

EMPLOYMENT APPLICATION

BUNNELL POLICE DEPARTMENT

200 South Pine Street Bunnell Fl. 32110

Email: bunnellpd@flagler.net
Website: TBA

Phone: (386) 437-7508
Fax: (386) 437-7510
Human Resources: (386) 437-7500

Law Enforcement Civilian/Support Staff Position Applied for: _____
 LE. Auxiliary Full Time Part Time

INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions. **NOTICE: THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION.** A certified copy of birth certificate and high school diploma or Florida Police standards approved G.E.D. A copy of military discharge, drivers license, social security card, citizenship if not a natural citizen, police standards certificate of completion or compliance

PERSONAL HISTORY

1. Full Name:

Last Name	First	Middle	Nickname
Residence Address	Apt. No.	Mailing Address	Apt. No.
City ()	County ()	State	Zip Code
Telephone Number (Home)	Work/Other ()		
E-mail Address	Cell ()		

2. Social Security Number: _____ - _____ - _____

Driver's License Number: _____ State Issued: _____

3. Place of Birth:

City	County	State	Country (If not the United States)
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4. Other: List all other names you have used including circumstances and time periods you used them. For example: Former name(s), alias(es), and nickname(s).

Name	Circumstance	Dates From-Mo./Yr.	Dates To-Mo./Yr.

The Bunnell Police Department is an Equal Employment Opportunity/Affirmative Action 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.

*The submission of your Social Security Number is voluntary and is requested pursuant to Section 119.71(5)(a)2, Florida Statutes, for identification purposes only. Your Social Security Number may also be shared with other government agencies as authorized by law.

5. Have you ever filed an application with us before? Yes No If yes, please give dates _____

6. Have you ever been employed by us before? Yes No If yes, please list titles and dates of employment _____

7. Do you have any relatives working for us? Yes No If yes, please list names _____

EDUCATION/TRAINING

1.

High School Name/Address	Dates Attended – Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
	From	To			

2.

College/University Name/Address	Dates Attended – Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	To	Qtr.	Sem.		

Major _____ Minor _____

3. Other Schools (Trade, vocational, Business, Police Academies or Military):

Name/Address	Dates Attended – Mo./Yr.		Credit Hours Earned	Area of Study	Did you Graduate?	Type of Degree or Certificate
	From	To				

4. Are you law enforcement certified with the state of Florida? Yes No

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

6. Indicate any law enforcement education/training. (Attach list, if applicable)

7. Did you receive a certificate for this training? Yes No (Attach copy)

8. Indicate any special skills you possess and equipment you can use which may be related to the position for which you are applying: (i.e., breathalyzer, speed detection equipment, firearms, and computers): _____

9. Computer Skills: Word Excel Outlook Power Point
Other _____

General Computer Knowledge: Basic Advanced

10. State approximate number of words per minute: Typing _____

11. On what date are you available to work? _____

12. Are you available to work rotating shifts? Yes No

EMPLOYMENT HISTORY

1. List chronologically all employments for the last 10 years including current employment, summer and part-time employment while attending school. All time must be accounted for. Any length of time not employed, indicate dates of unemployment. Please attach a separate sheet of paper for additional employment history, if necessary.

1 Name of Present or last employer: _____

Address: _____

Your Job Title: _____ Phone Number: (____) _____ - _____

FROM: ____/____/____ TO: ____/____/____ Supervisor's Name: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

2 Name of Present or last employer. _____

Address: _____

Your Job Title: _____ Phone Number: (____) _____ - _____

FROM: ____/____/____ TO: ____/____/____ Supervisor's Name: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

3 Name of Present or last employer. _____

Address: _____

Your Job Title: _____ Phone Number: (____) _____ - _____

FROM: ____/____/____ TO: ____/____/____ Supervisor's Name: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

4 Name of Present or last employer. _____

Address: _____

Your Job Title: _____ Phone Number: (____) _____ - _____

FROM: ____/____/____ TO: ____/____/____ Supervisor's Name: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

5 Name of Present or last employer. _____

Address: _____

Your Job Title: _____ Phone Number: (____) _____ - _____

FROM: ____/____/____ TO: ____/____/____ Supervisor's Name: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

2. May we contact your present and previous employer? Yes No, please explain _____

3. Have you ever been dismissed or asked to resign? Yes No If yes, please explain _____

4. Have you had any disciplinary action, to include verbal, written warnings, reprimands, suspensions, and counseling's, taken against you for any employment or position you have held? Yes No If yes, please provide details or documents _____

5. Have you resigned, or left a job by mutual agreement, for any reason? Yes No If yes, please provide details _____

6. Have you ever applied or worked with any law enforcement agencies? Yes No If yes, please provide the following:

Agency and/or Department _____ Date Applied _____

Address (Street, City, State, and Zip) _____

Position Applied for: _____ Status: _____

Agency and/or Department _____ Date Applied _____

Address (Street, City, State, and Zip) _____

Position Applied for: _____ Status: _____

Agency and/or Department _____ Date Applied _____

Address (Street, City, State, and Zip) _____

Position Applied for: _____ Status: _____

7. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? Yes No If yes, please provide name and address of business, corporate or organization and describe your relationship or position. _____

8. Have you ever performed paid or unpaid services for a law enforcement agency not listed as an employer to include extra duty details and auxiliary? Yes No If yes, please provide name and address of business, corporation, or organization and describe your relationship or position. _____

RESIDENCES

1. Actual places of residence for past 10 years – list chronologically all address, including residences while at school and in military. For college or campus residences, give dormitory name, city, and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office. If apartment complex, give name, phone number and point of contact/manager. Attach a separate sheet of paper for additional residences if necessary.

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

ARREST HISTORY / COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear for any criminal violations? Yes No

2. Have you ever been convicted or charged of a felony or misdemeanor? Yes No

3. To your knowledge, has any member of your family ever been arrested for a felony or misdemeanor? Yes No

4. If you answered yes to questions 1, 2, or 3, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charges for which adjudication was withheld, or matter was settled by payment of fine or forfeiture of collateral. (Include your juvenile charges and charges which have been sealed, if any.)

Applicant	Place & Department	Charge	Court & Plea	Date of Charge	Disposition

Relative's Name/ Relationship	Place & Department	Charge	Court & Plea	Date of Charge	Disposition

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

6. Have you ever been detained by any law enforcement officer for investigation purposes **OR** have you ever been the subject of **OR** a suspect in any criminal investigation? Yes No

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

CONTROLLED SUBSTANCES

Do you NOW or have you EVER tried, purchased, or sold any illegal drugs or controlled substances? ("Tried" includes smoking, inhaling, swallowing, placing/rubbing on gums, lips, or tongue; injecting, or ingesting by any other means.) Yes No

If you answered YES, list details below.

Name of Drug of Controlled Substance	Tried	Purchased	Sold	First Time (mm/yy)	Last Time (mm/yy)
Marijuana/THC	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Hashish	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
PCP/Angle Dust	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
STP/Speed	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Mushrooms/Psilocybin	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Heroin	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Cocaine	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Crack	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Quaaludes	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Opium	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Uppers/Downers	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Steroids	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Valium	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		

Speedballs	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Rohypnol (Ruffies)	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Inhalants/Whippets	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
LSD	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
GHB/GBL	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Other Name Drug	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		

DRIVING HISTORY

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

Date of Expiration: _____ Restrictions: _____

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

3. Have you ever received a ticket or been charged with a traffic violation? Yes No If yes, list charge, date, and disposition. _____

4. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No If yes, please provide complete details including reason and place. _____

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

MILITARY HISTORY

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

Branch of Service: _____ Highest Rank: _____

Service #: _____ Duty Dates: From: _____ To: _____ Job Specialty: _____

2. Are you now or have you ever been a member of the 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, or camps: _____

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

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

4. **VETERANS PREFERENCE:** Documentation for eligibility of veteran's preference (DD Form 214, Certificate of Release or Discharge from Active Duty) will be required at the time of application if you are claiming veteran's preference under the following circumstances.

- 1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense, or
- 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
- 3. A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 to October 15, 1976 and August 20, 1990 to January 2, 1992 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or
- 4. The unremarried widow or widower of a veteran who did of a service-connected disability.

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

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

ORGANIZATION MEMBERSHIP

1. List all clubs and societies of which you are or have been a member.

Name	City & State	Former Member	Present Member List position held (describe activity)

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force of 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 unconstitutional means? Yes No

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

Yes No If yes, to question #2 or #3, answer question #4 and #5 also.

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

Yes No

5. Did you intend to promote any unlawful aims of the organization? Yes No
 If yes to questions #2, #3, #4, or #5, explain including name of the organization and location.

BUSINESS INTERESTS & LICENSES

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale of distribution of alcoholic beverages? Yes No

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

3. Was the license ever canceled, suspended, or revoked? Yes No

If yes to questions #1, #2, or #3, please provide details including the type of license or certificate, the agency that issued the license, effective date of the license, and license number.

CREDIT DATA

1. Do you have any sources of income other than your salary or the salary of your spouse? Yes No
 Specify each with an estimated annual amount.

2. Are you or your spouse indebted to anyone? Yes No If yes, please list all debts over \$500. Be sure to include student loans and charge accounts. Also, list any debt where payment is **past due**, regardless of the amount.

Creditor	Address	Amount	Loan or Account Number

3. Have you, your spouse, or a company controlled by you filed for bankruptcy? Yes No, or declared bankruptcy? Yes No or, had a legal judgment rendered against you for a debt? Yes No or been subject to a tax lien? Yes No If, yes to any of these questions, please provide details.

PERSONAL REFERENCES & ACQUAINTANCES

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

Complete Name (and relationship to the applicant) _____ (Last Name, First, MI)		Home Address: _____ City, State & Zip: _____ Home Phone: () _____
Yrs. Acq.	Occupation	Business Phone: () _____ Business Address: _____ City, State & Zip: _____

Complete Name (and relationship to the applicant) _____ (Last Name, First, MI)		Home Address: _____ City, State & Zip: _____ Home Phone: () _____
Yrs. Acq.	Occupation	Business Phone: () _____ Business Address: _____ City, State & Zip: _____

Complete Name (and relationship to the applicant) _____ (Last Name, First, MI)		Home Address: _____ City, State & Zip: _____ Home Phone: () _____
Yrs. Acq.	Occupation	Business Phone: () _____ Business Address: _____ City, State & Zip: _____

CONFIDENTIAL EMPLOYEE HISTORY

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

1. Applicant's Current Address:

Address _____

City _____

County _____

State _____

Zip Code _____

()
Phone Number _____

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

3. Spouse's Name and Address (if different):

Name _____

Address _____

City _____

County _____

State _____

Zip Code _____

4. Children's Name and Ages:

Name	Date of Birth	Address (if different than applicants)

5. Former Spouse(s) Name and Address:

Name _____

Address _____

City _____

County _____

State _____

Zip Code _____

6. Are you now able to participate in defensive tactics, firearms, or physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description or task analysis related to the position for which you applied? Yes No

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

APPLICANT CERTIFICATION

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

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

I understand that the use of drugs and alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position of assignment with the Police Department.

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

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

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

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Police Department and I release 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 orders of the City and Police Department and acknowledge that these rules, regulations, and orders may be changed, interpreted, withdrawn, or added to by the Police Department, at its discretion, at any time and without any prior notice to me.

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

AFFIDAVIT (Must be notarized)

Applicant's Signature Date

The foregoing was acknowledged before me this _____ day of _____ Year _____

By, _____, who is personally known by me or who has produced _____ as identification.

Signature of person taking acknowledgment Printed Name

Title or Rank

RACIAL/ETHNIC DATA

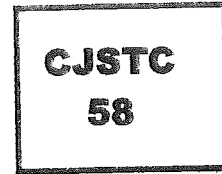
The City of Bunnell is not required by the U.S. Equal Opportunity Commission to collect and maintain the information requested below for EEO statistical reporting purposes, but is requesting that you supply the information. This information will be maintained separately from your application and will not be considered in the application evaluation process.

Last Name:	First:	Date:	Social Security #:
Position Title:			
How did you learn about this vacancy?			
Date of Birth:			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male			
Handicapped/Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If job accommodations are needed please specify:			

RACIAL/ETHNIC DATA (Select One)

- WHITE** (not of Hispanic origin): All persons having origins in any of the original people of Europe, North Africa, or the Middle East.
- BLACK** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- HISPANIC** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ASIAN or PACIFIC ISLANDER** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes for example, China, India, Japan, Korea, the Philippine Islands and Samoa.
- AMERICAN INDIAN or ALASKAN NATIVE** All persons having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

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



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: _____
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

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, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. **Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.**

Applicant's Signature

Date

Applicant's Address

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: _____