



DELAND POLICE DEPARTMENT

219 West Howry Ave.
DeLand, Florida 32720

An Equal Opportunity Employer and a Drug Free Workplace

Qualified applicants are considered for employment and treated without regard to race, color, religion, sex, national origin, age disability, marital, or veteran status (except if eligible for veteran's preference).

POLICE DEPARTMENT EMPLOYMENT APPLICATION

NOTICE: PLEASE READ AND FOLLOW THESE INSTRUCTIONS EXACTLY. YOUR ABILITY TO COMPLETE THIS APPLICATION AS REQUESTED WILL BE EVALUATED AND USED AS ONE BASIS FOR SELECTION DECISIONS. THIS APPLICATION WHEN COMPLETED WILL BE USED BY THE DELAND POLICE DEPARTMENT AS AN INVESTIGATIVE AID. RETENTION OF THIS PERSONAL DATA WILL REMAIN WITH THE DELAND POLICE DEPARTMENT. APPLICATIONS FOR POSITIONS WITH THE DELAND POLICE DEPARTMENT WILL BE ACCEPTED ONLY WHEN A VACANCY EXISTS FOR THAT POSITION. THIS APPLICATION WILL REMAIN ACTIVE FOR 60 DAYS. YOU MAY ATTACH A RESUME OR COPIES OF DOCUMENTS YOU FEEL HELP CLARIFY YOUR BACKGROUND, BUT RESUMES WILL NOT BE ACCEPTED IN LIEU OF A FULLY COMPLETED APPLICATION. IF APPLYING FOR MORE THAN ONE POSITION, PLEASE SUBMIT A SEPARATE APPLICATION FOR EACH POSITION.

SECTION 1

INSTRUCTIONS

- HAND PRINT CLEARLY, IN BLACK INK AND IN YOUR OWN HANDWRITING.
- ANSWER EVERY QUESTION. IF A QUESTION DOES NOT APPLY TO YOU, SIMPLY INDICATE N/A. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
- ANY UNANSWERED, INCOMPLETE OR OMITTED QUESTIONS MAY RESULT IN REJECTION OF YOUR APPLICATION OR DISMISSAL.
- IF THE SPACE AVAILABLE IS INSUFFICIENT, USE A SEPARATE SHEET OF 8½ X 11 PAPER AND PRECEDE EACH ANSWER WITH THE QUESTION.
- DO NOT MISSTATE OR OMIT ANY MATERIAL FACT SINCE THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATIONS FOR SELECTION.
- ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY. DO NOT MAKE EXAGGERATED, FALSE OR MISLEADING STATEMENTS AS THEY MAY CAUSE YOUR REJECTION OR DISMISSAL.
- EACH AND EVERY QUESTION HAS A PURPOSE. DO NOT FAIL TO ANSWER EACH QUESTION COMPLETELY, EVEN IF YOU FEEL IT IS "NOT IMPORTANT".
- PROVIDE A COPY OF BIRTH CERTIFICATE, GED OR HIGH SCHOOL DIPLOMA, UNIVERSITY DIPLOMA, DD214 (MILITARY), DIVORCE DECREE (IF APPLICABLE), DRIVERS LICENSE, AND SOCIAL SECURITY CARD.
- PROVIDE OFFICIAL SEALED TRANSCRIPTS DOCUMENTING CREDIT HOURS FROM INVOLVED UNIVERSITIES OR COLLEGES TO THE DELAND POLICE DEPARTMENT. THE APPLICATION WILL NOT BE COMPLETE WITHOUT SEALED TRANSCRIPTS.

I HAVE READ AND I UNDERSTAND ALL THE ABOVE INSTRUCTIONS. I ALSO UNDERSTAND THAT I MAY BE ASKED TO TAKE A POLYGRAPH (LIE DETECTOR) EXAMINATION TO DETERMINE THE AUTHENTICITY OF THE INFORMATION PROVIDED IN THIS APPLICATION.

SIGNATURE

DATE

PRINT NAME

THE FOLLOWING TYPES OF INFORMATION ARE EXAMPLES OF WHAT WILL BE COLLECTED: EMPLOYMENT AND EDUCATIONAL HISTORIES; MILITARY, INSURANCE, CREDIT, AND FINANCIAL INFORMATION; MOTOR VEHICLE AND POLICE RECORDS; INFORMATION ABOUT YOUR ABILITIES, FAMILY, CHARACTER, LIFESTYLE, AND ORGANIZATION MEMBERSHIPS. INFORMATION WILL BE OBTAINED BY LETTER, TELEPHONE AND BY PERSONAL INTERVIEW WITH BOTH PRIMARY AND SECONDARY SOURCES. THIS INFORMATION IS USED AS ONE BASIS FOR SELECTION DECISIONS.

SECTION 2

POSITION APPLIED FOR: _____

If referred by a current DeLand Police Dept. employee, indicate his/her name here: **REFERRED BY:** _____

ARE YOU A CERTIFIED POLICE OFFICER?

YES NO

WHAT STATE? _____

CURRENT PERSONAL DATA

SECTION 3

NAME _____
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____ AGE _____ PLACE OF BIRTH _____
MO./DAY/YR. CITY/COUNTY/STATE/COUNTRY

PRESENT ADDRESS _____
CITY STATE ZIP CODE

MAILING ADDRESS _____
CITY STATE ZIP CODE

HOME TELEPHONE () _____ BUSINESS TELEPHONE () _____

PAGER/CELLULAR/OTHER () _____

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	SCARS, TATTOOS, ETC.

ALIAS(ES), NICKNAME, MAIDEN NAME, OR OTHER CHANGES IN NAME

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES NO

CAN YOU, UPON EMPLOYMENT, SUBMIT DOCUMENTATION VERIFYING YOUR RIGHT TO WORK AND YOUR IDENTITY? YES NO

ARE YOU A NATURALIZED CITIZEN OF THE UNITED STATES? YES NO
Sworn Positions Only (Requirement for FDLE CJST certification)

EDUCATION

SECTION 4

	CIRCLE HIGHEST GRADE COMPLETED												GRADE/HIGH SCHOOL				COLLEGE/UNIVERSITY				GRADUATE			
	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4	1	2	3	4				
	SCHOOL NAME/ADDRESS												ATTENDANCE DATES				DEGREE							
GRADE SCHOOL																								
HIGH SCHOOL																								
COLLEGE/UNIVERSITY																								
GRADUATE																								
OTHER/GED																								

WHILE IN SCHOOL, WERE YOU EVER SUSPENDED OR EXPELLED? YES NO

IF YES, EXPLAIN DATE, SCHOOL, AND INCIDENT. (Use additional sheet of paper if necessary)

IF YOU HAVE NOT YET OBTAINED A DEGREE, PLEASE INDICATE THE TOTAL AMOUNT OF COLLEGE CREDITS YOU HAVE EARNED. _____

HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY OR COAST GUARD INCLUDING ROTC?

YES NO (IF YES, INCLUDE A PHOTOCOPY OF DD-214)

BRANCH OF SERVICE

UNIT OR SHIP

WHAT IS YOUR MILITARY SERVICE NUMBER AND/OR SELECTIVE SERVICE NUMBER?

HIGHEST RANK HELD

HOW MANY PERIODS OF ACTIVE MILITARY SERVICE HAVE YOU HAD? Please list all periods of service.

LIST ALL MEDALS AND DECORATIONS AWARDED TO YOU AS A MEMBER OF THE ARMED FORCES.

WHAT IS THE TYPE OF YOUR DISCHARGE? BE EXACT. ATTACH COPY OF DD214.

HONORABLE DISHONORABLE GENERAL HONORABLE CONDITIONS

OTHER _____

IF OTHER THAN HONORABLE, STATE THE REASON OR CIRCUMSTANCES

ARE YOU NOW OR WERE YOU EVER ON ACTIVE OR INACTIVE DUTY OF ANY BRANCH OF THE UNITED STATES RESERVE FORCES?

YES NO ACTIVE INACTIVE

BRANCH OF SERVICE:

ARE YOU NOW OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD?

YES NO STATE BRANCH, UNIT AND LOCATION OF DUTY STATION, RANK.

WERE YOU EVER COURT MARTIALED, TRIED ON CHARGES? WERE YOU THE SUBJECT OF A SUMMARY COURT, DECK COURT, CAPTAIN'S MAST OR COMPANY PUNISHMENT, OR ANY OTHER DISCIPLINARY ACTION INCLUDING ARTICLE 15'S WHILE A MEMBER OF THE ARMED SERVICES?

YES NO IF YES, STATE THE FINDINGS AND THE CIRCUMSTANCES FROM WHICH THE ACTION STEMMED. PROVIDE ANY DOCUMENTATION YOU MAY POSSESS.

LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR OTHER RESERVE UNIT AND THE CIRCUMSTANCES FROM WHICH THE ACTION STEMMED. PROVIDE ANY DOCUMENTATION YOU MAY POSSESS. Attach additional sheets if necessary.

MARITAL STATUS INFORMATION

SECTION 6

STATUS: SINGLE MARRIED SEPARATED DIVORCED

INFORMATION CONCERNING MARRIAGES (LIST ALL MARRIAGES):

DATE MARRIED	JURISDICTION	SPOUSE'S NAME	SPOUSE'S DATE OF BIRTH	SPOUSE'S SOCIAL SECURITY NUMBER

NAME, ADDRESS & TELEPHONE OF SPOUSE(S) IF DIVORCED OR SEPARATED:

IF EVER SEPARATED, ANNULLED OR DIVORCED, INDICATE THE FOLLOWING INFORMATION.

SEPARATED, ANNULLED OR DECREE	DATE OF ORDER	WHERE DECREED BY LAW (COURT AND STATE)

LIST ALL CHILDREN BY NAME, AND AGE BORN TO YOU AND THEIR OTHER PARENT'S NAME AND ADDRESS.

CHILD'S NAME	AGE	OTHER PARENT'S NAME	ADDRESS

RESIDENCE

SECTION 7

CHRONOLOGICALLY LIST, STARTING WITH YOUR PRESENT RESIDENCE, ALL PREVIOUS PLACES OF RESIDENCE SINCE LEAVING ELEMENTARY SCHOOL:

DATES	ADDRESS (INCLUDE CITY, STATE & ZIP CODE)
From:	
To:	
From:	
To:	
From:	
To:	

EMPLOYMENT HISTORY

SECTION 8

THIS SECTION MUST BE COMPLETED EVEN IF YOU ATTACH A RESUME

INSTRUCTIONS: BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL FULL AND PART-TIME EMPLOYMENT AND ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT WHICH EXCEED THREE MONTHS. USE ADDITIONAL SHEETS IF NECESSARY. IF YOU HAVE BEEN EMPLOYED UNDER OTHER NAMES, LIST WITH APPLICABLE EMPLOYER.

NOTE: BACKGROUND INVESTIGATION WILL NOT BE COMPLETE WITHOUT CONTACTING YOUR PRESENT EMPLOYER.

PRESENT/MOST RECENT EMPLOYER NAME : _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ TELEPHONE NUMBER: _____

JOB TITLE: _____ SUPERVISOR'S NAME: _____

HIRE DATE: _____ SEPARATION (END) DATE: _____

JOB DUTIES & RESPONSIBILITIES: _____

STARTING SALARY: _____ ENDING SALARY: _____

REASON FOR LEAVING (Be specific, this area must be completed): _____

NAME OF EMPLOYER : _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ TELEPHONE NUMBER: _____

JOB TITLE: _____ SUPERVISOR'S NAME: _____

HIRE DATE: _____ SEPARATION (END) DATE: _____

JOB DUTIES & RESPONSIBILITIES: _____

STARTING SALARY: _____ ENDING SALARY: _____

REASON FOR LEAVING (Be specific, this area must be completed): _____

NAME OF EMPLOYER : _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ TELEPHONE NUMBER: _____

JOB TITLE: _____ SUPERVISOR'S NAME: _____

HIRE DATE: _____ SEPARATION (END) DATE: _____

JOB DUTIES & RESPONSIBILITIES: _____

STARTING SALARY: _____ ENDING SALARY: _____

REASON FOR LEAVING (Be specific, this area must be completed): _____

NAME OF EMPLOYER : _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____ TELEPHONE NUMBER: _____
JOB TITLE: _____ SUPERVISOR'S NAME: _____
HIRE DATE: _____ SEPARATION (END) DATE: _____
JOB DUTIES & RESPONSIBILITIES: _____

STARTING SALARY: _____ ENDING SALARY: _____
REASON FOR LEAVING (Be specific, this area must be completed): _____

NAME OF EMPLOYER : _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____ TELEPHONE NUMBER: _____
JOB TITLE: _____ SUPERVISOR'S NAME: _____
HIRE DATE: _____ SEPARATION (END) DATE: _____
JOB DUTIES & RESPONSIBILITIES: _____

STARTING SALARY: _____ ENDING SALARY: _____
REASON FOR LEAVING (Be specific, this area must be completed): _____

HAVE YOU EVER BEEN ASKED (OR GIVEN THE OPPORTUNITY) TO RESIGN FROM ANY EMPLOYMENT POSITION?

YES NO IF YES, PLEASE GIVE DETAILS ON A SEPARATE PAPER

HAVE YOU BEEN COUNSELED, REPRIMANDED, SUSPENDED, OR TERMINATED FROM ANY EMPLOYMENT?

YES NO IF YES, PLEASE GIVE DETAILS ON A SEPARATE PAPER.

FOR PAST OR PRESENT LAW ENFORCEMENT OFFICERS:

HAVE YOU EVER BEEN THE SUBJECT OF AN INTERNAL AFFAIRS INVESTIGATION?
LIST JURISDICTION, ALLEGATION, DATES AND DISPOSITION.

YES NO IF YES, PLEASE GIVE DETAILS ON A SEPARATE PAPER.

FINANCIAL INFORMATION**SECTION 9**

DO YOU HAVE A SAVINGS ACCOUNT(S)?

 YES NO ACCOUNT NUMBER _____ AMOUNT _____
 BANK NAME _____

DO YOU HAVE A CHECKING ACCOUNT(S)?

 YES NO ACCOUNT NUMBER _____ AMOUNT _____
 BANK NAME _____

DO YOU OWN OR ARE YOU BUYING YOUR HOME?

 YES NO AMOUNT INVESTED _____ MONTHLY PAYMENT _____
 MORTGAGE HOLDER _____ MORTGAGE BALANCE _____
 ACCOUNT OR MORTGAGE # _____ PURCHASE AMOUNT _____

DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE?

 YES NO TYPE OF REAL ESTATE _____ PURCHASE AMOUNT _____
 MORTGAGE HOLDER _____ AMOUNT INVESTED _____
 MORTGAGE BALANCE _____
 ACCOUNT OR MORTGAGE # _____

DO YOU OWN OR ARE YOU BUYING AN AUTOMOBILE?

 YES NO PURCHASE AMOUNT _____ AMOUNT OWED _____
 MONTHLY PAYMENT _____ FINANCIAL CO. _____ ACCT No. _____
 MAKE OF AUTO _____ YEAR _____

LIST ALL OTHER SOURCE OF INCOME OTHER THAN BANK INTEREST OR STOCK, MUTUAL FUNDS OR BOND INTEREST RECEIVED. USE ADDITIONAL SHEETS IF NECESSARY.

CRIMINAL AND JUVENILE RECORD**SECTION 10**

HAVE YOU EVER BEEN A WITNESS, SUSPECT, OR THE SUBJECT OF A POLICE INVESTIGATION?

 YES NO IF YES, EXPLAIN IN DETAIL AS TO WHAT OFFENSE, JURISDICTION, DATE, OUTCOME OR RESULTS OF THE INVESTIGATION.

 HAVE YOU EVER BEEN ARRESTED, INDICTED, CONVICTED OR PLED NO CONTEST TO ANY VIOLATION OF THE LAW, ORDINANCE, OR CRIMINAL TRAFFIC VIOLATIONS? YES
 NO

IF YES, PROVIDE ALL PERTINENT DETAILS INCLUDING FINES, CONVICTIONS, PROBATION, JAIL OR PRISON SENTENCES (INCLUDING THOSE WHILE IN THE MILITARY):

DATE	OFFENSE/CHARGE	NAME/LOCATION OF COURT	DISPOSITION/SENTENCE

NOTE: A CRIMINAL BACKGROUND CHECK AND DRIVING RECORD CHECK WILL BE CONDUCTED IF YOU ARE CONSIDERED FOR EMPLOYMENT. INFORMATION CONCERNING CONVICTIONS MAY NOT NECESSARILY DISQUALIFY AN APPLICANT. HOWEVER, ANY APPLICANT WHO FALSIFIES THE APPLICATION BY FAILING TO PROVIDE REQUIRED INFORMATION ON CONVICTIONS WILL, IF EMPLOYED, BE SUBJECT TO DISMISSAL OR, IF NOT EMPLOYED, BE SUBJECT TO DISQUALIFICATION.

HAVE YOU EVER BEEN PLACED ON PROBATION FOR ANY OFFENSE (SEALED OR EXPUNGED RECORDS INCLUDED)

YES NO IF YES, GIVE DETAILS: Use additional sheet if necessary.

HAVE YOU BEEN FINGERPRINTED BY A LAW ENFORCEMENT AGENCY? YES NO
GIVE DETAILS BELOW. YOUR ANSWER WILL BE CHECKED WITH THE FBI AND OTHER AGENCIES.

AGENCY _____	DATE _____
PURPOSE _____	STATUS: _____
AGENCY _____	DATE _____
PURPOSE _____	STATUS: _____

HAVE YOU EVER APPLIED FOR A POSITION WITH ANY OTHER POLICE AGENCY?
 YES NO List all, with dates and status of application. Use separate sheet of paper if necessary.

HAVE YOU EVER BEEN DENIED EMPLOYMENT BY ANOTHER LAW ENFORCEMENT AGENCY?
 YES NO Please explain on a separate sheet of paper.

HAVE YOU EVER HAD A POLYGRAPH?
 YES NO STATE WHERE, WHEN AND REASON

HAVE YOU EVER BEEN THE VICTIM OF A CRIME?
 YES NO STATE WHERE, WHEN AND PROVIDE DETAILS Use additional sheet if necessary.

MOTOR VEHICLE OPERATOR RECORD

SECTION 11

DRIVER LICENSE NUMBER: _____ STATE: _____

DRIVER LICENSE TYPE: OPERATOR CDL: A ___ B ___ C ___ D ___ E ___

HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED OR REVOKED? YES NO
IF YES, EXPLAIN: _____

WAS YOUR LICENSE EVER RESTORED? YES NO DATE: _____

DID YOU EVER POSSESS A DRIVERS LICENSE ISSUED BY ANY STATE OTHER THAN FLORIDA?

<input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVERS LICENSE NUMBER _____
	STATE _____
	DATE ISSUED _____ RESTRICTIONS _____

HAVE YOU EVER BEEN REFUSED A DRIVERS LICENSE BY ANY STATE?

YES NO IF YES, GIVE DETAILS.

HAS YOUR DRIVERS LICENSE EVER BEEN RESTRICTED DUE TO TRAFFIC OFFENSE CONVICTIONS OR PLACED ON NEGLIGENT OPERATORS PROBATION?

YES NO IF YES, GIVE DETAILS.

HAVE YOU EVER BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT? Use additional sheet if necessary.

YES NO IF YES, GIVE COMPLETE DETAILS FOR EACH ACCIDENT.

DATE: _____ LOCATION: _____
 CAUSE OF ACCIDENT _____
 WHO WAS CHARGED WITH ACCIDENT _____ WAS THERE A POLICE INVESTIGATION? YES NO

DATE: _____ LOCATION: _____
 CAUSE OF ACCIDENT _____
 WHO WAS CHARGED WITH ACCIDENT _____ WAS THERE A POLICE INVESTIGATION? YES NO

LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED THROUGHOUT 7 YEARS. Use additional sheet if necessary.

State "none" if applicable. Do not leave this section blank.

LOCATION (STREET, CITY, STATE)	APPROXIMATE DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

DO YOU PRESENTLY HAVE AUTOMOBILE LIABILITY INSURANCE? YES NO
 IF YES, LIST DATES OF COVERAGE FROM _____ TO _____
 INSURANCE COMPANY _____ POLICY NUMBER _____ TYPE OF POLICY _____
 IF NOT, GIVE DETAILS:

CONTROLLED SUBSTANCE USE SECTION 12

HAVE YOU EVER ILLEGALLY POSSESSED, USED OR SOLD DRUGS OR MARIJUANA?

YES NO IF YES, GIVE SPECIFIC DETAILS AND DATES (Use additional sheet of paper if necessary)

HAVE YOU POSSESSED, INJECTED, INHALED, SWALLOWED, OR INGESTED BY ANY OTHER MEANS, ANY ILLEGAL DRUGS WITHOUT LEGAL AUTHORIZATION.

YES NO IF YES, GIVE DETAILS: (Use additional sheet of paper if necessary)

ORGANIZATIONS SECTION 13

PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS: Use additional sheet of paper if necessary.

NAME, ADDRESS AND TELEPHONE	TYPE (FRATERNAL, SOCIAL, PROFESSIONAL)	MEMBERSHIP DATES	OFFICE OR POSITION HELD

SUBVERSIVE ORGANIZATIONS:

1. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION? YES NO
2. 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 GOVERNMENT, OR WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF TERROR 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 VIOLENT OR ILLEGAL MEANS? YES NO
3. ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE, AS AN AGENT, OFFICIAL OR EMPLOYEE? YES NO
4. HAVE YOU EVER BEEN ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OR ORGANIZATIONS OF THE TYPE DESCRIBED ABOVE: CONTRIBUTIONS TO, OR ATTENDANCE AT OR PARTICIPATION IN ANY ORGANIZATIONAL, SOCIAL, OR ANY 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
5. IF YOU HAVE ANSWERED "YES" TO ANY OF THE QUESTIONS ABOVE, DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT. IF ASSOCIATED WITH ANY OF THESE ORGANIZATIONS, SPECIFY NATURE AND EXTENT OF ASSOCIATION 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.

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
	Excellent Good Fair	Excellent Good Fair	Excellent Good Fair	Excellent Good Fair
	Excellent Good Fair	Excellent Good Fair	Excellent Good Fair	Excellent Good Fair
	Excellent Good Fair	Excellent Good Fair	Excellent Good Fair	Excellent Good Fair

ADDITIONAL INFORMATION **SECTION 15**

ARE YOU RELATED TO ANYONE PRESENTLY EMPLOYED BY THE DELAND POLICE DEPT.? YES NO

IF YES, GIVE NAME AND RELATIONSHIP: _____

HAVE YOU EVER BEEN EMPLOYED BY THE DELAND POLICE DEPT.? YES NO

IF YES, COMPLETE THE FOLLOWING:

DATES PREVIOUSLY EMPLOYED (FROM/TO):	
POSITION:	
REASON FOR LEAVING:	

LIST ANY LICENSES, CERTIFICATES, OR ADDITIONAL SKILLS, INCLUDING KNOWLEDGE OF SOFTWARE PROGRAMS YOU HAVE THAT MAY BE HELPFUL IN DOING THIS JOB: _____

DESCRIBE ANY SPECIAL EQUIPMENT OR MACHINERY YOU CAN OPERATE: _____

LIST ANY PROFESSIONAL, TECHNICAL, OR TRADE ASSOCIATION IN WHICH YOU ARE A MEMBER: _____

REMARKS (ANY COMMENTS YOU THINK ARE IMPORTANT): (Use additional sheet of paper if necessary)

EMERGENCY CONTACT

SECTION 16

NAME : _____ RELATIONSHIP: _____

ADDRESS: _____

HOME TELEPHONE: _____ BUSINESS TELEPHONE: _____

REFERENCES

SECTION 17

LIST THREE (3) PERSONAL OR PROFESSIONAL REFERENCES (NO RELATIVES OR EMPLOYERS)

NAME	ADDRESS	TELEPHONE	YEARS ACQUAINTED

ARE YOU CLAIMING VETERANS' PREFERENCE PURSUANT TO F.S. 295.07? If applicable. YES NO

IF YES, PLEASE DESIGNATE THE BASIS FOR YOUR PREFERENCE ON A FORM OBTAINED FROM THE DELAND POLICE DEPARTMENT AND ATTACH COPIES OF SUPPORTING DOCUMENTATION.

BEFORE SUBMITTING THIS APPLICATION PLEASE VERIFY THAT ALL QUESTIONS HAVE BEEN ANSWERED, AFFIDAVITS HAVE BEEN NOTARIZED AND COPIES OF NECESSARY DOCUMENTATION ARE ATTACHED. PLEASE REFER TO INSTRUCTIONS ON PAGE ONE.

THE FOLLOWING IS TO BE EXECUTED PRIOR TO SUBMISSION. THIS SECTION MUST BE SIGNED AND NOTARIZED. PLEASE READ CAREFULLY.

I HEREBY AUTHORIZE THE DELAND POLICE DEPARTMENT TO VERIFY ALL INFORMATION CONTAINED HEREIN INCLUDING CREDIT AND FINANCIAL INFORMATION AND I RELEASE ALL PAST EMPLOYERS AND ALL REFERENCES FROM ANY AND ALL LIABILITY FOR THE RELEASE OF INFORMATION TO THE DELAND POLICE DEPARTMENT.

I UNDERSTAND THAT ALL JOB OFFERS FROM THE DELAND POLICE DEPARTMENT ARE CONDITIONED ON SUCCESSFUL COMPLETION OF A POLYGRAPH, HEALTH QUESTIONNAIRE AND MEDICAL EXAMINATION BY A DELAND POLICE DEPARTMENT APPOINTED PHYSICIAN/FACILITY AND PSYCHOLOGICAL EVALUATION TO DETERMINE MY ABILITY TO PERFORM ANY JOB OFFERED. THE EXAMINATION SHALL INCLUDE AN ALCOHOL/ DRUG SCREEN FOR WHICH I GIVE CONSENT AND AGREE TO GIVE A SPECIMEN OF MY BLOOD AND/OR URINE TO ANY MEDICAL FACILITY DESIGNATED BY THE DELAND POLICE DEPARTMENT FOR THIS PURPOSE.

I FURTHER UNDERSTAND AND AGREE IN ADVANCE THAT I MAY BE SUMMARILY DISCHARGED OR ANY EMPLOYMENT OFFER MAY BE WITHDRAWN IF ANY OF THE INFORMATION PROVIDED BY ME CONTAINS ANY MISREPRESENTATIONS OR FALSIFICATIONS OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED REGARDLESS OF WHEN THIS INFORMATION BECOMES KNOWN TO THE DELAND POLICE DEPARTMENT.

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 PRESENT PROCESSING OR, IF AFTER MY ACCEPTANCE FOR EMPLOYMENT, SUBSEQUENT INVESTIGATION SHOULD DISCLOSE MISREPRESENTATIONS, FALSIFICATIONS OR OMISSIONS, IT WILL BE JUST CAUSE FOR IMMEDIATE DISMISSAL FROM EMPLOYMENT WITH THE DELAND POLICE DEPARTMENT.

SIGNATURE: _____ PRINT NAME _____

DATE: _____

AFFIDAVIT

STATE OF _____ COUNTY OF _____

SUBSCRIBED AND SWORN TO ME THIS _____ DAY OF _____, 20__ BY _____

WHO IS PERSONALLY KNOWN TO ME OR PRODUCED THE FOLLOWING IDENTIFICATION: _____

NOTARY PUBLIC SEAL OF OFFICE:

SIGNATURE OF NOTARY PUBLIC : _____

NOTARY PUBLIC, PRINT NAME : _____

DELAND POLICE DEPARTMENT
AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any Police Officer or authorized representative of the DeLand Police Department bearing this release, or copy thereof, to obtain from any agency of the Government of the United States, and/or any other agency, person, firm or corporation holding records concerning me that are considered confidential, any and all information requested that involves me in any way, upon request. Included in this grant of authority is my permission to former employers and other persons acquainted with me or in my possession of information concerning me to supply such information to the DeLand Police Department. This further includes the furnishing of copies of pertinent documents about my background as required.

Such records may pertain to my employment records or educational records including but not limited to achievement, attendance, personal history, and disciplinary records, medical records, reasons for termination of employment, reason for discharge from military service, job performance, complete history of injuries suffered, including any disability remaining, criminal history and other personal information which may not otherwise be obtained without any prior agreement. 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 provided is for the official use of the DeLand Police Department. I further understand that any information which may be obtained about me from whatever source will be obtained upon an assurance of confidentiality by the DeLand Police Department and form a part of the complete Background Investigation File, to which I will not have access at any time.

I hereby release you as the custodian of such records and as an employer, educational institution, physician, hospital or other repository of medical records, or credit reporting agency, or any other agency or entity, and including all of your officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time to me, my heirs, family, or associates arising out of compliance with this authorization any request to release information, or any attempt to comply with it.

SIGNATURE: _____ PRINT NAME _____

DATE: _____

AFFIDAVIT

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN TO ME THIS _____ DAY OF _____, 20__ BY _____

WHO IS PERSONALLY KNOWN TO ME OR PRODUCED THE FOLLOWING IDENTIFICATION: _____

NOTARY PUBLIC SEAL OF OFFICE:

SIGNATURE OF NOTARY PUBLIC : _____

NOTARY PUBLIC, PRINT NAME: _____



DOMESTIC VIOLENCE DISCLOSURE

1. Have you ever been convicted of a Domestic Violence related crime (“Domestic Violence” means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, or any criminal offense resulting in physical injury or death of one family or household member by another who is or was residing in the same single family dwelling unit)? YES NO
2. Have you ever been a party to a Domestic Violence Injunction or Petition? YES NO
3. Have you ever been involved in any Domestic Violence incident where the police responded and a written police report of the incident was completed? YES NO
4. Have you ever been involved in any Domestic Violence incident where the police responded and a written police report of the incident was not completed? YES NO

IF YOU ANSWERED “YES” TO ANY OF THE QUESTIONS ABOVE, PLEASE EXPLAIN THE CIRCUMSTANCES AND ATTACH ANY SUPPORTING DOCUMENTATION. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT IF NECESSARY.

SIGNATURE: _____ PRINT NAME _____

DATE: _____

AFFIDAVIT

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN TO ME THIS _____ DAY OF _____, 20__ BY _____

WHO IS PERSONALLY KNOWN TO ME OR PRODUCED THE FOLLOWING IDENTIFICATION: _____

NOTARY PUBLIC SEAL OF OFFICE:

SIGNATURE OF NOTARY PUBLIC: _____

NOTARY PUBLIC, PRINT NAME : _____



NOTICE UNDER FAIR CREDIT REPORTING ACT

Consent to Obtain Consumer Credit Report

As an applicant or employee of the DeLand Police Department, at some point the DeLand Police Department may procure (or cause to be procured) your consumer report for employment purposes. This consumer credit report cannot be obtained without your consent, which your signature below will indicate.

“I, _____, hereby authorize the DeLand Police Department to procure, or cause to be procured, my consumer report for employment purposes.”

Applicant/Employee Signature

Date

Print Name



CLAIM FOR VETERAN'S PREFERENCE

Attach copy of your discharge papers (DD214) and submit this form with Application.

Name: _____ Date: _____
Position Applied For: _____

I claim Veteran's Preference based on the following: (check basis for your preference below)

- 1. As a veteran with a compensable service-connected disability...
2. As the spouse of a veteran who cannot qualify for employment...
3. As a veteran of any war who has served on active duty...
4. As the unremarried spouse of a veteran who was killed in action...

Branch of Service _____ Date of Entry _____ Date of Discharge _____

Have you been employed through Veteran's Preference since October 1, 1987? _____

If yes, please provide the name and telephone of the employer: _____

Signature _____ Date _____

NOTE: Any eligible applicant who believes he/she was not afforded employment preference in accordance with F.S. 295.08 may file a complaint with the Division of Veterans' Affairs within 21 days from the date of notice of hiring decision.



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: DeLand Police Department- Background Investigations Unit

ADDRESS: 219 W. Howry Ave DeLand, FL 32720

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 _____

AFFIDAVIT OF APPLICANT
Incorporated by Reference in Rule 11B-27.002(1)(f), F.A.C.



CJSTC
68

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

Social Security Number: _____

Applicant's Legal Name: _____
Last First MI

Employing agency: _____

Use this form to verify your compliance with the employment requirements of Section 943.13, F.S. I fully understand that to qualify for employment as a law enforcement, correctional, or correctional probation officer, I shall comply with the following provisions of Section 943.13, F.S.:

- Be at least 19 years of age.
- Be a citizen of the United States.
- Be a high school graduate or equivalent.
- Not have 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 a sentence or withholding of adjudication.
- Have been fingerprinted by the employing agency.
- Have passed a physical examination by a licensed medical specialist approved in Rule 11B-27.002(1)(d), F.A.C..
- Be of good moral character.
- Have not received a dishonorable discharge from the U.S. Military.

True False NA In addition, I attest to the following statements: Each statement shall be checked "True" "False" or "NA"

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. I completed my employment application and it is true and correct, and all other information I furnished in conjunction with my application is true and correct.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. I provided documentation of proof of my qualifications to the above listed employing agency.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. I meet the qualifications as specified above.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. I had a criminal record sealed pursuant to Section 943.059(4)(a), F.S. , or expunged pursuant to Section 943.0585(4)(a), F.S.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. I am under investigation by a local, state, or federal agency or entity for criminal, civil, or administrative wrongdoing to the best of my knowledge and belief.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. I separated or resigned from a previous criminal justice employment while under investigation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. I am currently serving in good standing in the U.S. Military.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. I previously served in the U.S. Military.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. I received a dishonorable discharge from my previous U.S. Military service.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. I am currently certified as a Florida criminal justice officer in the following area(s): Please check the appropriate box(es). <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Correctional Probation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. I authorize the employing agency listed above to apply for my certification. Please check the appropriate box(es). <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Correctional Probation

NOTICE: This document shall constitute as an official statement within the purview of Section 837.06, F.S., and is subject to verification by the employing agency and the Criminal Justice Standards and Training Commission. Any intentional omission when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify the officer for employment as an officer.

PLEASE READ CAREFULLY BEFORE SIGNING. You must complete the remainder of this affidavit in the presence of a notary public. Upon witnessing your signing of this affidavit, a notary public shall complete the notary block by entering the same date the affidavit is signed. I hereby certify that to the best of my knowledge and belief, the information that I've entered on this form is true.

12. _____ 13. _____
Applicant's Signature Date Signed

14. 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 _____

*NOTE: Private Correctional facilities must submit original and shall forward the completed affidavit stapled to the Registration of Employment, Affidavit of Compliance Form CJSTC-60 to FDLE, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section



TOBACCO SUBSTANCE AFFIDAVIT

I, _____, as an applicant for the position of
(Print Name)

Sworn Police Officer with the City of DeLand, hereby, certify that I am not now nor have been a smoker of cigarettes or any other tobacco related substances for the two years previous to this the _____ day of _____, 20____.

Signature of Applicant

Date

STATE OF FLORIDA
COUNTY OF VOLUSIA

I, _____, A Notary Public in and for said County and State do hereby certify that, _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and official seal this the _____ day of _____, 20____.

Notary Public



CITY OF DELAND

DELAND POLICE DEPARTMENT

Chief of Police

Affidavit of Non-Military Service

The undersigned attests that the applicant has never served in any military branch of the United States of America, it's allies, any other foreign power or otherwise within the provisions of the Soldiers' and Sailors' Civil Relief Act of Congress of 1940.

(Signature)

(Printed Name)

(Date)



[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The City of DeLand may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (driving records), verification or your education, employment history, Social Security Number verification, licensing and certification checks, and military service history. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of “consumer report” and/or an “investigative consumer report” obtained with regard to applicants for employment is in connection with investigation into your education and/or employment history conducted by Edge Information Management, Incorporated, 1682 W. Hibiscus Blvd., Melbourne, Florida 32901, 1-800-722-334, www.edgeinformation.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing **The City of DeLand** to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. You have the right to decline to sign this form, but **The City of DeLand** may decline to consider you for employment if you do so. Information regarding Edge Information Management, Incorporated’s privacy practices can be viewed at www.edgeinformation.com.

ACKNOWLEDGMENT/AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by **The City of DeLand** at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or other party to furnish any and all background information requested by Edge Information Management, Incorporated, another outside organization acting on behalf of **The City of DeLand**, and/or **The City of DeLand** itself. I agree that a facsimile (“fax”) or photographic copy of this Authorization shall be as valid as the original.

I understand that the information requested below regarding date of birth, race and sex is for the sole purpose of gathering the above information accurately, and will not be used to discriminate against me in violation of any law.

**READ, ACKNOWLEDGED AND AUTHORIZED – I authorize Edge Information to contact me at _____
for clarification of any information provided. Phone Number**

Signature

Print Name

Date



The City of DeLand

NOTE: I am providing the following voluntarily

NAME _____
First Middle (Full) Last Other Names Known By

SOCIAL SECURITY # _____ - _____ - _____ **DATE OF BIRTH (for ID purposes only)** _____ - _____ - _____
MO DAY YR

SEX _____ **RACE** _____ **DRIVER'S LICENSE #** _____ **STATE** _____

CURRENT ADDRESS _____

CITY/STATE/ZIP _____

PREVIOUS ADDRESS _____

CITY/STATE/ZIP _____

The City of DeLand is requesting social security number information on this form solely in connection with payroll verification and background check verification purposes.