC

My commission expires:

POLICE OFFICER EMPLOYMENT WAIVER

I, _____, thoroughly understand that I am being considered for employment as a Police Officer and must successfully complete Administrative Application Review, Voice Stress Analysis (truth verification), Background Investigation, a Psychological Evaluation, Chief of Police Interview and Medical Examination. I understand that should unfavorable information be developed, I will be denied employment.

I am seeking employment on the basis that I know that no unfavorable information will be developed by the Palm Beach Shores Police Department with the exception of what I have indicated on my application and has been explained by me in detail as outlined in the personal history process.

I understand that the Palm Beach Shores Police Department has no funds available to reimburse any expenses I may incur in seeking this position. I recognize that the time required to process and select Police Officer applicants is time consuming and no promises or commitments are expected as to a time when a hiring decision and/or actual hiring will take place.

I understand that certain non-exempt portions of the Background Investigation, Psychological Evaluation and Medical Examination may become available for inspection by the public pursuant to the public records law. I understand and agree to the contents of this statement.

I acknowledge I will serve a one year probationary period, if employed, that begins with completion of required State of Florida certification as a law enforcement officer. I acknowledge that during the probationary period that my employment may be terminated at the discretion of the Chief of Police.

Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any representative of the Palm Beach Shores Police Department bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records, educational records, or departmental background investigations/information including, but not limited to, achievement, attendance, personal history, and disciplinary records; medical records, after a conditional offer of employment; credit records; and criminal history records. I hereby direct you to release any and all 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 Palm Beach Shores Police Department. Consent is granted for the Palm Beach Shores Police Department 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 after a conditional offer of employment, credit bureau or consumer reporting agency, including its officers, employees, or 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. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name _____
(Signature)

Full Name _____
(Printed Name)

Date _____

Current Address _____

Telephone Number _____

Subscribed and sworn to before me this _____ day of _____, _____

By _____ Check one: Personally Known Produced Identification
(Name of Affiant) Type of Identification Produced: _____

Notary Public, State of Florida at Large

Notary Public, Print Name

My Commission expires _____, _____

