

NEW PORT RICHEY POLICE DEPARTMENT EMPLOYMENT APPLICATION FORM

The City of New Port Richey is an Equal Employment Opportunity Employer. We do not discriminate based upon race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.

NOTICE: The following additional documents must be attached to this application:

1. A certified copy of birth certificate
2. A certified copy of high school diploma or Florida Police Standards approved G.E.D.
3. A copy of military discharge(s) - DD-214 (If applicable)
4. A copy of your Social Security card.
5. A copy of your current driver's license.
6. A copy of your certification of attendance for Law Enforcement Academy.
7. A copy of your State of Florida Law Enforcement exam results.

DATE: _____

POSITION APPLYING FOR:

- Police Officer Full Time
- Police Officer Part Time
- Police Officer Reserve

INSTRUCTIONS

It is to your advantage to respond openly. No element of, or incident in, your background automatically will disqualify you for employment. Any element or incident perceived as negative by the City of New Port Richey will be evaluated by the City with regard to all the underlying circumstances and facts, and with consideration to the degree of relevance that the element or incident has to the position you are seeking. If an item does not pertain to you, write N/A in the appropriate space.

PERSONAL HISTORY

1. Full Name:

Last Name
First
Middle
Abbv.

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

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

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

5. Indicate any foreign languages you can Speak:
Read:
Write:

Fluent	Good	Fair

6. Indicate any law enforcement education/training:

7. Did you receive a certificate for this training? Yes No Include Copies

8. Has your law enforcement certificate ever been suspended, revoked, relinquished or subject to discipline or investigation by the CJSTC? Yes No If yes, explain.

9. Describe any special abilities, interests, and hobbies including the degree of proficiency:

10. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

11. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms, computers):

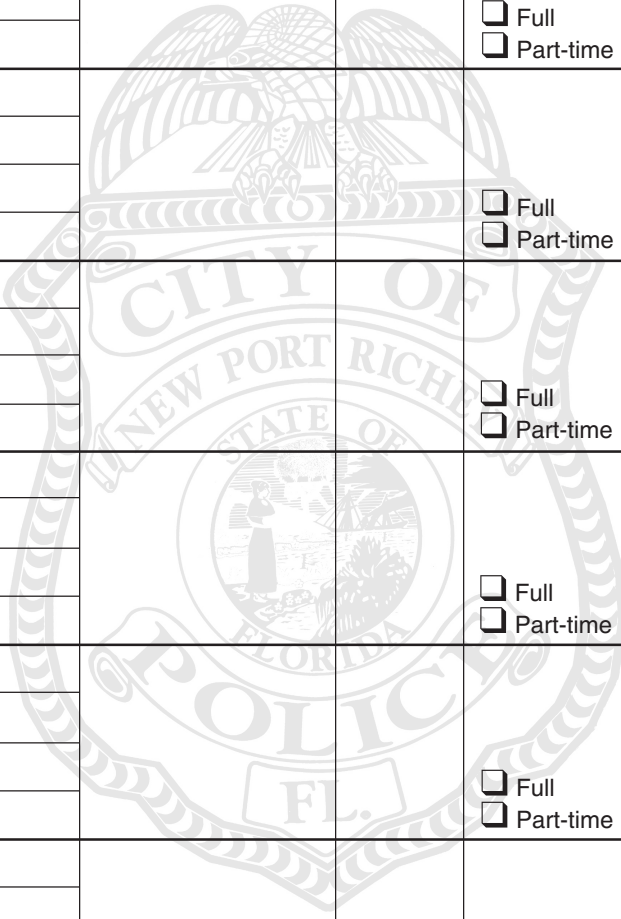
EMPLOYMENT HISTORY

1. List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

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

EMPLOYMENT HISTORY

Name & Address of Employer	Dates Worked Mo./Yr.		Salary	Title or Position	Name of Supervisor	Reason for Leaving
	From	To				
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						



ARREST HISTORY/COURT DATA

1. Have you ever been arrested, charged, convicted, received a notice to appear (NTA), or pled nolo contendere or pled guilty to any criminal violation, regardless of whether the record was sealed or expunged or adjudication withheld? Yes No
2. To your knowledge, has any member of your immediate family (defined for purposes of this section of this application as your spouse, children, parents, brothers, and sisters) ever been arrested for any reason other than a traffic violation? Yes No

If you answered yes to question #1, #2, list all such matters, even if you or your relative was not formally charged; made no court appearance; pled nolo contendere; was found not guilty; had adjudication withheld; had the matter settled by the payment of a fine or the forfeiture of collateral; or had the matter resolved by any other manner.

Date	Place & Department	Charge	Court & Place	Disposition
Relative's Name	Place & Department	Charge	Court & Place	Disposition

Provide additional details for each positive response to question #1, #2:

3. Have you or your spouse ever been a plaintiff or defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.) Yes No If you answered yes, give date, place or court, case number, names of involved parties, nature of action, and final disposition.

4. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of, or a suspect in, any criminal investigation? Yes No
5. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No If yes to questions #4 or #5, please provide details.

DRIVING HISTORY

1. Do you possess a valid Florida Driver's License? Yes No License No.: _____

Date of Expiration: _____ Restrictions: _____

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 and approximate dates license(s) was/were held.

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

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

5. Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)? Yes No

MILITARY HISTORY

1. Are you registered for Selective Service? Yes No

If yes, your Selective Service Number: _____

Classification: _____ Date of Classification: _____

Address of Local Board: _____

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

Branch of Service: _____ Highest Rank: _____

Serial #: _____ Duty Dates: From: _____ To: _____ From: _____ To: _____

From: _____ To: _____ From: _____ To: _____

3. Date and type of discharge: _____

4. Are you now, or have you ever been, a member of a reserve unit or the National Guard? Yes No

5. If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

6. 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: _____

7. Have you ever served in the Armed Forces of a foreign country? Yes No If yes, please specify countries and dates.

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

- 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.
- 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.
- 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, 1995 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.
- 4. The unmarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed, or previously claimed and been employed, using veteran's 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 complaint with the Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, FL 33731.

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 or distribution of alcoholic beverages? Yes No (Does not include direct or indirect shares in any publicly traded company, traded on NASDAQ, Wall Street, NYSE, etc.)
- 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 cancelled, relinquished, suspended or revoked? Yes No
If you answered yes to question #1, #2 or #3, please provide details including the type of license or certificate, the agency that issued the license, effective date of 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 amount.

Creditor	Address	Amount	Loan or Account Number

3. Have you, your spouse, or a company controlled by you ever 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.

ORGANIZATION MEMBERSHIP

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

Name	City & State	Former	Present (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 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 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 questions #4 and #5 also.

4. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? Yes No

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

PERSONAL REFERENCES & ACQUAINTANCES

1. Personal References: Give three (3) references (not relatives, former or present employers, 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.

Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: () _____

Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: () _____

Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: () _____

2. Social Acquaintances: Give three (3) social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years.

Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: () _____

Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: () _____

Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: () _____

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

() _____
Telephone 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 Names and Ages:

Name	Date of Birth	Address (if different than applicant's)

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 with or without reasonable accomodation? 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 with or without reasonable accomodation? Yes No

8. Have you ever used, or currently use, any narcotic or controlled substance, such as cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturate, benzodiazepine, a synthetic a narcotic, designer drug, or any drug of a similar nature, or have you used such a narcotic or controlled substance within the last year? Yes No

9. Have you ever illegally obtained, possessed, cultivated, manufactured, supplied, or sold any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature? Yes No

If yes, please complete the following:

a. Drug: _____

b. Circumstances: _____

c. Number of times illegally used or obtained/possessed/supplied/sold: _____

d. First time illegally used or obtained/possessed/supplied/sold: _____

e. Last time illegally used or obtained/possessed/supplied/sold: _____

10. Do you now or have you within the last year, abused or illegally obtained, possessed or sold any prescription drug? Yes No If yes, provide details, including drug, date, and circumstances.

11. Have you ever been a member of a gang, group or organization that engages in criminal activity? Yes No
If yes, provide details, including group(s), date and circumstances.

12. The internet may be used to search for relevant information on you and this information may be collected and used to make employment decisions. Your failure to provide consent and/or deliberate concealment of, or prevention of access to, online content may impact on your employment status. Therefore, you are being asked to provide consent below.

I consent/do not consent (circle one) to: _____ (initial)

a. Provide any e-mail addresses used over the past five (5) years.

b. Provide all online screen names, usernames, handles or nicknames used over the past five (5) years, to be used as search terms.

c. Provide names of websites or blogs where I am a member, where I frequent, or where I contribute.

APPLICANT'S CERTIFICATION

I understand that my appointment or 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 New Port Richey 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 polygraph examination 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 will be fingerprinted. I understand that this employment application shall become the property of the New Port Richey Police Department and that it and the information received in response to the background examination, with very limited exceptions, are public records.

I also understand that I may be required to furnish the New Port Richey 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 tests during the term of my employment or appointment with the New Port Richey Police Department.

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 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 or assignment with the New Port Richey Police Department.

I further authorize the New Port Richey Police Department or agent of the New Port Richey 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 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 to 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 Chief of Police 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 New Port Richey Police Department. For and in consideration I release all such parties from any and all liability for any damage that might result from furnishing such information to the New Port Richey Police Department.

I agree to conform to the rules, regulations and orders of the New Port Richey Police Department and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the New Port Richey 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.

To The Applicant: 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) which 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.

Witnessed by:

Signature of the applicant as usually written

Date

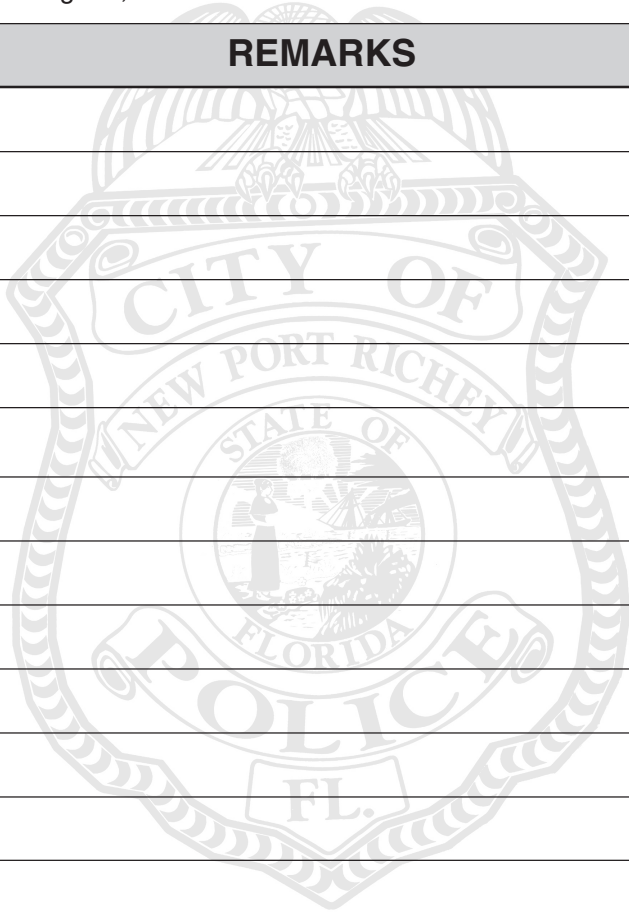
DOCUMENTS TO BE ATTACHED TO APPLICATION

1. Attach a certified copy of birth certificate.
2. Attach a certified copy of high school diploma or Florida Police Standards approved G.E.D, college or vocational school degrees or certifications.
3. Attach a copy of military discharge(s). (DD-214,If applicable)
4. Attach a copy of your Social Security card.
5. Attach a copy of your current driver's license.
6. Attach a copy of your certification of attendance for Law Enforcement Academy. (Police Officer applicants only)
7. Attach a copy of your State of Florida Law Enforcement exam results. (Police Officer applicants only)

OTHER REQUIREMENTS

When ordered by the New Port Richey Police Department, applicant will be fingerprinted and shall submit to a complete physical examination and electrocardiogram, if desired.

REMARKS





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 943.134(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: _____

Effective: 8/9/2001 Pursuant to Sections 943.134(2)(a) and (4), F.S.

Original - Employing Agency

Revised 5/5/2005