

ACKNOWLEDGEMENT

By my signature below, I hereby acknowledge, understand and affirm that, either as part of the pre-employment screening or, post-hire probationary period, a detailed in-person, on-site background investigation will be conducted.

Further, I hereby acknowledge, understand and affirm that, should the above noted background investigation disclose unsatisfactory information, the possibility exists that I may be terminated from further pre-employment consideration or post-hire probationary employment.

Further, I understand that my position is designated a "critical" position, and I **SHALL be required to report and remain available for emergency duty in face of an in-coming hurricane or other disaster or declared emergency.**

Periodically duties, equipment, material, and/or job setting(s), other than those listed, are required and will be considered as part of the regular job while in effect.

The listing of tasks is in no way to be considered a complete listing of all possible tasks, nor is the requirement for an ability or skill a guarantee that the ability or skill is going to be used.

I _____, have read this job description and hereby agree with the above noted "Acknowledgements", that I meet the requirements and qualifications and if hired can perform these and related duties as assigned. I further affirm that I understand this job description may be amended periodically, as is the right of the City.

Applicant Signature

Date

**THE CITY OF KEY WEST IS AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION /
VETERANS PREFERENCE EMPLOYER
& A DRUG-FREE WORKPLACE**

**Key West Police Department
1604 N Roosevelt Blvd
Key West, FL 33040
Telephone: (305) 809-1087**

E-mail: recruiter@keywestcity.com

CIVILIAN EMPLOYMENT SCREENING PROCESS

Below is an overview of the employment screening process for non-sworn applicants.

1. Candidates must complete a TABE (The Adult Basic Education) test scoring a 10 in the language, reading and spelling portions of the exam.
2. Candidates must complete a typing test. (20 wpm minimum for dispatch – 40 for records positions.)
3. Application received (with required documents including TABE scores and typing test results, if applicable)
4. Background Investigation
5. Computer Voice Stress Analysis Test
6. Oral Interview
7. Conditional Offer of Employment Extended
8. Psychological Testing (written-interview)
9. Physical Exam
10. Hearing Test (telecommunicator applicants)
11. Final Approval by Chief of Police
12. Final Approval by City Manager

The above process is subject to change without notice and the order in which each step is listed above may not be the actual order of process completion.

SALARY/BENEFITS

The city has its own retirement program and all employee insurance premium costs (health, dental, vision, prescription drug coverage) are covered by the city. Dependant coverage is entirely the responsibility of the employee, and is approximately \$760.00 a month, for family coverage. Vacation hours are earned at 3.08 hours per pay period (26 pay periods per year) This is not an all-inclusive list of city benefits.

THANK YOU FOR YOUR TIME AND INTEREST. I LIKE TO SPEAK TO EACH PERSON WHO IS CONSIDERING APPLYING TO OUR DEPARTMENT. IF POSSIBLE, GIVE ME A CALL AT 305-809-1087.

Officer Al Citelli
KWPD
Bureau of Professional Standards

Pre-application testing is available at no charge to the candidate at the following locations. Please contact them directly for scheduling.

*TABE Test – Florida Keys Community College, Criminal Justice Program -
Contact Cathy Torres at 305-296-9081 X231*

*Typing Test – One-Stop Career Center, 3113 Flagler Ave, Key West –
call 305-293-7563*

PERSONAL HISTORY STATEMENT

Employment Candidate:

The Key West Police Department's Personal History Statement is commonly referred to as the application for employment. Information collected in this document will be used for investigative purposes. It is very important that you read and follow all directions in this document. Information in this document must be complete and accurate. Failure to provide complete and accurate information may result in your elimination from the employment screening process.

Before completing this document, closely read the instructions, which are written throughout. There are a number of copies of official documents that you are required to obtain, and some of these documents will be necessary before you can adequately complete the application.

When mentioning persons, be sure to fully identify the individual by his/her full correct name. Further, give complete addresses and phone numbers. Investigators will not attempt to determine street numbers, correct spellings, apartment numbers, telephone numbers or zip codes. If your application is not complete and notarized, the application will be returned to you.

When completing the residence portion of this application, be sure that you provide every address where you have lived for the last ten (10) years. If necessary, call an appropriate person to find out the exact address and the time period during which you resided at that address.

When completing the employment portion of this application, be sure that you provide each place of employment for the last ten (10) years. If there was a period of unemployment, enter it in the application in the same sequence and manner as if this were another employer by indicating "from" and "to" and printing "unemployed" in the block headed "Name of Employer."

If a question or section does not apply to you, indicate with "N/A."

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.

Non-Sworn Employment Candidates:

1. Shall be a citizen of the U.S. or legal Resident Alien eligible and authorized to work in the United States and show proof of same.
2. Shall be at least eighteen years of age.
3. Shall possess a high school diploma or G.E.D.
4. Shall be drug-free. (SEE ATTACHED DRUG USE INFORMATION SHEET.)
5. Shall have no felony convictions.
6. Shall not have been convicted of a misdemeanor crime involving perjury or false statements.
7. Must be able to complete all essential functions without accommodations for the position applied for as outlined in the applicable City of Key West Job Description.
8. Must possess the knowledge, skills, and abilities and meet the minimum qualifications for the position applied for as outlined in the applicable City of Key West Job Description.

NOTICE

Candidates should immediately initiate steps to obtain copies of the documents listed below and attach them to the completed application.

1. Birth Certificate
2. High School Diploma or Transcript indicating graduation date. (GED's, be sure transcript notes diploma issued.)
3. College/University Transcript showing courses of study and grades obtained.
4. Marriage License (if applicable)
5. Divorce Decree (if applicable)
6. Social Security Card
7. Driver's License (front and back)
8. If you have prior military service, proof of discharge. (DD214 member copy)
9. Any Court Order requesting Name Change
10. Any Court Order Granting Expungement of Arrest or Conviction Records.
11. TABE Test Results
12. Typing Test Results

Any false information provided on the application or information omissions will eliminate the applicant from the hiring process. Any false or omitted application information that comes to light after employment will be cause for immediate termination.

I have read, understand, and agree to the terms and guidelines outlined above.

Applicant's Signature and Date: _____

Pursuant to Florida Statutes 199 and 286.001 – the Public Records and Sunshine Laws, ALL documents made or received by the City of Key West in the course of applying for employment are PUBLIC RECORD and shall at all times be open for inspection by the public.

NOTE* APPLICATIONS WILL BE CONSIDERED “ACTIVE” FOR A PERIOD OF SIX (6) MONTHS AFTER THEY ARE RECEIVED BY THE KEY WEST POLICE DEPARTMENT. IF THE APPLICATION IS ON FILE IN EXCESS OF THIS SIX (6) MONTH TIME PERIOD, IT WILL BE PLACED IN AN “INACTIVE” FILE. APPLICATIONS RECEIVED AND LOGGED BECOME THE PROPERTY OF THE KEY WEST POLICE DEPARTMENT AND ARE NOT SUBJECT TO RETURN. CANDIDATES WHO HAVE HAD APPLCATIONS PLACED IN THE “INACTIVE” FILE MUST REAPPLY.

KWPD USE ONLY – DATE RECEIVED: _____

POSITION APPLIED FOR:

Telecommunicator Records Clerk Other _____

APPLICANT PERSONAL INFORMATION

NAME _____
LAST FIRST MIDDLE

MAIDEN NAME _____

DATE OF BIRTH _____ **PLACE OF BIRTH** _____
MONTH – DAY – YEAR CITY AND STATE

GENDER _____ **RACE** _____ **ARE YOU A U.S. CITIZEN?** _____

SOCIAL SECURITY NUMBER _____

HEIGHT _____ **WEIGHT** _____ **EYE COLOR** _____ **HAIR COLOR** _____

PRESENT ADDRESS _____
STREET APT NUMBER

CITY STATE ZIP CODE COUNTY

TELEPHONE NUMBERS (Including Area Code)

HOME _____ **MOBILE** _____

WORK _____ BUSINESS NAME – BEST CONTACT HOURS

_____ BUSINESS NAME – BEST CONTACT HOURS

WORK _____

RESIDENCE INFORMATION

WHEN COMPLETING THE RESIDENCE PORTION OF THIS APPLICATION, BE SURE THAT YOU PROVIDE EVERY ADDRESS WHERE YOU HAVE LIVED, IN ORDER, FROM YOUR PRESENT ADDRESS BACK FOR TEN (10) YEARS. IF NECESSARY, CONTACT AN APPROPRIATE PERSON TO FIND OUT THE EXACT ADDRESS AND THE TIME PERIOD DURING WHICH YOU RESIDED AT THAT ADDRESS. YOU MUST INCLUDE THE DATES, ADDRESS, CITY, STATE ZIP CODE AND COUNTY. (USE REVERSE SIDE IF NEEDED.)

Example: 07-95 / 05-01 12345 Main Street, Hometown, IN 46038 Hamilton County

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____

HAVE YOU EVER HAD ROOMMATES OR BOARDERS LIVE WITH YOU? _____
EXCLUDING ALL FAMILY MEMBERS, PLEASE LIST THEIR NAMES, CURRENT, COMPLETE ADDRESS AND PHONE NUMBERS. ALSO INCLUDE THE DATES THAT YOU LIVED TOGETHER. (USE REVERSE SIDE IF NEEDED.)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

EDUCATION CONT'D

Other Schools: _____

Address: _____
STREET CITY STATE ZIP

Type of Education: _____ **Date Completed:** _____

Other Schools: _____

Address: _____
STREET CITY STATE ZIP

Type of Education: _____ **Date Completed:** _____

Other Schools: _____

Address: _____
STREET CITY STATE ZIP

Type of Education: _____ **Date Completed:** _____

EMPLOYMENT

When completing the employment portion of this application, be sure that you provide each employer you have had for the last ten years. If there was a period of unemployment, enter it in the application in the same sequence and manner as if this were another employer by indicating "Employment Dates" and printing "unemployed" in the block headed "Employer." (Make additional copies of page 14 if needed.) **COMPLETE addresses must be provided - include street address, city, state, and zip code.**

Employer: _____ Employment Dates: _____ TO PRESENT
Address: _____
Supervisor: _____ Phone # _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

Employer: _____ Employment Dates: _____
Address: _____
Supervisor: _____ Phone # _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

Employer: _____ Employment Dates: _____
Address: _____
Supervisor: _____ Phone # _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

Employer: _____ Employment Dates: _____
Address: _____
Supervisor: _____ Phone # _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

EMPLOYMENT CONT'D

Employer: _____ Employment Dates: _____
Address: _____
Supervisor: _____ Phone # _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

Employer: _____ Employment Dates: _____
Address: _____
Supervisor: _____ Phone # _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

Employer: _____ Employment Dates: _____
Address: _____
Supervisor: _____ Phone # _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

Employer: _____ Employment Dates: _____
Address: _____
Supervisor: _____ Phone # _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

Employer: _____ Employment Dates: _____
Address: _____
Supervisor: _____ Phone # _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

Employer: _____ Employment Dates: _____
Address: _____
Supervisor: _____ Phone # _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

Employer: _____ Employment Dates: _____
Address: _____
Supervisor: _____ Phone # _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

Employer: _____ Employment Dates: _____
Address: _____
Supervisor: _____ Phone # _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

DRIVING RECORD CONT'D

Have you ever been issued a driver's license in any other state? _____ If yes, please provide the state(s) and the dates held.

Have you ever received a citation (ticket) for a traffic violation during the past ten (10) years? ____
If yes, complete the following for EACH citation. Do not include parking tickets or warning tickets.

CITATION TYPE _____ DATE _____
ISSUING AGENCY _____ DISPOSITION _____

CITATION TYPE _____ DATE _____
ISSUING AGENCY _____ DISPOSITION _____

CITATION TYPE _____ DATE _____
ISSUING AGENCY _____ DISPOSITION _____

CITATION TYPE _____ DATE _____
ISSUING AGENCY _____ DISPOSITION _____

CITATION TYPE _____ DATE _____
ISSUING AGENCY _____ DISPOSITION _____

CRIMINAL RECORD

Have you ever been arrested and/or convicted of a misdemeanor? _____ If yes, complete the following for EACH charge. You must include those cases that were not filed or dismissed.
Note* If you received a "Notice to Appear" or similar charging document in lieu of a physical arrest, that is STILL an arrest and must be listed.

TYPE OF CHARGE _____
DATE _____ ARRESTING AGENCY _____
DISPOSITION _____

CITY _____ COUNTY _____ STATE _____

TYPE OF CHARGE _____
DATE _____ ARRESTING AGENCY _____
DISPOSITION _____

CITY _____ COUNTY _____ STATE _____

TYPE OF CHARGE _____
DATE _____ ARRESTING AGENCY _____
DISPOSITION _____

CITY _____ COUNTY _____ STATE _____

CRIMINAL RECORD CONT'D

Have you ever been arrested and/or convicted of a felony? _____ If yes, complete the following for EACH charge. You must include those cases that were not filed or dismissed.

TYPE OF CHARGE _____
DATE _____ ARRESTING AGENCY _____
DISPOSITION _____

CITY _____ COUNTY _____ STATE _____

TYPE OF CHARGE _____
DATE _____ ARRESTING AGENCY _____
DISPOSITION _____

CITY _____ COUNTY _____ STATE _____

Have you ever had a criminal record expunged at your request? _____ If yes, please explain:

Have you ever had a Restraining/Protective Order issued against you? _____ If yes, please explain:

Have you ever had a Restraining/Protective Order issued against someone? _____ If yes, please explain:

FINANCIAL

Do you presently hold active or silent controlling interest in any company? If yes, please explain your interest.

Do you now have (or have you ever had) any wage garnishments on your salary? If yes, please explain.

FINANCIAL CONT'D

Do you now have (or have you ever had) any wage garnishments on your salary? If yes, please explain.

Have you ever had a court-ordered financial judgment against you? If yes, please explain.

Do you rent or own your present home? _____ If rent, give your landlord information including name, complete mailing address and phone number. If you own, give your mortgage company name.

Have you ever filed for or declared bankruptcy? If yes, please explain.

MISCELLANEOUS

List any past or present memberships in clubs and/or organizations. (Do not include organizations that indicate political affiliation.)

Describe any special skills that you possess that would benefit you and the KWPD if hired.

Have you ever used an illegal drug? _____ If yes, name the type of drug(s), number of times you used it/them, and the date of last use for each.

PERSONAL REFERENCES

Give the information requested below on six (6) references, not related by blood or marriage and who are not former employers, who are responsible adults of reputable standing in their community, who have known you well for at least five (5) years. These references may include, but are not limited to: teachers, personal friends, family friends or neighbors.

Name: _____ **Relationship:** _____

Address: _____
STREET CITY STATE ZIP

Home Phone: _____ **Secondary Phone:** _____

Name: _____ **Relationship:** _____

Address: _____
STREET CITY STATE ZIP

Home Phone: _____ **Secondary Phone:** _____

Name: _____ **Relationship:** _____

Address: _____
STREET CITY STATE ZIP

Home Phone: _____ **Secondary Phone:** _____

Name: _____ **Relationship:** _____

Address: _____
STREET CITY STATE ZIP

Home Phone: _____ **Secondary Phone:** _____

Name: _____ **Relationship:** _____

Address: _____
STREET CITY STATE ZIP

Home Phone: _____ **Secondary Phone:** _____

Name: _____ **Relationship:** _____

Address: _____
STREET CITY STATE ZIP

Home Phone: _____ **Secondary Phone:** _____

Please attach a photograph on this page. The photograph must be front view, head and shoulders. The photograph must have been taken within the last two months. This photograph will be used to assist in the background investigation.

X

REQUEST PERTAINING TO MILITARY RECORDS

Please read Instructions on the reverse. If more space is needed, use plain paper.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION. The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U. S. C. 2907, 3101 and 3103 and E.O. 9397 of November 22, 1943. Disclosure of the information is voluntary. The principal purpose of the information is to assist the facility servicing the records in locating and verifying the correctness of the requested records or information to answer your inquiry. Routine uses of the information as established and published in accordance with 5 U. S. C. a(e)(4)(D)

Include the transfer of relevant information to appropriate Federal, State, local, or foreign agencies for use in civil, criminal, or regulatory investigations or prosecution. In addition, this form will be filed with the appropriate military records and may be transferred along with the record to another agency in accordance with the routine uses established by the agency which maintains this record. If the requested information is not provided, it may not be possible to service your inquiry.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible)

1. NAME USED DURING SERVICE (Last, first, and middle)		2. SOCIAL SECURITY NO.		3. DATE OF BIRTH		4. PLACE OF BIRTH	
5. ACTIVE SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below)							
BRANCH OF SERVICE (Also show last organization, if known)		DATES OF ACTIVE SERVICE		Check one		SERVICE NUMBER DURING THIS PERIOD	
		DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED		
6. RESERVE SERVICE, PAST OR PRESENT If "none," check here <input type="checkbox"/>							
a. BRANCH OF SERVICE		b. DATES OF MEMBERSHIP		c. Check one		d. SERVICE NUMBER DURING THIS PERIOD	
		FROM	TO	OFFICER	ENLISTED		
				<input type="checkbox"/>	<input type="checkbox"/>		
7. NATIONAL GUARD MEMBERSHIP (check one): <input type="checkbox"/> a. ARMY <input type="checkbox"/> b. AIR FORCE <input type="checkbox"/> c. NONE							
d. STATE	e. ORGANIZATION	f. DATES OF MEMBERSHIP		g. Check one		h. SERVICE NUMBER DURING THIS PERIOD	
		FROM	TO	OFFICER	ENLISTED		
				<input type="checkbox"/>	<input type="checkbox"/>		
8. IS SERVICE PERSON DECEASED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If 'yes,' enter date of death.				9. IS (WAS) INDIVIDUAL A MILITARY RETIREE OR FLEET RESERVIST <input type="checkbox"/> YES <input type="checkbox"/> NO			

SECTION II - REQUEST

1. EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED; OR, CHECK ITEM 2; OR, COMPLETE ITEM 3.	ANY AND ALL AVAILABLE INFORMATION: CONFIRMING LENGTHS OF SERVICE; SPECIALIZED TRAINING; COMMENDATIONS; DISCIPLINARY ACTIONS AT ANY LEVEL; REASONS FOR SEPARATIONS AND TYPES OF DISCHARGE (IF MORE THAN ONE)	2. IF YOU ONLY NEED A STATEMENT OF SERVICE check here <input type="checkbox"/>
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3. LOST SEPARATION DOCUMENT REPLACE- MENT REQUEST (Complete a or b, and c.)	<input type="checkbox"/>	a. REPORT OF SEPARATION (DD FORM 214 or Equivalent).	YEAR ISSUED	This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, the surviving next of kin, or to a representative with veteran's signed release. (Item 5 of this form).
	<input type="checkbox"/>	b. DISCHARGE CERTIFICATE	YEAR ISSUED	This shows only the date and character of discharge. It is of little value in determining eligibility for benefits. It may be issued only to veterans discharged honorably or under honorable conditions; or, if deceased, to the surviving spouse.
	c. EXPLAIN HOW SEPARATION DOCUMENT WAS LOST			

4. EXPLAIN PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED PRE-EMPLOYMENT BACKGROUND INVESTIGATION LAW ENFORCEMENT AGENCY	6. REQUESTOR	
	a. IDENTIFICATION (check appropriate box) <input type="checkbox"/> Same person identified in Section I <input type="checkbox"/> Surviving spouse <input type="checkbox"/> Next of kin (relationship) _____ <input checked="" type="checkbox"/> Other (specify) KEY WEST (FL) POLICE	
	b. SIGNATURE see Instruction 3 on reverse side	DATE OF REQUEST

5. RELEASE AUTHORIZATION, IF REQUIRED (read Instruction 3 on reverse side) I hereby authorize release of the requested information/documents To the person indicated at right (item 7). VETERAN SIGN HERE <input type="checkbox"/> _____ (If signed by other than veteran Show relationship to veteran.)	7. Please type or print clearly - COMPLETE RETURN ADDRESS	
	Name, number and street, city, State and ZIP code Officer Al Citelli Bureau of Professional Standards Key West Police Dept 1604 N Roosevelt Blvd Key West, FL 33040	
	TELEPHONE NO. (include area code) <input type="checkbox"/>	305-809-1087

180-108

NON 75400-00-143-8380

STANDARD FORM 180 (Rev. 7-86)
Prescribed by NARA (36 CFR 1228.183(a))

PAST ILLEGAL DRUG USAGE GUIDELINES

Non-sworn employment candidates who have used the following controlled substances within the minimum number of years listed, will not be considered for hire.

SUBSTANCE	MINIMUM YEARS SINCE LAST USE
Marijuana	2
Hash/Hash Oil	3
Cocaine	5
Methamphetamine	5
Barbiturates	5
Quaaludes	5
Toluene or other inhalants	5
Synthetic Based Designer Drugs	5
Steroids	5

The KWPD will not consider for hire any person who has any history of usage of the drugs listed below.

Heroin, Crack Cocaine, Opiates, Methadone, LSD, Mushrooms (Psilocybin), and PCP

Variances from these standards may only be authorized by the Chief of Police on an individual basis.



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 INFORMATION: Key West (FL) Police

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:

Officer Al Citelli, Bureau of Professional Standards, Key West Police Department

1604 N Roosevelt Blvd. Key West, Florida 33040

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 (&) 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 / her own free will and accord, with full knowledge of the purpose thereof.

Sworn and subscribed in my presence this _____ day of _____, 20 _____. My commission expires on _____, 20 _____.

Notary Public

Personally known _____ - or - Produced Identification _____

Type of Identification Produced: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Having made application with the **Key West Police Department**, I agree to submit to the Department's selection process and understand that I must successfully complete this process before being given final consideration for employment.

So the Key West Police Department is fully informed of my previous record and character, **I hereby authorize an investigation of my background and the obtaining of any and all information which may concern my record and character, whether the records are of a public, private, or confidential nature, including the results of any polygraph or voice stress test, medical examination, drug screen, psychological test, or detailed credit check.** Further, I hereby release all persons whomsoever, from any charge or civil suit resulting from furnishing of information.

I intend this **authorization to include, among other records** from any other sources, release to the Key West Police Department by the National Personnel Records Center or other custodian of my **military record**, of information or photocopies from my **military personnel and related medical records, as well as from previous employers and educational institutions.**

In the event of my employment, I agree to abide by all present and subsequently issued rules of the department. I further understand that as a part of the selection process, I will be required to submit to a Voice Stress (CVSA) examination administered by a certified operative. I understand that refusal to take the Voice Stress test will result in my immediate removal from the employment process.

In the event of my employment and in consideration thereof, the department and any person or entity it may authorize shall be entitled without further consent to use in any manner required any picture or photograph of me, or any audio or video recording of me.

The department is authorized to request a transcript where necessary in order to verify my education. I further agree to submit my fingerprints for a records check by the Federal Bureau of Investigation.

I understand and agree the Department may terminate my consideration for employment or my employment after being hired if any unacceptable response is received during my background investigation. I understand the background investigation includes an on-site investigation that may be conducted prior to my employment or anytime during the first twelve months of employment. I further understand that if I am denied employment or am terminated from employment, I may not reapply for six (6) months.

By my signature, I certify that all statements given in this application are true and correct. I realize that falsification or misrepresentation on this or any other personnel record may result in my not being employed or, if employed, in my termination from employment. I further realize that pursuant to Florida Statutes 119.07 and 286.001, the Public Records and Sunshine Laws, any documents received while conducting my background investigation are a matter of public record.

I attest that I have read and understand the intent and use of this document, and authorize its use of my own free will. I further release the City of Key West, the Key West Police Department and its employees and agents, from any claim and/or liability in the use of this document or the collection of information concerning me.

A PHOTOCOPY OF THIS FORM WILL BE AS VALID AS AN ORIGINAL EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE:

_____ **D.O.B.:** _____ **S.S.#:** _____
(TYPE/PRINT FULL NAME OF APPLICANT)

_____ **DATE:** _____
(SIGNATURE OF APPLICANT)

NOTARY:

Personally appeared before me, the undersigned authority, duly authorized to administer oaths and take acknowledgements,

Known to me to be the person described in and who executed the foregoing application for employment as his/her true act and deed.

STATE OF: _____ **COUNTY OF:** _____) SS

The foregoing instrument was acknowledged before me this _____ day of _____, 20__ by _____,

who is personally known to me or who has produced _____ as identification and who (did) (did not) take an oath.

Notary Public: _____.

Commission # _____ Expiring: _____.

Candidate Name:

**CIVILIAN POLICE EMPLOYEE CANDIDATE
DRUG TEST CONSENT FORM**

I, _____, an employment candidate for a non-sworn civilian position, understand that as part of the employment screening process the KWPD will conduct an in-depth background investigation in an effort to determine my suitability as an employment candidate for the position to which I've applied.

In keeping with the efforts of the agency to identify the most qualified candidates for the criminal justice profession, **I DO HEREBY VOLUNTARILY CONSENT TO THE SAMPLING OF A SPECIMEN OF MY URINE AND/OR BLOOD FOR ANALYSIS FOR EVIDENCE OF THE PRESENCE OF CONTROLLED SUBSTANCES.**

I UNDERSTAND THAT REFUSAL TO SUPPLY THE NECESSARY SAMPLE WILL RESULT IN MY ELIMINATION FROM THE EMPLOYMENT SCREENING PROCESS, AND FROM FURTHER CONSIDERATION FOR THE POSITION TO WHICH I HAVE APPLIED.

I also understand that the results of the testing may be utilized in conjunction with any other information developed during the employment screening process to determine my eligibility for the position for which I have applied, and that **WRITTEN CONFIRMATORY LABORATORY REPORTS MAY BE SUBJECT TO DISCLOSURE UNDER THE FLORIDA PUBLIC RECORDS ACT.**

I hereby consent to the disclosure of the analysis results to the Key West Police Department AND to the Criminal Justice Standards and Training Commission.

Candidate Signature and Date

Witness Signature and Date

CANDIDATE REFUSED TO SIGN CONSENT FORM _____

CITY OF KEY WEST
JOINT PENSION FUNDS
P.O. BOX 1409
KEY WEST, FL 33040

WAIVER OF PRE-EXISTING CONDITION

I, _____, a candidate for admission to the City of Key West Joint Pension Funds, hereby knowingly and voluntarily waive any claim to death, disability, or other benefits arising out of any pre-existing medical condition existing at the time of my employment with the City of Key West.

I certify that the medical information given by me is true, accurate and complete. I understand and consent that any misrepresentation of any condition of my health may result in my disqualification from death, disability, or other benefits.

The ramifications of this waiver have been explained to me and my acceptance of membership in the Pension Fund is consideration for this waiver.

Signature

Date

Sworn and subscribed to before me this ____ day of _____, 20____.

Notary Public

My Commission Expires: