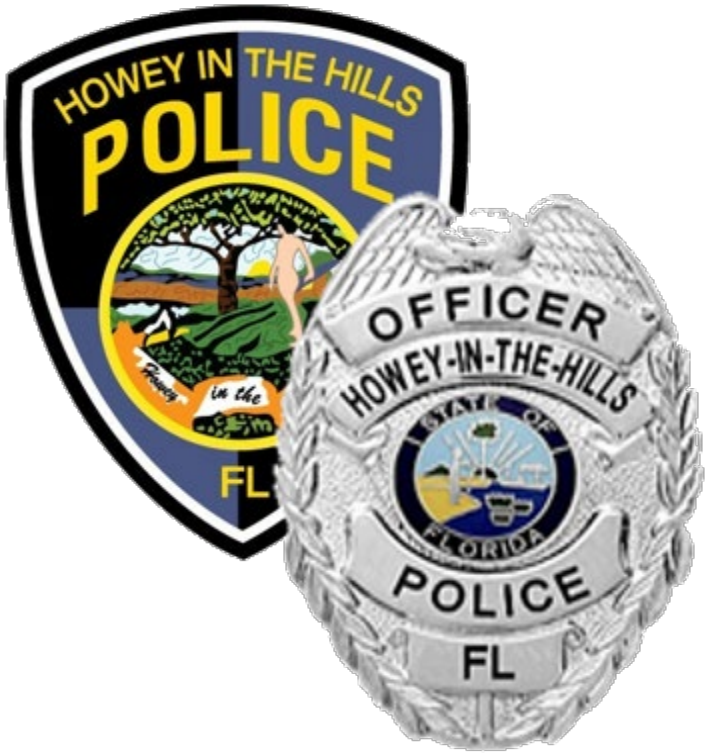
HOWEY IN THE HILLS POLICE DEPARTMENT

MICHAEL A. GIDDENS, CHIEF OF POLICE



POLICE OFFICER APPLICATION

Office: 352.324.2290 • 101 N. Palm Ave. Howey in the Hills, FL. 34737 • E-mail: Office@howey.org

APPLICATION INSTRUCTIONS

- **All applications must be typed or printed clearly in ink.**
- **Every question must be answered.** If a question does not apply, write **"N/A" (Not Applicable)**.
- **Incomplete or illegible applications will not be considered.**
- **If additional space is needed** for any answer, or if you wish to provide extra information, attach a separate sheet of the same size as this application. Be sure to **reference the question number** for each attached response.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
RESIDENCE ADDRESS (STREET ADDRESS)		
CITY	COUNTY	STATE ZIP
MAILING ADDRESS		
CITY	COUNTY	STATE ZIP
HOME PHONE	CELL PHONE	EMAIL ADDRESS
GENDER	DRIVERS LICENSE STATE	U.S. CITIZEN YES ☐ NO ☐ NATURALIZED ☐
IF NATURALIZED:	NATURALIZATION NUMBER	DATE PLACE
TATTOOS: YES ☐ NO ☐	DESCRIPTION AND LOCATION	

HAVE YOU EVER USED ANY OTHER NAME? YES ☐ NO ☐ IF YES, PLEASE LIST THOSE NAMES HERE:

1				
	LAST NAME		FIRST NAME	MIDDLE NAME
	DATE FROM	DATE TO	REASON	
2				
	LAST NAME		FIRST NAME	MIDDLE NAME
	DATE FROM	DATE TO	REASON	
3				
	LAST NAME		FIRST NAME	MIDDLE NAME
	DATE FROM	DATE TO	REASON	

DRIVERS LICENSE

DO YOU HAVE A FLORIDA DRIVER'S LICENSE? YES ☐ NO ☐

DRIVER'S LICENSE NUMBER

DATE OF EXPIRATION	RESTRICTIONS	ENDORSEMENTS

IS YOUR DRIVER'S LICENSE CURRENTLY RESTRICTED, SUSPENDED, OR EXPIRED?	YES ☐ NO ☐
IF YES, EXPLAIN:	
HAS YOUR DRIVER'S LICENSE EVER BEEN DENIED, RESTRICTED, REVOKED, OR SUSPENDED?	YES ☐ NO ☐
IF YES, EXPLAIN:	
HAVE YOU RECEIVED A TICKET OR BEEN CHARGED WITH ANY TRAFFIC VIOLATION(S) DURING THE PAST SEVEN (7) YEARS?	
YES ☐ NO ☐ IF YES, EXPLAIN:	

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANOTHER STATE? YES ☐ NO ☐

IF YES, LIST ALL STATES AND INDICATE ANY LICENSES THAT HAVE BEEN REVOKED AND WHY.

STATE	LICENSE NUMBER	STATUS	REASON:
STATE	LICENSE NUMBER	STATUS	REASON:
STATE	LICENSE NUMBER	STATUS	REASON:

EDUCATION

HIGH SCHOOL

NAME OF SCHOOL | CITY | STATE

DATES ATTENDED: FROM | TO | DATE GRADUATED | TYPE OF DIPLOMA

IF YOU DID NOT GRADUATE, DO YOU HAVE A GED? YES ☐ NO ☐

COLLEGE/TECHNICAL

☐ CHECK HERE IF NOT APPLICABLE

NAME OF SCHOOL | CITY | STATE

DATES ATTENDED: FROM | TO | DATE GRADUATED | TYPE OF DEGREE

MAJOR/MINOR | NUMBER OF CREDITS

COLLEGE/TECHNICAL

NAME OF SCHOOL | CITY | STATE

DATES ATTENDED: FROM | TO | DATE GRADUATED | TYPE OF DEGREE

MAJOR/MINOR | NUMBER OF CREDITS

COLLEGE/TECHNICAL

NAME OF SCHOOL | CITY | STATE

DATES ATTENDED: FROM | TO | DATE GRADUATED | TYPE OF DEGREE

MAJOR/MINOR | NUMBER OF CREDITS

POSTGRADUATE

☐ CHECK HERE IF NOT APPLICABLE

NAME OF SCHOOL | CITY | STATE

DATES ATTENDED: FROM | TO | DATE GRADUATED | TYPE OF DEGREE

MAJOR/MINOR | NUMBER OF CREDITS

POSTGRADUATE

NAME OF SCHOOL | CITY | STATE

DATES ATTENDED: FROM | TO | DATE GRADUATED | TYPE OF DEGREE

MAJOR/MINOR | NUMBER OF CREDITS

EDUCATION (CONT.)

LAW ENFORCEMENT ACADEMY		
☐ CHECK HERE IF NOT APPLICABLE		
NAME OF SCHOOL	CITY	STATE
DATES ATTENDED: FROM	TO	DATE GRADUATED

TYPE OF ACADEMY? FULL ☐ CROSSOVER ☐

DID YOU PASS THE FLORIDA CERTIFICATION EXAM? YES ☐ NO ☐

TRAINING CERTIFICATES/AWARDS/PERFORMANCE COMMENDATIONS

FOREIGN LANGUAGES

DO YOU SPEAK ANY FOREIGN LANGUAGES? YES ☐ NO ☐ IF SO, PLEASE LIST ALL LANGUAGES.

READ	WRITE

HOBBIES AND INTERESTS

LIST ANY SPECIAL ABILITIES, INTERESTS, AND HOBBIES YOU HAVE, AND THE DEGREE OF PROFICIENCY

SPECIAL LICENSE

LIST ALL TYPES OF SPECIAL LICENSES, SUCH AS PILOT, RADIO OPERATOR, ETC.

TYPE	DATE ISSUED	EXPIRATION	ISSUING AUTHORITY
TYPE	DATE ISSUED	EXPIRATION	ISSUING AUTHORITY
TYPE	DATE ISSUED	EXPIRATION	ISSUING AUTHORITY

SPECIAL SKILLS

LIST SPECIAL SKILLS YOU POSSESS AND EQUIPMENT YOU CAN USE, WHICH MAY BE RELATED TO LAW ENFORCEMENT WORK. (Example: two-way radio, breathalyzer, speed detection equipment, firearms, computers)

APPROXIMATE NUMBER OF WORDS PER MINUTE:	TYPING:	SHORTHAND:

EMPLOYMENT HISTORY

COMPLETE THIS SECTION BY LISTING YOUR MOST RECENT EMPLOYER FIRST. IF YOU ARE CURRENTLY UNEMPLOYED, LEAVE THE "PRESENT EMPLOYER" SECTION OF THIS APPLICATION BLANK. INCLUDE ANY VOLUNTEER OR UNPAID WORK EXPERIENCE, MILITARY SERVICE, AND PERIODS OF UNEMPLOYMENT. ALSO LIST ANY BUSINESS IN WHICH YOU ARE AN OWNER, PARTNER, OR CORPORATE OFFICER IN THE WORK HISTORY SECTION. IF ADDITIONAL SPACE IS NEEDED, PLEASE PHOTOCOPY THIS FORM AND PROVIDE ALL REQUIRED INFORMATION.

YOU MUST ACCOUNT FOR ALL PERIODS OF TIME FOR AT LEAST THE LAST TEN (10) YEARS.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES ☐ NO ☐
(IF "NO", AT THE TIME OF A CONDITIONAL JOB OFFER, YOUR CURRENT EMPLOYER WILL BE CONTACTED.)

DOES YOUR CURRENT EMPLOYER KNOW YOU ARE SEEKING OTHER EMPLOYMENT? YES ☐ NO ☐
(IF "YES" OR "NO", AT THE TIME OF A CONDITIONAL JOB OFFER, YOUR CURRENT EMPLOYER WILL BE CONTACTED.)

CURRENT / PRESENT EMPLOYER			
EMPLOYER NAME	DATES OF EMPLOYMENT: FROM	TO	
EMPLOYER ADDRESS	CITY	STATE	ZIP
EMPLOYER PHONE NUMBER	FAX NUMBER	EMAIL	
POSITION HELD	FULL TIME	PART TIME	LAST SALARY
NAME OF SUPERVISOR	REASON FOR LEAVING		

PAST EMPLOYERS					
1	EMPLOYER NAME		DATES FROM	TO	
	EMPLOYER ADDRESS		CITY	STATE	ZIP
	EMPLOYER PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS		
	POSITION HELD	FULL TIME	PART TIME	LAST SALARY	
	NAME OF SUPERVISOR		REASON FOR LEAVING		
2	EMPLOYER NAME		DATES FROM	TO	
	EMPLOYER ADDRESS		CITY	STATE	ZIP
	EMPLOYER PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS		
	POSITION HELD	FULL TIME	PART TIME	LAST SALARY	
	NAME OF SUPERVISOR		REASON FOR LEAVING		
3	EMPLOYER NAME		DATES FROM	TO	
	EMPLOYER ADDRESS		CITY	STATE	ZIP
	EMPLOYER PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS		
	POSITION HELD	FULL TIME	PART-TIME	LAST SALARY	
	NAME OF SUPERVISOR		REASON FOR LEAVING		
4	EMPLOYER NAME		DATES FROM	TO	
	EMPLOYER ADDRESS		CITY	STATE	ZIP
	EMPLOYER PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS		
	POSITION HELD	FULL TIME	PART TIME	LAST SALARY	
	NAME OF SUPERVISOR		REASON FOR LEAVING		

***PRINT AN ADDITIONAL PAGE #7 IF MORE SPACE IS NEEDED TO COMPLETE THE PREVIOUS EMPLOYMENT SECTION.**

HAVE YOU EVER BEEN DISMISSED, ASKED TO RESIGN, OR HAD ANY DISCIPLINARY ACTION TAKEN AGAINST YOU FROM ANY EMPLOYMENT OR POSITION YOU HAVE HELD? (IF YES, PLEASE EXPLAIN) YES ☐ NO ☐

1			
	EMPLOYER NAME	DATE OF DISCIPLINARY ACTION	NATURE OF DISCIPLINE
	EXPLAIN		
2			
	EMPLOYER NAME	DATE OF DISCIPLINARY ACTION	NATURE OF DISCIPLINE
	EXPLAIN		
3			
	EMPLOYER NAME	DATE OF DISCIPLINARY ACTION	NATURE OF DISCIPLINE
	EXPLAIN		

MILITARY HISTORY

HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE UNITED STATES ARMED FORCES? YES ☐ NO ☐

IF YES,				
	BRANCH	SERIAL #	DATE OF SERVICE: FROM	TO
	TYPE OF DISCHARGE		RANK UPON DISCHARGE	
HAVE YOU EVER SERVED AS A MEMBER OF A RESERVE UNIT OR THE NATIONAL GUARD?				YES ☐ NO ☐
IF YES,				
	BRANCH	UNIT NAME	LOCATION	
DO YOU CURRENTLY ATTEND DRILLS, MEETINGS, OR TRAINING CAMPS?				YES ☐ NO ☐
WAS ANY FORM OF DISCIPLINARY ACTION EVER TAKEN AGAINST YOU DURING YOUR SERVICE?				YES ☐ NO ☐
IF YES,				
	DATE	LOCATION		
	NATURE OF OFFENSE		ACTION TAKEN	
HAVE YOU EVER SERVED IN THE MILITARY OR ARMED FORCES OF A FOREIGN COUNTRY?				YES ☐ NO ☐
IF YES, PLEASE PROVIDE:				
	COUNTRY	DATE FROM	TO	

RESIDENCE

LIST ALL ACTUAL PLACES OF RESIDENCE FOR THE PAST TEN (10) YEARS – FROM CURRENT TO OLDEST, INCLUDING ALL ADDRESSES SUCH AS RESIDENCES WHILE IN SCHOOL AND IN THE MILITARY. FOR COLLEGE ON-CAMPUS RESIDENCIES, PROVIDE THE DORMITORY NAME, CITY, AND STATE. IF RESIDENCES DURING MILITARY SERVICE CANNOT BE LISTED AS A STREET ADDRESS, INDICATE THE COMPLETE MILITARY UNIT DESIGNATION AND THE LOCATION BY CITY AND STATE. IF A POST OFFICE BOX WAS USED, PROVIDE THE LOCATION OF THE POST OFFICE AND ALSO LIST THE PHYSICAL ADDRESS USED AT THAT TIME.

1												
	DATE FROM		TO		STREET						APT 3	
	CITY						ST	ZIP	COMPLEX / SUBDIVISION NAME			
2												
	DATE FROM		TO		STREET						APT 3	
	CITY						ST	ZIP	COMPLEX / SUBDIVISION NAME			
3												
	DATE FROM		TO		STREET						APT 3	
	CITY						ST	ZIP	COMPLEX / SUBDIVISION NAME			
4												
	DATE FROM		TO		STREET						APT 3	
	CITY						ST	ZIP	COMPLEX / SUBDIVISION NAME			
5												
	DATE FROM		TO		STREET						APT 3	
	CITY						ST	ZIP	COMPLEX / SUBDIVISION NAME			
6												
	DATE FROM		TO		STREET						APT 3	
	CITY						ST	ZIP	COMPLEX / SUBDIVISION NAME			
7												
	DATE FROM		TO		STREET						APT 3	
	CITY						ST	ZIP	COMPLEX / SUBDIVISION NAME			
8												
	DATE FROM		TO		STREET						APT 3	
	CITY						ST	ZIP	COMPLEX / SUBDIVISION NAME			

***PRINT AN ADDITIONAL PAGE #9 IF MORE SPACE IS NEEDED TO COMPLETE THE RESIDENCE SECTION.**

PERSONAL REFERENCES

LIST SIX (6) REFERENCES (NOT INCLUDING RELATIVES) 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 FIVE (5) YEARS. YOU MUST GIVE COMPLETE INFORMATION FOR EACH REFERENCE. IF THEY ARE RETIRED, PLEASE LIST THEIR FORMER OCCUPATION.

1	NAME			NO. YEARS ACQUAINTED
	ADDRESS	CITY	ST	ZIP
	PHONE NO.	OCCUPATION	WORK PHONE	EMAIL
2	NAME			NO. YEARS ACQUAINTED
	ADDRESS	CITY	ST	ZIP
	PHONE NO.	OCCUPATION	WORK PHONE	EMAIL
3	NAME			NO. YEARS ACQUAINTED
	ADDRESS	CITY	ST	ZIP
	PHONE NO.	OCCUPATION	WORK PHONE	EMAIL
4	NAME			NO. YEARS ACQUAINTED
	ADDRESS	CITY	ST	ZIP
	PHONE NO.	OCCUPATION	WORK PHONE	EMAIL
5	NAME			NO. YEARS ACQUAINTED
	ADDRESS	CITY	ST	ZIP
	PHONE NO.	OCCUPATION	WORK PHONE	EMAIL
6	NAME			NO. YEARS ACQUAINTED
	ADDRESS	CITY	ST	ZIP
	HOME PHONE	OCCUPATION	WORK PHONE	EMAIL

CONTROLLED SUBSTANCES

DRUG TESTING IS REQUIRED FOR THIS POSITION. ALL APPLICANTS MUST COMPLETE THE DRUG USE QUESTIONNAIRE BELOW WHEN APPLYING FOR A POSITION. THIS QUESTIONNAIRE IS A MANDATORY PART OF THE APPLICATION PROCESS AND MUST BE COMPLETED BEFORE YOUR APPLICATION WILL BE REVIEWED. FAILURE TO SUBMIT THIS FORM WILL RESULT IN THE DISQUALIFICATION OF YOUR APPLICATION.

DO YOU NOW, OR HAVE YOU EVER, TRIED, PURCHASED, OR SOLD ANY ILLEGAL DRUGS OR CONTROLLED SUBSTANCES? ("TRIED" INCLUDES SMOKING, INHALING, SWALLOWING, PLACING OR RUBBING ON GUMS, LIPS, OR TONGUE, INJECTING, OR INGESTING BY ANY OTHER MEANS, WHETHER AS A JUVENILE OR AS AN ADULT.)

YES ☐ NO ☐ IF YES, LIST DETAILS BELOW.

CONTROLLED SUBSTANCE	# TIMES TRIED	# TIMES PURCHASED	# TIMES SOLD	FIRST TIME (MM\YY)	LAST TIME (MM\YY)
MARIJUANA "POT"					
COCAINE/"CRACK					
STEROIDS					
ECSTASY					

CONTROLLED SUBSTANCES (CONT.)

CONTROLLED SUBSTANCE	# TIMES TRIED	# TIMES PURCHASED	# TIMES SOLD	FIRST TIME (MM\YY)	LAST TIME (MM\YY)
METHAMPHETAMINE/METH					
LSD/"ACID"					
HEROIN					
OTHER:					
OTHER:					
OTHER:					

CRIMINAL HISTORY

CHARGES: WHEN APPLYING FOR A POSITION WITH A LAW ENFORCEMENT AGENCY, FLORIDA LAW REQUIRES THAT ALL ARRESTS AND CHARGES BE DISCLOSED, REGARDLESS OF THE FINAL DISPOSITION. THIS INCLUDES, BUT IS NOT LIMITED TO, ALL SUCH INCIDENTS EVEN IF YOU WERE NOT FORMALLY CHARGED, DID NOT APPEAR IN COURT, WERE FOUND NOT GUILTY, ENTERED A PLEA OF NOLO CONTENDERE, HAD ADJUDICATION WITHHELD, OR IF THE MATTER WAS SETTLED BY PAYMENT OF A FINE OR FORFEITURE OF COLLATERAL. (INCLUDE YOUR JUVENILE RECORD AND ANY RECORDS OF ARREST THAT HAVE BEEN SEALED, IF APPLICABLE.)

CONVICTIONS: THE CIRCUMSTANCES SURROUNDING ANY CONVICTION WILL BE CONSIDERED, INCLUDING THE NATURE, NUMBER, SEVERITY, AND DATE OF THE OFFENSE(S), YOUR SUBSEQUENT HISTORY, EFFORTS AT REHABILITATION, AND THE RELATION OF THE OFFENSE TO THE REQUIREMENTS OF THE POSITION FOR WHICH YOU ARE APPLYING.

HAVE YOU EVER BEEN ARRESTED BY ANY LAW ENFORCEMENT AGENCY FOR ANY REASON? YES ☐ NO ☐
THIS INCLUDES ARRESTS OR DETENTIONS (HELD FOR QUESTIONING) AS A JUVENILE OR FOR VIOLATIONS WHICH WERE NOT PROSECUTED OR WHERE SOME TYPE OF PRE-TRIAL INTERVENTION WAS OFFERED AND INCLUDES ALL ARRESTS REGARDLESS OF YOUR PLEA.

HAVE YOU EVER BEEN CONVICTED OF, OR HAVE YOU BEEN FOUND TO HAVE COMMITTED ANY CIVIL OR CRIMINAL LAW VIOLATION OTHER THAN A MINOR TRAFFIC VIOLATION? YES ☐ NO ☐

HAVE YOU EVER HAD A CRIMINAL CHARGE OR RECORD SEALED, EXPUNGED, OR PURGED? YES ☐ NO ☐

IF YES, LIST ALL CRIMINAL AND CIVIL LAW VIOLATIONS. INCLUDE DISPOSITIONS (COPIES OF ALL COURT DISPOSITIONS MUST BE SUBMITTED WITH APPLICATION.) BE SURE TO INCLUDE CHARGES FROM ALL STATES REGARDLESS OF OUTCOME OR TIMEFRAME. ATTACH ADDITIONAL PAGES IF NECESSARY.

CHARGE	DATE (MM\YY)
ARRESTING AGENCY	
DISPOSITION OR OUTCOME	DATE (MM\YY)
CHARGE	DATE (MM\YY)
ARRESTING AGENCY	
DISPOSITION OR OUTCOME	DATE (MM\YY)

VETERANS' PREFERENCE

PER FLORIDA STATE STATUTE CHAPTER 295 AND RULES OF THE FLORIDA DEPARTMENT OF VETERANS' AFFAIRS, VETERANS' PREFERENCE POINTS SHALL BE AWARDED TO THE EARNED RATINGS OF ELIGIBLE APPLICANTS WHO HAVE ACHIEVED A MINIMUM QUALIFYING SCORE ON AN EXAMINATION, HAVE RECEIVED AN HONORABLE DISCHARGE, AND WHO ARE RESIDENTS OF THE STATE OF FLORIDA. SPECIAL CONSIDERATION WILL BE GIVEN TO ELIGIBLE APPLICANTS WHO APPLY FOR POSITIONS WHERE EXAMINATIONS ARE NOT USED.

TO RECEIVE PREFERENCE, AN APPLICANT MUST COMPLETE THE FOLLOWING REQUIREMENTS BY THE CLOSING DATE AND TIME OF THE EMPLOYMENT OPPORTUNITY SPECIFIED ON THE POSTING:

1. INDICATE CLAIM FOR VETERANS' PREFERENCE ON THIS APPLICATION.
2. ANSWER ALL QUESTIONS ON THE VETERANS' PREFERENCE CLAIM.
3. PROVIDE REQUIRED DOCUMENTATION

VETERANS, DISABLED VETERANS, OR SPOUSES OF DISABLED VETERANS SHALL PROVIDE DD-214 MEMBER 4 FORM, MILITARY DISCHARGE PAPERS, OR EQUIVALENT V.A. CERTIFICATION LISTING:

1. MILITARY STATUS,
2. DATES OF SERVICE, AND
3. DISCHARGE TYPE.

DISABLED VETERANS SHALL ALSO PROVIDE A DOCUMENT FROM THE DEPARTMENT OF DEFENSE, V.A., OR DEPARTMENT OF VETERANS' AFFAIRS CERTIFYING THAT THE VETERAN HAS A SERVICE-CONNECTED DISABILITY.

SPOUSES OF DISABLED VETERANS SHALL ALSO PROVIDE:

1. EVIDENCE OF MARRIAGE,
2. STATEMENT THAT SPOUSE IS STILL MARRIED TO THE VETERAN, AND
3. PROOF THAT THE VETERAN CANNOT QUALIFY FOR EMPLOYMENT DUE TO SERVICE-CONNECTED DISABILITY (e.g., DEPARTMENT OF DEFENSE OR V.A. CERTIFICATION OF TOTAL AND PERMANENT DISABILITY OR DEPARTMENT OF VETERANS' AFFAIRS ID CARD).

SPOUSES OF PERSONS MISSING, CAPTURED, OR DETAINED ON ACTIVE DUTY SHALL FURNISH:

1. EVIDENCE OF MARRIAGE,
2. STATEMENT THAT SPOUSE IS STILL MARRIED TO THE VETERAN, AND
3. DEPARTMENT OF DEFENSE OR V.A. DOCUMENT CERTIFYING THE PERSON ON ACTIVE DUTY IS MISSING IN ACTION OR CAPTURED, OR FORCIBLY DETAINED IN LINE OF DUTY BY A FOREIGN GOVERNMENT OR POWER.

UNREMARRIED WIDOW/WIDOWERS OF DECEASED VETERANS SHALL FURNISH:

1. EVIDENCE OF MARRIAGE,
2. STATEMENT THE WIDOW/WIDOWER IS NOT REMARRIED, AND
3. DEPARTMENT OF DEFENSE OR V.A. DOCUMENT CERTIFYING SERVICE-CONNECTED DEATH.

I UNDERSTAND THAT AN APPLICANT ELIGIBLE FOR VETERANS' PREFERENCE WHO BELIEVES HE OR SHE WAS NOT AFFORDED EMPLOYMENT PREFERENCE IN ACCORDANCE WITH THE AFOREMENTIONED RULE MAY FILE A COMPLAINT WITH THE FLORIDA DIVISION OF VETERANS AFFAIRS, P.O. BOX 1437, ST. PETERSBURG, FL 33731, REQUESTING AN INVESTIGATION. WHEN NOTICE OF A HIRING DECISION IS GIVEN BY A COVERED EMPLOYER, THE COMPLAINT MUST BE FILED WITHIN 21 CALENDAR DAYS FROM THE DATE THE NOTICE IS RECEIVED BY THE APPLICANT. I FURTHER UNDERSTAND THAT IF THE FLORIDA DIVISION OF VETERANS AFFAIRS FINDS THE COMPLAINT TO BE VALID AND THE COMPLAINANT AND EMPLOYER FAIL TO REACH A SATISFACTORY RESOLUTION, THE COMPLAINANT MAY PETITION THE PUBLIC EMPLOYEES RELATIONS COMMISSION FOR A HEARING.

VETERANS' PREFERENCE CLAIM

DO YOU WISH TO CLAIM VETERANS' PREFERENCE UNDER FLORIDA STATUTE 295?	YES ☐	NO ☐

I WISH TO CLAIM VETERANS' PREFERENCE AS:

☐ 1. ANY VETERAN WITH A SERVICE-CONNECTED DISABILITY COMPENSABLE UNDER PUBLIC LAW ADMINISTERED BY THE U.S. DEPARTMENT OF VETERANS' AFFAIRS?

☐ 2. THE SPOUSE OF A VETERAN WHO HAS A TOTAL AND PERMANENT SERVICE-CONNECTED DISABILITY AND, DUE TO THIS DISABILITY, IS UNABLE TO QUALIFY FOR EMPLOYMENT; OR THE SPOUSE OF ANY PERSON WHO IS MISSING IN ACTION, CAPTURED IN THE LINE OF DUTY BY A HOSTILE FORCE, OR FORCIBLY DETAINED OR INTERNED IN THE LINE OF DUTY BY A FOREIGN GOVERNMENT OR POWER.

☐ 3. A VETERAN WHO HAS SERVED ON ACTIVE DUTY FOR ONE (1) DAY OR MORE DURING A WARTIME PERIOD, EXCLUDING ACTIVE DUTY FOR TRAINING, AND WHO WAS DISCHARGED UNDER HONORABLE CONDITIONS FROM THE ARMED FORCES OF THE UNITED STATES OF AMERICA?

☐ 4. AN UNREMARRIED WIDOW/WIDOWER OF A VETERAN WHO DIED AS A RESULT OF SERVICE-CONNECTED DISABILITY

☐ 5. ANY VETERAN WHO HAS SERVED IN A QUALIFYING CAMPAIGN OR EXPEDITION FOR WHICH A CAMPAIGN BADGE HAS BEEN AUTHORIZED?

IF YOU HAVE A SERVICE-CONNECTED DISABILITY, SUCH DISABILITY HAS BEEN RATED BY THE V.A. OR DEPARTMENT OF DEFENSE TO BE:

PERCENTAGE: ☐

NOTE: A DD-214, MILITARY DISCHARGE PAPER ISSUED BY THE DEPARTMENT OF DEFENSE, OR COMPARABLE DOCUMENTATION FROM THE DEPARTMENT OF VETERANS AFFAIRS SERVING AS A CERTIFICATE OF RELEASE OR DISCHARGE, MUST BE PROVIDED AT THE TIME OF APPLICATION.

IN ADDITION, APPLICANTS CLAIMING CATEGORIES 1, 2, OR 4 ABOVE MUST SUBMIT SUPPORTING DOCUMENTATION IN ACCORDANCE WITH THE PROVISIONS OF RULE 55A-7.013, F.A.C.

WARTIME PERIODS ARE DEFINED IN SECTION 1.01, F.S. UNDER FLORIDA LAW, PREFERENCE IN APPOINTMENT SHALL BE GIVEN FIRST TO PERSONS IN CATEGORIES 1 AND 2, FOLLOWED BY THOSE IN CATEGORIES 3 AND 4.

VETERANS' PREFERENCE IS NOT AVAILABLE TO ANY PERSON CLASSIFIED AS A "DESERTER" OR WHO RECEIVED LESS THAN AN HONORABLE DISCHARGE UPON SEPARATION FROM THE ARMED FORCES.

ORGANIZATION MEMBERSHIPS

LIST ALL CLUBS, SOCIETIES OF WHICH YOU ARE OR HAVE BEEN A MEMBER:

NAME	PRESENT	FORMER	ADDRESS
(IF PRESENT, LIST POSITION HELD AND DESCRIBE ACTIVITY)			
NAME	PRESENT	FORMER	ADDRESS
(IF PRESENT, LIST POSITION HELD AND DESCRIBE ACTIVITY)			
NAME	PRESENT	FORMER	ADDRESS
(IF PRESENT, LIST POSITION HELD AND DESCRIBE ACTIVITY)			
NAME	PRESENT	FORMER	ADDRESS
(IF PRESENT, LIST POSITION HELD AND DESCRIBE ACTIVITY)			

ARE YOU NOW OR HAVE YOUR EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, GANGS, CLUBS, SOCIAL GROUP, MOVEMENT, OR COMBINATION OF PERSONS, (E.G. STREET GANGS, MOTORCYCLE CLUBS, CIVIC ORGANIZATIONS, HATE GROUPS, MILITIAS, ETC), 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 ☐	
(IF YES, EXPLAIN INCLUDING NAME OF ORGANIZATION AND LOCATION)	

DO YOU NOW OR HAVE YOU EVER BEEN ASSOCIATED WITH ANY PERSON OR ORGANIZATION THAT YOU KNEW, OR REASONABLY SHOULD HAVE KNOWN, WAS UNDER CRIMINAL INVESTIGATION OR HAD A REPUTATION IN THE COMMUNITY OR WITH LAW ENFORCEMENT FOR INVOLVEMENT IN CRIMINAL OR TERRORIST ACTIVITY?

YES ☐ NO ☐	
(IF YES, EXPLAIN INCLUDING NAME OF ORGANIZATION AND LOCATION)	

APPLICANT CHECKLIST

ALONG WITH YOUR APPLICATION, PLEASE SUBMIT COPIES OF ANY DOCUMENTS LISTED BELOW THAT APPLY TO YOU. COPIES SHOULD BE ON 8.5" BY 11" PAPER AND INSERTED IN THE ORDER LISTED. FAILURE TO SUBMIT ALL REQUIRED ITEMS MAY DISQUALIFY YOUR APPLICATION. PLEASE NOTE THAT THE FRUITLAND PARK POLICE DEPARTMENT WILL NOT MAKE COPIES OF DOCUMENTS NOR PROVIDE NOTARY SERVICES FOR THE BACKGROUND INVESTIGATION WAIVER FORM.

- ☐ **COPY OF YOUR VALID FLORIDA DRIVER'S LICENSE**
  A photocopy of your current driver's license (include the back if renewal information is located there).
- ☐ **COPY OF YOUR SOCIAL SECURITY CARD**
- ☐ **CERTIFIED COPY OF YOUR BIRTH CERTIFICATE**
  Must be issued by the Bureau of Vital Statistics from your state of birth.
- ☐ **COPY OF YOUR HIGH SCHOOL DIPLOMA OR GED**
- ☐ **COPY OF ANY COLLEGE, VOCATIONAL DEGREES, AND TRANSCRIPTS**
  If your application indicates a college degree, submit copies of transcripts for each degree. Copies may be sent directly from your college to Human Resources in a sealed envelope or attached to your application in a tamper-evident envelope sealed by the college.
- ☐ **COPY OF YOUR DD-214 (MILITARY DISCHARGE PAPERS)**
  DD-214 (Member 4 copy) reflecting character of service and type of separation for each tour of duty or branch of service.
- ☐ **COPY OF YOUR FLORIDA LAW ENFORCEMENT ACADEMY CERTIFICATE**
- ☐ **COPY OF YOUR FLORIDA BASIC LAW ENFORCEMENT EXAM RESULTS**
- ☐ **PROOF OF NAME CHANGE (IF APPLICABLE)**
- ☐ **NATURALIZATION PAPERS (IF APPLICABLE)**
  Federal law prohibits copying; the actual papers must be presented at the time of application.

PLEASE COMPLETE ALL PORTIONS OF THE APPLICATION FULLY AND ACCURATELY. INCOMPLETE OR INACCURATE INFORMATION MAY DELAY OR HALT PROCESSING. ALL ADDRESSES MUST BE COMPLETE, INCLUDING ZIP CODES AND TELEPHONE NUMBERS. IF AN ITEM DOES NOT APPLY, WRITE "N/A" FOR NOT APPLICABLE.

THIS COMPLETED APPLICATION MUST BE NOTARIZED BEFORE SUBMITTAL. PROVIDING FALSE INFORMATION WILL BE SUFFICIENT CAUSE FOR REJECTION. ALL INFORMATION WILL BE VERIFIED THROUGH A BACKGROUND INVESTIGATION.

WHERE POSSIBLE, APPLICANTS WITH LAW ENFORCEMENT EXPERIENCE SHOULD PROVIDE COPIES OF THEIR LAST THREE EVALUATIONS (OR FEWER, BASED ON LENGTH OF SERVICE) FROM CURRENT AND/OR PREVIOUS AGENCIES. WHILE HELPFUL, THIS INFORMATION IS NOT REQUIRED.

BACKGROUND INVESTIGATION WAIVER
AUTHORITY FOR RELEASE INFORMATION

TO: CONCERNED PERSON OR AUTHORIZED REPRESENTATIVE OF ANY ORGANIZATION, INSTITUTION OR REPOSITORY OF RECORDS

APPLICANT'S NAME

DATE OF BIRTH

SOCIAL SECURITY NO.

EMPLOYING AGENCY REQUESTING BACKGROUND INFO: **HOWEY-IN-THE-HILLS POLICE DEPARTMENT**

I hereby authorize any employee or authorized representative bearing this release, or a copy thereof, to obtain any information in your files pertaining to my employment records, including but not limited to achievements, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. I consent to the agency furnishing such information, as described above, to third parties in the course of fulfilling their official responsibilities.

I hereby release you, as the custodian of such records, and any employer, educational institution, physician, hospital, 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 any kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization, the request to release information, or any attempt to comply with it. A photocopy of this form shall be as effective as the original.

I further authorize the National Records Center, St. Louis, Missouri, and any other custodian of my military records to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD214 (Report of Separation), to the **Receiving Agency:** Howey in the Hills Police Department.

Florida state statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: - An employer who discloses information about a former employees' job performance to a prospective employer of the former employee upon request of the prospective employer of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.

Pursuant to section 943.13 (4), (5), and (7) F.S., Chapter 2001-94, laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged, legally obtainable information.

APPLICANT'S SIGNATURE DATE

STATE OF FLORIDA
COUNTY OF _____

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

Sworn and subscribed before me this _____ (day) of _____ (month), _____ (year).

☐ Personally Known or ☐ Produced Identification No. and type _____.

My Commission Expires on: _____ Notary Public Signature: _____

Notary Seal / Stamp: Notary Public Name: _____