

Carrabelle Police Department

Chief Gary Hunnings

Applicant: READ THIS FIRST

The Carrabelle Police Department is requiring you to fill out this employment Application. No other document which you will prepare during the application process for a position with the Carrabelle Police Department is as important as this application and it is in your best interest to follow the instructions. The background investigator does not have the time to correct your application or conduct inquiries to complete your responses.

ENTRIES MUST BE HAND PRINTED BY THE APPLICANT IN BLUE INK.

After thoroughly completing this document, you **MUST HAVE IT NOTARIZED** on the appropriate pages. **If you fail to follow these instructions, the application will be returned to you, unprocessed, for complete and accurate completion.**

Before completing this document, closely read the instructions, which are written throughout. There are a number of official documents which you are required to obtain and some of these documents will be necessary. Carrabelle Police Department understands that some documents may have to be requested and mailed to you. In that case a written explanation of why the document is missing and what you are doing to obtain the document will be required with the application.

When mentioning persons, be sure to fully identify the individual by his or her full correct name. Further, give complete address; do not assume the investigator will attempt to determine street numbers, correct street spellings, apartment numbers, telephone numbers or zip codes. **If you fail to follow these instructions, the application will be returned to you, unprocessed, for complete and accurate completion.**

When completing the residence portion, be sure you provide every address you have lived for the past ten (10) years, from your **present address, backwards**. When completing the employment portion, be sure you provide each employer for the past ten (10) years, from your **present employer, backwards**. If there was a period of unemployment, enter it in the employment section in the same sequence and manner as though it was an employer, indicating "unemployed" and the dates. If you worked more than one job at a time, place the major job first and enter the other job in the next block.

If you need to use the continuation pages in this application, clearly mark what section you are continuing. If you need more space, use the last sheet in the application. **Be as thorough as possible.**

Again, answer each question as completely and honestly as possible. Any omission or concealment will be considered deception. While indiscretions or other situations in your life history may or may not be condoned, deception will absolutely not be tolerated.

Carrabelle Police Department

Chief Gary Hunnings

IMPORTANCE OF HONESTY

Carrabelle Police Department is seeking applicants who demonstrate certain characteristics. Honesty is one of the most important characteristics that you must demonstrate. It is extremely important that you are completely honest in all of your answers.

The importance of honesty from the time of application, completion of all documents and during all interviews cannot be overemphasized. Failure to respond to any question accurately and completely, whether orally or in writing will result in disqualification. Applicants are disqualified for dishonesty.

While filling out documents, you are cautioned to take your time and to be thorough and specific in all your answers. If you have any doubt in your mind concerning a particular question, or if you are unsure whether to include certain information, the answer is "Yes: include it".

You may think that something you have done will disqualify you from further consideration. It may or may not. What will certainly disqualify you is lying or distorting the truth. For example, an arrest (either when you were a juvenile or as an adult) may or may not disqualify you. **However, lying about that arrest will disqualify you from further consideration.** Or you may have been fired from a job that, by itself, may or may not disqualify you. **However, lying about it will disqualify you from further consideration.** The use of drugs, including marijuana, may or may not disqualify you. **However, lying about it will disqualify you from further consideration.**

I have read and understand the contents of this paper.

Applicant's Printed Name

Applicant's Signature

Date

Revised 2015

Carrabelle Police Department LAW ENFORCEMENT EMPLOYEMENT APPLICATION FORM

The Carrabelle Police is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.

NOTICE:

The following additional documents must be attached to this application:

1. A certified copy of birth certificate
2. A certified copy of high school diploma or Florida Police Standards approved G.E.D.
3. 3. A copy of military discharge(s).

_____ COUNTY DATE _____

POSITION APPLIED FOR:

- Police Officer Law Enforcement Related Non-Certified Positions
 Part time Police Officer (Other positions use other application form)

INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

I understand that the submission of this application for sponsorship to a law enforcement academy does not constitute an application for employment or appointment with the sponsor-law enforcement agency. Moreover, I understand this law enforcement agency is under no obligation to sponsor me as a candidate for any law enforcement training program.

PERSONAL HISTORY

1. Full Name

Last name	First	Middle	Abbv.
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2. Other: List all other names you have used including circumstances and time periods you used them.
(For example: maiden name, former name(s), alias(es), or nickname(s).)

Name	Circumstances	Dates From Mo./Yr.	Dates To Mo./Yr.

3. Do you currently use any narcotic or controlled substance, such as cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturate, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature, or have you used such a narcotic or controlled substance within the last year? Yes No

4. Have you ever illegally experimented with or used any narcotic or controlled substance such as, but not limited to: cannabinoids, PCIP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature? Yes No If yes, please complete the following:

a. Drug: _____

b. How taken: _____

c. Last time illegally experimented with or used: _____

5. Do you now or have you ever illegally obtained, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature? If yes, please complete the following:

a. Drug: _____

b. Circumstances: _____

c. Number of times illegally obtained/possessed/supplied/sold: _____

d. First time illegally obtained/possessed/supplied/sold: _____

e. Last time illegally obtained/possessed/supplied/sold: _____

6. Do you now or have you within the last year, abused or illegally obtained, possessed or sold any prescription drug? Yes No If yes, provide details, including drug, date, and circumstances.

BACKGROUND INFORMATION

THIS INFORMATION IS REQUIRED TO CONDUCT BACKGROUND INVESTIGATION ONLY!

1. Date and Place of Birth:

Date of Birth
City
County
State
Country (If not in the United States)

2. Are you a United States citizen? Yes No

if naturalized, please provide: _____

Date
Place

Court
Naturalization No.

3. Marital Status: Married Divorced Separated Widowed Never Married

4. Do you have or have you ever applied for a passport? Yes No Passport # _____

5. Height: _____ Weight: _____

EDUCATION/TRAINING

High School Name/Address	Dates Attended		Mo./YR	Years completed	Did you graduate?	Type of Diploma
	From	To	To			

College/University Name/Address	Dates Attended		Credit Hours Earned		Did you graduate?	Type of Diploma
	From	To	Qtr.	Sem.		

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

Major: _____ Minor: _____

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

Name/Address	Dates Attended		Credit Hours Earned		Did you graduate?	Type of Diploma
	From	To	Qtr.	Sem.		

4. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school:

5. Indicate any foreign languages you can Speak:

Read:

Write:

Fluent	Good	Fair

6. Indicate any law enforcement education/training:

7. Did you receive a certificate for this training? Yes No Certificate # _____

8. Has your law enforcement certificate ever been suspended, revoked, relinquished or subject to discipline or investigation by the CJSTC? Yes No If yes, explain?

9. Describe any special abilities, interests, and hobbies including the degree of proficiency:

10. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

11. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms, computers):

12. Have you had any training/education with K-9's? Yes No If yes, provide details:

13. Would you be willing to be transferred to a K-9 unit, if necessary? Yes No
 (I understand that there is a lesser rate of pay for non-duty time devoted to the care and maintenance of the animal.)

EMPLOYMENT HISTORY

Name/ Address of Employer	Dates Worked Mo./Yr.		Salary	Name Of Supervisor	Reason For Leaving
	From	To			
Name			<input type="checkbox"/> Full <input type="checkbox"/> Part time		
Address					
City, State, Zip					
Phone					
Name			<input type="checkbox"/> Full <input type="checkbox"/> Part time		
Address					
City, State, Zip					
Phone					
Name			<input type="checkbox"/> Full <input type="checkbox"/> Par time		
Address					
City, State, Zip					
Phone					
Name			<input type="checkbox"/> Full <input type="checkbox"/> Part time		
Address					
City, State, Zip					
Phone					
Name			<input type="checkbox"/> Full <input type="checkbox"/> Part time		
Address					
City, State, Zip					
Phone					

2. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? Yes No

3. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No If yes to question #2 or #3, please provide details.

4. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? Yes No If yes, please provide name of agency and date of application or service.

5. 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, please provide name and address of business, corporation or organization and describe your relationship or position.

RESIDENCES

1. Actual places of residence for past 10 years. List chronologically all addresses, including residences while at school and in military. For college on campus residences, give 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 and state. If post office box, give location of post office.

Dates Mo./Yr.		Apt. No	Street Address	City	County	State
From	To					

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ARREST HISTORY / COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? Yes No

2. Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)? Yes No

3. To your knowledge, has any member of your immediate family ever been arrested for other than traffic violations? Yes No If yes to question #1, #2 or #3, list all such matters even if not formally charged, or no 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 your juvenile record and records of your arrest(s) which have been sealed, if any.)

Date	Place/Department	Charge	Court/Place	Disposition
Relative's Name	Place/Department	Charge	Court/Place	Disposition

Provide details for each response to question #1, #2, or #3:

4. Have you or your spouse ever been a plaintiff or defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.) Yes No If you answered yes, give date, place or court, case number, names of involved parties, nature of action, and final disposition.

5. Have you ever been detained by any law enforcement officer for any criminal investigation or been subject to an interrogation? Yes No

6. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.) Yes No
If yes to questions #5 or #6, please provide details.

DRIVING HISTORY

1. Are you a licensed Florida automobile operator or chauffeur? Yes No License # _____

Date of Expiration: _____ Restrictions: _____

2. Do you hold or have you ever held an operator or chauffeur license in another state? Yes No
If yes, please provide state(s), name used and approximate dates license(s) was/were held.

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No If yes, please provide complete details including why license was revoked.

4. Have you ever had automobile insurance refused, withdrawn, or revoked? Yes No
If yes, please provide complete details.

MILITARY HISTORY

1. Are you registered for Selective Service? YES NO

If yes, your Selective Service Number: _____

Classification: _____ Date of Classification: _____

Address of Local Board: _____

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

Branch of Service: _____ Highest Rank: _____

Serial # _____ Duty Dates: From: _____ To: _____ From: _____ To: _____

From: _____ To: _____ From: _____ To: _____

3. Date and type of discharge: _____

4. Are you now or have you ever been a member of a reserve unit or the National Guard?

Yes No

5. If yes state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

6. Was any type of disciplinary action taken against you in the service? Yes No If yes, please provide: Date: _____ Place: _____

Nature of Offense: _____ Action Taken: _____

7. Have you ever served in the Armed Forces of a foreign country. Yes No If yes, please specify countries and dates.

8. VETERANS' PREFERENCE: Check the appropriate block if you are claiming veteran's preference. Documentation substantiating your claim must be furnished at the time of application.

1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense.

2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.

3. A veteran of any war who has served on active duty for 181 consecutive days or more or who has served 180 consecutive days or more since January 31, 1995 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty or training.

4. The un-remarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed using veteran's preference since October 1, 1987? Yes No
If yes, please give name of employer. _____

NOTE: Under Florida law, preference in appointment shall be given first to those persons included in #1 and #2 above, and second to those persons included in #3 and #4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, FL 33731.

BUSINESS INTEREST AND LICENSES

1. 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

2. Are you now issued or have you ever been issued a license to engage in a business or profession?
 Yes No

3. Was your license ever canceled, relinquished, suspended or revoked? Yes No If yes to question #1, #2 or #3, please provide details including the type of license or certificate, the agency that issued the license, effective date of license and license number.

PERSONAL REFERENCES AND ACQUAINTANCES

1. Personal References: Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Complete Name		Home Address: _____
(Last, First, Middle)		City, State, Zip: _____
Yrs. Acq.		Home Phone: () _____
Occupation		Business Address: _____
		City, State, Zip: _____
		Business Phone: () _____
Complete Name		Home Address: _____
(Last, First, Middle)		City, State, Zip: _____
Yrs. Acq.		Home Phone: () _____
Occupation		Business Address: _____
		City, State, Zip: _____
		Business Phone: () _____
Complete Name		Home Address: _____
(Last, First, Middle)		City, State, Zip: _____
Yrs. Acq.		Home Phone: () _____
Occupation		Business Address: _____
		City, State, Zip: _____
		Business Phone: () _____

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

Complete Name		Home Address: _____
(Last, First, Middle)		City, State, Zip: _____
Yrs. Acq.		Home Phone: () _____
Occupation		Business Address: _____
		City, State, Zip: _____
		Business Phone: () _____
Complete Name		Home Address: _____
(Last, First, Middle)		City, State, Zip: _____
Yrs. Acq.		Home Phone: () _____
Occupation		Business Address: _____
		City, State, Zip: _____
		Business Phone: () _____
Complete Name		Home Address: _____
(Last, First, Middle)		City, State, Zip: _____
Yrs. Acq.		Home Phone: () _____
Occupation		Business Address: _____
		City, State, Zip: _____
		Business Phone: () _____

CONFIDENTIAL EMPLOYMENT HISTORY

**THE INFORMATION CONTAINED HEREIN IS CONFIDENTIAL
AND WILL NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION.**

1. Applicant's Current Address:

Address _____

City _____ State _____ Zip _____

() _____

Telephone Number _____

2. Applicant's Social Security Number: _____ - _____ - _____

3. Spouses' Name and Address: (If different)

Address _____

City _____ State _____ Zip _____

() _____

Telephone Number _____

4. Children's Names and Ages:

Name	Date of Birth	Address (If different that applicant's

5. Former Spouse(s) Name and Address:

Address _____

City _____ State _____ Zip _____

() _____

Telephone Number _____

6. Are you now able to participate 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 applied? Yes No

7. This position may require a physical ability test, if such a test or examination is required would you be able to take this test or examination? Yes No

8. Please provide name and address of next of kin or other person to be contacted in case of an emergency:

Address

City

State

Zip

(_____)

Telephone Number

9. Please provide the name and address of your personal or family physician to be contacted in case of an emergency:

Address

City

State

Zip

(_____)

Telephone Number

Signature

Date

Witnessed by:

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 Carrabelle Police Dept. I agree to the conditions and certify that all statements made by me on this application are true, correct 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 Police Dept and that it and the information received in response to the year background examination are public records.

I also understand that I may be required to furnish the Carrabelle Police with a copy of my Income Tax Return for the preceding this application and for each year during my employment or appointment.

I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test and that I may be required to take drug tests during the term of my employment or appointment with the Carrabelle Police.

I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees, 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 and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment with the Carrabelle Police.

I further authorize the Carrabelle Police or agent of the Carrabelle Police, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law.

I further agree to executive any authorization as may be required by the Health Insurance Portability Accountability Act of 1996 (HIPAA) for health care providers to release the necessary medical information to process my application for employment.

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

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Carrabelle Police and I release all such parties from any and all liability for any damage that might result from furnishing such information to the Carrabelle Police.

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

I understand an investigation will be conducted on all of the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character or ability? Yes No

If yes, provide your version or explain fully any such incident.

Signature

Date

Witnessed by:

BACKGROUND INVESTIGATION WAIVER
Authority for Release of Information

TO: Concerned Person or
Authorized Representative of
Any Organization, Institution
or Repository of Records

APPLICANT'S NAME: _____
DATE OF BIRTH: _____
SOCIAL SECURITY #: _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFO: _____

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, education 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 any kind, which may at anytime 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, to:

Florida State Statute 768.095 titled employer immunity from liability: disclosure of information regarding former employees states: - An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences, For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading. Was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760,

Pursuant to Section 943.13 (4), (5) and (7) 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 _____

Before me personally appeared _____, who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20____. My

commission expires on _____, 20____.

Notary Public

Personally Known -or- Produced ID

Type of Identification Produced: _____