



PLANT CITY POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

PLANT CITY POLICE DEPARTMENT
One Police Place
P.O. Box 4709
Plant City, Florida 33563
Telephone (813) 757-9200

**AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER
DRUG-FREE WORKPLACE**

Please read and follow these instructions exactly. Your ability to complete this document as requested will be evaluated and used as one basis for employment decisions. This document, when completed, will be used by the Plant City Police Department as an investigative aid.

NOTE:

ALL SWORN OFFICERS OF THE PLANT CITY POLICE DEPARTMENT SHALL RESIDE WITHIN TWENTY (20) MILES OF THE POLICE DEPARTMENT. RESIDENCY SHALL BE THE PLACE THE EMPLOYEE ACTUALLY LIVES AND NOT A MAILING OR POST OFFICE ADDRESS.

NEW HIRES MUST COMPLY WITH THE RESIDENCY POLICY WITHIN SIX (6) MONTHS FROM DATE OF EMPLOYMENT.

INSTRUCTIONS:

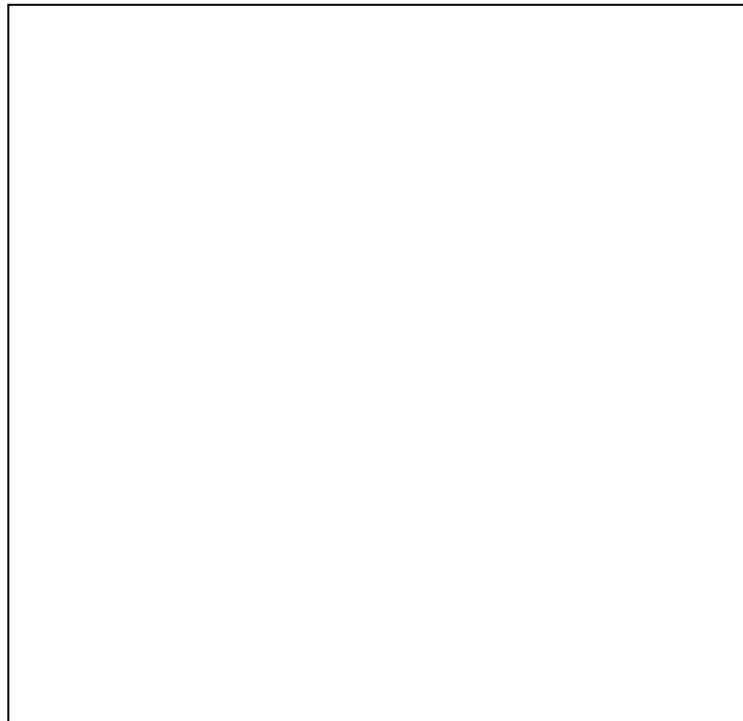
1. Answer every question. If a question does not apply to you, so state with "N/A".
2. If the space available is insufficient, use a separate sheet of 8 ½" X 11" paper.
3. Do no misstate or omit any material fact since the statements made herein are subject to verification to determine your qualifications for employment.
4. Answer all the questions accurately and completely. Do not make exaggerated, false, or misleading statements as they may cause your rejection or dismissal.
5. Each and every question has a purpose. Do not fail to answer each question completely even if you feel it is "not important".
6. Completed applications can be faxed to (813) 659-4202, emailed to Human Resources at humanresources@plantcitygov.com or mailed to Plant City Police Department at the address above or City of Plant City at 302 W. Reynolds Street, Plant City, FL 33563 ATTN: Human Resources.

I have read and understand all of the above instructions. I also understand that I will be required to take a polygraph (lie detector) examination to determine the authenticity of the information provided in this application.

Signature of Applicant

Date

PCPD USE ONLY	All candidates must produce the below listed documents prior to this application being processed.
	1. Birth Certificate
	2. High School Diploma, or GED Equivalency <u>with</u> scores
	3. College Diploma or transcripts (if attended)
	4. Other Schools and/or Course(s) Certification(s)
	5. Armed Forces Discharge and DD214
	6. Selective Service "Notice of Classification"
	7. Naturalization Papers
	8. Valid Driver License
	9. Florida Police Minimum Standards Certificate
	10. State Exam Scores
	11. Social Security Card





City of Plant City

TOBACCO-USE POLICY

The City has implemented a policy stating that persons who have engaged in any use of tobacco products during the twelve month period prior to their application are not eligible to become employed with the City.

By evidence of my signature below, I acknowledge my understanding of this policy and that any further consideration for employment is based on reliance upon my claim that I meet the above requirements. I further understand and agree that any determination to the contrary in the future can result in disciplinary action, up to and including dismissal.

Printed Name

Signature

Date

HR 58A 10/08

I. PERSONAL

1. Full Name: _____
(Last) (First) (Middle)
2. Alias (es), nickname, maiden name: _____
3. Have you ever had your name legally changed? Yes No
4. If you responded positively to question 3, indicate as follows:
 - A. Previous name: _____
 - B. Date and location of change: _____
 - C. Reason for change (include official document(s) concerning any change in name): _____

5. Social Security Number: _____
(Your social security number is requested for the purpose of payroll verification, benefits processing, background checks and income reporting and will only be used for those purposes).
6. Driver License Number: _____
7. Date of Birth: Month: _____ Day: _____ Year: _____
8. Place of Birth: City: _____ State: _____ Country: _____
9. Current Weight: _____ lbs Height: _____ ft. _____ in. Hair Color: _____ Eye Color: _____
10. Scars, Tattoos and/or distinguishing marks: _____
11. Are you a citizen of the United States? Yes No Natural Born Naturalized
12. If a naturalized citizen, check below if you are a citizen by virtue of Naturalization Certificate issued to:
 Self Parent Spouse
13. Present Home Address: _____
City: _____ State: _____ Zip Code: _____
14. How long have you lived at your present address? _____
15. With whom do you reside? _____
16. Home telephone number: _____
17. Business telephone number: _____

18. Chronologically list all places of residence for previous ten (10) years. Include all Military Installations.

From: **Month/Year** _____ To: **Month/Year** _____

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Landlord's Name: _____

Landlord's Address: _____

City: _____ State: _____ Zip Code: _____

From: **Month/Year** _____ To: **Month/Year** _____

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Landlord's Name: _____

Landlord's Address: _____

City: _____ State: _____ Zip Code: _____

From: **Month/Year** _____ To: **Month/Year** _____

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Landlord's Name: _____

Landlord's Address: _____

City: _____ State: _____ Zip Code: _____

From: **Month/Year** _____ To: **Month/Year** _____

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Landlord's Name: _____

Landlord's Address: _____

City: _____ State: _____ Zip Code: _____

Month/Year	Month/Year
From: _____	To: _____
Street Address: _____	
City: _____	County: _____ State: _____ Zip Code: _____
Landlord's Name: _____	
Landlord's Address: _____	
City: _____	State: _____ Zip Code: _____
<hr/>	
Month/Year	Month/Year
From: _____	To: _____
Street Address: _____	
City: _____	County: _____ State: _____ Zip Code: _____
Landlord's Name: _____	
Landlord's Address: _____	
City: _____	State: _____ Zip Code: _____
<hr/>	
Month/Year	Month/Year
From: _____	To: _____
Street Address: _____	
City: _____	County: _____ State: _____ Zip Code: _____
Landlord's Name: _____	
Landlord's Address: _____	
City: _____	State: _____ Zip Code: _____
<hr/>	
Month/Year	Month/Year
From: _____	To: _____
Street Address: _____	
City: _____	County: _____ State: _____ Zip Code: _____
Landlord's Name: _____	
Landlord's Address: _____	
City: _____	State: _____ Zip Code: _____

19. Are there any activities or conditions that you have been advised to avoid? Yes No If yes, explain:

20. Do you drink alcoholic beverages? Yes No If yes, what is your estimated monthly rate of consumption? _____

21. Have you ever used marijuana? Yes No If yes, how many times and when was the last time you used marijuana? (explain the circumstances): _____

22. Have you ever used any other illegal drugs, i.e., hashish, opiates, barbiturates, amphetamines, hallucinogens, etc.? Yes No If yes, give details: _____

23. Have you ever sold or delivered any amount of illegal drugs (i.e., marijuana, cocaine, hashish, heroin, etc.)? Yes No

24. Have you ever received any medical treatment for a drug habit? Yes No

25. If it becomes necessary in the course of your police duties to lawfully take a human life, would you be reluctant to do so because of religious or other beliefs? Yes No If yes, provide details on a separate sheet.

26. List all clubs, societies, civic or fraternal organizations to which you now belong or have ever been a member*:

NAME OF ORGANIZATION	ACTIVE (Y) (N)	OFFICE OR POSITION HELD	MEMBERSHIP FROM - TO	

*You need not respond to this question if your response would indicate racial, ethnic, religious, or gender composition of the membership.

II. MARRIAGE (PRESENT MARITAL STATUS)

Information in this section applies only to those applicants who are married at the present.)

1. Spouse's Full Name: _____ Birth Date: _____
(Last) (First) (Middle)
2. Maiden Name: _____
(Last) (First) (Middle)
3. Date of Marriage: _____
(Month) (Day) (Year)
4. Location of Marriage: _____
(City) (County) (State)
5. Are you presently living with your spouse? Yes No

III. FAMILY

1. List in order given, showing relationship, parents, guardians, stepparents, parents-in-law, brothers and sisters, children, even though deceased.

RELATIONSHIP	NAME	PRESENT ADDRESS (If Living)	PHONE	DATE OF BIRTH	OCCUPATION
FATHER					
MOTHER					

IV. EDUCATION

1. List all elementary, junior high, and high schools attended: (include copies of high school diploma or GED)

NAME	LOCATION	DATES ATTENDED		YEARS COMPLETED	GRADUATED	
		FROM	TO		YES	NO

2. Higher Education: List all information below for all colleges or universities attended. Include official transcript from last institution of higher education attended.

NAME & LOCATION COLLEGE OR UNIVERSITY	DATES ATTENDED		CREDIT HOURS		DEGREE RECEIVED	YEAR RECEIVED
	FROM	TO	SEMESTER	QUARTER		

3. Other schools or training (trade, vocational, business or military). Give for each, the name and location of schools, dates attended, subjects studies, certifications received, and any other pertinent data.

DATES		NAME OF SCHOOL	COURSES / STUDIES	CERTIFICATE	
FROM	TO			YES	NO

4. Were you ever expelled or suspended from any school or were you ever disciplined by any school official?
 Yes No If yes, give particulars below:

V. FOREIGN LANGUAGE

1. Enter foreign language and indicate your knowledge of each by placing an "X" in the proper column.

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair

VI. SPECIAL QUALIFICATIONS AND SKILLS

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

2. Indicate special skills that you possess and machines and equipment you can use:

3. Approximate words per minutes: Typing _____ Shorthand _____
4. Indicate special qualifications not covered in application. For example, your most important publications (do not submit copies unless requested), your patents or inventions, public speaking and publications experience, membership in professional or scientific societies, etc. Honors and fellowships received:

VII. ACTIVE REGULAR MILITARY RECORD

1. Have you ever served in a military organization of the United States? Yes No
2. If yes, give period of active military service and other data requested:
From: _____ To: _____ Branch of Service: _____
Serial Number: _____ Rank: _____
Type of Discharge Received: _____
Reason for Discharge: _____

From: _____ To: _____ Branch of Service: _____
Serial Number: _____ Rank: _____
Type of Discharge Received: _____
Reason for Discharge: _____
3. Were you ever tried, punished, reprimanded, or reduced in rank for any infraction of military rules or regulations? Yes No If yes, indicate on a separate sheet of paper the (1) date(s), (2) charges against you,(3) type of court martial or other disciplinary proceedings, and (4) the disposition of charges.
4. Has your discharge or separation ever been corrected or changed? Yes No If yes, indicate details below:
Changed from: _____ to _____
Authority: _____

5. List all military installations to which you have been assigned:

NAME OF FACILITY	ADDRESS	CITY, STATE, COUNTRY	YEARS ASSIGNED FROM / TO

VIII. RESERVE AND/OR NATIONAL GUARD RECORD

1. Are you now, or were you ever, an active member of any branch of the United States Reserves or State National Guard? Yes No If yes, indicate whether it was a United States Reserve Force or State National Guard along with other data requested:

Branch of Service: _____ From: _____ To: _____

Unit: _____ Present or Last Rank: _____

Type of Discharge: _____

Mailing Address of Unit: _____

Branch of Service: _____ From: _____ To: _____

Unit: _____ Present or Last Rank: _____

Type of Discharge: _____

Mailing Address of Unit: _____

Branch of Service: _____ From: _____ To: _____

Unit: _____ Present or Last Rank: _____

Type of Discharge: _____

Mailing Address of Unit: _____

2. While serving with the Reserves or National Guard, were you ever tried, punished, reprimanded, or reduced in rank for any infraction of military rules or regulations? Yes No If yes, indicate on a separate sheet the (1) date(s), (2) charges against you, (3) type of court martial or other disciplinary proceedings, and (4) disposition of the charge(s).

3. Has your discharge or separation ever been corrected or changed? Yes No If yes, indicate details below:

Changed from: _____ To: _____

Authority: _____

IX. FOREIGN MILITARY SERVICE

1. Have you ever served in a military organization of any foreign government? Yes No If yes, indicate below:

Name of Country: _____ Date of Entry: _____

Date of Separation: _____ Rank: _____

Type of Discharge: _____

X. SELECTIVE SERVICE

1. What is your present Selective Service Classification? _____

Selective Service Board Number: _____ Selective Service Number: _____

Selective Service Board Address: _____

2. Please indicate all draft classifications you have ever had, in addition to your present status:

3. Have you ever asked for or received a deferment from military service? Yes No

4. Have you received information from your selective service board that would indicate that you will be inducted into the service in the near future? Yes No If yes, give details on a separate sheet.

XI. EMPLOYMENT

1. What is your occupation or calling? _____

2. Are you now or have you ever been engaged in any business as an owner, partner, or corporate member? Yes No If yes, give details:

3. Were you ever discharged, terminated, fired or forced to resign because of misconduct or unsatisfactory service (except military)? Yes No If yes, explain giving name and address of employer, approximate date and reason in each case:

4. Have your employers always treated you fairly? Yes No If no, explain: _____
5. Do you object to wearing a uniform? Yes No
6. Do you object to working nights? Yes No
7. Have you had experience with shift work? Yes No
8. Have you ever received unemployment insurance or other Federal, State or Local benefits or assistance? Yes No If yes, give details below:

TYPE OF ASSISTANCE	AGENCY NAME	ADDRESS	FOR HOW LONG

9. List all jobs you have held in the last TEN (10) years. Place your present or most recent job FIRST. If you need more space, you may include additional sheets. Include military service in proper time sequence and also all periods of unemployment. List all part-time, temporary, seasonal, and voluntary jobs. If you were self-employed, provide copies of tax returns.

FROM DATE	NAME OF EMPLOYER	PART-TIME	FULL-TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO.	DESCRIPTION OF DUTIES	
SALARY BEGIN	CITY, STATE & ZIP CODE	NAME OF SUPERVISOR		
SALARY END	WHY DID YOU LEAVE?	NAME OF CO-WORKER		

FROM DATE	NAME OF EMPLOYER	PART-TIME	FULL-TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO.	DESCRIPTION OF DUTIES	
SALARY BEGIN	CITY, STATE & ZIP CODE	NAME OF SUPERVISOR		
SALARY END	WHY DID YOU LEAVE?	NAME OF CO-WORKER		

FROM DATE	NAME OF EMPLOYER	PART-TIME	FULL-TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO.	DESCRIPTION OF DUTIES	
SALARY BEGIN	CITY, STATE & ZIP CODE	NAME OF SUPERVISOR		
SALARY END	WHY DID YOU LEAVE?	NAME OF CO-WORKER		

FROM DATE	NAME OF EMPLOYER	PART-TIME	FULL-TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO.	DESCRIPTION OF DUTIES	
SALARY BEGIN	CITY, STATE & ZIP CODE		NAME OF SUPERVISOR	
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER	
FROM DATE	NAME OF EMPLOYER	PART-TIME	FULL-TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO.	DESCRIPTION OF DUTIES	
SALARY BEGIN	CITY, STATE & ZIP CODE		NAME OF SUPERVISOR	
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER	
FROM DATE	NAME OF EMPLOYER	PART-TIME	FULL-TIME	JOB TITLE
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TO DATE	STREET ADDRESS	PHONE NO.	DESCRIPTION OF DUTIES	
SALARY BEGIN	CITY, STATE & ZIP CODE		NAME OF SUPERVISOR	
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER	
FROM DATE	NAME OF EMPLOYER	PART-TIME	FULL-TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO.	DESCRIPTION OF DUTIES	
SALARY BEGIN	CITY, STATE & ZIP CODE		NAME OF SUPERVISOR	
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER	

10. If any of the employers listed are relatives, indicate which ones (include relatives through marriage) on a separate sheet.
11. Do you object to your present employer being contacted? Yes No
12. Have you ever applied for a position with any law enforcement agency? Yes No If yes, indicate on a separate sheet (1) the department to which you made application, (2) the date on which you applied, (3) whether you were rejected or accepted, (4) if rejected, the reason for rejection, and (5) if accepted, why you refused employment.
13. Are you now on any eligibility list? Yes No If yes, indicate where and for what position:

14. If you were ever placed on an eligibility list and were not hired, state why:

15. Has any license or permit (excluding driver license or learner permit) issued by any city, county, state or federal agency ever been denied you or any corporation or partnership of which you were an officer, director or partner? Yes No If yes, provide details on a separate sheet.
16. Has any such license or permit been revoked, canceled or suspended? Yes No
17. Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which may be required of you in a law enforcement capacity or which might require further explanation? Yes No If yes, give details:

XII. FINANCIAL HISTORY

1. List firms with which you have had charge accounts. List firms from which you have borrowed money for any purpose. (To establish your credit worthiness, a credit check may be made.)
- Name of Firm: _____ Type of Business: _____
- Street Address: _____ Date Closed: _____ Amount Owed: _____
- Original Amount Owed: _____ Purpose: _____

Name of Firm: _____ Type of Business: _____

Street Address: _____ Date Closed: _____ Amount Owed: _____

Original Amount Owed: _____ Purpose: _____

Name of Firm: _____ Type of Business: _____

Street Address: _____ Date Closed: _____ Amount Owed: _____

Original Amount Owed: _____ Purpose: _____

Name of Firm: _____ Type of Business: _____

Street Address: _____ Date Closed: _____ Amount Owed: _____

Original Amount Owed: _____ Purpose: _____

Name of Firm: _____ Type of Business: _____

Street Address: _____ Date Closed: _____ Amount Owed: _____

Original Amount Owed: _____ Purpose: _____

Name of Firm: _____ Type of Business: _____

Street Address: _____ Date Closed: _____ Amount Owed: _____

Original Amount Owed: _____ Purpose: _____

Name of Firm: _____ Type of Business: _____

Street Address: _____ Date Closed: _____ Amount Owed: _____

Original Amount Owed: _____ Purpose: _____

Name of Firm: _____ Type of Business: _____

Street Address: _____ Date Closed: _____ Amount Owed: _____

Original Amount Owed: _____ Purpose: _____

2. List spouse's occupation and place of employment: _____

3. What is your total indebtedness at the present time? _____
4. Have your creditors treated you fairly? Yes No If not, explain: _____

5. Have you ever had accounts placed in the hands of a collection agency? Yes No If yes, give details: _____

6. Have you ever had wages attached? Yes No
7. Have you ever been a party to small claims or other court action? Yes No
8. Do you have any immediate civil action pending against you? Yes No
9. Have you ever had judgment rendered against you? Yes No
10. Are you responsible for child support payments? Yes No If yes, indicate how much: _____
11. Are you responsible for paying alimony? Yes No If yes, indicate how much: _____
12. If you are responsible for making child support payments or paying alimony, has legal action ever been taken against you for either failing to make payment or delaying payments? Yes No
13. List all motor vehicles and/or boats owned by you or your spouse or that you operate:

MAKE	YEAR	REGISTRATION NUMBER	COST	DATE OF PURCHASE

14. List any business you or your spouse has a financial interest in:

BUSINESS	AMOUNT OF INTEREST	YEARLY INCOME	NAME AND ADDRESS

XIII. CRIMINAL AND JUVENILE RECORD

1. Have you ever been arrested, charged, convicted, received a notice to appear, plead nolo contendere or plead guilty with regard to any criminal violation, regardless of whether the record was sealed or expunged, by ANY law enforcement agency?

Crime Charged: _____ Police Agency: _____

Date: _____ Disposition of Case: _____

2. Have you ever been placed on probation? Yes No If yes, give details: _____

3. Have you ever been required to pay a fine? Yes No If yes, give details: _____

4. Have you ever been reported as a missing person or a runaway? Yes No If yes, give complete details, including police jurisdiction, dates and outcome: _____

5. If you have ever been fingerprinted by a law enforcement agency for any reason, give details below:

Your answer will be checked with the FBI and other agencies.

Agency: _____ Date: _____ Purpose: _____

Agency: _____ Date: _____ Purpose: _____

Agency: _____ Date: _____ Purpose: _____

Agency: _____ Date: _____ Purpose: _____

Agency: _____ Date: _____ Purpose: _____

6. Have you ever been advised of your Miranda Rights? Yes No If yes, give complete

details: _____

7. Have you ever been the subject of a police investigation? Yes No If yes, give details

including police department and date: _____

8. Have you ever had a polygraph examination? Yes No If yes, list date, examiner's name,

location and purpose for each examination: _____

9. Has any member of your immediate family ever been arrested or convicted of a criminal offense?

Yes No If yes, give details:

NAME	RELATIONSHIP	OFFENSE	WHERE ARRESTED	DATE

10. Do you know of anyone who is an enemy or who might try to harm you in any way? Yes No

If yes, give details below: _____

11. Have you or your spouse ever sued anyone (civil court plaintiff)? Yes No If yes, give details

below and provide copies: _____

12. Have you or your spouse ever been sued by anyone (civil court defendant)? Yes No If yes,

give details below and provide copies: _____

XIV. VEHICLE OPERATOR'S LICENSE (DRIVER, CHAUFFEUR, ETC.)

1. Can you operate a motor vehicle? Yes No

2. Do you now or did you ever possess a valid driver license from the State of Florida? Yes No

3. Did you ever possess a driver license issued by any state other than Florida? Yes No If yes,

provide the following information: (continue on separate sheet if necessary:

Driver License Number: _____ State: _____ Date Issued: _____

Restrictions: _____

4. Was your license ever suspended or revoked? Yes No If yes, give reasons, dates, and length

of suspension: _____

5. Was your license ever restored? Yes No If yes, when? _____

6. Have you ever been refused a driver license from any state? Yes No If yes, give details: .

7. Has your driver license ever been restricted due to traffic offense convictions or placed on negligent operator's probation? Yes No If yes, give details: _____

8. Have you ever been involved in a motor vehicle accident? Yes No If yes, give complete details for each accident, whether collision, non-collision or hit and run.:

Date: _____ Police Investigation: Yes No

Location: _____

Cause of Accident (example: ran red light, careless driving, etc.): _____

Injury Non-injury Who was charged with accident and what was court disposition? _____

Date: _____ Police Investigation: Yes No

Location: _____

Cause of Accident (example: ran red light, careless driving, etc.): _____

Injury Non-injury Who was charged with accident and what was court disposition? _____

Date: _____ Police Investigation: Yes No

Location: _____

Cause of Accident (example: ran red light, careless driving, etc.): _____

Injury Non-injury Who was charged with accident and what was court disposition? _____

9. List below all the traffic citations you have received in Florida and all other states (include parking tickets):

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

XV. CHARACTER REFERENCES

1. List 8 character references. (Do not include relatives, former employers, or persons living outside the United States or its territories). List only character references who have a definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat the names of supervisors.

NAME OF REFERENCE	YEARS KNOWN	ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	
			BUSINESS	HOME

2. Are you acquainted with any members of the Plant City Police Department? Yes No If yes, list all: _____

XVI. IN YOUR OWN WORDS AND HANDWRITING, COMPLETE A ONE HUNDRED (100) WORD OR MORE STATEMENT AS TO WHY YOU DESIRE TO ENTER INTO, OR CONTINUE IN, THE POLICE PROFESSION.

VII. EMPLOYMENT WAIVER

Date: _____

I, (PRINT NAME) _____, fully understand that I am being considered for employment as a Police Officer, and must successfully complete a Background Investigation, Psychological Examination, Physical Examination, and Polygraph Test. I understand that should unfavorable information be developed, I will be denied employment.

I am seeking employment on the basis that I know that no unfavorable information will be developed by the Plant City Police Department with the exception of what I have indicated on my application and which has been explained by me in detail during the interview process.

I understand that the Plant City Police department has not budgeted funds to reimburse any expenses I may incur in seeking this position. I recognize that the time required to process and select police officer applicants is lengthy and time consuming. No promises or commitments are expected as to a time when a hiring decision and/or actual hiring will take place.

I understand that certain non-exempt portions of the Background Investigation may become available for inspection by the public pursuant to the public records law. I understand and agree to the contents of this statement.

SIGNATURE

DATE

Federal and State Laws prohibit discrimination in employment because of a handicap. Employment is contingent on passing a physical examination by an authorized physician.

I REQUEST VETERAN'S PREFERENCE IN APPOINTMENT AND RETENTION IN EMPLOYMENT PURSUANT TO CHAPTER 55A-7 OF THE FLORIDA ADMINISTRATIVE CODE. Yes No

If yes, under what qualification? _____

All statements and information given in this application are true to the best of my knowledge. I hereby authorize the City of Plant City to verify any of this information to determine my capabilities for employment. I understand that any statements found not to be materially correct will bring about my dismissal or denial for employment. I understand and acknowledge that any employment with the City is on an "at will" basis, which means that I or the City may terminate my employment at any time, with or without cause.

SIGNATURE

DATE

CITY OF PLANT CITY
APPLICATION FOR VETERANS PREFERENCE, FLORIDA ADMIN. CODE 55A-7

**APPROPRIATE DOCUMENTATION (i.e.: DD-214 OR VETERANS. ADMINISTRATION LETTER)
MUST BE PROVIDED AT THE TIME OF APPLICATION.**

Check the category that applies to you:

____ An honorably discharged disabled veteran who has a service-connected compensable disability;

____ The spouse of an honorably discharged veteran who has a total and permanent, service-connected disability which disqualifies the veteran for employment;

____ The spouse of any person who is missing in action, captured, forcibly detained or interned in the line of duty;

____ A veteran 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 (as defined by Florida law); or

____ The unremarried widow or widower of a veteran who died of a service-connected disability.

BRANCH OF SERVICE DATE OF ENTRY DATE OF DISCHARGE

Please answer the following questions:

1. Are you currently or have you ever been employed by any State or any agency or a political subdivision of the State (i.e., State, County, or City, etc.)? YES____ NO____

a. If .YES, give name of employer and dates employed: _____

b. If .YES, on what basis were you employed (i.e. temporary/permanent, full-time/part-time, reserves)? _____

c. If .YES, did you receive benefits (i.e. vacation leave, sick leave, pension)? YES __ NO__

2. Did you or your spouse serve on active duty (i.e. not in training or reserves)? YES__ NO__

NOTE: 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 Department of Veterans Affairs, P.O. Box 31003, St. Petersburg, Florida 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the City. If no notice is given by the City and the position has been filled, a complaint must be filed within three (3) months of the date the application was received by the City. If the position has not been filled, the complaint deadline is extended until one month after the position is filled.

PRINT NAME _____

SIGNATURE _____



**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: _____ **CITY OF PLANT CITY**

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: PLANT CITY POLICE DEPARTMENT, P.O. Box 4709, PLANT CITY, FL 33563-0030

768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former employees states: An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760. **Pursuant to Sections 943.13(2) 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: _____



**NOTICE OF INTENT TO OBTAIN A
CONSUMER CREDIT REPORT**

In connection with your application for employment, this agency may obtain a consumer credit report reflecting the detail of your history on record with the credit bureau. Before taking any adverse action on the basis of the report, we will provide you with a copy of the report and a description of your rights under the Fair Credit Reporting Act (FCRA).

APPLICANT SIGNATURE

DATE



**AUTHORIZATION TO OBTAIN
CONSUMER CREDIT REPORT**

I have been notified that the City of Plant City would like to obtain my consumer credit report in connection with my application for employment. I authorize the city of Plant City to obtain such a report and release the City of Plant City from any liability connected with obtaining such a report.

DATE

NAME OF APPLICANT (Print)

SIGNATURE OF APPLICANT

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any representative of the City of Plant City bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment record or educational records including, but not limited to, achievement, attendance, personal history, and 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 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, as the employer, educational institution, physician, hospital, or other repository of medical records, credit bureau, or consumer reporting agency, including its officers, employees or other 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. Should there be any questions as to the validity of this release, you may contact me directly.

(FULL NAME) SIGNATURE

DATE

PRINT NAME

Phone # () _____ - _____

ACKNOWLEDGEMENT

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON THE _____ DAY OF _____ 20____, BY THE ABOVE NAMED, WHO HAS PRODUCED _____, AND DID NOT TAKE AN OATH.

(type of identification)

SIGNATURE _____

NOTARY PUBLIC

The following is to be executed prior to submission:

I hereby swear or affirm that there are no misrepresentations or omissions in, or falsifications of, the previous statements and answers to questions. I am aware that should investigation disclose such misrepresentations, falsifications, or omissions, my application will be rejected and I will be disqualified from applying in the future for any position in the service of the Plant City Police department, or if, after my acceptance for employment, subsequent investigation should disclose misrepresentations, falsifications, or omissions, it will be cause for immediate dismissal.

(FULL NAME) SIGNATURE

DATE

PRINT NAME

ACKNOWLEDGEMENT

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

**THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON THE _____ DAY
OF _____ 20____, BY THE ABOVE NAMED, WHO HAS PRODUCED
_____, AND DID NOT TAKE AN OATH.
(type of identification)**

**SIGNATURE _____
NOTARY PUBLIC**

