

NAME \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT  
WINTER HAVEN POLICE DEPARTMENT**



REFERRAL SOURCE

- Radio
- Television
- Newspaper
- Recruiter
- Friend
- Walk-in
- Other

WHPD-154 (09-10)

This application must be either typed or printed, in legible form. (Applications not legible will be returned). Applications must be returned in person unless otherwise advised by this Department.

***Complete the application as follows:***

1. Answer all questions. If they do not apply to you, place an “N/A” in the blank space provided for your answer.
2. Provide names and complete mailing addresses, including Zip code, of former employers, dates of employment, and your job title.
3. List complete and correct mailing and physical addresses, including Zip code, of former residences.
4. List complete and correct addresses, including Zip code and account numbers, of your credit accounts (if applicable).

You are hereby informed that a thorough background investigation, including information regarding your character, general reputation, personal characteristics, and mode of living will be part of your processing. This information is solely for the purpose of evaluating your qualifications for employment within this Department.

Any falsification of information on your application will automatically disqualify you from consideration for employment with the Department.

The submission of this application carries the understanding that you are authorizing the Department to contact any and all available sources for the purpose of obtaining information regarding your qualifications.

This application, when submitted, must be accompanied by a certified copy of the following:

1. Birth Certificate
2. High School Diploma, or State Equivalency
3. DD 214 Form for military service (if applicable)
4. College Transcripts
5. Proof of Name Change (if applicable)
6. Any other information that you think will enhance your application.

Also include a copy of the following:

1. Social Security Card
2. Driver License

**THIS DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER**





**EMPLOYMENT RECORD:**

19. List all employment. List the most recent position first. Also include part-time and summer jobs.

Employer Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Employer FAX Number: \_\_\_\_\_  
Employed from: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Employer FAX Number: \_\_\_\_\_  
Employed from: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Employer FAX Number: \_\_\_\_\_  
Employed from: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Employer FAX Number: \_\_\_\_\_  
Employed from: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Employer FAX Number: \_\_\_\_\_  
Employed from: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Employer FAX Number: \_\_\_\_\_  
Employed from: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

If necessary, list additional employers on page 15 or on a separate sheet of paper.

**CAREER INTEREST:**

20. Type of work desired: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Other

21. What position are you applying for? \_\_\_\_\_

22. Names of relatives or friends employed by the Winter Haven Police Department:

\_\_\_\_\_

23. Have you ever worked for or applied to the Winter Haven Police Department before? \_\_\_\_\_

If "YES" explain: \_\_\_\_\_

24. Have you ever applied to or been employed by any other law enforcement agency?

\_\_\_\_\_ Yes \_\_\_\_\_ No

25. Name of agency and dates of employment or application: \_\_\_\_\_

\_\_\_\_\_

26. If you were not hired, state reason(s) for non-selection: \_\_\_\_\_

\_\_\_\_\_

27. Are you now on any eligibility list? \_\_\_\_\_ Yes \_\_\_\_\_ No

28. If "Yes" where and for what position? \_\_\_\_\_

29. Have you had any law enforcement training by any local, state or federal agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes" state where and what training received \_\_\_\_\_

\_\_\_\_\_

30. Did you receive a certificate for this training? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes" list dates: \_\_\_\_\_

31. Have you ever been dismissed, disciplined, or asked to resign because of misconduct or unsatisfactory service?

\_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes" list those employers who either (1) Dismissed you; (2) Discipline you;

(3) Requested that you resign or be terminated:

<u>Employer's Name</u>	<u>Date</u>	<u>Supervisor Involved</u>
------------------------	-------------	----------------------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

32. May we contact previous employers? \_\_\_\_\_ Yes \_\_\_\_\_ No If "No" please state reason(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**FAMILY BACKGROUND:**

41. List alphabetically by last name first all members of your immediate family, spouse included, and all members of your spouses' immediate family. Immediate family shall include father, step-father, mother, step-mother, brothers, sisters, guardians, and/or foster parents. This includes those relatives who are deceased:

Relationship	Surname, First Name, and Middle Name	Street Address, City, State and Zip Code	Occupation

**MILITARY RECORD:**

42. If you have never served in the Armed Forces of the United States, sign the below statement:

I, \_\_\_\_\_ have never served in any branch of the United States Military Service.  
(Your Name)

\_\_\_\_\_  
Signature of Applicant

43. Draft status \_\_\_\_\_ 43A. Reserve status \_\_\_\_\_

44. National Guard Service \_\_\_\_\_

45. Active service: From \_\_\_\_\_ to \_\_\_\_\_

46. Branch \_\_\_\_\_ 46A. Highest rank achieved \_\_\_\_\_

47. Type/Date of Discharge/Separation \_\_\_\_\_

48. Military specialization and duties \_\_\_\_\_

**FOREIGN MILITARY RECORD:**

49. Have you ever served in the Armed Forces of any foreign nation?

\_\_\_\_\_ Yes \_\_\_\_\_ No

50. If "Yes" indicate the nation \_\_\_\_\_

51. Date of entry \_\_\_\_\_ 51A. Date of Separation \_\_\_\_\_

52. Highest rank held \_\_\_\_\_ 52A. Type of Separation \_\_\_\_\_

**EDUCATIONAL RECORD:**

53. List ALL schools that you have attended

Years From/To	Grade Schools and High Schools	Street Address, City, State and Zip Code	Promoted/ Graduated

54. Is High School through GED? \_\_\_\_\_ Yes \_\_\_\_\_ No

55. Is G.E.D. through the military? \_\_\_\_\_ Yes \_\_\_\_\_ No

56. Is G.E.D. sanctioned by a State Board of Education? \_\_\_\_\_ Yes \_\_\_\_\_ No

57. While in school were you ever suspended, expelled, or otherwise disciplined? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes" list details on page 15 or on a separate sheet of paper.

**58. HIGHER EDUCATION:**

Years From/To	College Name, Street Name, City, State and Zip Code	Major Field Of Study	Degree/Certificate Number of Hours

59. List honors, awards, scholarships, etc: \_\_\_\_\_  
 \_\_\_\_\_

60. Extracurricular activities: \_\_\_\_\_  
 \_\_\_\_\_

61. Foreign language spoken: \_\_\_\_\_  
 Foreign language read: \_\_\_\_\_  
 Foreign language written: \_\_\_\_\_

62. **RESIDENCE:** \_\_\_\_\_ Own/Buying \_\_\_\_\_ Renting \_\_\_\_\_ Leasing  
 \_\_\_\_\_ Living with relatives/friends \_\_\_\_\_ Other

**63. VEHICLES AND VEHICLE INSURANCE:**

Year, make, body style, license number of vehicle owned by you:

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

Name of insured: \_\_\_\_\_

Name and address of insurance company or local agency: \_\_\_\_\_  
 \_\_\_\_\_

Policy Number: \_\_\_\_\_

**FINANCIAL HISTORY:**

64. Have you ever been a party to a court action? \_\_\_\_ Yes \_\_\_\_ No
65. Have you ever been declared delinquent in child support payments per court order? \_\_\_\_ Yes \_\_\_\_ No
66. Have you ever been declined an automobile insurance policy? \_\_\_\_ Yes \_\_\_\_ No
67. Have you ever had an automobile insurance policy cancelled? \_\_\_\_ Yes \_\_\_\_ No
68. Have you ever had any other insurance policy cancelled? \_\_\_\_ Yes \_\_\_\_ No
69. Have you ever been bonded? \_\_\_\_ Yes \_\_\_\_ No
70. If employed by this Department, do you anticipate any income other than your salary. \_\_\_\_ Yes \_\_\_\_ No  
If "Yes" list the source: \_\_\_\_\_

**CRIMINAL AND JUVENILE RECORD:**

71. Have you ever been reported as a missing person? \_\_\_\_ Yes \_\_\_\_ No

**MOTOR VEHICLE OPERATING RECORD:**

72. Can you operate a motor vehicle? \_\_\_\_ Yes \_\_\_\_ No
73. Do you possess a valid driver's license? \_\_\_\_ Yes \_\_\_\_ No
74. Drivers license: \_\_\_\_ Operator \_\_\_\_ Chauffeur \_\_\_\_ Other
75. State of issue: \_\_\_\_\_
76. Has your driver's license ever been suspended or revoked? \_\_\_\_ Yes \_\_\_\_ No

If "Yes" indicate on page 15 or on another sheet of paper (1) the date, (2) Location, (3) Charge(s), (4) Injuries, (5) Final disposition of any police charges or civil liability.

77. Have you ever been refused a drivers license by any state? \_\_\_\_ Yes \_\_\_\_ No

If "Yes", state the reason(s) for the refusal: \_\_\_\_\_  
\_\_\_\_\_

78. Have you ever received a traffic citation other than parking? \_\_\_\_ Yes \_\_\_\_ No

If "Yes" indicate on page 15: (1) The city, county, and state, (2) Name(s) of agency issuing the citation(s), (3) Date, (4) Charges, and (5) Final Disposition.

79. Do you have any unpaid summonses outstanding against you for any parking violations? \_\_\_\_ Yes \_\_\_\_ No

If "Yes" how many and where? \_\_\_\_\_

**REFERENCES:**

80. Fill in the names of persons, **not related to you and not former employers**, who have known you for at least five (5) years. All persons that you list may be asked to appraise your character, ability, experience, personality, and other qualities.

Name: \_\_\_\_\_

Street address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_

Street address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_

Street address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_

Street address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Years Known: \_\_\_\_\_

Note: Please make sure to list complete address information including Zip Code.

**PERSONAL REFERENCES:**

81. Names listed should be those persons who have seen you frequently during the past year.

Name: \_\_\_\_\_

Street address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_

Street address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_

Street address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_

Street address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Years Known: \_\_\_\_\_

*Note: Please make sure to list complete address information including Zip Code.*

**LOYALTY:**

82. Have you ever, by word of mouth or in writing, advocated, advised, or taught the doctrine that the government of the Unites States of America, or any political subdivision thereof, should be overthrown by force, violence, or any unlawful means? \_\_\_\_ Yes \_\_\_\_ No

**POLYGRAPH EXAMINATION:**

83. Are you willing to take a polygraph examination to verify all information supplied in this application and all other information supplied by you to this Department? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
*Applicant's signature*

If "No", state your reason(s) \_\_\_\_\_  
\_\_\_\_\_

**TRAINING STATUTE:**

Be it enacted by the Legislature of the State of Florida: Section 1. Section 943-16, Florida Statutes, is amended to read:

*943-16: Payment of tuition by employing agency.*

(1) An employing agency is authorized to pay any costs of tuition of a trainee in attendance at an approved basic recruit training program.

(2) A trainee who attends such approved training program at the expense of any employing agency must remain in the employment of such employing agency for a period of not less than two (2) years. If his/her employment or appointment is terminated on his own initiative within two (2) years, he shall reimburse the employing agency for the cost of his participation; and such employing agency may institute a civil action to collect such cost if it is not reimbursed.

I, \_\_\_\_\_, have read and agree to the contents of the aforementioned Statute.

\_\_\_\_\_  
*Applicant's signature*



BACKGROUND SUITABILITY QUESTIONNAIRE  
Law Enforcement Agency Applicants  
Sworn, Non-Sworn, & Volunteers

**INSTRUCTIONS**

We would like you to read the following instructions **very carefully** before you start answering the questions. We would like you to realize that:

1. Every **answer and word** is important and each one might be checked on later.
2. This is **not a draft** and you only have one chance to write down the answers. So, before you write we would like you to think as to how you are going to phrase your answers.
3. Please write your explanations as **detailed** as you can to enable us to understand your case.
4. Use **only** pen while writing (no pencils). **No typing is allowed.**
5. Write in clear handwriting in order to enable reading.
6. You are **not** to make any changes to your explanations on the questionnaire. If you feel that you would like to change your answers, please do it in the space provided for that purpose, or put the mistaken sentence within parentheses and continue on. Your corrections will be taken into consideration.

**ANSWER THE FOLLOWING QUESTIONS. THERE ARE LINED BLANK PAGES IN THE PACKET TO PROVIDE EXPLANATIONS. WHEN WRITING A EXPLANATION WRITE THE QUESTION NUMBER YOU ARE REFERRING TO.**

1. You will be asked "Have you committed a serious crime?" This included but is not limited to the following crimes.

3. Crimes Against Persons: Have you ever committed, planned, covered-up, or participated in any of the following:

	<u>YES</u>	<u>NO</u>
2.1 Murder	_____	_____
2.2 Manslaughter	_____	_____
2.3 Assault/battery	_____	_____
2.4 Malicious wounding of another	_____	_____
2.5 Rape/Sexual Battery	_____	_____
2.6 Sexual exposure	_____	_____
2.7 Robbery (Hold-ups/Muggings)	_____	_____
2.8 Kidnapping/False Imprisonment	_____	_____
2.9 Any crime that caused death or injury to someone	_____	_____

4. Crimes Against Children: Have you ever committed, planned, covered-up, or participated in any of the following:

	<u>YES</u>	<u>NO</u>
3.1 Sexual abuse of a child	_____	_____
3.2 Physical abuse of a child	_____	_____
3.3 Sex with a minor while you were an adult	_____	_____
3.4 The production, sale, or distribution of child porn	_____	_____

5. Crimes Against Property: Have you ever committed, planned, covered-up, or participated in any of the following:

	<u>YES</u>	<u>NO</u>
4.1 Arson	_____	_____
4.2 Burglary of a residence (includes open garage)	_____	_____
4.3 Burglary of a business/warehouse	_____	_____
4.4 Burglary of an apartment, condominium, etc	_____	_____
4.5 Burglary of a motor vehicle	_____	_____
4.6 Burglary of a tractor-trailer	_____	_____
4.7 Burglary of a shed	_____	_____
4.8 Motor Vehicle Theft (Includes Joyriding)	_____	_____
4.9 Thefts from construction Sites	_____	_____
4.10 Thefts of copper wiring or other precious metals	_____	_____
4.11 Theft of vehicle parts	_____	_____
4.12 Theft of livestock	_____	_____
4.13 Theft of gasoline (Drive-offs)	_____	_____
4.14 Thefts of cable or utility services	_____	_____
4.15 Vandalism/Criminal Mischief	_____	_____
4.16 Shooting or throwing objects at moving vehicles	_____	_____

5. Fraud and White Collar Crimes: Have you ever committed, planned, covered-up, or participated in any of the following:

	<u>YES</u>	<u>NO</u>
5.1 Embezzlement	_____	_____
5.2 Credit Card Fraud	_____	_____
5.3 Forgery (Checks, Credit Card Receipts, Official Documents)	_____	_____

- 5.4 Writing Worthless Checks, (Bad, Bounced, Closed Accounts) \_\_\_\_\_
- 5.5 Making or using false/altered identifications \_\_\_\_\_
- 5.6 Production or distribution of counterfeit currency \_\_\_\_\_
- 5.7 Altering currency (i.e. changing five to fifty) \_\_\_\_\_
- 5.8 Receiving/Buying stolen property \_\_\_\_\_
- 5.9 Blackmail or Extortion \_\_\_\_\_
- 5.10 Mail fraud \_\_\_\_\_
- 5.11 Perjury in a court proceeding \_\_\_\_\_
- 5.12 Impersonation of a law enforcement officer \_\_\_\_\_
- 5.13 Computer fraud/hacking/virus introduction \_\_\_\_\_
- 5.14 Bank frauds \_\_\_\_\_
- 5.15 Theft of government funds or property \_\_\_\_\_
- 5.16 Insurance frauds \_\_\_\_\_

6. Vice and Miscellaneous Crimes: Have you ever committed, planned, covered-up, or participated in any of the following:

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 6.1 Trafficking, distribution, or selling any illegal drugs   | _____      | _____     |
| 6.2 Prostitution of yourself or others or paying for sex  | _____      | _____     |
| 6.3 Sexual contact with animals   | _____      | _____     |
| 6.4 Abuse of animals (Includes attending dog/chicken fights)  | _____      | _____     |
| 6.5 Shoplifting (Includes changing price tags)  | _____      | _____     |
| 6.6 Hiding cameras to record people in the state of undress   | _____      | _____     |
| 6.7 Recording sexual activity without your partners consent   | _____      | _____     |
| 6.8 Posting nude or explicit photos to a website or sending via email   | _____      | _____     |
| 6.9 Possessing or downloading child pornography   | _____      | _____     |
| 6.10 Producing, filming, appearing in, distributing either child or adult pornography   | _____      | _____     |
| 6.11 Making bombs or explosive devices or detonating any  | _____      | _____     |
| 6.12 Weapons violations (carrying concealed firearm without a license, removing serial numbers, cutting down barrels)                                 | _____      | _____     |
| 6.13 Vehicular hit & run accidents, (including parking lots)  | _____      | _____     |
| 6.14 Any other acts or conspiracies, or solicitations for which you could be punished for by imprisonment, whether you were criminally charged or not | _____      | _____     |

7. Drug use and sales: Have you ever been involved with illegal drugs or narcotics? This question covers any personal involvement, however light with any illegal drug or abuse of prescription drugs. It also covers the sale, purchase, delivery, or possession of any illegal substance.

Substance	Yes	No	How many times	Last time
7.1 Marijuana (Weed-Pot-Thai Sticks-THC)				
7.2 Speed/Amphetamines				
7.3 Barbiturates (Downers)				
7.4 Hashish/Has oil				
7.5 Oxycodone (Oxy, Oxycotton, Hillbilly Heroin)				
7.6 Quaaludes ( Ludes)				
7.7 LSD/Acid				
7.8 Meth (Ice)				
7.9 Crank				
7.10 PCP (Angel Dust)				
7.11 Cocaine - Powder				
7.12 Cocaine - Crack				

Substance (cont'd)	Yes	No	How many times	Last time
7.14 Magic Mushrooms (Tea)				
7.15 Amilnitrates/Rush				
7.16 Ecstasy ( MDMA-X-XTC)				
7.17 Roofies				
7.18 GHB				
7.19 Mescaline/Peyote				
7.20 Ketamin (Special K – Jet- Super Acid)				
7.21 Steroids ( Illegal use)				
7.22 Inhalants ( Airplane Glue, Gasoline, Rush, Whippets Dusters, or other aerosol cans)				
7.23 using other prescription drugs				
<b>Answer below questions Yes or No Provide explanation on narrative pages</b>				
7.24 Selling any drug to include marijuana				
7.25 Setting up a drug transaction				
7.26 Being a drug courier (Transporting)				
7.27 Being a lookout on a drug deal				
7.28 Packaging drugs for re-sale				
7.29 Smuggling drugs				

8. Intentionally falsifying or omitting background information: “Are you intentionally falsifying or omitting any information on your application forms?”

	<u>Yes</u>	<u>No</u>
8.1 Left off jobs	_____	_____
8.2 Employment terminations (being fired)	_____	_____
8.3 Financial issues	_____	_____
8.4 Arrests (Adult or juvenile to include Notice to Appear)	_____	_____
8.5 Driving record	_____	_____
8.6 Past home addresses	_____	_____
8.7 Education record	_____	_____
8.8 Marriages/Divorces	_____	_____
8.9 Being listed as a suspect in a police report	_____	_____
8.10 Information about tattoos/intentional markings	_____	_____
8.11 Current or past association with gangs	_____	_____
8.12 Current or past associations with domestic or foreign terrorist groups or individuals	_____	_____
8.13 Current or past association with militia or subversive groups	_____	_____
8.14 Current or past association groups which advocate the overthrow of the government	_____	_____
8.15 Association with convicted felons or active criminals	_____	_____

**THE FOLLOWING SECTION IS ONLY FOR CURRENT OR FORMER PUBLIC SAFETY PERSONNEL**  
(Law enforcement officers, investigators, corrections officers, probation/parole officers both adult & juvenile, fire/rescue personnel to include volunteers, public safety aids, crime scene personnel, communications personnel etc.)

9. Job misconduct: While employed in any area of public safety, did you ever do anything for which you could have been fired?

	<u>Yes</u>	<u>No</u>
9.1 Drinking alcohol on duty (unauthorized)	_____	_____
9.2 Falsifying official reports (includes probable cause statements)	_____	_____
9.3 Committing perjury (Court or Depositions)	_____	_____

9.4	Theft (Evidence, suspect's property, from crime scene, drugs etc.)	_____	_____
9.5	Soliciting or accepting bribes	_____	_____
9.6	Soliciting or accepting sexual favors in exchange for leniency	_____	_____
9.7	On-duty sex acts with co-workers, prisoners etc.	_____	_____
9.8	Planting evidence	_____	_____
9.9	Intentional misuse of confidential information	_____	_____
9.10	Unauthorized use of force (Brutality/Torture)	_____	_____
9.11	Lying during an internal investigation (covering up)	_____	_____
9.12	Tipping of criminals	_____	_____

**USE THE FOLLOWING ATTACHED PAGES TO EXPLAIN ANY OF YOUR "YES" ANSWERS.**

**PLEASE LIST THE QUESTION NUMBER PRIOR TO THE EXPLANATION.**

**AFTER THE BLANK PAGES THERE ARE TWO OTHER PAGES TO COMPLETE.**





**Please write several paragraphs (not more than one page) telling us why you should be considered for the position you have applied for.**



**WINTER HAVEN POLICE DEPARTMENT**

**APPLICANT STATEMENT**

I, \_\_\_\_\_, affirm that this application contains no misrepresentations or falsifications, omissions, or concealment of material fact, and that information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me in this application are subject to later investigation. I am further aware that should any investigation disclose any misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and my name removed from the eligibility lists. If already appointed, I may be dismissed.

\_\_\_\_\_  
Signature of Applicant

State of Florida

City/County of \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary



Florida Department of Law Enforcement

**AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)**

Incorporated by Reference in Rule 11B-27.0022(2)(b), 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:** \_\_\_\_\_

**EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION:** \_\_\_\_\_

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. 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 is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, 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 photocopy 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 photocopies from my military personnel and related medical records, including a photocopy 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**

**AFFIDAVIT**

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_ The forgoing instrument was acknowledged before me this date \_\_\_\_\_

By: \_\_\_\_\_ who is personally known \_\_\_\_\_

or who has produced identification. Type of identification: \_\_\_\_\_

\_\_\_\_\_  
**Notary's Signature** \_\_\_\_\_  
**Print, type, or stamp Commissioned Name of Notary**

**Notary Seal:** \_\_\_\_\_ Upon witnessing the agency administrator or designee's signing of this affidavit, the notary public shall complete the notary block.