



P.R.I.D.E. Professional, Respectful, Integrity, Discipline, Ethical

# EXTENDED APPLICATION

POSITION APPLIED FOR:  FULL-TIME POLICE OFFICER  
 PART-TIME POLICE OFFICER

\_\_\_\_\_  
LAST NAME                      FIRST NAME                      MIDDLE NAME                      DATE OF BIRTH

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY                                      COUNTY                                      STATE                      ZIP

(\_\_\_\_\_) \_\_\_\_\_  
RESIDENCE TELEPHONE NUMBER

(\_\_\_\_\_) \_\_\_\_\_  
CELL TELEPHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER                      STATE

*Your social security number is requested for the purpose of payroll eligibility verification, processing employment benefits, applicant and employee background checks, and income reporting, and will be used solely for those purposes.*

## FLAGLER BEACH POLICE DEPARTMENT

### APPLICATION

### SPECIAL INSTRUCTIONS

**\*\*Carefully read and follow ALL below instructions\*\***

This packet of information is part of the selection process for a position as a police officer or prisoner transport officer with the Flagler Beach Police Department. Your failure to follow any of these instructions or provide the required information may result in you being disqualified from the hiring process. This affidavit is part of the applicant screening process and is used to determine your ability to follow instructions.

**Step 1:** Legibly complete ALL pages of this packet and ensure you have all forms requiring a notary's signature signed and notarized (we will NOT notarize any of the forms for you). Also, ensure you have ALL requested forms and documents along with this packet. **Failure to have all forms and notarizations will result in your application being placed in an inactive status.**

**Step 2:** Print out this ENTIRE packet (**print only one-sided copies and do NOT staple**).

**Step 3:** If you are applying for a sponsorship, you will need to take and pass the Criminal Justice Basic Abilities Test (CJBAT) for Law Enforcement Officer and attach proof of a passing score to this application. The Flagler Beach Police Department does NOT administer this test. The CJBAT must be scheduled by you and paid-for AT YOUR OWN EXPENSE. Your application will NOT be processed without proof of a passing score on this test. If you have taken and passed the CJBAT for Law Enforcement Officer within the last year, you will not need to retake the CJBAT. However, you WILL need to provide written proof of a passing score.

The selection process will include (but is not limited to) the following:

- Background Check
- Physical Abilities Test
- Oral Interview
- Polygraph or CVSA Examination
- Psychological Examination
- Medical Examination
- Final Review by Command Staff

## INSTRUCTIONS FOR COMPLETING THE APPLICATION

Notice: Read and follow these instructions exactly. **Any unanswered, incomplete, or omitted information may result in disqualification of your application. Any falsification WILL result in disqualification of your application and potential disqualification from future employment consideration.** The information in this packet WILL be used in all stages of the background process to include **POLYGRAPH** so ensure you are completely **TRUTHFUL!** This document, when completed, along with its attachments, will be used by the Flagler Beach Police Department as an investigative aid.

- A. **TYPE OR PRINT** in black ink only. If printing, make sure it is completely legible.
- B. Answer all questions. If one does not apply to you, write N/A in the corresponding area.
- C. If the space provided is insufficient, use a separate sheet of 8 1/2 x 11 paper to continue answering the question(s) and precede each answer with the number of the section to which it refers. Attach that sheet and any others to the back of this packet.
- D. Do not misstate or omit any material fact in this application. The information you provide **WILL BE VERIFIED** to determine your qualifications for employment.
- E. Answer all questions accurately and completely. Do not make exaggerated, false or misleading statements, or otherwise falsify information as it may cause disqualification of your application. If you are chosen for employment and it is discovered that you falsified any information in this packet, it may be grounds for dismissal.
- F. Each and every question has a purpose for being asked; answer each question completely and accurately, even if you think it is not important.
- G. The following items **MUST** accompany this application (Do **NOT** bring original copies unless otherwise noted):

**Please ensure all copies are clear and legible.**

- 1. **Photocopy** of current Driver License with photograph
- 2. **Photocopy** of Social Security Card
- 3. **Photocopy** of Birth Certificate (U.S. or U.S. Territories only) **or**  
**Original** certificate of naturalization, if applicable. Bring the **ORIGINAL** certificate along with a photocopy of it with you to the Training Unit. The original will be returned to you.
- 4. **Photocopy** of your High School Diploma.
- 5. **Photocopy** of GED Diploma (GED test scores are required if obtained outside of the State of Florida)
- 6. **Official** College Transcripts in envelopes sealed by the issuing institution and **photocopy** of Diploma.
- 7. **Photocopy** of State of Florida Law Enforcement Standards Certification (Florida Certified LEO's only)
- 8. **Photocopy** of State of Florida Exam Test Scores (Florida Certified LEO's only)
- 9. **Photocopy** of DD214 Form(s) member four (4) copy for all periods of service (prior military only)
- 10. Proof of registration with the U.S. Selective Service System (see below website for more information) <https://www.sss.gov/Registration-Info/Who-Registration> (if not prior military)
- 11. All **out-of-state** driving records (must be **ORIGINAL CERTIFIED** copies from the State DMV).
- 12. **Photocopy** of marriage certificate, divorce decree, adoption or legal name change paperwork (if name on birth certificate is different from your name on the application).

## **MINIMUM EMPLOYMENT REQUIREMENTS**

Florida State Statute 943.13 defines the minimum qualifications for employment as a police officer in the State of Florida. All police officer candidates, including part time/reserve officers are required to meet the following minimum qualifications according to Flagler Beach Police Department requirements and applicable bargaining agreements. The requirements for an officer in the City of Flagler Beach are as follows:

- Be at least 19 years of age;
- Be a citizen of the United States, notwithstanding any law of the state to the contrary;
- Hold a high school diploma or GED (USAFI is not acceptable);
- Successfully completed the Florida Basic Recruit Training Program or equivalency for out of state officers;
- Achieved a passing score on the State Officer Certification Examination;
- Not have been convicted of any felony or misdemeanor involving perjury, false statement or moral turpitude. Must be of good moral character;
- Never have received a Dishonorable discharge from any of the Armed Forces of the United States;
- Possess a valid Florida Driver's License;
- If you are hired, you must complete a period of training and serve in a probationary status for eighteen (18) months.

**HAVE YOU READ AND DO YOU UNDERSTAND ALL OF THE ABOVE INFORMATION?**

**YES**

**NO**

**DO YOU MEET THE MINIMUM REQUIREMENTS FOR EMPLOYMENT AS A POLICE OFFICER?**

**YES**

**NO**

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**Applicant's Signature**

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**Date**

# PERSONAL HISTORY QUESTIONNAIRE

## 1 - Name

\_\_\_\_\_  
FIRST MIDDLE LAST SUFFIX

List any-and-all other names you have used, dates of use, and the circumstances surrounding their use. Provide all documentation of any name changes.

a) Name: \_\_\_\_\_ Dates (From/To): \_\_\_\_\_

Reason: \_\_\_\_\_

b) Name: \_\_\_\_\_ Dates (From/To): \_\_\_\_\_

Reason: \_\_\_\_\_

c) Name: \_\_\_\_\_ Dates (From/To): \_\_\_\_\_

Reason: \_\_\_\_\_

## 2 - Alias, Nickname: \_\_\_\_\_

3 - Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

## 4 - Scars, Tattoos and/or Distinguishing Marks:

\_\_\_\_\_  
Description

\_\_\_\_\_  
Location

\_\_\_\_\_  
Description

\_\_\_\_\_  
Location

\_\_\_\_\_  
Description

\_\_\_\_\_  
Location

\_\_\_\_\_  
Description

\_\_\_\_\_  
Location

\_\_\_\_\_  
Description

\_\_\_\_\_  
Location

\_\_\_\_\_  
Description

\_\_\_\_\_  
Location

## 5 - U.S. Citizenship

YES

NO

Naturalized Certificate Number: \_\_\_\_\_

If Derived, Parent Certificate Number: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Court: \_\_\_\_\_

**6 - Place of Birth**

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

**7 - Current Address**

\_\_\_\_\_  
STREET CITY STATE ZIP

List all adults that currently reside with you:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

**8 - Marital Status:**  Married  Single  Engaged  Separated  Divorced

Include a copy of your marriage certificate, separation, and/or divorce decree for each marriage.

**9 - Current Spouse Name:** \_\_\_\_\_  
First/Middle/Last Maiden Date of Birth

Current Spouse Address: \_\_\_\_\_

**10 - Previous Spouse Name:** \_\_\_\_\_  
First / Middle / Last Maiden

Previous Spouse Address: \_\_\_\_\_

Previous Spouse Name: \_\_\_\_\_  
First / Middle / Last Maiden

Previous Spouse Address: \_\_\_\_\_

**11- Current Girlfriend/Boyfriend Name:** \_\_\_\_\_  
First / Middle / Last Date of Birth

Girlfriend/Boyfriend Address: \_\_\_\_\_

**12- Children/Stepchildren**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

**13 - Do you have a child support obligation?**  Yes  No

If yes, is it current?  Yes  No

**14 - Family (Parents, Stepparents, Guardians and Siblings, even if deceased. Include any relative you have resided with).**

Relationship	Name	Date of Birth	Address	Phone
Father				
Mother				

**15- RESIDENCE HISTORY**

Chronologically, beginning with your CURRENT residential address and working BACKWARD, list ALL previous places of residence for the LAST 10 YEARS (include military bases). There shall be NO GAPS in dates in which you lived at a residence. DO NOT OMIT ANY ADDRESSES. Use additional sheets, if necessary.

Residential Address: \_\_\_\_\_

Dates lived at this residential address: From \_\_\_\_\_ (MM/YY) to PRESENT

Own Landlord Name: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_ Landlord Email: \_\_\_\_\_

Have you resided at this address your entire lifetime?  Yes  No If no, continue listing addresses below.

Residential Address: \_\_\_\_\_

Dates lived at this residential address: From \_\_\_\_\_ (MM/YY) to \_\_\_\_\_ (MM/YY)

Own Landlord Name: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_ Landlord Email: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Street Address City State Zip Code

Dates lived at this residential address: From \_\_\_\_\_ (MM/YY) to \_\_\_\_\_ (MM/YY)

Own Landlord Name: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_ Landlord Email: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Street Address City State Zip Code

Dates lived at this residential address: From \_\_\_\_\_ (MM/YY) to \_\_\_\_\_ (MM/YY)

Own Landlord Name: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_ Landlord Email: \_\_\_\_\_



Residential Address: \_\_\_\_\_

Dates lived at this residential address: From \_\_\_\_\_ (MM/YY) to \_\_\_\_\_ (MM/YY)

Own      Landlord Name: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_ Landlord Email: \_\_\_\_\_

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Residential Address: \_\_\_\_\_

Dates lived at this residential address: From \_\_\_\_\_ (MM/YY) to \_\_\_\_\_ (MM/YY)

Own      Landlord Name: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_ Landlord Email: \_\_\_\_\_

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Residential Address: \_\_\_\_\_

Dates lived at this residential address: From \_\_\_\_\_ (MM/YY) to \_\_\_\_\_ (MM/YY)

Own      Landlord Name: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_ Landlord Email: \_\_\_\_\_

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Residential Address: \_\_\_\_\_

Dates lived at this residential address: From \_\_\_\_\_ (MM/YY) to \_\_\_\_\_ (MM/YY)

Own      Landlord Name: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_ Landlord Email: \_\_\_\_\_

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**16- EDUCATION**

List all high schools attended. (Attach a copy of your high school diploma/GED to back of this packet. Photocopy of GED Test Scores are required if GED was issued outside of the State of Florida)

School: \_\_\_\_\_ Dates Attended (MM/YY) From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Graduated:  Yes  No  Diploma  GED

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School: \_\_\_\_\_ Dates Attended (MM/YY) From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Graduated:  Yes  No  Diploma  GED

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School: \_\_\_\_\_ Dates Attended (MM/YY) From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Graduated:  Yes  No  Diploma  GED

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School: \_\_\_\_\_ Dates Attended (MM/YY) From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Graduated:  Yes  No  Diploma  GED

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Were you ever expelled or suspended from any school, or has any school official ever disciplined you?  Yes  No

If yes, explain: \_\_\_\_\_

**17- HIGHER EDUCATION**

List all colleges/universities/trade schools attended. Attach OFFICIAL transcripts SEALED by each institution.

School: \_\_\_\_\_ Dates Attended (MM/YY) From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Graduated:  Yes  No Major: \_\_\_\_\_

Degree Earned:  AA  AS  BA  BS  MA  Other \_\_\_\_\_

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School: \_\_\_\_\_ Dates Attended (MM/YY) From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Graduated:  Yes  No Major: \_\_\_\_\_

Degree Earned:  AA  AS  BA  BS  MA  Other \_\_\_\_\_

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School: \_\_\_\_\_ Dates Attended (MM/YY) From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Graduated:  Yes  No Major: \_\_\_\_\_

Degree Earned:  AA  AS  BA  BS  MA  Other \_\_\_\_\_

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School: \_\_\_\_\_ Dates Attended (MM/YY) From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Graduated:  Yes  No Major: \_\_\_\_\_

Degree Earned:  AA  AS  BA  BS  MA  Other \_\_\_\_\_

**18- SPECIAL QUALIFICATIONS/SKILLS**

Indicate any licenses, certifications, special qualifications or skills that you possess:

\_\_\_\_\_

**19- Law Enforcement Experience**

**A - Are you currently employed as a Law Enforcement Officer?**  Yes  No

Agency: \_\_\_\_\_ State: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

**B - Have you been previously employed as a Law Enforcement Officer?**  Yes  No

Agency: \_\_\_\_\_ State: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Agency: \_\_\_\_\_ State: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Agency: \_\_\_\_\_ State: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Agency: \_\_\_\_\_ State: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

**C- Have you EVER been the subject of an internal affairs investigation or received any disciplinary action, other than a verbal reprimand or remedial training as a Law Enforcement Officer and/or Correctional Officer?**  Yes  No

Agency 1: \_\_\_\_\_ Date : \_\_\_\_\_ Disposition: \_\_\_\_\_

Complaint: \_\_\_\_\_

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Agency 2: \_\_\_\_\_ Date : \_\_\_\_\_ Disposition: \_\_\_\_\_

Complaint: \_\_\_\_\_

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Agency 3: \_\_\_\_\_ Date : \_\_\_\_\_ Disposition: \_\_\_\_\_

Complaint: \_\_\_\_\_

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Agency 4: \_\_\_\_\_ Date : \_\_\_\_\_ Disposition: \_\_\_\_\_

Complaint: \_\_\_\_\_

**D** - Have you completed the Florida Basic Law Enforcement Academy or Equivalency of Training?  Yes  No

Academy: \_\_\_\_\_ Date of Certification: \_\_\_\_\_ Certificate Attached

**E** - Have you passed the Florida Law Enforcement State Examination?  Yes  No

Date Exam Passed: \_\_\_\_\_  Documentation Attached

**F** - Have you passed the CJBAT Examination (for sponsorship only)?  Yes  No

Date Exam Passed: \_\_\_\_\_  Documentation Attached

**G** - Have you EVER submitted an application to ANY other Law Enforcement Agency?  Yes  No

Agency 1: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Status or Reason Not Hired: \_\_\_\_\_

Agency 2: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Status or Reason Not Hired: \_\_\_\_\_

Agency 3: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Status or Reason Not Hired: \_\_\_\_\_

Agency 4: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Status or Reason Not Hired: \_\_\_\_\_

Agency 5: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Status or Reason Not Hired: \_\_\_\_\_

Agency 6: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Status or Reason Not Hired: \_\_\_\_\_

Agency 7: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Status or Reason Not Hired: \_\_\_\_\_

**H - Have you ever taken a polygraph examination, CVSA, or psychological screening with any other Law Enforcement Agency?**  Yes  No

Agency 1 : \_\_\_\_\_ Date: \_\_\_\_\_ Type of Exam: \_\_\_\_\_

Reason for Exam: \_\_\_\_\_

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Agency 2 : \_\_\_\_\_ Date: \_\_\_\_\_ Type of Exam: \_\_\_\_\_

Reason for Exam: \_\_\_\_\_

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Agency 3 : \_\_\_\_\_ Date: \_\_\_\_\_ Type of Exam: \_\_\_\_\_

Reason for Exam: \_\_\_\_\_

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Agency 4 : \_\_\_\_\_ Date: \_\_\_\_\_ Type of Exam: \_\_\_\_\_

Reason for Exam: \_\_\_\_\_

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Agency 5: \_\_\_\_\_ Date: \_\_\_\_\_ Type of Exam: \_\_\_\_\_

Reason for Exam: \_\_\_\_\_

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**20- MILITARY**

A- Are you currently on active duty in the United States Military?  No (go to 20B)  Yes (complete below)

Branch of Service: \_\_\_\_\_ Date of Release: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ to Present

Highest Rank/Rate Held: \_\_\_\_\_/\_\_\_\_\_ Military Occupational Specialty: \_\_\_\_\_

Company Commander or First Sergeant's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

B- Have you ever served on active duty in a military organization of the United States?  YES  NO

*If yes, attach a photocopy of your DD 214 Form(s) member four (4) copy for each period of service*

Branch of Service: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

Highest Rank/Rate Held: \_\_\_\_\_/\_\_\_\_\_ Military Occupational Specialty: \_\_\_\_\_

Type of Discharge:  Honorable

General  Other than Honorable  Uncharacterized (ELS)  Bad Conduct  Dishonorable

If you did not receive an Honorable Discharge explain the reason in detail:

\_\_\_\_\_  
Branch of Service: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

Highest Rank/Rate Held: \_\_\_\_\_/\_\_\_\_\_ Military Occupational Specialty: \_\_\_\_\_

Type of Discharge:  Honorable

General  Other than Honorable  Uncharacterized (ELS)  Bad Conduct  Dishonorable

If you did not receive an Honorable Discharge explain the reason in detail:

C- Are you currently serving in the United States Military Reserve Forces or National Guard?  Yes  No

Branch of Service: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ to Present

Highest Rank/Rate Held: \_\_\_\_\_/\_\_\_\_\_ Military Occupational Specialty: \_\_\_\_\_

Unit: \_\_\_\_\_

Company Commander or First Sergeant's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**D - Have you ever served in any branch of the United States Military Reserve Forces or National Guard?**

Yes  No

Branch of Service: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

Highest Rank/Rate Held: \_\_\_\_\_ / \_\_\_\_\_ Military Occupational Specialty: \_\_\_\_\_

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Branch of Service: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

Highest Rank/Rate Held: \_\_\_\_\_ / \_\_\_\_\_ Military Occupational Specialty: \_\_\_\_\_

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**E - Have you ever been court-martialed, tried on charges, the subject of a summary court, captain's mast or non-judicial punishment, Article 15 UCMJ or under any other disciplinary action while a member of the Armed Forces?**

Yes  No

**If yes, explain below and attach copies of written documentation to back of application.** If documentation is not available, an original letter from the official agency records office must be provided stating that a record search was performed and no records were found. Attach additional sheets to the back of this packet, if necessary.

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**F - If you are a male and have never served in the United States Armed Forces, have you registered with the Selective Service System?**

Yes  No  N/A (Females only) If yes, provide registration number: \_\_\_\_\_



**21 - EMPLOYMENT HISTORY**

**A -** Are you now or have you ever been engaged in any business as an owner, partner, or corporate member?

Yes  No If yes, provide details: \_\_\_\_\_

**B -** Where you ever discharged, terminated, fired, or asked to resign due to misconduct or unsatisfactory service?

Yes  No

If yes, provide details (include name of employer): \_\_\_\_\_

**C -** Have you ever resigned when anticipating your employer intended to dismiss (fire) you for any reason?

Yes  No

If yes, provide details (include name of employer): \_\_\_\_\_

**D -** Have your employers always treated you fairly?

Yes  No If no, explain: \_\_\_\_\_

**E -** Do you object to working night shift, weekends or holidays?  Yes  No

If yes, provide explain: \_\_\_\_\_

**F -** List ALL employment experience beginning with the most recent job and work backward. **Include ALL full-time, part-time, and seasonal jobs held in the past ten (10) years.** Include military service and periods of unemployment in the proper sequence.

Employer 1: \_\_\_\_\_ From: to \_\_\_\_\_ Month/Year  
Month/Year

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_  Full-Time  Part-Time

Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gap in Employment?  Yes  No

From: to \_\_\_\_\_  
Month/Year Month/Year

Reason for Gap: \_\_\_\_\_

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Employer 2: \_\_\_\_\_

From: to \_\_\_\_\_  
Month/Year Month/Year

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_  Full-Time  Part-Time

Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Gap in Employment?  Yes  No

From: to \_\_\_\_\_  
Month/Year Month/Year

Reason for Gap: \_\_\_\_\_

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Employer 3: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_  Full-Time  Part-Time

Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Gap in Employment?  Yes  No

From: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Reason for Gap: \_\_\_\_\_

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Employer 4: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_

Full-Time  Part-Time

Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Gap in Employment?  Yes  No

From: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Reason for Gap: \_\_\_\_\_

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Employer 5: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_

Full-Time  Part-Time

Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Gap in Employment?  Yes  No

From: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Reason for Gap: \_\_\_\_\_

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Employer 6: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_

Full-Time  Part-Time

Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Gap in Employment?  Yes  No

From: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Reason for Gap: \_\_\_\_\_

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Employer 7: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_

Full-Time  Part-Time

Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Gap in Employment?  Yes  No

From: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Reason for Gap: \_\_\_\_\_

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Employer 8: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_

Full-Time  Part-Time

Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Gap in Employment?  Yes  No

From: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Reason for Gap: \_\_\_\_\_

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Employer 9: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_

Full-Time  Part-Time

Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Gap in Employment?  Yes  No

From: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Reason for Gap: \_\_\_\_\_

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Employer 10: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_  Full-Time  Part-Time

Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Gap in Employment?  Yes  No

From: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Reason for Gap: \_\_\_\_\_

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Employer 11: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_  Full-Time  Part-Time

Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**22- CRIMINAL HISTORY**

**A -** Have you EVER been arrested, taken into custody, issued a Notice to Appear or been charged with a crime by any Law Enforcement Agency or State/Federal Attorney’s Office (include expungements, indictments, criminal summons’, criminal information, sealed records, pre-trial diversions, pardons, nolle prosequi, etc.) as an adult or juvenile?

Yes  No

List any and ALL arrests. **Attach copies of Arrest Reports or Offense Incident Reports from the arresting or investigating agency for each incident. Attach copies of the Final Court Disposition for each arrest from the court that had jurisdiction over each incident.** Legible copies are required. If documentation is not available, an original letter from the official agency records office must be provided stating that a records search was performed and no record(s) found for each incident.

All Required Documentation Attached

1. Date:\_\_\_\_\_ Agency:\_\_\_\_\_ Charges: \_\_\_\_\_

Disposition:\_\_\_\_\_  Juvenile  Adult

2. Date:\_\_\_\_\_ Agency:\_\_\_\_\_ Charges: \_\_\_\_\_

Disposition:\_\_\_\_\_  Juvenile  Adult

3. Date:\_\_\_\_\_ Agency:\_\_\_\_\_ Charges: \_\_\_\_\_

Disposition:\_\_\_\_\_  Juvenile  Adult

**B -** Have you ever been placed on probation or been required to pay a fine?  Yes  No

If yes, explain: \_\_\_\_\_

**C -** Have you ever been the subject of or been involved in a police investigation or advised of your Miranda Rights?

Yes  No If yes, explain: \_\_\_\_\_

**D -** Have you ever been the petitioner or respondent of an injunction?  Yes  No Copy of Injunction Attached

If yes, explain: \_\_\_\_\_

**E -** Do you have any criminal wants, warrants or court processes of any type pending?  Yes  No

If yes, explain: \_\_\_\_\_

**F** - Have you ever committed an undetected crime of any type (any criminal activity, including paying for sex) for which you have not been caught?  Yes  No

Crime: \_\_\_\_\_ Amount of Times: \_\_\_\_\_ Date of Last Incident: \_\_\_\_\_

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Crime: \_\_\_\_\_ Amount of Times: \_\_\_\_\_ Date of Last Incident: \_\_\_\_\_

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Crime: \_\_\_\_\_ Amount of Times: \_\_\_\_\_ Date of Last Incident: \_\_\_\_\_

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**G** - Are you currently associated with any individual or family member who has a history of criminal behavior?

Yes  No If yes, list below:

Name: \_\_\_\_\_ Offenses: \_\_\_\_\_ Where Arrested: \_\_\_\_\_

Name: \_\_\_\_\_ Offenses: \_\_\_\_\_ Where Arrested: \_\_\_\_\_

Name: \_\_\_\_\_ Offenses: \_\_\_\_\_ Where Arrested: \_\_\_\_\_

**H** - Are you currently residing with anyone that has been convicted of a felony?  Yes  No If yes, list below:

Name: \_ First / Middle / Last \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Offenses: \_\_\_\_\_



**23- Driving History**

A - Do you now possess a valid driver's license issued from the State of Florida?  Yes  No

B - Have you ever possessed a driver's license issued by a state other than Florida?  Yes  No

Attach **certified** copies of all out-of-state driving records to the back of this packet.

State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ Date: \_\_\_\_\_  Record Attached

State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ Date: \_\_\_\_\_  Record Attached

State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ Date: \_\_\_\_\_  Record Attached

State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ Date: \_\_\_\_\_  Record Attached

C- List **ALL** traffic citations, *excluding* parking tickets, you have received in your lifetime.

1. Date: \_\_\_\_\_ Agency: \_\_\_\_\_ Violation: \_\_\_\_\_

2. Date: \_\_\_\_\_ Agency: \_\_\_\_\_ Violation: \_\_\_\_\_

3. Date: \_\_\_\_\_ Agency: \_\_\_\_\_ Violation: \_\_\_\_\_

4. Date: \_\_\_\_\_ Agency: \_\_\_\_\_ Violation: \_\_\_\_\_

5. Date: \_\_\_\_\_ Agency: \_\_\_\_\_ Violation: \_\_\_\_\_

6. Date: \_\_\_\_\_ Agency: \_\_\_\_\_ Violation: \_\_\_\_\_

7. Date: \_\_\_\_\_ Agency: \_\_\_\_\_ Violation: \_\_\_\_\_

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8. Date: \_\_\_\_\_ Agency: \_\_\_\_\_ Violation: \_\_\_\_\_

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**D** - Have you EVER been involved in a traffic crash (including a patrol car crash if you are a current or former law enforcement or corrections officer)?  Yes  N

**E** - If yes, list ALL traffic crashes in which you have been involved as a DRIVER, not as a passenger. Include traffic crashes where law enforcement was NOT notified and/or those where a traffic crash report was not completed.

Date: \_\_\_\_\_ State/County of Crash: \_\_\_\_\_ Where you found at fault?  Yes  No

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Date: \_\_\_\_\_ State/County of Crash: \_\_\_\_\_ Where you found at fault?  Yes  No

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Date: \_\_\_\_\_ State/County of Crash: \_\_\_\_\_ Where you found at fault?  Yes  No

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Date: \_\_\_\_\_ State/County of Crash: \_\_\_\_\_ Where you found at fault?  Yes  No

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Date: \_\_\_\_\_ State/County of Crash: \_\_\_\_\_ Where you found at fault?  Yes  No

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**F**- Has your driver's license ever been suspended or revoked?  Yes  No

Date: \_\_\_\_\_ Length of Suspension: \_\_\_\_\_ Reason: \_\_\_\_\_ Date restored: \_\_\_\_\_

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Date: \_\_\_\_\_ Length of Suspension: \_\_\_\_\_ Reason: \_\_\_\_\_ Date restored: \_\_\_\_\_

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Date: \_\_\_\_\_ Length of Suspension: \_\_\_\_\_ Reason: \_\_\_\_\_ Date restored: \_\_\_\_\_

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**G** - List all motor vehicles that you currently own.

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag: \_\_\_\_\_ State: \_\_\_\_\_

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Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag: \_\_\_\_\_ State: \_\_\_\_\_

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Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag: \_\_\_\_\_ State: \_\_\_\_\_

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**H** - Do you currently have automobile insurance?  No  Yes Company: \_\_\_\_\_

## 24- CONTROLLED SUBSTANCES

**A- In your lifetime**, have you ever used, taken, injected, ingested or inhaled with what you knew, *or believed to be*, any illegal drug or any of the following substances without a prescription?  Yes  No

DRUG	BRAND/SLANG NAMES	YES	NO
Cannabis / Marijuana	Hashish, Hash, Dabs, Butter, THC, Weed, Grass, Green, Bud, Trees	<input type="radio"/>	<input type="radio"/>
Heroin	Black, Tar, Smack, Codeine, Boy, Methadone, Horse	<input type="radio"/>	<input type="radio"/>
Cocaine	Coke, Blow, Snow, Powder, Flake, Rock, Girl, Soft White, Crack, Cookie, Hard	<input type="radio"/>	<input type="radio"/>
LSD	Acid, Sugar, Dot, Microdot, Blotter, Blotter Acid, Big D, Cubes, Trips, Rainbow	<input type="radio"/>	<input type="radio"/>
PCP	PCP, PCPY, PEC, Angel Dust, Dust Phencyclidine	<input type="radio"/>	<input type="radio"/>
Psilocybin Mushrooms	Tea, Shrooms, Bull	<input type="radio"/>	<input type="radio"/>
Mescaline	Peyote	<input type="radio"/>	<input type="radio"/>
Methaqualone	Ludes, 747's, Lemons, Quaaludes, Captain Quaalude	<input type="radio"/>	<input type="radio"/>
Narcotic Analgesics	Hydromorphone, Dilaudid, D, Big D, Hydrocodone, Lortab, Vicodin, Methadone, Oxycodone, Percodan, Percocet	<input type="radio"/>	<input type="radio"/>
Amphetamine / Methamphetamine	Speed, Meth, Crystal, Crystal Meth, Benzedrine, Dexe, Drine, Dexedrine, Desoxyn, Medrine, Methamphetamine, Phentemine, Ritalin, Adderall	<input type="radio"/>	<input type="radio"/>
Methylenedioxymethamphetamine	Ecstasy, MDMA, MDA	<input type="radio"/>	<input type="radio"/>
CNS Depressants	Pentobarbital, Phenobarbital, Xanax, Alprazolam, Clonazepam, Soma, Diazepam, Valium, Ativan, Ambien, Lunesta	<input type="radio"/>	<input type="radio"/>
Rohypnol	Roofies	<input type="radio"/>	<input type="radio"/>
Ketamine	Special K, K	<input type="radio"/>	<input type="radio"/>
Gamma-Hydroxy Butyrate	GHB, Super-G, Liquid-G, Liquid Ecstasy	<input type="radio"/>	<input type="radio"/>
Inhalants	Nitrous Oxide, Nitrous, Glue, Gasoline, Freon, Whippets or any other inhalants	<input type="radio"/>	<input type="radio"/>
Other Drugs	ICE, GHB, GBL, DXM, CAT, YABA, China White, Bath Salts, Synthetic Cannabis, Spice, K2,	<input type="radio"/>	<input type="radio"/>
Steroids	Anabolic, Androgenic, Testosterone, Roids, Juice	<input type="radio"/>	<input type="radio"/>
Over-the-counter medications	Dristan, Nyquil or any other over the counter medications (used in a manner that was not consistent with the directions or for a purpose other than the intended use).	<input type="radio"/>	<input type="radio"/>

**B - List any of the above substances that you checked, "Yes" for or other illegal drug that you have used:**

1. Drug: \_\_\_\_\_ Amount of Times Used: \_\_\_\_\_ Last Used (Year): \_\_\_\_\_

2. Drug: \_\_\_\_\_ Amount of Times Used: \_\_\_\_\_ Last Used (Year): \_\_\_\_\_

3. Drug: \_\_\_\_\_ Amount of Times Used: \_\_\_\_\_ Last Used (Year): \_\_\_\_\_

4. Drug: \_\_\_\_\_ Amount of Times Used: \_\_\_\_\_ Last Used (Year): \_\_\_\_\_

5. Drug: \_\_\_\_\_ Amount of Times Used: \_\_\_\_\_ Last Used (Year): \_\_\_\_\_

**C-** Have you ever taken a prescription medication without a prescription of your own or abused (used in a manner that was not prescribed) a drug that was prescribed to you:  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D -** Have you ever sold, given, exchanged money, traded goods or services or transported any illegal drug?

Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E -** Have you ever grown, cultivated or manufactured any illegal drug?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F-** When was the last time you were present when an illegal drug was used, sold, purchased or transported?

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**25- ALCOHOL CONSUMPTION**

**A -** How often do you consume alcoholic beverages?  Never  \_\_\_\_\_ drinks per \_\_\_\_\_

**B -** How many times, in the past 12 months, have you been intoxicated and driven a motor vehicle when you felt like you probably should not have driven?

Explain: \_\_\_\_\_

**C -** How many times, in the past 12 months, have consumed alcohol while at work?

Explain: \_\_\_\_\_

**26- SUBVERSIVE ORGANIZATIONS**

**A** - Are you now or have you ever been a member of a communist organization or fascist organization?  Yes  No

**B** - Are you now or have you ever been a member of, affiliated, or associated with any organization, association, movement, group or combination of persons which advocates the overthrow of our Constitutional form of government, or which has adopted the overthrow of our Constitutional form of government, or which has adopted the 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 YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS IN THIS SECTIONS, DESCRIBE THE CIRCUMSTANCES. IF ASSOCIATED WITH ANY OF THESE ORGANIZATIONS, SPECIFY NATURE AND EXTENT OF ASSOCIATION WITH EACH, INCLUDING OFFICE OR POSITION HELD. ALSO INCLUDE DATES, PLACES AND CREDENTIALS, NOW OR FORMALLY, HELD. IF ASSOCIATIONS HAVE BEEN WITH INDIVIDUALS WHO ARE MEMBERS OF THESE ORGANIZATIONS, LIST THE INDIVIDUALS AND THE ORGANIZATIONS WITH WHICH THEY ARE OR WHERE AFFILIATED.***

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**27- CRIMINAL GANGS**

**A-** Are you now or have you ever been a member of, affiliated, or associated with a criminal gang?  Yes  No

Explain: \_\_\_\_\_

**28- GENERAL INFORMATON**

**A-** Have you, or a member of your immediate family, sued or have been sued by anyone in civil court?  Yes  No

Explain: \_\_\_\_\_

**B-** Are you currently more than one month behind on any bills?  Yes  No

Explain: \_\_\_\_\_

**C-** Have you ever filed for bankruptcy?  Yes  No

Explain: \_\_\_\_\_

**D-** Have you ever had a property foreclosed upon?  Yes  No

Explain: \_\_\_\_\_

**E-** Have you EVER been the subject of a court-ordered Judgment or Lien?  Yes  No

Explain: \_\_\_\_\_

**29- DISCLOSURE**

A- As part of the Flagler Beach Police Department hiring process you will be subject to a thorough background investigation and polygraph examination. If there is anything that you wish to disclose or discuss (criminal activity, moral or ethical issues) that may be a concern of yours or an issue that may concern the Flagler Beach Police Department please explain below:

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### 30- CHARACTER REFERENCES

A- List only character references who have definite knowledge of your qualification and fitness for the position for which you are applying. Do not list the names of supervisors or names of persons used in other sections of this questionnaire. Do not include relatives, former employers or persons living outside of the United States.

**YOU MUST COMPLETE THIS SECTION LISTING FIVE (5) REFERENCES.**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Business, Occupation or Profession: \_\_\_\_\_ Years Known: \_\_\_\_\_

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2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Business, Occupation or Profession: \_\_\_\_\_ Years Known: \_\_\_\_\_

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3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Business, Occupation or Profession: \_\_\_\_\_ Years Known: \_\_\_\_\_

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4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Business, Occupation or Profession: \_\_\_\_\_ Years Known: \_\_\_\_\_

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5. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Business, Occupation or Profession: \_\_\_\_\_ Years Known: \_\_\_\_\_

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**B - Are you acquainted with any member of the Flagler BeachPolice Department?**  Yes  No

If yes- Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

**31- NEIGHBORHOOD REFERENCES**

**A - List three (3) neighbors who live adjacent to your place of residence.**

**IMPORTANT**— you must complete this section listing three (3) neighbors not listed elsewhere on this questionnaire. Additionally, if you have lived at your present address for less than one year, you must provide three additional neighbors from your immediate previous address.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

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2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

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3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

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4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

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5. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

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6. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

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**\*\*\*\*\*READ EXTREMELY CAREFULLY\*\*\*\*\***

*I hereby swear that there are no willful misrepresentations or omissions in, or falsifications of, the foregoing statements and answers to questions. I am aware that should an investigation disclose such willful misrepresentations, falsifications or omissions, my application WILL be rejected and I WILL be disqualified from applying in the future for any position of service in the Flagler Beach Police Department or if after my acceptance for employment, subsequent investigation should disclose omissions, misrepresentations, or falsifications, it WILL be just cause for immediate dismissal. Furthermore, the intentional false execution of this affidavit SHALL constitute a Misdemeanor of the Second Degree, punishable as provided in § 775.082, § 775.083, or § 775.084, Florida Statutes.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AFFIDAVIT**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me personally appeared the said \_\_\_\_\_ who says that the execution of the above instrument is by free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ My Commission expires \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public

Personally-Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_. Type of Identification Produced \_\_\_\_\_

**FLAGLER BEACH POLICE DEPARTMENT NOTICE  
OF DISCLOSURE OF CONSUMER REPORT  
FEDERAL FAIR CREDIT REPORTING ACT (FCRA)**

TO: Consumer Reporting Agencies

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (MM/DD/YYYY)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

It is the policy of the Flagler Beach Police Department that the credit history and financial condition of the applicant be reviewed. The credit history will not be a sole basis for disqualification, except that an applicant may be denied employment if he/she is indebted to the extent that a salary as a law enforcement officer, as supplemented by other monies that are or could be earned by the applicant and spouse with reasonable diligence, will manifestly be insufficient to pay his/her debts as they fall due. Failure to pay just debts will disqualify an applicant.

I have been advised and am fully aware that a consumer report will be obtained and examined. The purpose of this examination is to assist the Flagler Beach Police Department in determining my eligibility for the position I am seeking.

I am fully aware that my refusal to allow a consumer report to be obtained and examined will terminate further consideration for employment.

**I am willing to allow a consumer report to be obtained and examined. Yes  No**

I respectfully request and authorize you to furnish the Flagler Beach Police Department any and all information that you may have concerning my financial and credit status. I hereby release you, your organization or others from liability or damage, which may result from furnishing the information requested above.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Street Address                      City                      County                      State                      Zip Code

**AFFIDAVIT**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me personally appeared the said \_\_\_\_\_ who says that the execution of the above instrument is by free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public                      My Commission expires \_\_\_\_\_, 20\_\_\_\_\_.

Personally-Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_ Type of Identification Produced \_\_\_\_\_



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: FLAGLER BEACH POLICE DEPARTMENT

ADDRESS: 204 S. FLAGLER AVE. FLAGLER BEACH FL 32136

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 \_\_\_\_\_

## ATTESTMENT OF NON-MILITARY SERVICE

I \_\_\_\_\_, hereby attest to the fact that I have never served in any branch of the Armed Services of the United States of America.

\_\_\_\_\_

SIGNATURE OF APPLICANT

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By \_\_\_\_\_, whom is personally known to me or has produced the

following identification \_\_\_\_\_.

\_\_\_\_\_

SIGNATURE OF NOTARY

(SEAL)

I have served in the Armed Forces of the United States of America.

# Attention!

- ✓ Bring or mail your completed Extended Application and all accompanying documentation to:

**Attention: Captain Blanchette**

**Flagler Beach Police Department**

**P.O. Box 36 Flagler Beach**

**Florida, 32136**

- ✓ Review the Extended Application and make sure you have attached all required documents.
- ✓ Complete ALL notarizations of signatures and photocopying of documents BEFORE you return the extended application.
- ✓ **Birth Certificates issued by hospitals are NOT ACCEPTABLE. Birth Certificates must have been issued by the State or County Vital Statistics Office.**
- ✓ **Applicants who are Naturalized U.S. Citizens MUST bring the ORIGINAL Naturalization Document along with a photocopy of the same document for verification purposes. The original document WILL be returned to you.**
- Applicants who fail to attend ANY scheduled pre-employment testing are considered no longer interested in a position with the Flagler Beach Police Department. In these cases, the applicant is eliminated from further consideration in the selection process.
- ✓ If you have any questions, contact the Flagler Beach Police Department (386)517-2020

Applicant's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**(DO NOT WRITE ON THIS PAGE)**

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

Police Officer (Full-Time)    Police Officer (Part-Time)    Prisoner Transport    BLE Academy Sponsorship

Required Documents

- Driver License
- Social Security Card
- Birth Certificate (U.S. or U.S. Territories only) **or**
  - Original** Certificate of Naturalization
- High School Diploma **or**
  - GED Diploma (GED test scores are required if obtained outside of the State of Florida)
- DD 214 Form(s) member four (4) copy for all periods of service (prior military only) **or**
  - Proof of registration with the U.S. Selective Service System

College Degree

- N/A
  - College Transcripts in envelopes sealed by the issuing institution
  - College Diploma.

Law Enforcement

- N/A
  - Florida Law Enforcement Standards Certification (FL Certified LEO's only)
  - State of Florida Exam Test Scores (FL Certified LEO's only)

Sponsorship

- N/A
  - Verification of Income (IRS W-4 Form) or DD 214
  - CJBAT Results

Out-of-State DL

- N/A
  - Out-of-State Driving Records

Name Change

- N/A
  - Marriage Certificate, Divorce Decree, Adoption or Legal Name Change

- Candidate provided all required documents.
- Email sent advising candidate to provide required/missing documents.
- Candidate was sent Extended Application on \_\_\_\_\_.