

PORT RICHEY POLICE DEPARTMENT



SUPPORT STAFF EMPLOYMENT APPLICATION

NOTICE:

Additional documents must be attached to this application; see page three for additional instructions.

The Port Richey Police Department is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, religion, color, national origin, gender, sexual orientation, age, or disability.

Date: _____ Position Applying For: _____

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 if you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions. Additional instructions can be found on page 3 of this application.

PERSONAL HISTORY

1. Full Name: _____

Last, First, Middle

2. Other: List all other names you have used including circumstances and time periods you used them (i.e. maiden name, former name(s), alias(es), or nickname(s)).

Name	Circumstances	Dates: Used From	Used to

3. Date of Birth _____ Place of Birth _____

City, State, & Country (if not in U.S.)

4. Are you a U.S. Citizen? Yes No If Naturalized, please provide: Date _____

Place _____ Court _____ Naturalization No. _____

5. Social Security Number _____

6. Contact Information: Phone No. _____ Email: _____

6. Marital Status: Never-Married Married Divorced Separated Widowed

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

8. Height _____ Weight _____ Eye Color _____ Hair Color _____

9. Indicate any foreign languages you can: Speak _____
Read _____
Write _____

10. Indicate any law enforcement education/training:

11. Indicate any type of special license, showing licensing authority, where the license was first issued, and date current license expires. (i.e. pilot, radio operator, etc., excluding vehicle operator's license)

12. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (i.e. computers, intoxilyzer, speed detection equipment, firearms, etc.)

DRIVING HISTORY

1. Are you a licensed Florida automobile operator or chauffeur? Yes No D.L. No. _____
Expiration Date _____ Restrictions _____ Class _____

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

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

PORT RICHEY POLICE DEPARTMENT

Screening and Selection Procedures

The Port Richey Police Department is an equal opportunity employer.

The great public trust placed in law enforcement personnel requires that employees of the Port Richey Police Department be highly qualified and thoroughly screened to assure that only those persons with suitable backgrounds are selected. If you can meet these high standards and are the best-qualified applicant, you can look forward to joining this agency.

You are now beginning a very complicated process that will take time to complete and your ability to provide COMPLETE, ACCURATE and TRUTHFUL information will have a great bearing on how quickly your application can be processed. Read this information carefully; it will help you to better understand the screening and selection process. Repeated calls to check on the progress of your application will only serve to slow the process. You will be instructed when to call or will be notified if there is a change in the status of your application.

DISQUALIFICATION: You may be disqualified and your application permanently closed at any time during the screening and selection process due to untruthful or disqualifying written or spoken statements made by you, information obtained during the background investigation or drug screen test results. You will be notified of such action. Applicants who make false statements during the application process will not be considered for employment in the future.

The Application: Read all questions carefully and give complete and honest answers to all applicable questions. Type or use black in to print your answers. Mark Questions that are not applicable with "N/A".

All addresses must include the zip code and all phone numbers must include the area code. Failure to provide these details may result in your application being delayed or disqualified. Your application must be signed and witnessed as indicated on the form. If you return your application to the Port Richey Police Department, we will notarize your application at no charge.

Your completed application must be accompanied by the following documents.

- | | |
|---|-------------------------|
| • Birth Certificate | Original/Certified Copy |
| • Proof of citizenship or related documents (if applicable) | Original/Certified Copy |
| • Social Security Card | Original |
| • High school Diploma or GED | Original/Certified Copy |
| • Valid Driver's License | Original |
| • DD-214 or Military discharge documents (if applicable) | Copy |
| • Law Enforcement certification (if applicable) | Copy |
| • Name change documentation (if applicable) | Copy |
| • CJSTC-58 Forms (available on FDLE's website) | Original & Notarized |

Your completed application and all required documentation must be received by the Port Richey Police Department before the posted deadline date. Your application will be reviewed by an investigator to determine if you meet our mandatory qualifications and that your application is complete. You will then be scheduled for an interview. If you pass your interview phase, a background check will then be conducted. If your background check is to our department standards, you may be scheduled for a second interview or be given a conditional offer contingent on the successful passing additional screening. Additional screening may include but is not limited to fingerprinting, drug screening, physical and psychological examination and/or a polygraph.

Pre-Application Requirements

- At least 18 years of age (or 19 if sworn)
- Citizen of the United States
- If prior military, must not have a dishonorable discharge
- High school graduate or G.E.D.
- Valid Florida Driver's License
- Pass background investigation
- Pass additional screening processes (i.e. physical exam, drug screen, polygraph, psychological, etc.)

MILITARY HISTORY

1. Have you applied for the Selective Service? Yes No N/A Service No. _____

2. Are you now or have you ever been a member of a reserve unit or the National Guard? Yes No N/A

If yes, list branch,
training, and other
details.

3. Have you ever served on active duty in the Armed Forces of the United States? Yes No N/A

Branch of Service _____ Highest Rank _____

Serial No. _____ Duty Dates From: _____ To: _____ From: _____ To: _____
From: _____ To: _____ From: _____ To: _____

4. Date of Discharge: _____ Type of Discharge: _____

(Attach DD-214 form)

5. Was any type of disciplinary action taken against you in the service? Yes No N/A If yes, provide:

Date: _____ Place: _____

Action Taken: _____

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

If yes, list country,
branch and other
details.

7. Are you designated as disabled because of any military service? Yes No N/A

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

No N/A

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, OR

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, OR

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, 1955 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 wartime era, excluding active duty for training, OR

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

Have you claimed and been employed using veterans' preference since October 1, 1987? Yes No N/A

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

COURT HISTORY

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

Yes No

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

Yes No

If yes to 1 or 2, provide details below. If you need additional space or have support documentation you may attach it to this document.

Date	Incident Location	Agency	Charges	Case Disposition

3. To your knowledge, has any member of your family ever been arrested or charged, excluding civil traffic violations?

(Family includes siblings, parent/step-parent, spouse or children.) Yes No

If yes to 3, provide details below. If you need additional space or have support documentation you may attach it to this document.

Incident Location	Relative's Name/Relationship	Agency	Charges	Case Disposition

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

5. Have you ever been detained by any law enforcement officer for investigative purposes? Yes No

6. To your knowledge have you ever been the subject of or a suspect in any criminal investigation? Yes No

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

If you answered yes to questions 4-7, please provide details and explanation below. If you need additional space or have support documentation you may attach it to this document.

DRUG HISTORY

1. Do you now, or have you ever illegally used/tried, obtained/possessed, or supplied/sold any narcotic or controlled substance such as, but not limited to, marijuana, methamphetamine, hashish, cocaine, LSD, heroin, steroid or any drug of similar nature?

Yes No

If yes, please complete the following:

Drug	How it was taken	Circumstances (used, possessed, supplied)	Date

CREDIT DATA

1. Are you or your spouse indebted to anyone? Yes No

If yes, please list all debts over \$500.00. Be sure to include student loans and charge accounts. Also, list any debt where payment is past due, regardless of amount.

Creditor	Amount	Payments
		<input type="checkbox"/> Current <input type="checkbox"/> Past-Due
		<input type="checkbox"/> Current <input type="checkbox"/> Past-Due
		<input type="checkbox"/> Current <input type="checkbox"/> Past-Due

2. Have you, your spouse, or any company/organization controlled by you, ever filed for bankruptcy? Yes No

3. Have you, your spouse, or any company/organization controlled by you, ever had a legal judgment rendered against you for a debt? Yes No

If yes, please provide details; include if the bankruptcy was declared.

BUSINESS INTEREST & LICENSES

1. Do you have currently or have you ever been issued a business license? Yes No

If yes, please provide details: _____

2. Was the license ever canceled, suspended or revoked? Yes No N/A

If yes, please provide details: _____

3. Do you own a business or are you a partner or corporate officer in any business or organization? Yes No

If yes, please provide details: _____

ORGANIZATIONAL MEMBERSHIP

1. Have you ever been a member of a formal club or society? Yes No
If yes, please provide the name of each organization, type of involvement, and dates associated.

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny another persons their rights under the Constitution of the United States of America, or which seeks to alter the form of government of the United States by unconstitutional means?

Yes No

If yes, please provide the name of each organization, type of involvement, and dates associated.

3. Have you ever made a financial or other material contribution to any organization of the type described in question #2?

Yes No N/A

4. At the time of you membership, participation, or contribution, did you know of any unlawful aims of the organization?

Yes No N/A

5. Did you intend to promote any unlawful aims of the organization? Yes No N/A

If yes to question #3 or # 4, please provide details including name of organization and location:

NEIGHBORHOOD REFERENCES

Please provide three names and addresses of neighbors that know you and live in your immediate neighborhood, for each of the last two places you've lived. These can't be relatives or anyone listed as a reference.

Full Name	Complete Address	Phone Number

REFERENCES

1. Personal References: Give three (3) references (not relatives or persons who share a residence with you) 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.

Full Name	Complete Address	Phone Number
Occupation	Business Address	Years Acquainted

Full Name	Complete Address	Phone Number
Occupation	Business Address	Years Acquainted

Full Name	Complete Address	Phone Number
Occupation	Business Address	Years Acquainted

Full Name	Complete Address	Phone Number
Occupation	Business Address	Years Acquainted

CONFIDENTIAL EMPLOYEE INFORMATION

1 Spouse's Name and Address: N/A

Full Name	Complete Address (If Different)	Phone Number

2. Children's Names and Ages: N/A

Full Name	Complete Address (If Different)	Age

3. Emergency Contact: Spouse

Full Name	Complete Address (If Different)	Phone Number

4. Former Spouse Name and Address: N/A

Full Name	Complete Address (If Different)	Phone Number

5. Are you now able to participate in defensive tactics, firearms or physical training, operation of a motor vehicle, or otherwise perform the duties outlined in the job description or task analysis related to the position for which you applied?

Yes No

6. If you answer to question #5 is no, would you be able to perform these tasks with an accommodation?

Yes No N/A

7. If a test or examination is required for this position, would you be able to take this test or examination with an accommodation?

Yes No N/A

8. Explain what accommodations(s) you would need to perform these tasks or take the test or examination. N/A

APPLICANT'S CERTIFICATION

I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for disqualification as an applicant or my dismissal from the Port Richey Police Department. I agree with the conditions and certify that all statements made by me on this application are truthful, correct, and complete to the best of my knowledge.

I understand that my employment will be contingent upon the results of a complete background Investigation, medical examination, drug screening, psychological examination and polygraph examination.

I will be fingerprinted, and that this employment application shall become the property of the Police Department and that the information received in response to the background examination is public record.

I further understand and agree that my employment 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.

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 Port Richey Police Department, and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Chief of Police, at his/her discretion, at any time, and without any prior notice to me.

Signature of the applicant as it usually is written

Date

Witness Name

Signature of Witness



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:

ADDRESS:

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 by means of Physical Presence OR Online Notarization 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