

Revised 1/98
CHIEFLAND POLICE DEPARTMENT

SUPPORT STAFF EMPLOYMENT APPLICATION FORM

The Chiefland Police Department is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.

NOTICE: A certified copy of high school diploma or approved G.E.D. to this application.

CHIEFLAND, LEVY COUNTY, FLORIDA

DATE: _____

POSITION APPLYING FOR: _____

INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

PERSONAL HISTORY

1. Full Name:

Last Name	First	Middle	Abbv.
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Residence Address _____

City	County	State	Zip Code
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() _____ Telephone Number (Home)	() _____ Other
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2. Other: List all other names you have used including circumstances and time periods you used them. (For example: maiden name, former name(s), alias(es), or nickname(s).)

Name	Circumstance	Dates From Mo./Yr.	Dates To Mo./Yr.

3. If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Social Security Number: _____

4. Place of Birth:

City County State Country (if not the United States)

5. Are you a United States citizen? Yes No Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

6. Do you have or have you ever applied for a passport? Yes No Passport No. _____

7. Can you travel if your job requires it? Yes No

8. Have you ever filed an application with us before? Yes No

9. Have you ever been employed by us before? Yes No

10. Height: _____ Weight: _____

EDUCATION/TRAINING

1.	High School Name/Address	Dates Attended Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
		From	To			

2.	*College/University Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
		From	To	Qtr.	Sem.		

*Attach diploma or official transcript from last institution of higher education attended.

Major _____ Minor _____

3. Other Schools (Trade, Vocational, Business or Military):

Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate
	From	To				

4. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school:

5. Indicate any foreign languages you can

Speak:

Read:

Write:

Fluent	Good	Fair

6. Indicate any law enforcement education/training and any type of special licenses such as pilot, radio operator, etc.:

7. If you received a certificate or license for this training, indicate where license issued and date current license expires.

Certificate/License Number: _____

8. Describe any word processing or computer skills and list all software used:

9. State approximate number of words per minute: Typing _____ Shorthand _____

10. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms, computers):

11. May we contact your present employer? Yes No

12. On what date are you available for work? _____

13. Are you available to work Full Time Part Time Shift Work Nights or Weekends?

EMPLOYMENT HISTORY

1. List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address of Employer	Dates Worked Mo./Yr.		Salary	Title or Position	Name of Supervisor	Reason for Leaving
	From	To				
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						

2. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? Yes No

3. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No If yes to question #2 or #3, please provide details.

4. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? Yes No If yes, please provide name of agency and date of application or service.

5. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? Yes No

6. Does this business do business with the Chiefland Police Dept.? Yes No If yes to question #5 or #6, please provide name and address of business, corporation or organization and describe your relationship or position.

RESIDENCES

1. Actual places of residence for past three (3) years – list chronologically all addresses, including residences while at school and in military. For college on campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

Dates Mo./Yr.		Apt. No.	Street Address	City	County	State
From	To					

ARREST HISTORY/COURT DATA

1. Have you ever been convicted of a felony? Yes No
2. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation? Yes No
3. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No
If yes to questions #1, #2 or #3, please provide details.

DRIVING HISTORY

Answer if you will be required to operate a vehicle as part of your job.

1. Are you a licensed Florida automobile operator or chauffeur? Yes No License No.: _____
Date of Expiration: _____ Restrictions: _____
2. Do you hold or have you ever held an operator or chauffeur license in another state? Yes No If yes, please provide state(s), name used and approximate dates license(s) was/were held.
3. Have you received during the past five (5) years a ticket or been charged with a traffic violation? Yes No
4. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No
If yes to questions #2, #3 or #4, please provide complete details including why license was revoked or the disposition of the charge.

MILITARY HISTORY

1. Have you ever served in the Armed Forces of the United States? Yes No

Branch of Service: _____ Highest Rank: _____

Active Duty Dates: From: _____ To: _____ From: _____ To: _____

2. Date of discharge: _____

3. Are you now or have you ever been a member of a reserve unit or the National Guard? Yes No

4. If yes state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

5. Was any type of disciplinary action taken against you in the service? Yes No If yes, please provide:

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

6. Are you designated as disabled because of any military service? Yes No

7. **VETERANS' PREFERENCE:** Check the appropriate block if you are claiming veterans' preference. **Documentation substantiating your claim must be furnished at the time of application.**

1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense, or
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
3. A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or
4. The unmarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed using veterans' preference since October 1, 1987? Yes No

If "yes", please give name of employer: _____

NOTE: Under Florida law, preference in appointment shall be given first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veterans' Affairs, P. O. Box 1437, St. Petersburg, Florida 33731.

APPLICANT'S CERTIFICATION

I understand that my employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Chiefland Police Department. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Chiefland Police Department and that it and the information received in response to the background examination are public records.

I further understand and agree that my employment will be contingent upon the results of a complete drug test.

I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment.

I understand and agree that any employment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash, in payment for overtime hours that I work, to the extent allowed by law. I understand, however, that the Chief has the absolute discretion to periodically substitute cash, in whole or part, for my accrued compensatory time.

I understand that unless otherwise defined by applicable law, any employment relationship with this office is "at will" which means that the employer may discharge me at any time with or without cause and that this "at will" relationship may not be changed unless authorized in writing by the Chief.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Chiefland Police Department and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Chiefland Police Department.

I agree to conform to the rules, regulations and orders of the Chiefland Police Department and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Chiefland Police Department, at its discretion, at any time and without any prior notice to me.

Signature of the applicant as usually written

Date

Witnessed by:

PERSONAL REFERENCES & ACQUAINTANCES

Personal References: Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past three (3) years. If retired, give former occupation.

Complete Name		Home Address: _____
(Last, First, Middle)		City & State: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City & State: _____
		Business Phone: () _____

Complete Name		Home Address: _____
(Last, First, Middle)		City & State: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City & State: _____
		Business Phone: () _____

Complete Name		Home Address: _____
(Last, First, Middle)		City & State: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City & State: _____
		Business Phone: () _____

ORGANIZATION MEMBERSHIP

1. List all professional, trade businesses or civil activities and offices held:

Name	City & State	Present (list position held & describe activity)

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a 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

3. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? Yes No If yes to question #2 or #3, explain including name of organization and location.

PERSONAL INQUIRY WAIVER
Authority for Release of Information

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

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO.: _____

I respectfully request and authorize you to furnish the Chiefland Police Department any and all information that you may have concerning my work record, school record, military record, reputation, and financial and credit all status. Please include any and all reports including all information of a confidential or privileged nature, and photostats of same, if requested. This information is to be used to assist in determining my qualifications and fitness for the position I am seeking with the Chiefland Police Department.

I hereby release you, your organization or others from any liability or damage which may result form furnishing the information requested above.

Applicant's Signature

Date

Address

City State Zip Code

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF _____

Subscribed and sworn to (or affirmed) before me on _____ (date) by _____

(name of affiant). He/She is personally known to me or has presented
(type of identification) as identification.

Signature _____

Name _____

Title _____

Commission No.: _____ Expires: _____

CONFIDENTIAL EMPLOYEE HISTORY

THE INFORMATION CONTAINED HEREIN IS CONFIDENTIAL
AND WILL NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION.

1. Are you now able to perform the duties set forth in the job description or task analysis related to the position for which you applied? Yes No
2. If your answer to question 1 is no, would you be able to perform these tasks with an accommodation? Yes No
3. If a test or examination is required for this position, would you be able to take this test or examination with an accommodation? Yes No
4. Explain what accommodation(s) you would need to perform these tasks or take the test or examination.

5. Do you now, or have you possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature? Yes No
If yes, please complete the following:

- a. Drug: _____
- b. Circumstances: _____
- c. Number of times possessed/supplied/sold: _____
- d. First time possessed/supplied/sold: _____
- e. Last time possessed/supplied/sold: _____

6. Do you currently use any narcotic or controlled substance, such as those listed in question 5 or have you used such a narcotic or controlled substance within the last year? Yes No

7. Please provide name and address of next of kin or other person to be contacted in case of an emergency:

Name _____

Address _____

City _____

State _____

Zip Code _____

() _____

Home Phone _____

() _____

Business Phone _____

8. Please provide the name and address of your personal or family physician to be contacted in case of an emergency:

Name _____

Address _____

City _____

State _____

Zip Code _____

() _____

Business Phone _____

(CUT & DETACH ALONG THIS DOTTED LINE)

