

INSTRUCTIONS FOR COMPLETING APPLICATION

Please complete all portions of this application fully and accurately, or your processing may be delayed or stopped. If an item does not apply to you, write in the letters "N/A" for "not applicable." The application must be completed by the candidate only and must be notarized as indicated. As part of the processing for a volunteer position with the Eatonville Police Department, a criminal history check will be conducted, and misrepresentation of any information given is sufficient cause for rejection or dismissal. The background investigation and truth verification examination will verify all information provided.

(1) APPLICANT CHECKLIST

Along with your application, please submit copies of any of the documents listed below which apply to you.

- Drivers License/Identification Card
- Birth Certificate
- Social Security Card
- Proof of legal name change, if applicable. (Marriage Certificate, Dissolution of Marriage Certificate, etc.)

(2) PERSONAL INFORMATION

1. Date of Birth: ____/____/____ Sex: _____ Race: _____ *(for statistical, affirmative action, & criminal history use.)*
2. List all other names you have used, including maiden names & nicknames. _____

3. Are you a U.S. citizen? Yes No
If not, are you a naturalized citizen? If so, certification number: _____
4. Have you ever worked for or applied to the Eatonville Police Department before? Yes No
If yes, state position applied for: _____ Date: _____
5. Is there any language (other than English) you can read, write, and/or speak fluently? Yes No

QUALIFICATIONS: List any skills you have that would help you in this position (i.e., computer, driving, clerical, etc)

(3) EMPLOYMENT HISTORY

Describe below all employment you have held during the past 5 years, even if the company is closed. Also, include self-employment, military, part-time, temporary, and volunteer work. If you were employed under a different name with any employer, indicate below. (If necessary, please use a separate sheet of paper.)

May we contact your present employer? Yes No

(If you state "no" and any job offers are made, we must contact your current employer at that time.)

EMPLOYER: _____	DATES OF EMPLOYMENT: _____
COMPLETE ADDRESS: _____	PHONE #: _____
SUPERVISOR: _____	PHONE #: _____
POSITION HELD: _____	TYPE OF BUSINESS: _____
REASON FOR LEAVING: _____	

EMPLOYER: _____	DATES OF EMPLOYMENT: _____
COMPLETE ADDRESS: _____	PHONE #: _____
SUPERVISOR: _____	PHONE #: _____
POSITION HELD: _____	TYPE OF BUSINESS: _____
REASON FOR LEAVING: _____	

EMPLOYER: _____	DATES OF EMPLOYMENT: _____
COMPLETE ADDRESS: _____	PHONE #: _____
SUPERVISOR: _____	PHONE #: _____
POSITION HELD: _____	TYPE OF BUSINESS: _____
REASON FOR LEAVING: _____	

(4) RESIDENTS

List chronologically all of your residencies for the past 5 years, beginning with the most recent.

Dates (Month/Year)		Street Address	City	County	State
From	To				

(5) REFERENCES

List three personal references you have known for at least 5 years. Do not list relatives or neighbors (re: chaplain, pastor, former employer, friends).

NAME: _____	RELATIONSHIP: _____
COMPLETE ADDRESS: _____	

HOME PHONE: _____	WORK PHONE: _____

NAME: _____	RELATIONSHIP: _____
COMPLETE ADDRESS: _____	

HOME PHONE: _____	WORK PHONE: _____

NAME: _____	RELATIONSHIP: _____
COMPLETE ADDRESS: _____	

HOME PHONE: _____	WORK PHONE: _____

(6) LANDLORD

If you currently reside in an apartment or rental home, list landlord below:

NAME: _____
COMPLETE ADDRESS: _____

(7) DRIVING HISTORY

Please provide the following information.

DRIVER'S LICENSE TYPE: _____ D.L. NUMBER: _____ STATE: _____

HAVE YOU EVER HAD A DRIVER'S LICENSE SUSPENDED OR REVOKED? YES NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER RECEIVED A TRAFFIC CITATION, OTHER THAN PARKING? YES NO

IF YES, PLEASE COMPLETE SECTION BELOW:

City/County/State	Issuing Agency	Date	Charge	Disposition

(8) CRIMINAL HISTORY

NOTE: Because you are applying to a law enforcement agency, you must include information about any arrest, conviction, or other criminal activity, even if the records are sealed or expunged. If you answer "yes" to any of the following, please give details.

1. Yes No Have you ever been arrested, charged, or convicted of any felony and/or misdemeanor? (city, state, year, charge, outcome) _____
2. Yes No Are you presently under any criminal investigation?

3. Yes No Have you ever been involved in any criminal activity?

4. Yes No Have you ever used illegal drugs? (If yes, specify type and last time used.)

5. Yes No Have you ever been involved in the sale or cultivation of illegal drugs?

6. Yes No Have you ever taken anything from an employer without proper permission?

7. Yes No Have you ever been (or known anyone who has been) associated with any organization, past or present, that would place the integrity of the Eatonville Police Department in question? (e.g., KKK, Nazi organization, gang member, organized crime?)

8. Yes No Do you now or have you ever had regular associations with persons whom you knew, or should have known, were under criminal investigation or indictment, or who have a reputation in the community or with law enforcement agencies for involvement in criminal behavior?

9. Yes No Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the job or which might require further explanation?

This area for office use only.

TELETYPE INFORMATION

FCIC	Negative <input type="checkbox"/>	10-27 <input type="checkbox"/>	Checked by: _____
NCIC	Negative <input type="checkbox"/>	10-27 <input type="checkbox"/>	Checked by: _____
Local/Civil	Negative <input type="checkbox"/>	10-27 <input type="checkbox"/>	Checked by: _____
Local	Negative <input type="checkbox"/>	10-27 <input type="checkbox"/>	Checked by: _____
History	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Checked by: _____
Driver's License Valid	<input type="checkbox"/>	Not Valid <input type="checkbox"/>	Checked by: _____
Driver's License Type:	_____	Expiration: _____	Checked by: _____

Teletype Operator: Attached only 10-27 and criminal history information. Please return to Human Resource Dept.

(9) UNITED STATES MILITARY RECORD

Have you ever been a member of the United States Armed Forces? Yes No

Have you ever been disciplined or received an Article 15 while in the military? (List each discipline, dates and outcome.)

(10) RELEASE OF INFORMATION

Please read and sign in the presence of the Notary.

Applicant: Please read carefully before signing this form. If you have questions regarding the following statement or any questions contained in this application, please contact the Eatonville Police Department before signing.

I respectfully request and authorize you to furnish the Eatonville Police Department any and all information that you may have concerning my work record, school record, medical record, reputation, personal background, civil/criminal records, driver's license information/driving history, and financial and credit status. Please include any and all reports including all information of a confidential or privileged nature, and copies of same, if requested. This information is to be used to assist in determining my qualifications and suitability for the position I am seeking with the Eatonville Police Department. I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Eatonville Police Department. This release will expire two (2) years from the date signed.

Name: _____ Social Security #: _____

Signature: _____

Applicant will sign in ink on this line in the presence of a Notary Public.

NOTARY

Before me, personally appeared _____, who says that they have executed this authorization of their own free will and with full knowledge of its purpose.

Sworn to and subscribed before me, this _____ day of _____, 200_____

(Notary Public)

My commission expires: _____

- Personally Known
 Produced Identification

Type of ID: _____

(11) POLICIES

Please read and sign.

POLICY STATEMENT: It is the policy of the Eatonville Police Department to recruit qualified individuals who will make the best candidate from all segments of the work force. In pursuing this goal, a background investigation of each candidate is conducted with respect to factors that may have a bearing upon the applicant's job performance or which measure job capability. It is impossible to state all relevant and material factors necessary for a complete background investigation. In each case, the agency will consider whether the candidate's background makes him/her the best suited candidate. The circumstances underlying any negative findings will be considered as they relate to the candidate's ability to perform the particular job for which he/she is applying.

FELONY/MISDEMEANOR CONVICTIONS: Any individual convicted of a felony shall be precluded for hire to the Eatonville Police Department. A felony is defined by Florida law as any offense for which a person may receive one year of confinement in a state or federal institution. Additionally, any misdemeanor crime shall be a preclusion if it involved moral character, false statement, or perjury.

With respect to all other criminal convictions which are not felons, in each case the agency will consider whether the prior criminal conviction or military offense conviction will have a bearing on the applicant's qualifications or suitability for the job for which he/she is applying. The date and nature of the offense, the requirements of the position sought, as well as other qualifications, will be evaluated.

PUBLIC RECORDS: During the selection and placement process, it will be necessary to inform the appropriate persons participating in the selection and placement process, it will be necessary to inform the appropriate persons participating in the selection process of your record. Pursuant to Florida Statute 119, the Public Records Act, documents made or received by the Eatonville Police Department in the course of processing the application may be public record and open for inspection by the public. Some records, such as examination questions and answers and medical documentation are not public records and may not be disclosed. Medical documentation may only be released with the written consent of the applicant.

REAPPLICATION: The Eatonville Police Department allowed for reapplication, retesting, and reevaluation of candidates not selected. **THIS DOES NOT INCLUDE CANDIDATES WHOSE HISTORY INDICATES AN UNFITNESS FOR DUTY; CANDIDATES WHO WERE UNTRUTHFUL DURING THE INITIAL APPLICATION PROCESS; CANDIDATES WHO WERE NOT SELECTED DUE TO NOT FULFILLING STATE MANDATED REQUIREMENTS.** Applicants must wait one year, provided that a vacancy exists at that time, and must go through the entire testing/evaluation process with each reapplication. Your application will remain on file for a period of one year from the application date if you are not selected prior to this time.

I have read and understand the above policies.

Signature: _____

Date: _____



Personnel Information Record

Please use pen and print legibly.

ADMINISTER WORKFORCE – USE – PERSONNEL DATA – PANEL 1

NAME (last, first, middle):

FORMER/MAIDEN NAME:

SOCIAL SECURITY #: / /		DATE OF EMPLOYMENT:	
EYE COLOR:	Hair Color:	Height:	Weight:
Blood Type:		Employee ID #:	
Home Address:			
City:	County:	State	Zip: Home Phone:
Home/Mailing Address:			
City:	County:	State:	Zip: Home; Phone:
Business Phone:	Cell Phone:	Fax:	

ADMINISTER WORKFORCE – USE – PERSONNEL DATA – PANEL 2

Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Marital Status: Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
Marital Status Date: / /		Spouse SS#: / /			

SPOUSE INFORMATION

Spouse Name:	
Spouse Employer Name:	Work Number:
Spouse Health Insurance Co:	Policy #:

EMPLOYEE INFORMATION CONTINUED

Education Level: <input type="checkbox"/> Master's	Major: _____
<input type="checkbox"/> Bachelor's	Major: _____
<input type="checkbox"/> Associate's	Major: _____
<input type="checkbox"/> College Credits	Type: _____
<input type="checkbox"/> Technical	
<input type="checkbox"/> High School	
<input type="checkbox"/> GED or Equivalent	
Currently a Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYEE INFORMATION CONTINUED

Date of Birth:	Birth Country:	Birth City/State::
Preferred Language:	Official Language:	
Citizenship Status: <input type="checkbox"/> Native <input type="checkbox"/> Alien Perm <input type="checkbox"/> Alien Temp <input type="checkbox"/> Naturalized	Ethnic Group: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other: _____	

MILITARY STATUS –

Branch of Service: _____ Date of Discharge: _____/_____/_____

- Active Reserve
- Inactive Reserve
- No Military Service

- Retired Vet
- Vietnam Vet
- Other Vet
- Disabled Vet

Date Entitled to Medicare: _____/_____/_____ (if known)

ADMINISTER WORKFORCE – USE- EMERGENCY CONTACT			
EMERGENCY CONTACT #1 Name: (last, first, middle)		Relationship:	
Emergency Contact Address:			
City:	County:	State:	Zip:
Home Phone:		Work Phone:	
Emergency Contact #2:		Relationship:	
Emergency Contact Address:			
City:	County:	State:	Zip:
Home Phone:		Work Phone:	

DEVELOP WORKFORCE – USE- RECRUIT WORKFORCE					
Honors: _____					
Memberships: _____					
Volunteer Activities: _____					
Language #1			Language #2		
Able to Translate:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Able to Translate:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Able to Speak:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Able to Speak:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Able to Read:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Able to Read:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

ADMINISTER WORKFORCE – USE – DRIVER’S LICENSE DATA

Driver’s License #:		Valid From ____/____/____ To: ____/____/____	
State:	Type	:Car <input type="checkbox"/>	Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Chauffeur <input type="checkbox"/>

Employee Signature

Effective Date

Data Entry Operator Signature

Date

EATONVILLE POLICE DEPARTMENT



APPLICANT FINGERPRINT DESCRIPTION SHEET

Please print clearly. This form must be filled out completely.

Date: _____ Social Security #: _____

Name (last, first, middle): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Sex: _____ Height: _____ Weight: _____

Hair: _____ Eyes: _____ Place of Birth (City, State): _____

REASON PRINTED: Law Enforcement F.S.S. 943.13

Applicant, Sworn

Applicant, Non-Sworn (VOLUNTEER)

Employee, Sworn

Employee, Non-Sworn

Position applying for: VOLUNTEER

Signature of Applicant/Employee: _____

FINGERPRINT CERTIFICATION

To be completed by the fingerprint technician.

Date: _____

Applicant/Employee Name (last, first, middle): _____

This is to certify that the above named applicant/employee has been duly fingerprinted by an authorized Eatonville Police fingerprint technician on this date.

Fingerprint Technician Signature: _____

NOTE: This certification is to be returned immediately to Human Resources.