



# DELAND POLICE DEPARTMENT

219 West Howry Ave.  
DeLand, Florida 32720

An Equal Opportunity Employer and a Drug Free Workplace

Qualified applicants are considered for employment and treated without regard to race, color, religion, sex, national origin, age disability, marital, or veteran status (except if eligible for veteran's preference).

## POLICE DEPARTMENT EMPLOYMENT APPLICATION

**NOTICE: PLEASE READ AND FOLLOW THESE INSTRUCTIONS EXACTLY. YOUR ABILITY TO COMPLETE THIS APPLICATION AS REQUESTED WILL BE EVALUATED AND USED AS ONE BASIS FOR SELECTION DECISIONS. THIS APPLICATION WHEN COMPLETED WILL BE USED BY THE DELAND POLICE DEPARTMENT AS AN INVESTIGATIVE AID. RETENTION OF THIS PERSONAL DATA WILL REMAIN WITH THE DELAND POLICE DEPARTMENT. APPLICATIONS FOR POSITIONS WITH THE DELAND POLICE DEPARTMENT WILL BE ACCEPTED ONLY WHEN A VACANCY EXISTS FOR THAT POSITION. THIS APPLICATION WILL REMAIN ACTIVE FOR 60 DAYS. YOU MAY ATTACH A RESUME OR COPIES OF DOCUMENTS YOU FEEL HELP CLARIFY YOUR BACKGROUND, BUT RESUMES WILL NOT BE ACCEPTED IN LIEU OF A FULLY COMPLETED APPLICATION. IF APPLYING FOR MORE THAN ONE POSITION, PLEASE SUBMIT A SEPARATE APPLICATION FOR EACH POSITION.**

### SECTION 1

#### INSTRUCTIONS

- HAND PRINT CLEARLY, IN BLACK INK AND IN YOUR OWN HANDWRITING.
- ANSWER EVERY QUESTION. IF A QUESTION DOES NOT APPLY TO YOU, SIMPLY INDICATE N/A. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
- ANY UNANSWERED, INCOMPLETE OR OMITTED QUESTIONS MAY RESULT IN REJECTION OF YOUR APPLICATION OR DISMISSAL.
- IF THE SPACE AVAILABLE IS INSUFFICIENT, USE A SEPARATE SHEET OF 8½ X 11 PAPER AND PRECEDE EACH ANSWER WITH THE QUESTION.
- DO NOT MISSTATE OR OMIT ANY MATERIAL FACT SINCE THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATIONS FOR SELECTION.
- ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY. DO NOT MAKE EXAGGERATED, FALSE OR MISLEADING STATEMENTS AS THEY MAY CAUSE YOUR REJECTION OR DISMISSAL.
- EACH AND EVERY QUESTION HAS A PURPOSE. DO NOT FAIL TO ANSWER EACH QUESTION COMPLETELY, EVEN IF YOU FEEL IT IS "NOT IMPORTANT".
- PROVIDE A COPY OF BIRTH CERTIFICATE, GED OR HIGH SCHOOL DIPLOMA, UNIVERSITY DIPLOMA, DD214 (MILITARY), DIVORCE DECREE (IF APPLICABLE), DRIVERS LICENSE, AND SOCIAL SECURITY CARD.
- PROVIDE OFFICIAL SEALED TRANSCRIPTS DOCUMENTING CREDIT HOURS FROM INVOLVED UNIVERSITIES OR COLLEGES TO THE DELAND POLICE DEPARTMENT. THE APPLICATION WILL NOT BE COMPLETE WITHOUT SEALED TRANSCRIPTS.

I HAVE READ AND I UNDERSTAND ALL THE ABOVE INSTRUCTIONS. I ALSO UNDERSTAND THAT I MAY BE ASKED TO TAKE A POLYGRAPH (LIE DETECTOR) EXAMINATION TO DETERMINE THE AUTHENTICITY OF THE INFORMATION PROVIDED IN THIS APPLICATION.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

THE FOLLOWING TYPES OF INFORMATION ARE EXAMPLES OF WHAT WILL BE COLLECTED: EMPLOYMENT AND EDUCATIONAL HISTORIES; MILITARY, INSURANCE, CREDIT, AND FINANCIAL INFORMATION; MOTOR VEHICLE AND POLICE RECORDS; INFORMATION ABOUT YOUR ABILITIES, FAMILY, CHARACTER, LIFESTYLE, AND ORGANIZATION MEMBERSHIPS. INFORMATION WILL BE OBTAINED BY LETTER, TELEPHONE AND BY PERSONAL INTERVIEW WITH BOTH PRIMARY AND SECONDARY SOURCES. THIS INFORMATION IS USED AS ONE BASIS FOR SELECTION DECISIONS.

### SECTION 2

**POSITION APPLIED FOR:** \_\_\_\_\_

If referred by a current DeLand Police Dept. employee, indicate his/her name here: **REFERRED BY:** \_\_\_\_\_

**ARE YOU A CERTIFIED POLICE OFFICER?**

YES  NO

**WHAT STATE?** \_\_\_\_\_

**CURRENT PERSONAL DATA**

**SECTION 3**

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

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

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
MO./DAY/YR. CITY/COUNTY/STATE/COUNTRY

PRESENT ADDRESS \_\_\_\_\_  
CITY STATE ZIP CODE

MAILING ADDRESS \_\_\_\_\_  
CITY STATE ZIP CODE

HOME TELEPHONE ( ) \_\_\_\_\_ BUSINESS TELEPHONE ( ) \_\_\_\_\_

PAGER/CELLULAR/OTHER ( ) \_\_\_\_\_

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	SCARS, TATTOOS, ETC.

ALIAS(ES), NICKNAME, MAIDEN NAME, OR OTHER CHANGES IN NAME  
\_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES?  YES  NO

CAN YOU, UPON EMPLOYMENT, SUBMIT DOCUMENTATION VERIFYING YOUR RIGHT TO WORK AND YOUR IDENTITY?  YES  NO

ARE YOU A NATURALIZED CITIZEN OF THE UNITED STATES?  YES  NO  
Sworn Positions Only (Requirement for FDLE CJST certification)

**EDUCATION**

**SECTION 4**

	CIRCLE HIGHEST GRADE COMPLETED												GRADE/HIGH SCHOOL				COLLEGE/UNIVERSITY				GRADUATE			
	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4	1	2	3	4				
	SCHOOL NAME/ADDRESS												ATTENDANCE DATES				DEGREE							
GRADE SCHOOL																								
HIGH SCHOOL																								
COLLEGE/UNIVERSITY																								
GRADUATE																								
OTHER/GED																								

WHILE IN SCHOOL, WERE YOU EVER SUSPENDED OR EXPELLED?  YES  NO

IF YES, EXPLAIN DATE, SCHOOL, AND INCIDENT. (Use additional sheet of paper if necessary)

\_\_\_\_\_

IF YOU HAVE NOT YET OBTAINED A DEGREE, PLEASE INDICATE THE TOTAL AMOUNT OF COLLEGE CREDITS YOU HAVE EARNED. \_\_\_\_\_

HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY OR COAST GUARD INCLUDING ROTC?

YES  NO (IF YES, INCLUDE A PHOTOCOPY OF DD-214)

BRANCH OF SERVICE

UNIT OR SHIP

\_\_\_\_\_

WHAT IS YOUR MILITARY SERVICE NUMBER AND/OR SELECTIVE SERVICE NUMBER?

\_\_\_\_\_

HIGHEST RANK HELD

\_\_\_\_\_

HOW MANY PERIODS OF ACTIVE MILITARY SERVICE HAVE YOU HAD? Please list all periods of service.

\_\_\_\_\_

LIST ALL MEDALS AND DECORATIONS AWARDED TO YOU AS A MEMBER OF THE ARMED FORCES.

\_\_\_\_\_

WHAT IS THE TYPE OF YOUR DISCHARGE? BE EXACT. ATTACH COPY OF DD214.

HONORABLE  DISHONORABLE  GENERAL  HONORABLE CONDITIONS

OTHER \_\_\_\_\_

IF OTHER THAN HONORABLE, STATE THE REASON OR CIRCUMSTANCES

\_\_\_\_\_

ARE YOU NOW OR WERE YOU EVER ON ACTIVE OR INACTIVE DUTY OF ANY BRANCH OF THE UNITED STATES RESERVE FORCES?

YES  NO  ACTIVE  INACTIVE

BRANCH OF SERVICE:

ARE YOU NOW OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD?

YES  NO STATE BRANCH, UNIT AND LOCATION OF DUTY STATION, RANK.

WERE YOU EVER COURT MARTIALED, TRIED ON CHARGES? WERE YOU THE SUBJECT OF A SUMMARY COURT, DECK COURT, CAPTAIN'S MAST OR COMPANY PUNISHMENT, OR ANY OTHER DISCIPLINARY ACTION INCLUDING ARTICLE 15'S WHILE A MEMBER OF THE ARMED SERVICES?

YES  NO IF YES, STATE THE FINDINGS AND THE CIRCUMSTANCES FROM WHICH THE ACTION STEMMED. PROVIDE ANY DOCUMENTATION YOU MAY POSSESS.

LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR OTHER RESERVE UNIT AND THE CIRCUMSTANCES FROM WHICH THE ACTION STEMMED. PROVIDE ANY DOCUMENTATION YOU MAY POSSESS. Attach additional sheets if necessary.

\_\_\_\_\_

**MARITAL STATUS INFORMATION****SECTION 6**

STATUS: SINGLE MARRIED SEPARATED DIVORCED

INFORMATION CONCERNING MARRIAGES (LIST ALL MARRIAGES):

DATE MARRIED	JURISDICTION	SPOUSE'S NAME	SPOUSE'S DATE OF BIRTH	SPOUSE'S SOCIAL SECURITY NUMBER

NAME, ADDRESS & TELEPHONE OF SPOUSE(S) IF DIVORCED OR SEPARATED:

--

IF EVER SEPARATED, ANNULLED OR DIVORCED, INDICATE THE FOLLOWING INFORMATION.

SEPARATED, ANNULLED OR DECREE	DATE OF ORDER	WHERE DECREED BY LAW (COURT AND STATE)

LIST ALL CHILDREN BY NAME, AND AGE BORN TO YOU AND THEIR OTHER PARENT'S NAME AND ADDRESS.

CHILD'S NAME	AGE	OTHER PARENT'S NAME	ADDRESS

**RESIDENCE****SECTION 7**

CHRONOLOGICALLY LIST, STARTING WITH YOUR PRESENT RESIDENCE, ALL PREVIOUS PLACES OF RESIDENCE SINCE LEAVING ELEMENTARY SCHOOL:

DATES	ADDRESS (INCLUDE CITY, STATE & ZIP CODE)
From:	
To:	
From:	
To:	
From:	
To:	



**EMPLOYMENT HISTORY**

**SECTION 8**

THIS SECTION MUST BE COMPLETED EVEN IF YOU ATTACH A RESUME

INSTRUCTIONS: BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL FULL AND PART-TIME EMPLOYMENT AND ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT WHICH EXCEED THREE MONTHS. USE ADDITIONAL SHEETS IF NECESSARY. IF YOU HAVE BEEN EMPLOYED UNDER OTHER NAMES, LIST WITH APPLICABLE EMPLOYER.

NOTE: BACKGROUND INVESTIGATION WILL NOT BE COMPLETE WITHOUT CONTACTING YOUR PRESENT EMPLOYER.

**PRESENT/MOST RECENT EMPLOYER NAME :** \_\_\_\_\_

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

CITY, STATE, ZIP: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

HIRE DATE: \_\_\_\_\_ SEPARATION (END) DATE: \_\_\_\_\_

JOB DUTIES & RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

REASON FOR LEAVING (Be specific, this area must be completed): \_\_\_\_\_

**NAME OF EMPLOYER :** \_\_\_\_\_

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

CITY, STATE, ZIP: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

HIRE DATE: \_\_\_\_\_ SEPARATION (END) DATE: \_\_\_\_\_

JOB DUTIES & RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

REASON FOR LEAVING (Be specific, this area must be completed): \_\_\_\_\_

**NAME OF EMPLOYER :** \_\_\_\_\_

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

CITY, STATE, ZIP: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

HIRE DATE: \_\_\_\_\_ SEPARATION (END) DATE: \_\_\_\_\_

JOB DUTIES & RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

REASON FOR LEAVING (Be specific, this area must be completed): \_\_\_\_\_

**NAME OF EMPLOYER :** \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_  
HIRE DATE: \_\_\_\_\_ SEPARATION (END) DATE: \_\_\_\_\_  
JOB DUTIES & RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_  
REASON FOR LEAVING (Be specific, this area must be completed): \_\_\_\_\_  
\_\_\_\_\_

**NAME OF EMPLOYER :** \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_  
HIRE DATE: \_\_\_\_\_ SEPARATION (END) DATE: \_\_\_\_\_  
JOB DUTIES & RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_  
REASON FOR LEAVING (Be specific, this area must be completed): \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN ASKED (OR GIVEN THE OPPORTUNITY) TO RESIGN FROM ANY EMPLOYMENT POSITION?

YES  NO IF YES, PLEASE GIVE DETAILS ON A SEPARATE PAPER

HAVE YOU BEEN COUNSELED, REPRIMANDED, SUSPENDED, OR TERMINATED FROM ANY EMPLOYMENT?

YES  NO IF YES, PLEASE GIVE DETAILS ON A SEPARATE PAPER.

**FOR PAST OR PRESENT LAW ENFORCEMENT OFFICERS:**

HAVE YOU EVER BEEN THE SUBJECT OF AN INTERNAL AFFAIRS INVESTIGATION?  
LIST JURISDICTION, ALLEGATION, DATES AND DISPOSITION.

YES  NO IF YES, PLEASE GIVE DETAILS ON A SEPARATE PAPER.

**FINANCIAL INFORMATION****SECTION 9**

DO YOU HAVE A SAVINGS ACCOUNT(S)?

 YES  NO ACCOUNT NUMBER \_\_\_\_\_ AMOUNT \_\_\_\_\_  
 BANK NAME \_\_\_\_\_

DO YOU HAVE A CHECKING ACCOUNT(S)?

 YES  NO ACCOUNT NUMBER \_\_\_\_\_ AMOUNT \_\_\_\_\_  
 BANK NAME \_\_\_\_\_

DO YOU OWN OR ARE YOU BUYING YOUR HOME?

 YES  NO AMOUNT INVESTED \_\_\_\_\_ MONTHLY PAYMENT \_\_\_\_\_  
 MORTGAGE HOLDER \_\_\_\_\_ MORTGAGE BALANCE \_\_\_\_\_  
 ACCOUNT OR MORTGAGE # \_\_\_\_\_ PURCHASE AMOUNT \_\_\_\_\_

DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE?

 YES  NO TYPE OF REAL ESTATE \_\_\_\_\_ PURCHASE AMOUNT \_\_\_\_\_  
 MORTGAGE HOLDER \_\_\_\_\_ AMOUNT INVESTED \_\_\_\_\_  
 MORTGAGE BALANCE \_\_\_\_\_  
 ACCOUNT OR MORTGAGE # \_\_\_\_\_

DO YOU OWN OR ARE YOU BUYING AN AUTOMOBILE?

 YES  NO PURCHASE AMOUNT \_\_\_\_\_ AMOUNT OWED \_\_\_\_\_  
 MONTHLY PAYMENT \_\_\_\_\_ FINANCIAL CO. \_\_\_\_\_ ACCT No. \_\_\_\_\_  
 MAKE OF AUTO \_\_\_\_\_ YEAR \_\_\_\_\_

LIST ALL OTHER SOURCE OF INCOME OTHER THAN BANK INTEREST OR STOCK, MUTUAL FUNDS OR BOND INTEREST RECEIVED. USE ADDITIONAL SHEETS IF NECESSARY.

**CRIMINAL AND JUVENILE RECORD****SECTION 10**

HAVE YOU EVER BEEN A WITNESS, SUSPECT, OR THE SUBJECT OF A POLICE INVESTIGATION?

 YES  NO IF YES, EXPLAIN IN DETAIL AS TO WHAT OFFENSE, JURISDICTION, DATE, OUTCOME OR RESULTS OF THE INVESTIGATION.
HAVE YOU EVER BEEN ARRESTED, INDICTED, CONVICTED OR PLED NO CONTEST TO ANY VIOLATION OF THE LAW, ORDINANCE, OR CRIMINAL TRAFFIC VIOLATIONS?  YES NO

IF YES, PROVIDE ALL PERTINENT DETAILS INCLUDING FINES, CONVICTIONS, PROBATION, JAIL OR PRISON SENTENCES (INCLUDING THOSE WHILE IN THE MILITARY):

DATE	OFFENSE/CHARGE	NAME/LOCATION OF COURT	DISPOSITION/SENTENCE

**NOTE:** A CRIMINAL BACKGROUND CHECK AND DRIVING RECORD CHECK WILL BE CONDUCTED IF YOU ARE CONSIDERED FOR EMPLOYMENT. INFORMATION CONCERNING CONVICTIONS MAY NOT NECESSARILY DISQUALIFY AN APPLICANT. HOWEVER, ANY APPLICANT WHO FALSIFIES THE APPLICATION BY FAILING TO PROVIDE REQUIRED INFORMATION ON CONVICTIONS WILL, IF EMPLOYED, BE SUBJECT TO DISMISSAL OR, IF NOT EMPLOYED, BE SUBJECT TO DISQUALIFICATION.

HAVE YOU EVER BEEN PLACED ON PROBATION FOR ANY OFFENSE (SEALED OR EXPUNGED RECORDS INCLUDED)

YES  NO IF YES, GIVE DETAILS: Use additional sheet if necessary.

HAVE YOU BEEN FINGERPRINTED BY A LAW ENFORCEMENT AGENCY?  YES  NO  
GIVE DETAILS BELOW. YOUR ANSWER WILL BE CHECKED WITH THE FBI AND OTHER AGENCIES.

AGENCY _____	DATE _____
PURPOSE _____	STATUS: _____
AGENCY _____	DATE _____
PURPOSE _____	STATUS: _____

HAVE YOU EVER APPLIED FOR A POSITION WITH ANY OTHER POLICE AGENCY?  
 YES  NO List all, with dates and status of application. Use separate sheet of paper if necessary.

HAVE YOU EVER BEEN DENIED EMPLOYMENT BY ANOTHER LAW ENFORCEMENT AGENCY?  
 YES  NO Please explain on a separate sheet of paper.

HAVE YOU EVER HAD A POLYGRAPH?  
 YES  NO STATE WHERE, WHEN AND REASON

HAVE YOU EVER BEEN THE VICTIM OF A CRIME?  
 YES  NO STATE WHERE, WHEN AND PROVIDE DETAILS Use additional sheet if necessary.

**MOTOR VEHICLE OPERATOR RECORD**

**SECTION 11**

DRIVER LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

DRIVER LICENSE TYPE:  OPERATOR  CDL: A \_\_\_ B \_\_\_ C \_\_\_ D \_\_\_ E \_\_\_

HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED OR REVOKED?  YES  NO  
IF YES, EXPLAIN: \_\_\_\_\_

WAS YOUR LICENSE EVER RESTORED?  YES  NO DATE: \_\_\_\_\_

DID YOU EVER POSSESS A DRIVERS LICENSE ISSUED BY ANY STATE OTHER THAN FLORIDA?

<input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVERS LICENSE NUMBER _____
	STATE _____
	DATE ISSUED _____ RESTRICTIONS _____

HAVE YOU EVER BEEN REFUSED A DRIVERS LICENSE BY ANY STATE?

YES  NO IF YES, GIVE DETAILS.

HAS YOUR DRIVERS LICENSE EVER BEEN RESTRICTED DUE TO TRAFFIC OFFENSE CONVICTIONS OR PLACED ON NEGLIGENT OPERATORS PROBATION?

YES  NO IF YES, GIVE DETAILS.

HAVE YOU EVER BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT? Use additional sheet if necessary.

YES  NO IF YES, GIVE COMPLETE DETAILS FOR EACH ACCIDENT.

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
 CAUSE OF ACCIDENT \_\_\_\_\_  
 WHO WAS CHARGED WITH ACCIDENT \_\_\_\_\_ WAS THERE A POLICE INVESTIGATION?  YES  NO

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
 CAUSE OF ACCIDENT \_\_\_\_\_  
 WHO WAS CHARGED WITH ACCIDENT \_\_\_\_\_ WAS THERE A POLICE INVESTIGATION?  YES  NO

LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED THROUGHOUT 7 YEARS. Use additional sheet if necessary.

State "none" if applicable. Do not leave this section blank.

LOCATION (STREET, CITY, STATE)	APPROXIMATE DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

DO YOU PRESENTLY HAVE AUTOMOBILE LIABILITY INSURANCE?  YES  NO  
 IF YES, LIST DATES OF COVERAGE FROM \_\_\_\_\_ TO \_\_\_\_\_  
 INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_ TYPE OF POLICY \_\_\_\_\_  
 IF NOT, GIVE DETAILS:

**CONTROLLED SUBSTANCE USE SECTION 12**

HAVE YOU EVER ILLEGALLY POSSESSED, USED OR SOLD DRUGS OR MARIJUANA?

YES  NO IF YES, GIVE SPECIFIC DETAILS AND DATES (Use additional sheet of paper if necessary)

HAVE YOU POSSESSED, INJECTED, INHALED, SWALLOWED, OR INGESTED BY ANY OTHER MEANS, ANY ILLEGAL DRUGS WITHOUT LEGAL AUTHORIZATION.

YES  NO IF YES, GIVE DETAILS: (Use additional sheet of paper if necessary)

**ORGANIZATIONS SECTION 13**

PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS: Use additional sheet of paper if necessary.

NAME, ADDRESS AND TELEPHONE	TYPE (FRATERNAL, SOCIAL, PROFESSIONAL)	MEMBERSHIP DATES	OFFICE OR POSITION HELD

**SUBVERSIVE ORGANIZATIONS:**

1. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?  YES  NO
2. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR GOVERNMENT, OR WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF TERROR 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 VIOLENT OR ILLEGAL MEANS?  YES  NO
3. ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE, AS AN AGENT, OFFICIAL OR EMPLOYEE?  YES  NO
4. HAVE YOU EVER BEEN ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OR ORGANIZATIONS OF THE TYPE DESCRIBED ABOVE: CONTRIBUTIONS TO, OR ATTENDANCE AT OR PARTICIPATION IN ANY ORGANIZATIONAL, SOCIAL, OR ANY ACTIVITIES OF SAID ORGANIZATIONS OR OF ANY PROJECTS SPONSORED BY THEM; THE SALE, GIFT, OR DISTRIBUTION OF ANY WRITTEN, PRINTED, OR OTHER MATTER PREPARED, REPRODUCED, OR PUBLISHED BY THEM OR ANY OF THEIR AGENTS OR INSTRUMENTALITIES?  YES  NO
5. IF YOU HAVE ANSWERED "YES" TO ANY OF THE QUESTIONS ABOVE, DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT. 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 FORMERLY HELD. IF ASSOCIATIONS HAVE BEEN WITH INDIVIDUALS WHO ARE MEMBERS OF THESE ORGANIZATIONS, THEN LIST THE INDIVIDUALS AND THE ORGANIZATIONS WITH WHICH THEY WERE OR ARE AFFILIATED.

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
	Excellent Good Fair	Excellent Good Fair	Excellent Good Fair	Excellent Good Fair
	Excellent Good Fair	Excellent Good Fair	Excellent Good Fair	Excellent Good Fair
	Excellent Good Fair	Excellent Good Fair	Excellent Good Fair	Excellent Good Fair

**ADDITIONAL INFORMATION SECTION 15**

ARE YOU RELATED TO ANYONE PRESENTLY EMPLOYED BY THE DELAND POLICE DEPT.?  YES  NO

IF YES, GIVE NAME AND RELATIONSHIP: \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THE DELAND POLICE DEPT.?  YES  NO

IF YES, COMPLETE THE FOLLOWING:

<b>DATES PREVIOUSLY EMPLOYED (FROM/TO):</b>	
<b>POSITION:</b>	
<b>REASON FOR LEAVING:</b>	

LIST ANY LICENSES, CERTIFICATES, OR ADDITIONAL SKILLS, INCLUDING KNOWLEDGE OF SOFTWARE PROGRAMS YOU HAVE THAT MAY BE HELPFUL IN DOING THIS JOB: \_\_\_\_\_

DESCRIBE ANY SPECIAL EQUIPMENT OR MACHINERY YOU CAN OPERATE: \_\_\_\_\_

LIST ANY PROFESSIONAL, TECHNICAL, OR TRADE ASSOCIATION IN WHICH YOU ARE A MEMBER: \_\_\_\_\_

REMARKS (ANY COMMENTS YOU THINK ARE IMPORTANT): (Use additional sheet of paper if necessary)

**EMERGENCY CONTACT**

**SECTION 16**

NAME : \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ BUSINESS TELEPHONE: \_\_\_\_\_

**REFERENCES**

**SECTION 17**

LIST THREE (3) PERSONAL OR PROFESSIONAL REFERENCES (NO RELATIVES OR EMPLOYERS)

NAME	ADDRESS	TELEPHONE	YEARS ACQUAINTED

ARE YOU CLAIMING VETERANS' PREFERENCE PURSUANT TO F.S. 295.07? If applicable.  YES  NO

IF YES, PLEASE DESIGNATE THE BASIS FOR YOUR PREFERENCE ON A FORM OBTAINED FROM THE DELAND POLICE DEPARTMENT AND ATTACH COPIES OF SUPPORTING DOCUMENTATION.

**BEFORE SUBMITTING THIS APPLICATION PLEASE VERIFY THAT ALL QUESTIONS HAVE BEEN ANSWERED, AFFIDAVITS HAVE BEEN NOTARIZED AND COPIES OF NECESSARY DOCUMENTATION ARE ATTACHED. PLEASE REFER TO INSTRUCTIONS ON PAGE ONE.**

THE FOLLOWING IS TO BE EXECUTED PRIOR TO SUBMISSION. THIS SECTION MUST BE SIGNED AND NOTARIZED. PLEASE READ CAREFULLY.

I HEREBY AUTHORIZE THE DELAND POLICE DEPARTMENT TO VERIFY ALL INFORMATION CONTAINED HEREIN INCLUDING CREDIT AND FINANCIAL INFORMATION AND I RELEASE ALL PAST EMPLOYERS AND ALL REFERENCES FROM ANY AND ALL LIABILITY FOR THE RELEASE OF INFORMATION TO THE DELAND POLICE DEPARTMENT.

I UNDERSTAND THAT ALL JOB OFFERS FROM THE DELAND POLICE DEPARTMENT ARE CONDITIONED ON SUCCESSFUL COMPLETION OF A POLYGRAPH, HEALTH QUESTIONNAIRE AND MEDICAL EXAMINATION BY A DELAND POLICE DEPARTMENT APPOINTED PHYSICIAN/FACILITY AND PSYCHOLOGICAL EVALUATION TO DETERMINE MY ABILITY TO PERFORM ANY JOB OFFERED. THE EXAMINATION SHALL INCLUDE AN ALCOHOL/ DRUG SCREEN FOR WHICH I GIVE CONSENT AND AGREE TO GIVE A SPECIMEN OF MY BLOOD AND/OR URINE TO ANY MEDICAL FACILITY DESIGNATED BY THE DELAND POLICE DEPARTMENT FOR THIS PURPOSE.

I FURTHER UNDERSTAND AND AGREE IN ADVANCE THAT I MAY BE SUMMARILY DISCHARGED OR ANY EMPLOYMENT OFFER MAY BE WITHDRAWN IF ANY OF THE INFORMATION PROVIDED BY ME CONTAINS ANY MISREPRESENTATIONS OR FALSIFICATIONS OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED REGARDLESS OF WHEN THIS INFORMATION BECOMES KNOWN TO THE DELAND POLICE DEPARTMENT.

I HEREBY SWEAR OR AFFIRM THAT THERE ARE NO MISREPRESENTATIONS OR OMISSIONS IN OR FALSIFICATIONS OF THE ABOVE STATEMENTS AND ANSWERS TO QUESTIONS. I AM AWARE THAT SHOULD INVESTIGATION DISCLOSE SUCH MISREPRESENTATIONS, FALSIFICATIONS OR OMISSIONS, MY APPLICATION WILL BE REJECTED AND I WILL BE DISQUALIFIED FROM PRESENT PROCESSING OR, IF AFTER MY ACCEPTANCE FOR EMPLOYMENT, SUBSEQUENT INVESTIGATION SHOULD DISCLOSE MISREPRESENTATIONS, FALSIFICATIONS OR OMISSIONS, IT WILL BE JUST CAUSE FOR IMMEDIATE DISMISSAL FROM EMPLOYMENT WITH THE DELAND POLICE DEPARTMENT.

SIGNATURE: \_\_\_\_\_ PRINT NAME \_\_\_\_\_

DATE: \_\_\_\_\_

**AFFIDAVIT**

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

SUBSCRIBED AND SWORN TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_ BY \_\_\_\_\_

WHO IS PERSONALLY KNOWN TO ME OR PRODUCED THE FOLLOWING IDENTIFICATION: \_\_\_\_\_

NOTARY PUBLIC SEAL OF OFFICE:

SIGNATURE OF NOTARY PUBLIC : \_\_\_\_\_

NOTARY PUBLIC, PRINT NAME : \_\_\_\_\_

**DELAND POLICE DEPARTMENT**  
**AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize any Police Officer or authorized representative of the DeLand Police Department bearing this release, or copy thereof, to obtain from any agency of the Government of the United States, and/or any other agency, person, firm or corporation holding records concerning me that are considered confidential, any and all information requested that involves me in any way, upon request. Included in this grant of authority is my permission to former employers and other persons acquainted with me or in my possession of information concerning me to supply such information to the DeLand Police Department. This further includes the furnishing of copies of pertinent documents about my background as required.

Such records may pertain to my employment records or educational records including but not limited to achievement, attendance, personal history, and disciplinary records, medical records, reasons for termination of employment, reason for discharge from military service, job performance, complete history of injuries suffered, including any disability remaining, criminal history and other personal information which may not otherwise be obtained without any prior agreement. 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 provided is for the official use of the DeLand Police Department. I further understand that any information which may be obtained about me from whatever source will be obtained upon an assurance of confidentiality by the DeLand Police Department and form a part of the complete Background Investigation File, to which I will not have access at any time.

I hereby release you as the custodian of such records and as an employer, educational institution, physician, hospital or other repository of medical records, or credit reporting agency, or any other agency or entity, and including all of your officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time to me, my heirs, family, or associates arising out of compliance with this authorization any request to release information, or any attempt to comply with it.

SIGNATURE: \_\_\_\_\_ PRINT NAME \_\_\_\_\_

DATE: \_\_\_\_\_

**AFFIDAVIT**

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

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

SUBSCRIBED AND SWORN TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_ BY \_\_\_\_\_

WHO IS PERSONALLY KNOWN TO ME OR PRODUCED THE FOLLOWING IDENTIFICATION: \_\_\_\_\_

NOTARY PUBLIC SEAL OF OFFICE:

SIGNATURE OF NOTARY PUBLIC : \_\_\_\_\_

NOTARY PUBLIC, PRINT NAME: \_\_\_\_\_



**DOMESTIC VIOLENCE DISCLOSURE**

1. Have you ever been convicted of a Domestic Violence related crime (“Domestic Violence” means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, or any criminal offense resulting in physical injury or death of one family or household member by another who is or was residing in the same single family dwelling unit)?  YES  NO
2. Have you ever been a party to a Domestic Violence Injunction or Petition?  YES  NO
3. Have you ever been involved in any Domestic Violence incident where the police responded and a written police report of the incident was completed?  YES  NO
4. Have you ever been involved in any Domestic Violence incident where the police responded and a written police report of the incident was not completed?  YES  NO

IF YOU ANSWERED “YES” TO ANY OF THE QUESTIONS ABOVE, PLEASE EXPLAIN THE CIRCUMSTANCES AND ATTACH ANY SUPPORTING DOCUMENTATION. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT IF NECESSARY.

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ PRINT NAME \_\_\_\_\_

DATE: \_\_\_\_\_

**AFFIDAVIT**

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

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

SUBSCRIBED AND SWORN TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_ BY \_\_\_\_\_

WHO IS PERSONALLY KNOWN TO ME OR PRODUCED THE FOLLOWING IDENTIFICATION: \_\_\_\_\_

NOTARY PUBLIC SEAL OF OFFICE:

SIGNATURE OF NOTARY PUBLIC: \_\_\_\_\_

NOTARY PUBLIC, PRINT NAME : \_\_\_\_\_



---

## NOTICE UNDER FAIR CREDIT REPORTING ACT

Consent to Obtain Consumer Credit Report

As an applicant or employee of the DeLand Police Department, at some point the DeLand Police Department may procure (or cause to be procured) your consumer report for employment purposes. This consumer credit report cannot be obtained without your consent, which your signature below will indicate.

“I, \_\_\_\_\_, hereby authorize the DeLand Police Department to procure, or cause to be procured, my consumer report for employment purposes.”

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



CLAIM FOR VETERAN'S PREFERENCE

Attach copy of your discharge papers (DD214) and submit this form with Application.

Name: \_\_\_\_\_ Date: \_\_\_\_\_
Position Applied For: \_\_\_\_\_

I claim Veteran's Preference based on the following: (check basis for your preference below)

- 1. As a veteran with a compensable 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. As the spouse of a veteran who cannot qualify for employment because of total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.
3. As a veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 days or more since January 31, 1955, if any part of such active duty was performed during a wartime era as defined by Florida Statute and Florida Administrative Code. Active training is not allowable.
4. As the unremarried spouse of a veteran who was killed in action, or died of a service connected disability.

Branch of Service \_\_\_\_\_ Date of Entry \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Have you been employed through Veteran's Preference since October 1, 1987? \_\_\_\_\_

If yes, please provide the name and telephone of the employer: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Any eligible applicant who believes he/she was not afforded employment preference in accordance with F.S. 295.08 may file a complaint with the Division of Veterans' Affairs within 21 days from the date of notice of hiring decision.



Florida Department of Law Enforcement

**AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)**



**CJSTC 58**

Incorporated by Reference in Rule 11B-27.0022(2)(b), F.A.C.

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

APPLICANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER (Optional): \_\_\_\_\_

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: \_\_\_\_\_

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, 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 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:

768.095, F.S., 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 Sections 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 \_\_\_\_\_

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

Before me personally appeared \_\_\_\_\_ who says that he/she executed the above instrument of his or 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\_\_\_\_. Personally Known \_\_\_\_\_ - or -

Produced Identification ` \_\_\_\_\_ Notary Public: \_\_\_\_\_

Type of identification produced: \_\_\_\_\_



---

**TOBACCO SUBSTANCE AFFIDAVIT**

I, \_\_\_\_\_, as an applicant for the position of  
(Print Name)

Sworn Police Officer with the City of DeLand, hereby, certify that I am not now nor have been a smoker of cigarettes or any other tobacco related substances for the two years previous to this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

STATE OF FLORIDA  
COUNTY OF VOLUSIA

I, \_\_\_\_\_, A Notary Public in and for said County and State do hereby certify that, \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and official seal this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public



# CITY OF DELAND

DELAND POLICE DEPARTMENT

Chief of Police

## Affidavit of Non-Military Service

The undersigned attests that the applicant has never served in any military branch of the United States of America, it's allies, any other foreign power or otherwise within the provisions of the Soldiers' and Sailors' Civil Relief Act of Congress of 1940.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)