

PERSONAL DATA

Last Name	First Name	Middle Name	Social Security #	
Address	City	County	State	Zip Code
Date of Birth	Home Phone Number	Other Phone Number	Email Address	
Place of Birth	City	County	State	Country (if not in the United States)

List all other names you have used including circumstances and time periods you used them. Include maiden name, nicknames, alias(es), former names, etc.

Name	Circumstances	Date From (Mo/Yr)	Date To (Mo/Yr)

Have you submitted an application for employment with the Gulf Breeze Police Department within the past two years? Yes No If yes, for what position did you apply? _____

Have you ever been employed with the Gulf Breeze Police Department before? Yes No

If yes, what position did you hold? _____

Are you a United States Citizen? Yes No

If not, can you show proof of eligibility to work in the United States? Yes No

Are you prevented from becoming lawfully employed in this country because of Visa or Immigration status? Yes No

If naturalized, please provide: _____
Date Place Court Naturalization No.

Are you now able to participate with or without accommodation in defensive tactics, firearms, or physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description or task analysis related to the position for which you have applied? Yes No

This position may require a physical agility test. If such a test or examination is required, would you be able to take this test or examination with or without an accommodation? Yes No

If you would need a physical accommodation, indicate what accommodation you would require for this job.

FAMILY MEMBERS / RELATIVES

Please list below any relatives who are currently working for the Gulf Breeze Police Department.

Name	Position	Relationship

EDUCATION / TRAINING

High School / College / University and Location	Date Attended From	Date Attended To	Credit Hours Earned	Did You Graduate?	Type of Diploma

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

Major _____ Minor _____

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

School and Location	Date Attended From	Date Attended To	Credit Hours Earned	Did You Graduate?	Type of Certificate Earned

Are you fluent in any foreign language? Yes No If yes, in what language? _____

If yes, are you able to speak? Yes No; Read? Yes No; Write? Yes No

Indicate any special skills you possess and equipment you can use which may be related to the position for which you are applying. (For example: K-9, two-way radio communications, breath test operator, speed detection, word processing and computer skills, types of software you are proficient in using, etc.)

Indicate the approximate number of correct words per minute: Typing _____ Shorthand _____

Indicate any type of special licenses you possess (example: pilot, radio operator, etc.) and indicate the licensing authority, where the license was first issued, and date the current license expires (except vehicle operator's license):

EMPLOYMENT HISTORY

May we contact present or previous employers? Yes No

List chronologically all employment for the past ten years beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. Please indicate periods of unemployment.

Current Employer		
Address		
City, State, Zip		
Area Code and Phone No		
Beginning Date	Ending Date	Salary
Title or Position		<input type="checkbox"/> FT <input type="checkbox"/> PT
Average Hours Per Week		
Name of Supervisor		
Reason for Leaving		
Brief Description of Duties		

Name of Employer		
Address		
City, State, Zip		
Area Code and Phone No		
Beginning Date	Ending Date	Salary
Title or Position		<input type="checkbox"/> FT <input type="checkbox"/> PT
Average Hours Per Week		
Name of Supervisor		
Reason for Leaving		
Brief Description of Duties		

Name of Employer		
Address		
City, State, Zip		
Area Code and Phone No		
Beginning Date	Ending Date	Salary
Title or Position		<input type="checkbox"/> FT <input type="checkbox"/> PT
Average Hours Per Week		
Name of Supervisor		
Reason for Leaving		
Brief Description of Duties		

Name of Employer		
Address		
City, State, Zip		
Area Code and Phone No		
Beginning Date	Ending Date	Salary
Title or Position		<input type="checkbox"/> FT <input type="checkbox"/> PT
Average Hours Per Week		
Name of Supervisor		
Reason for Leaving		
Brief Description of Duties		

Name of Employer		
Address		
City, State, Zip		
Area Code and Phone No		
Beginning Date	Ending Date	Salary
Title or Position		<input type="checkbox"/> FT <input type="checkbox"/> PT
Average Hours Per Week		
Name of Supervisor		
Reason for Leaving		
Brief Description of Duties		

Name of Employer			
Address			
City, State, Zip			
Area Code and Phone No			
Beginning Date	Ending Date	Salary	
Title or Position		<input type="checkbox"/> FT <input type="checkbox"/> PT	
Average Hours Per Week			
Name of Supervisor			
Reason for Leaving			
Brief Description of Duties			

Have you ever been dismissed, asked to resign, or had any disciplinary action taken against you by any employer? Yes No

If yes, provide details. _____

Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No

If yes provide details: _____

Have you ever performed any paid or unpaid services for a law enforcement agency not listed as a previous employer? Yes No

If yes provide details: _____

RESIDENCES

List your actual places of residences for the past ten years chronologically, including residences while at school and in the military. For college on-campus residences indicate 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, State and Zip.

Dates (Mo/Yr)		Street Address (Include Apt. No. or P. O. Box No.)	City	County	State
From	To				

MILITARY HISTORY

Have you ever served active duty in the Armed Forces of the United States? Yes No

Branch of Service: _____ Highest Rank: _____

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

Date and Type of discharge: _____ Serial No.: _____

Was any type of disciplinary action taken against you in the service? Yes No

If yes, please provide the following information:

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

Have you ever served in the Armed Forces of a foreign country? Yes No

If yes, specify countries and dates: _____

CREDIT DATA

Are you indebted to anyone? Yes No

List any debt where payment is **past due**, regardless of amount. _____

Have you, your spouse, or a company controlled by you filed for bankruptcy? Yes No

Have you, your spouse, or a company controlled by you declared bankruptcy? Yes No

Have you, your spouse, or a company controlled by you had a legal judgment rendered against you for a debt? Yes No

If yes to any of these questions, provide details: _____

PERSONAL REFERENCES

Provide three personal references (not relatives, former or present employers, fellow employees, or school personal references) who are responsible adults of reputable standing in their communities, such as property owners or business professionals who have known you well for the past five years. If the individual is retired, please give former occupation.

Full Name	Years Acquainted	Occupation
Home Address		
City, State and Zip		
Home Telephone		
Business Address		
City, State and Zip		
Business Telephone		

Full Name	Years Acquainted	Occupation
Home Address		
City, State and Zip		
Home Telephone		
Business Address		
City, State and Zip		
Business Telephone		

Full Name	Years Acquainted	Occupation
Home Address		
City, State and Zip		
Home Telephone		
Business Address		
City, State and Zip		
Business Telephone		

SOCIAL AQUAINTENCES

Provide three (3) social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years.

Full Name	Years Acquainted	Occupation
Home Address		
City, State and Zip		
Home Telephone		
Business Address		
City, State and Zip		
Business Telephone		

Full Name	Years Acquainted	Occupation
Home Address		
City, State and Zip		
Home Telephone		
Business Address		
City, State and Zip		
Business Telephone		

Full Name	Years Acquainted	Occupation
Home Address		
City, State and Zip		
Home Telephone		
Business Address		
City, State and Zip		
Business Telephone		

ARREST HISTORY / COURT DATA

False statements or incomplete information may result in your application not receiving further consideration. All information provided will be verified by this agency.

Have you ever received a ticket or been charged with a traffic violation (excluding parking tickets)?

Yes No If yes, provide details below:

Date	City, State and Zip	Charge	Disposition

Have you ever been charged, arrested, or received a notice to appear for any **criminal violation**?

Yes No Have you ever been charged, arrested, or convicted for any act that would constitute Domestic Violence? Yes No

If yes to either question, provide details below. List all such matters even if you were not formally charged, or had a court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. Include juvenile records and records of your arrest(s) which have been sealed, or expunged, if any.

Date	City, State and Zip	Charge	Disposition

Have you or your spouse ever been a plaintiff or defendant in a court action? Yes No

If yes, provide dates and details: _____

Have you ever been detained by law enforcement for investigative purposes or to your knowledge have you ever been the subject of or a **suspect** in any criminal investigation? Yes No

If yes, provide dates and details: _____

Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No

If yes, provide details: _____

CONTROLLED SUBSTANCE USE HISTORY

False statements or incomplete information may result in no further consideration of your application. Information provided will be verified by this agency.

Do you now, or have you ever used, possessed, supplied, or sold any narcotic, controlled substances, and/or illegal drugs such as, but not limited to marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroids, or any drug of a similar nature? Yes No

If yes, please complete the following:

Drug	Date (Mo/Yr) First Time	Date (Mo/Yr) Last Time	No. Times Used	No. Times Possessed	No. Times Supplied	No. Times Sold
Marijuana						
Hashish						
Cocaine						
LSD						
Ecstasy						
Amphetamines						
Steroids						
Heroin						
Other						

Have you used any tobacco products within the last six months? Yes No

If yes, please provide details: _____

DRIVING HISTORY

Are you a Florida automobile operator or chauffeur? Yes No License No.: _____

Date of Expiration: _____ Restrictions: _____

Do you hold or have you held an operator or chauffeur license in another state? Yes No

If yes, provide state(s), name used, and approximate dates license(s) was/were held. _____

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?

Yes No If yes, provide complete details including why license was revoked. _____

ORGANIZATION MEMBERSHIP

Are you now, or have you ever been, a member of any foreign or domestic organization, association, or movement group which adopts or maintains a policy of advocating 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, provide details: _____

Have you ever made a financial or other material contribution to any organization of the type described in the question above? Yes No

If yes, provide details: _____

If you answered yes to either of the previous two questions please complete the remainder of this section.

At the time of your membership, participation, or contribution did you know of any unlawful aims of the organization? Yes No

If yes, provide details: _____

Did you intend to promote any unlawful aims of the organization? Yes No

If yes, provide details: _____

BUSINESS INTERESTS AND LICENSES

Are you now issued or have you ever been issued a license to engage in a business or a profession?
 Yes No If yes, provide details including the type of license or certificate, the agency that issued the license, the effective date of the license, and the license number.

Has the license mentioned above ever been canceled, suspended, or revoked? Yes No

If yes, provide details: _____

Do you or have you ever owned any stock or interest in any firm, partnership, or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? Yes No

If yes, provide details including the type of license or certificate, the agency that issued the license, effective date of the license, and license number.

Was license ever canceled, suspended, or revoked? Yes No

If yes, provide details including the type of license or certificate, the agency that issued the license, effective date of the license, and license number.

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

If yes, provide name and address of business, corporation, or organization and describe your relationship or position.

Does this business or organization conduct business with the Gulf Breeze Police Department?

Yes No

If yes, provide name and address of business, corporation, or organization and describe your relationship or position.

APPLICANT'S CERTIFICATION

I understand that my appointment or 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 Gulf Breeze Police Department.** I agree to these conditions and certify that all statements made by me on this application are true, accurate, 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 Gulf Breeze Police Department and that both this application and the information received in response to the background investigation are public record.

I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug screening and that I may be required to take random drug screenings during the term of my employment or appointment with the Gulf Breeze Police Department.

I understand that the use of alcohol is not permitted during work or duty time, whether paid or unpaid, in the areas where work is performed, including vehicles. Further, I understand that the use of illegal drugs is not permitted at any time.

I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment. I also understand the importance of personal physical fitness, to the degree necessary to satisfactorily perform the duties of my position or assignment with the Gulf Breeze Police Department, is a determining factor of continued employment.

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

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

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

Signature of Applicant

Date

Witness

Date

