Donald J. Lee, Jr.
Chief of Police

Key West
POLICE DEPARTMENT

EMPLOYMENT APPLICATION

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

THIS APPLICATION MUST BE PRINTED IN BLACK INK

POSITION APPLYING FOR: DATE:_____

_____ Certified Police Officer
_____ Telecommunicator I
_____ Other _____

Affix Photo Here

PERSONAL HISTORY

Full Name:

Last Name | First | Middle | Abbrev

Residence Address

City | County | State | Zip Code

Home Telephone Number | Cellular Number

E-Mail Address | Date of Birth | Race | Sex

PERSONAL HISTORY STATEMENT

The Key West Police Department is requiring you to fill out this employment questionnaire. No other document, which you will prepare during your application process for a position with the City of Key West, is as important as this questionnaire and it is in your best interest to follow these instructions. There are more applicants for employment than there are available positions.

Applications must be hand written by the applicant in BLACK INK, after thoroughly completing the document**, you must have it notarized** on the appropriate pages. If you fail to follow these instructions, the hiring process may be terminated and may not be re-scheduled for a significant length of time.

Before completing this document, closely read the instructions, which are written throughout. There are a number of copies of official documents, which you are required to obtain. The Key West 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 name. Further, give complete addresses. **Do not assume** that the investigator will attempt to determine street numbers, correct street spelling, apartment numbers, telephone numbers or zip codes. If your questionnaire is not complete and notarized at the time of your initial review, the process will be terminated.

When completing the residence portion of this questionnaire, be sure you provide every address where you have lived at since birth for police officer positions and for the past ten (10) years for any other position, in order from your present address backwards. If necessary call the 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 questionnaire, be sure to provide each employer, in order from your present employer backwards for police officer positions and provide each employer for the past ten (10) years, in order from your present employer backwards for all other positions. If there was a period of unemployment, enter it in the employment section in the same sequence and manner as if this were another employer by indicating "from" and "to" and printing "UNEMPLOYED" in the section headed "Name of Employer." Further, if you worked more than one job at one time, place the major job first and enter the part-time or secondary job in the block immediately after the primary position.

Please use a supplemental sheet of paper, if your detailed answers do not fit in the space provided.

Again, answer each question as completely and honestly as possible. More applicants are not accepted because of omission and/or concealing information than because of previous behavior. **Any such 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.**

PERSONAL HISTORY

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	Circumstance	Dates From – Mo./Yr.	Dates To – Mo./Yr.

Social security number: _____

Are you 19 years or older? _____YES _____NO

Place of birth: _____
City State County Country (If not U.S.)

Are you a United States citizen? _____YES _____NO

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status? _____YES _____NO

FOR STATISTICAL AND BACKGROUND CHECK PURPOSES ONLY

Marital Status (Check One)

Single ( ) Married ( ) Engaged ( ) Separated ( ) Divorced ( )

Race: _____ Sex: _____

If Married, Please provide the following information on your spouse:

Name: _____ Race: _____ Sex: _____

Date and Place of Birth: _____

Address: _____ Phone Number: _____

FAMILY HISTORY

List all members of your family including Ex-Spouse, Brothers, Sisters, Children, Step-Children, In-Laws and Parents.

Name (Last, First, Middle) DOB Relationship Address

_____

_____

_____

_____

_____

_____

EDUCATION / TRAINING

High School Name & Address	Years Completed	Did you graduate?	Type of Diploma

College/University Name & Address	Credit Hours Earned	Did you graduate?	Type of Degree

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

Major: _____ Minor: _____

CERTIFICATES

Indicate any law enforcement related education/training: _____

_____

_____

Do you speak, read or write any foreign language? _____YES _____NO
What language: _____

ARREST HISTORY/COURT DATA
CRIMINAL RECORDS DISCLOSURE REQUIREMENT

Have you EVER been charged, cited, arrested or convicted for violation of any laws (including criminal traffic violations), by juvenile authorities, or any law enforcement agency regardless of whether the record in your case has been "sealed," "expunged," "dropped," or otherwise stricken? ____YES ____NO

Have you EVER been the subject of or a suspect in any criminal investigation? _____YES _____NO

Have you EVER been fingerprinted for any reason? (arrest, job, Military, etc.) _____YES _____ NO

If you answered YES to any of the questions above, please provide complete details below.

Date	Violation or Actual Charge	Location City & State	Court Disposition or Sentence	Police Agency

If you have expunged or court sealed records, the following Florida State Statute applies to your application with the Key West Police Department.

Florida State Statute 943.050 Criminal History record expunction or sealing:

This Statute under section 943.058 (a) states that in part "The effect of expunction or sealing of criminal history records under this section or other provisions of law, including former SS 893.14 and 901.33 shall be that when all criminal history records have been sealed or expunged, the subject of such records may lawfully deny the expunged or sealed records, EXCEPT in the following circumstances:

(a) When the person who is the subject of the record is a candidate for employment with a criminal agency."

This exception requires by law that you as an applicant for employment with a criminal justice agency (the Key West Police Department) must NOT deny or fail to acknowledge the events in any expunged or sealed records. In addition, the applicant must supply this agency with copies of the incident report, court's disposition, and the Order to Expunge or Seal. These documents are usually available from the attorney who requested the courts to expunge or seal your records.

A denial or failure to acknowledge the events in **ANY** arrest, including juvenile, expunged or sealed records will result in disqualification or termination.

Applicant's Signature **Date**

RESIDENCES

List chronologically all addresses, including residences while in school and in the military. For college or campus residence give dormitory name, city and state residence. If military service cannot be shown as a street address, indicate complete military unit designation and location by city and state. If post office pox, give location of post office. (Sworn from Birth; Non-Sworn 10 years)

From-To Dates Mo/Yr	Street Address	City	County	State

MILITARY HISTORY

IF YOU HAVE NEVER SERVED IN THE U.S. MILITARY, PLEASE SIGN THE STATEMENT BELOW:

I, _____, have never served in any branch of the United States Military Service.

_____ _____

Applicant's Signature Date

IF YOU HAVE SERVED IN THE U.S. MILITARY, PLEASE COMPLETE THE FOLLOWING QUESTIONS:

Branch of Service: _____ Date and Type of Discharge:_____

Additional Branch: _____ Date and Type of Discharge:_____

Active Duty Dates: From: _____ To: _____ From: _____ To: _____

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

If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, etc. _____

_____

_____

Were you ever court-martialed, tried on charges, the subject of a summary court or did you receive an Article 15? ____YES ____NO or Captain's Mast? ____YES ____NO

If yes, provide details: Date(s):_____ Place:_____

Nature of offense and action taken:_____

_____

VETERAN'S PREFERENCE

Do you wish to claim veteran's preference in appointment pursuant to Chapter 195 of the Florida Statutes? ____YES ____NO

Have you claimed and been employed using veteran's preference since October 1, 1987? ___YES ___NO

If yes, please give the name of employer: _____

NOTE: This document shall constitute an official statement within the purview of Section 837.06, Florida Statutes, and is subject to verification by the employing agency and/or Criminal Justice Standards and Training Commission. False execution of the affidavit shall constitute a misdemeanor of the second degree and disqualify you from appointment as a Correctional or Law Enforcement Officer. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, FL 33731.

APPLICANT CREDIT HISTORY

1. Have you **EVER** defaulted on a loan? _____YES _____NO

2. Have you **EVER** filed for bankruptcy? _____YES _____NO

3. Have you **EVER** been more than 90 days late on any payment? _____YES _____NO

IF YOU ANSWER YES TO THE QUESTIONS ABOVE, PLEASE PROVIDE COMPLETE DETAILS:

_____

_____

_____

_____

DRIVING HISTORY

Are you a licensed Florida automobile operator or chauffer? _____YES _____NO

License Number:_____ Date of Expiration:_____ Restrictions: _____

Have you **EVER** had you driver's license suspended or revoked? _____YES _____NO

If YES, please provide an explanation: _____

_____

_____

_____

Have you **EVER** received a citation (ticket) for a traffic violation? (Do not include parking tickets)

_____ YES _____ NO

If YES, please provide an explanation: _____

_____

_____

_____

_____

_____

_____

EMPLOYMENT HISTORY

I. List chronologically ALL Employment beginning with present employment, including summer, part-time and while attending school. ALL time must be accounted for. If unemployed for a period of time, please state time period and reasons.

Name and Address of Employer	Dates Worked		Salary	Position/ Title	Supervisor	Reason for Leaving
	Mo/Yr From	Mo/Yr To				
Name Address City, State, Zip Phone No.						
Name Address City, State, Zip Phone No.						
Name Address City, State, Zip Phone No.						
Name Address City, State, Zip Phone No.						
Name Address City, State, Zip Phone No.						
Name Address City, State, Zip Phone No.						
Name Address City, State, Zip Phone No.						
Name Address City, State, Zip Phone No.						
Name Address City, State, Zip Phone No.						

PLEASE USE SUPPLEMENTAL PAGE FOR THE REMAINDER OF YOUR EMPLOYMENT HISTORY

Did you work for any of these employers under a different name? _____YES _____NO

If yes, which employer(s) and under what name(s)? _____

We must contact your present employer prior to accepting you for employment. May we contact your present employer now? _____YES _____NO

Have you EVER been dismissed or asked to resign from any place of employment? _____YES _____NO

Have you EVER had any disciplinary action taken against you from any employer? _____YES _____NO

Have you EVER been forced to resign or resigned following allegations of misconduct or unsatisfactory job performance?

If you answer yes to any of the above questions, please provide complete details:_____

_____

_____

_____

_____

List **ANY** Law Enforcement Agencies to which you have applied to or ever been turned down by. Include dates and the status of your application._____

_____

_____

MISCELLANEOUS INFORMATION

SEAT BELT LAW

All seated occupants of city owned, leased or rented vehicles and all personal vehicles operated on city business shall properly utilize the seat belts or occupant restraint system provided.

Failure to utilize seat belts or occupant restraint system shall be considered a violation of the Florida Seat Belt Law and City Rules and Regulations.

An employee, who fails to utilize the restraint system of a vehicle and is injured, may have his or her statutory workers compensation reduced by 25 percent.

_____ _____

Date **Applicant Signature**

DRUG INVOLVEMENT HISTORY

Do you now illegally use or have you illegally used any drugs or controlled substances in the past (24) twenty-four months? _____YES _____NO

Have you EVER used, sold, or possessed any illegal drugs or controlled substance? _____YES _____NO

Have you EVER been involved with any of the following drugs other than those prescribed for you by a licensed physician?

IF YOU ANSWERED YES TO THE QUESTIONS ABOVE, PLEASE PROVIDE COMPLETE DETAILS:

_____

_____

_____

_____

Drug	Slang	# Times	First Time/ Last Time Mo/Yr	Circle One
Marijuana Any type of derivative	Pot, Grass, Hash, THC			YES NO
Cocaine, Crack or Any type of cocaine derivative	Snow, Powder, Nose Candy, Toot			YES NO
LSD	Acid, Blotter Orange Sunshine			YES NO
PCP	Angel Dust			YES NO
Opium				YES NO
Barbiturates	Valium, Downers, Barbs, Phennies, Yellow Jackets, Quaaludes			YES NO
Amphetamines	Speed, Bennies, Uppers, White Crosses			YES NO
Methamphetamines	Crank, Crystal, Ice			YES NO
Psilocybin	Mushrooms			YES NO
Steroids	Human Performance Drugs			YES NO
Inhalants	Glue, Paint, Etc			YES NO
Other				YES NO

NEIGHBORHOOD REFERENCES

Please list the names and addresses of three of your immediate or past neighbors. We are going to forward them a neighborhood reference sheet to fill out on you. **Please print complete first and last names. Complete address and please use proper salutations (i.e. Ms., Mrs., or Mr.)**

Name and Address
Name
Address
City, State, Zip
Phone No.
Name
Address
City, State, Zip
Phone No.
Name
Address
City, State, Zip
Phone No.

PERSONAL REFERENCES

List six (6) people who have known you for at least five (5) years. **DO NOT** list people residing at your address, who are related to you or who are former / current employers. Also, do not list persons who are related to each other. Those listed will be contacted to appraise your character, ability, experiences, personality and other qualities.

Name and Address	Sex/Race	Yrs. Known	DOB/ Age	Occupation/Title
Name Address City, State, Zip Phone No.				
Name Address City, State, Zip Phone No.				
Name Address City, State, Zip Phone No.				
Name Address City, State, Zip Phone No.				
Name Address City, State, Zip Phone No.				
Name Address City, State, Zip Phone No.				

CONFIDENTIAL EMPLOYEE HISTORY

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

I. APPLICANT INFORMATION

Name: _____

Social Security Number: _____

Position Applied For: _____

II. APPLICANT INSTRUCTIONS:

As part of the application process for the position listed above, you will be provided with a copy of the job description for that position. You are asked to review the information on the form and complete this questionnaire. The Key West Police Department is using this procedure to ensure compliance with the Americans with Disabilities Act of 1990. Please check the appropriate option below and sign in the space provided.

I have read (or had read to me) the job description for the position listed above and

_____ Option I. I am capable of performing the duties of the job as described

_____ Option II. I am capable of performing the duties of this job with the following accommodations: _____

_____

_____

_____ Option III. I am not capable of performing the duties of this job.

I certify that my answers are true and correct to the best of my knowledge.

_____ _____

Applicant Signature Date

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

Name _____

Address City State Zip

Home Phone Cell / Business Phone

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 time act and deed.

STATE OF: _____ **COUNTY OF:** _____

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:** _____

FDLE
Florida Department of
Law Enforcement

Authority For Release of Information
(Background Investigation Waiver)

CJSTC
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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:

Background Investigator
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: _____

APPLICANTS CERTIFICATION

I understand that my 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 Police Department. 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 Certified Voice Stress Analysis 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 may be fingerprinted. I understand that this employment application shall become the property of the Police Department and that it and the information received in response to the background examination are public records.

I further understand and agree that my employment will be contingent upon the results of a complete drug test.

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 may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment.

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 with the Police Department and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Police Department.

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

_____ _____

Signature of Applicant **Date**

_____ _____

Signature of Witness **Date**

State of_____

County of _____

Sworn to and subscribed before me,

This _____ day of _____ 20___ by_____ who is personally known to me or has produced _____ (Type of Identification)

_____as identification.

(Identification Number)

(Seal Above)

_____ Notary Public, Commission No._____

(Signature)

_____ Name of Notary

IF APPLICABLE, SUBMIT COPIES OF THE FOLLOWING:

1. Birth Certificate
2. Proof of Naturalization
3. Educational Certificates
    a. High School Diploma (mandatory)
    b. High School Equivalency
    c. College Diploma
    d. Other School or Training Certificates
    e. Official College Transcripts
4. Current Valid Florida or out of State Driver's License
5. Military Service discharge or separation papers (DD-214 long form)
6. Marriage License(s)
7. Divorce Papers
8. Official documentation of any name change
9. TABE Test Results
10. Copy of Social Security Card
11. Recent photo, passport type in size.

If you have any questions regarding the above, contact the recruiter at 305-809-1087