

MOUNT DORA POLICE



APPLICATION ADDENDUM

FOR

POLICE OFFICER

**APPLICATION ADDENDUM
MOUNT DORA POLICE DEPARTMENT
MOUNT DORA, FLORIDA**

SIGNIFICANT JOB REQUIREMENTS

As a police officer you will be required to work any hour of the day, any day of the week, and any recognized holiday. You will be required to work in any area of the city. You will be required to maintain proficiency in the use of police equipment. You will be required to work with and for persons of differing race, sex, religious affiliation, age group, and the physically disabled.

DISCLAIMER

Thank you for your interest in the Mount Dora Police Department. The Mount Dora Police Department is an Equal Employment Opportunity Employer and does not discriminate in recruiting, hiring, training, promoting or other employment conditions because of age, race, color, religion, sex, national origin, marital status, veteran status or disability. The information requested in this addendum is necessary to facilitate the required background investigation of the candidate, and shall not be used to discriminate in any way against the candidate.

INSTRUCTIONS

Read the following instructions carefully before filling out your application. **Please attach a copy of the following documents to the completed application:**

- Driver's License
- Social Security Card
- Birth Certificate
- Military Service DD 214 Form (if applicable)
- High School Diploma, GED Certificate, and/or College Degree (s) and Transcripts
- All Applicable Law Enforcement Certificates and Transcripts

IT IS IMPORTANT THAT YOU ANSWER ALL QUESTIONS ON THIS APPLICATION FULLY AND ACCURATELY. FAILURE TO DO SO MAY RESULT IN LOSS OF EMPLOYMENT OPPORTUNITIES.

If an item does not apply to you, or if there is no information to be given, write in the letters "N/A" for "not applicable" in large letters in one of the information spaces. *Whenever an address is requested, you must provide the complete address, including the correct zip code. Zip code directories are available at your local post office.*

PRINT CLEARLY IN BLACK INK OR USE A TYPEWRITER. THE "REMARKS" SECTION MUST BE COMPLETED IN YOUR OWN HANDWRITING.

When marking yes or no answers, please mark the appropriate blank. Example: [X].

Should you require additional space to complete your application, use plain paper or copy additional application pages.

Please read Page 16 (Certification Page) carefully before you sign it. This page must be completed and signed in the presence of a notary public.

NOTE

Only the applicant can complete and sign this application. Falsification or omission of information will result in the rejection of your application, or dismissal if you are employed by the City of Mount Dora. One of the components of the hiring process is a polygraph examination. If you are found to have falsified or omitted any information at any time in the selection process, you will be disqualified, even if the accurate information would not have disqualified you. If hired and it is later found that you falsified information you will be subject to termination.

Print _____

SS# _____
(For the purpose of background investigations.)

Signature _____

Date _____

II. EDUCATIONAL BACKGROUND

A. High School Name: _____

Address: _____
Number Street City State Zip

Dates Attended: From: _____ To: _____ G.P.A.: _____
Month/Year Month/Year

Diploma: Yes [] No [] GED: Yes [] No []

B. College/University Name: _____

Address: _____
Number Street City State Zip

Dates Attended: From: _____ To: _____ G.P.A.: _____
Month/Year Month/Year

Degree: Yes [] No [] Type of Degree: _____

Number of Credit Hours: _____ Major Field of Study: _____

C. College/University Name: _____

Address: _____
Number Street City State Zip

Dates Attended: From: _____ To: _____ G.P.A.: _____
Month/Year Month/Year

Degree: Yes [] No [] Type of Degree: _____

Number of Credit Hours: _____ Major Field of Study: _____

D. College/University Name: _____

Address: _____
Number Street City State Zip

Dates Attended: From: _____ To: _____ G.P.A.: _____
Month/Year Month/Year

Degree: Yes [] No [] Type of Degree: _____

Number of Credit Hours: _____ Major Field of Study: _____

III. RESIDENCES

LIST CHRONOLOGICALLY ALL YOUR RESIDENCE ADDRESSES FOR THE PAST FIVE YEARS. START WITH YOUR CURRENT RESIDENCE.

CURRENT RESIDENCE:

1. From: _____ To: _____ OWN [] RENT []
Month/Year Month/Year

If renting, name lease is under: _____

Address: _____
Number Street City State Zip

Landlord's Name and/or Name of Apt. Complex: _____

Address: _____
Number Street City State Zip

2. From: _____ To: _____ OWN [] RENT []
Month/Year Month/Year

If renting, name lease is under: _____

Address: _____
Number Street City State Zip

Landlord's Name and/or Name of Apt. Complex: _____

Address: _____
Number Street City State Zip

3. From: _____ To: _____ OWN [] RENT []
Month/Year Month/Year

If renting, name lease is under: _____

Address: _____
Number Street City State Zip

Landlord's Name and/or Name of Apt. Complex: _____

Address: _____
Number Street City State Zip

III. RESIDENCES (continued)

4. From: _____ To: _____ OWN [] RENT []
Month/Year Month/Year

If renting, name lease is under: _____

Address: _____
Number Street City State Zip

Landlord's Name and/or Name of Apt. Complex: _____

Address: _____
Number Street City State Zip

5. From: _____ To: _____ OWN [] RENT []
Month/Year Month/Year

If renting, name lease is under: _____

Address: _____
Number Street City State Zip

Landlord's Name and/or Name of Apt. Complex: _____

Address: _____
Number Street City State Zip

6. From: _____ To: _____ OWN [] RENT []
Month/Year Month/Year

If renting, name lease is under: _____

Address: _____
Number Street City State Zip

Landlord's Name and/or Name of Apt. Complex: _____

Address: _____
Number Street City State Zip

7. From: _____ To: _____ OWN [] RENT []
Month/Year Month/Year

If renting, name lease is under: _____

Address: _____
Number Street City State Zip

Landlord's Name and/or Name of Apt. Complex: _____

Address: _____
Number Street City State Zip

IV. ADDITIONAL EMPLOYMENT HISTORY

Your Employment History must include all full and part time jobs, school periods, and any period of unemployment. **LIST ALL JOBS SINCE HIGH SCHOOL**, not listed on the application.

Employer's Name: _____

Employer's Address: _____
Number Street City State Zip

Date of employment, or unemployment: From: _____ To: _____
Month/Year Month/Year

Position/Title/Major: _____

May we contact? Yes [] No [] Full time [] Part time []

Name of supervisor/instructor: _____ Phone Number: () _____

Description of duties, responsibilities, courses, and accomplishments: _____

Reason for leaving: _____

Disciplinary action received: _____

Employer's Name: _____

Employer's Address: _____
Number Street City State Zip

Date of employment, or unemployment: From: _____ To: _____
Month/Year Month/Year

Position/Title/Major: _____

May we contact? Yes [] No [] Full time [] Part time []

Name of supervisor/instructor: _____ Phone Number: () _____

Description of duties, responsibilities, courses, and accomplishments: _____

Reason for leaving: _____

Disciplinary action received: _____

IV. ADDITIONAL EMPLOYMENT HISTORY (continued)

Employer's Name: _____

Employer's Address: _____
Number Street City State Zip

Date of employment, or unemployment: From: _____ To: _____
Month/Year Month/Year

Position/Title/Major: _____

May we contact? Yes [] No [] Full time [] Part time []

Name of supervisor/instructor: _____ Phone Number: () _____

Description of duties, responsibilities, courses, and accomplishments: _____

Reason for leaving: _____

Disciplinary action received: _____

Employer's Name: _____

Employer's Address: _____
Number Street City State Zip

Date of employment, or unemployment: From: _____ To: _____
Month/Year Month/Year

Position/Title/Major: _____

May we contact? Yes [] No [] Full time [] Part time []

Name of supervisor/instructor: _____ Phone Number: () _____

Description of duties, responsibilities, courses, and accomplishments: _____

Reason for leaving: _____

Disciplinary action received: _____

V. MILITARY SERVICE

Active Military Service:

1. Have you ever served or trained in the U. S. Armed Forces? Yes [] No []

Branch of Service: _____

Rank: _____ Pay Grade: _____

| | | |
|---|---|--|
| Check type of discharge: | | |
| <input type="checkbox"/> Honorable | <input type="checkbox"/> General under Honorable | <input type="checkbox"/> Dishonorable |

2. Dates of active military service:

Entry Date: _____ Separation Date: _____

Reserve, National, or State Guard:

3. Are you presently a member of the U. S. Military Reserve, National, or State Guard Organization?

Yes [] No [] If yes, please complete the following: Active [] Inactive []

Entry Date: _____ Separation Date: _____

Rank: _____ Pay Grade: _____

Branch of Service and Component: _____

Organization and Station or Unit: _____

Address: _____
Number Street City State Zip

4. Have you ever been a defendant in a military court martial (excluding proceedings leading to non-judicial punishment), or received any other disciplinary action?

Yes [] No [] If yes, explain in detail _____

5. Have you ever held a military security clearance? Yes [] No []

If yes, level of clearance _____

Have you ever been denied or had a security clearance revoked? Yes [] No []

VI. PERSONAL REFERENCES

Please furnish six personal references. **DO NOT LIST RELATIVES OR PREVIOUS EMPLOYERS!** At least three of the references must have known you for at least two years. Give complete address and zip code.

1. _____ () _____
Name Phone Number How Long Known

Home Address City State Zip

Business Address City State Zip

2. _____ () _____
Name Phone Number How Long Known

Home Address City State Zip

Business Address City State Zip

3. _____ () _____
Name Phone Number How Long Known

Home Address City State Zip

Business Address City State Zip

4. _____ () _____
Name Phone Number How Long Known

Home Address City State Zip

Business Address City State Zip

5. _____ () _____
Name Phone Number How Long Known

Home Address City State Zip

Business Address City State Zip

6. _____ () _____
Name Phone Number How Long Known

Home Address City State Zip

Business Address City State Zip

VII. DRIVER'S LICENSE

Driving History:

A. Do you hold a current valid driver's license? Yes [] No []

Issuing State: _____ Number: _____

Chauffeurs License Number (if applicable): _____

List any other driver's licenses which you have possessed in the past:

State: _____ Number: _____

State: _____ Number: _____

B. Have you ever had a driver's license, and/or commercial license or certificate, revoked or suspended by the issuing authority? Yes [] No []

If yes, date (s) of suspension: _____

Please explain in detail: _____

C. List all traffic summons/citations/tickets received in the past five years, including those from other states. Do not list parking tickets. **IF NONE, CHECK HERE:** []

| DATE | LOCATION OCCURRED | VIOLATION TYPE | PENALTY/DISPOSITION |
|------|-------------------|----------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

D. List all automobile accidents in which you have been involved (whether at fault or not):

| DATE | LOCATION OCCURRED | VIOLATION TYPE | PENALTY/DISPOSITION |
|------|-------------------|----------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

VIII. PERSONAL CHARACTER BACKGROUND

A. Has any legal judgement (i.e., divorce, child support, alimony) ever been issued against you?

Yes [] No [] If yes, explain in detail: _____

B. Have you ever declared bankruptcy? Yes [] No [] If yes, explain in detail, listing date, name of court and amount declared: _____

C. Have you ever been refused a surety bond (i.e., contractor, security guard or entrepreneurship) or refused employment that required bonding? Yes [] No [] If yes, explain in detail.

D. Criminal History:

Have you ever been arrested, incarcerated, indicted, issued a Notice to Appear, or other wise charged with a crime? **Include juvenile arrest and sealed/expunged arrests:** Yes [] No []
If yes, list date, charge, police agency, city, and county.

| Date | Charge | Police Agency | City, County |
|------|--------|---------------|--------------|
|------|--------|---------------|--------------|

Explain in detail: _____

E. Have you ever been found guilty or pled guilty or no contest to a crime, including arrestable traffic offenses (i.e., driving while intoxicated, reckless driving, driving with a suspended driver's license, etc.)? For purposes of this section and/or question, a plea of guilty or "no contest" after July 1, 1981, shall be considered a conviction in spite of the fact adjudication was withheld or sentence suspended.

Yes [] No [] If yes, explain in detail: _____

VIII. PERSONAL CHARACTER BACKGROUND (continued)

F. a. Have you ever been involuntarily terminated (fired) from employment or resigned in lieu of termination or resigned pending an investigation?

Yes [] No [] If yes, explain in detail: _____

b. Have you ever been disciplined or accused of discrimination or harassment or had a civil lawsuit filed against you?

Yes [] No [] If yes, explain in detail: _____

G. Drug History:

Have you ever sold any type of illegal drug? Yes [] No []

Have you ever possessed illegal drugs? Yes [] No [] If yes, explain: _____

Have you ever used any type of illegal drug? Yes [] No []

| NAME/TYPE OF DRUG USED | DATES | | TOTAL TIMES USED |
|------------------------|-------------------|-----------------|------------------|
| | From: (Month/Yr.) | To: (Month/Yr.) | |
| | | | |
| | | | |
| | | | |
| | | | |

H. Does the City of Mount Dora employ any relative (by blood or marriage) or cohabitant of yours?

Yes [] No [] If yes, give name(s), relationship and department where he/she works.

_____ Name _____ Relationship/Department

_____ Name _____ Relationship/Department

I. Have you ever been known by any other last name? Yes [] No [] If yes, list all names used, locations, and circumstances (i.e., divorce, adoption, legal name change, etc.):

_____ Name _____ Dates: From/To _____ City, State _____ Circumstance

_____ Name _____ Dates: From/To _____ City, State _____ Circumstance



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: _____

