

Howey-in-the-Hills Police Department

111 NORTH PALM AVENUE
Howey-in-the-Hills, Florida 34737



Telephone (352) 324-2030
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Application for employment



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

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



CJSTC 58

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

AGENCY REQUESTING BACKGROUND INFORMATION: _____

ADDRESS: _____

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

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

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature _____ Date _____

Applicant's Address _____

OATH

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

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____

day of _____, year _____, By _____

Signature of Notary Public - State of Florida _____

Print, Type, or Stamp Commissioned name of Notary Public _____

Personally Known OR Produced Identification

Type of Identification Produced _____

REQUIRED DOCUMENTS

You must submit one copy of the following documents when you return this Application:

1. Photocopy of your Birth Certificate
2. Photocopy of your High School Diploma or G.E.D. Certificate
3. Photocopy of your College Diploma
4. Photocopy of your Driver's License
5. Photocopy of your Social Security Card
6. Naturalization Documents (if applicable) Do not copy, bring the original
7. Photocopies of any name Change Documents (if applicable) i.e. Marriage License, Dissolution of Marriage, Legal Name Change, Adoption Papers
8. Photocopies of your Military Discharge Papers (DD214)
9. Law Enforcement Training Academy Graduation Certificate
10. Additional LEO Training Certificates/Documentation's
11. First Aid/CPR Certification

PERSONAL DATA

Your full legal name _____

Your phone number with area code _____

Date of birth _____

Social Security Number _____

Position applied for? _____

NAME CHANGE INFORMATION

Please list below all name changes and the dates of said changes in sequential order . Start with your present name and then in order go back through your past names. List all adoption, marriage (s), and/or divorce (s). You must provide a certified copy of each name change.

Previous Name: _____ Date of Change _____

Reason for Name Change: _____

Previous Name: _____ Date of Change _____

Reason for Name Change: _____

Previous Name: _____ Date of Change _____

Reason for Name Change: _____

Previous Name: _____ Date of Change _____

Reason for Name Change: _____

PERSONNEL DATA

Have you ever applied for employment as a law enforcement officer with any other agency?
Yes _____ No _____ If yes, indicate the agency and date of application.

Agency

Date

Have you ever been denied employment with a law enforcement agency for any reason?
Yes _____ No _____ If yes, indicate the agency, the date, and the reason.

Agency

Date

Reason

Have you ever taken a polygraph examination? Yes _____ No _____ If yes, indicate where
when and why you took it.

Where

When

Why

PERSONAL REFERENCES

Please list four responsible persons other than relatives or past employers who have personal knowledge of your qualifications for employment.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Years known: _____

How do you know this person: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Years known: _____

How do you know this person: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Years known: _____

How do you know this person: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Years known: _____

How do you know this person: _____

EMPLOYMENT HISTORY

Starting with your present job or last job, list every job you have held since your 18th birthday. Be sure to list every job no matter if it was only for a few days, part-time or temporary and include all military base assignments. Use the complete address, zip code, area code and phone number.

Dates of Employment: From _____ To _____

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Position Held: _____

Duties: _____

Reason for Leaving: _____

Dates of Employment: From _____ To _____

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Position Held: _____

Duties: _____

Reason for Leaving: _____

Dates of Employment: From _____ To _____

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Position Held: _____

Duties: _____

Reason for Leaving: _____

EMPLOYMENT HISTORY (continued)

Dates of Employment: From _____ To _____

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Position Held: _____

Duties: _____

Reason for Leaving: _____

Dates of Employment: From _____ To _____

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Position Held: _____

Reason for Leaving: _____

Dates of Employment: From _____ To _____

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Position Held: _____

Duties: _____

Reason for Leaving: _____

EMPLOYMENT HISTORY (continued)

Dates of Employment: From _____ To _____

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Position Held: _____

Duties: _____

Reason for Leaving: _____

Dates of Employment: From _____ To _____

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Position Held: _____

Duties: _____

Reason for Leaving: _____

Dates of Employment: From _____ To _____

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Position Held: _____

Duties: _____

Reason for Leaving: _____

EMPLOYMENT HISTORY (continued)

Have you ever been asked to resign, been fired (this includes dismissals and termination's) or been given the option to resign in lieu of being fired from any job ?

Yes _____ No _____ If yes, please explain:

Have you ever received a disciplinary action from an employer, such as a written notice or suspension ?

Yes _____ No _____ If yes, please explain:

EDUCATION

Circle the highest year of education completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
 16 17 18

Did you graduate from high school or receive a GED? Yes _____ No _____

List the location (city and state), and the year you graduated or received a GED certificate.

School	Location	Year
--------	----------	------

If you attended or graduated from college, list the name (s) of the college/university, the city/state, the year (s) you attended/graduated, major and type of degree you obtained (if any).

College/University Attended	City/State	Years
-----------------------------	------------	-------

Graduated? (yes/no)	Major	Degree Earned
---------------------	-------	---------------

College/University Attended	City/State	Years
-----------------------------	------------	-------

Graduated? (yes/no)	Major	Degree Earned
---------------------	-------	---------------

Please list any schools or training you have received certificates of completion for attending.
 (ie. Basic recruit, advanced police training, etc.)

Type of Training	School attended	Date of Attendance
------------------	-----------------	--------------------

Type of Training	School attended	Date of Attendance
------------------	-----------------	--------------------

Type of Training	School attended	Date of Attendance
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Please list any technical skills you may have, whether or not acquired through formal education:

RESIDENTIAL HISTORY

Please list **all** addresses where you have resided. Start with your current address and work backward.

If you fail to provide the requested information, it will significantly impair the progress of your background investigation!!!

Dates of Residence: From _____ To _____

Street Address _____

City _____ State _____ Zip _____

Name of Landlord: _____

Address of Landlord: _____

Dates of Residence: From _____ To _____

Street Address _____

City _____ State _____ Zip _____

Name of Landlord: _____

Address of Landlord: _____

Dates of Residence: From _____ To _____

Street Address _____

City _____ State _____ Zip _____

Name of Landlord: _____

Address of Landlord: _____

Dates of Residence: From _____ To _____

Street Address _____

City _____ State _____ Zip _____

Name of Landlord: _____

Address of Landlord: _____

RESIDENTIAL HISTORY (CONTINUED)

Dates of Residence: From _____ To _____

Street Address _____

City _____ State _____ Zip _____

Name of Landlord: _____

Address of Landlord: _____

Dates of Residence: From _____ To _____

Street Address _____

City _____ State _____ Zip _____

Name of Landlord: _____

Address of Landlord: _____

Dates of Residence: From _____ To _____

Street Address _____

City _____ State _____ Zip _____

Name of Landlord: _____

Address of Landlord: _____

Dates of Residence: From _____ To _____

Street Address _____

City _____ State _____ Zip _____

Name of Landlord: _____

Address of Landlord: _____

CRIMINAL ACTIVITY

It is important that you answer each of the following questions truthfully.

Indicate Yes or No if you have ever committed or been arrested/charged for any of the following:

	Yes	No	Age at Time
1. Burglary	_____	_____	_____
2. Armed Robbery/Robbery	_____	_____	_____
3. Illegal Possession of Narcotics	_____	_____	_____
4. Sale of Narcotics	_____	_____	_____
5. DWI or DUI	_____	_____	_____
6. Passing Worthless/Bad Checks	_____	_____	_____
7. Auto Theft	_____	_____	_____
8. Shoplifting	_____	_____	_____
9. Assault/Battery	_____	_____	_____
10. Murder	_____	_____	_____
11. Theft/Theft from an Employer	_____	_____	_____
12. Vandalism	_____	_____	_____
13. Rape/Other Sex Crimes	_____	_____	_____
14. Indecent Exposure	_____	_____	_____
15. Perjury/False Statements	_____	_____	_____
16. Possession/Distribution of Pornography	_____	_____	_____
17. Spouse Battery	_____	_____	_____
18. Child Abuse/Neglect	_____	_____	_____
19. Forgery/Uttering a Forgery	_____	_____	_____
20. Prostitution/Soliciting	_____	_____	_____
21. Any Other Criminal Offense (Explain on Supplemental Page)	_____	_____	_____

CRIMINAL ACTIVITY (CONTINUED)

Were you ever arrested or charged for any of the previously listed offenses?

Yes _____ No _____ (Including Any Expunged Records)

If yes, please list the agency, City/State and date:

Agency

City/State

Date

Were you ever convicted or had adjudication withheld, regardless of whether probation was imposed, for any of the previously listed offenses or any other offense (s)? Yes _____ No _____

If yes, please explain:

Have you as an adult had sexual involvement with a child under the age of 18? Yes _____ No _____

If yes, please explain:

DRUG ACTIVITY

In the space provided, indicate your drug usage (if any).

	Approximate Date First Used	Approximate Date Last Used	Frequency	Never
Marijuana/THC	_____	_____	_____	_____
Hashish	_____	_____	_____	_____
PCP/Angel Dust	_____	_____	_____	_____
STP/Speed	_____	_____	_____	_____
LSD/Acid	_____	_____	_____	_____
Mescaline/Magic Mushrooms/Psilocybin	_____	_____	_____	_____
Heroin	_____	_____	_____	_____
Cocaine	_____	_____	_____	_____
Crack	_____	_____	_____	_____
Quaaludes	_____	_____	_____	_____
Opium	_____	_____	_____	_____
Uppers/Downers	_____	_____	_____	_____
Steroids	_____	_____	_____	_____
Valium	_____	_____	_____	_____
Designer Drugs/ Ice/Ecstasy	_____	_____	_____	_____
Speedballs	_____	_____	_____	_____
Other (List)	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DRIVING HISTORY

Do you have a current driver's license?

If yes, list the state (s) license type, license number (s), and expiration date (s):

State	Number	Type	Expires

Does your license contain any restrictions? Yes _____ No _____

If yes, list the restriction (s):

List other states and driver's license number, if known, where you have held a driver's license.

Have you ever had your driver's license suspended, canceled or revoked? This includes all states where you have held a license. Yes _____ No _____ If yes, please explain:

In the last five years have you been issued any traffic citations for moving violations such as speeding, reckless driving, DWI/DUI, running red lights, improper passing, etc.?

Yes _____ No _____ If yes, circle the appropriate number:

- 1 2 3 4 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 more than 20

MILITARY SERVICE

Were you ever in the military service? Yes _____ No _____ If yes, which branch?

Dates of service:

What were your principle duties?

Were you ever convicted by a military court martial? Yes _____ No _____ If yes, please explain:

Did you receive anything less than an honorable discharge? Yes _____ No _____

If yes, please explain:

PREVIOUS LAW ENFORCEMENT

The following section should **only** be completed by individuals who are currently employed or have prior experience in the areas of Law Enforcement, Corrections and/or Security Services.

- 1. Have you ever intentionally falsified an incident report? Yes _____ No _____
- 2. Have you ever furnished drugs or other contraband to someone in your custody or any other person? Yes _____ No _____
- 3. Have you ever lied or misrepresented the facts to a supervisor? Yes _____ No _____
- 4. Have you ever taken or stolen anything of value that was in your possession or from someone in your custody? Yes _____ No _____
- 5. Have you ever been charged or convicted of contempt of court? Yes _____ No _____
- 6. Have you ever accepted a bribe? Yes _____ No _____
- 7. Have you ever tampered with or destroyed evidence? Yes _____ No _____
- 8. Have you ever used excessive force under any circumstances? Yes _____ No _____
- 9. Have you ever removed or stolen something of value while performing your duties? Yes _____ No _____
- 10. Have you ever lied under oath? Yes _____ No _____
- 11. Have you ever taken any law enforcement action against a person based on ethnic, religious or racial prejudices? Yes _____ No _____

If you have responded "Yes" to any of the above questions, please explain:

INFORMATION CERTIFICATION

I _____, hereby certify that all answers/statements on this "Application for Employment" are true and complete to the best of my knowledge and belief. I understand and agree that **any misstatements, falsifications, incompleteness of application or omissions** herein may cause any offer of employment made by the Town of Howey-In-The-Hills to be withdrawn or my employment with the Town of Howey-In-The-Hills terminated. I further understand that information provided herein is Public Record and may be subject to review upon request. I hereby certify that I have been given sufficient opportunity and time to review the questions and their intent, and have answered them correctly.

Signature of Applicant

Printed Name of Applicant

**STATE OF FLORIDA
COUNTY OF LAKE**

Subscribed and sworn to (or affirmed) before me this _____ day of _____ 19____
by _____, who is personally known
(Name of Affiant)
to me or has produced _____ as identification.
(Type of Identification)

NOTARY PUBLIC

Print Name of Notary

Commission No.

(seal)