

# FLAGLER BEACH POLICE DEPARTMENT

**Captain Matthew Doughney**

204 South Flagler Ave. Flagler Beach, Florida 32136

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant contact number

Dear Applicant:

Thank you for your interest in the possible employment with the **Flagler Beach Police Department**.

While preparing your application, please note that **COMPLETE and ACCURATE MAILING AND PHYSICAL ADDRESSES** are required. Our Human Resources department will review your application to ensure all information is completed and all necessary documentation is included prior to its acceptance. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

**Upon completing your application, mail or drop off your completed application to the City of Flagler Beach: Attention Human Resources, 105 South 2<sup>nd</sup> Street. Flagler Beach, Florida 32136**

Photocopies of the following items **MUST** be included with your application:

1. Social Security Card
2. Birth Certificate issued by State or Hospital
3. High School diploma, GED and/or sealed official college transcripts.
4. If a veteran, copy of DD Form 214 stating "Honorable" discharge
5. Proof of registration as required by the Federal Military Selective Service Act
6. Copy of FDLE state certificate, proof of passing state certification test
7. Name change documents (marriage, divorce, adoption, etc.)
8. Any other applicable diplomas an/or certificates may be included

Prior to hiring, the following requirements must be successfully completed:

1. Personal credit check
2. Oral interview
3. Background investigation: to include criminal, employment, financial and neighborhood checks
4. Physical examination and EKG
5. Psychological Evaluation
6. Polygraph Examination
7. Urinalysis

If the position for which you are applying is available, processing of your application will require approximately 4 weeks, barring unforeseen difficulties.

***Many aspects of your application will become public record per Florida State Statute 119.***

Any one of the following may be cause for rejection of employment:

1. **Within the past twenty-four (24) months used, tried, experimented with or otherwise possessed any illegal controlled substances including Marijuana.**
2. Within the past twenty-four (24) months, engaged in drug abuse of any illegal controlled substance, including Marijuana.
3. Within the past sixty (60) months used, tried, experimented with or otherwise possessed any illegal controlled substance classified by Florida Statute 893.03 as a Schedule I or Schedule II illegal substance (hard drugs).
4. Sold or delivered any illegal controlled substance at any time.
5. Engaged in any illegal criminal activity material to the job at any time.
6. **D.U.I. within 60 months of application.**
7. Possess a felony record.

For more information about our hiring process, please view our website at: [www.FBPD.org](http://www.FBPD.org)

Sincerely,

*Captain Matthew Doughney*

Matthew Doughney  
Police Captain

# CHECKLIST

## FLAGLER BEACH POLICE DEPARTMENT

NO application will be accepted without ALL of the following supporting documents.  
Please contact the Human Resources Division if you have any question.

Applicant	Human Resources	
<input type="checkbox"/>	<input type="checkbox"/>	Completed application (Drop off or Mail to Flagler Beach Police Department, 204 South Flagler Ave. Flagler Beach, Florida 32136
<input type="checkbox"/>	<input type="checkbox"/>	Photocopy of high school diploma, or GED and sealed official college transcripts required for proof of college degree.
<input type="checkbox"/>	<input type="checkbox"/>	Photocopy of birth certificate.
<input type="checkbox"/>	<input type="checkbox"/>	Photocopy of Social Security card with <b>correct name</b> (as name will appear on the payroll check).
<input type="checkbox"/>	<input type="checkbox"/>	Completed Equal Employment Opportunity Survey Optional.
<input type="checkbox"/>	<input type="checkbox"/>	If a military veteran, copy of Form DD 214 stating honorable discharge (General discharge under honorable conditions not acceptable.) or, proof of registration as required by Federal Military Selective Service Act.
<input type="checkbox"/>	<input type="checkbox"/>	Copy of Florida State Certification from FDLE
<input type="checkbox"/>	<input type="checkbox"/>	Copies of all name change documents (marriage certificates, court papers, adoption, divorce, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	Be sure all names, addresses, phone numbers, and zip codes of employment and personal references are accurate and complete.
<input type="checkbox"/>	<input type="checkbox"/>	Completed FDLE Authority for Release of Information Background Investigation Waiver (CJSTC 58).
<input type="checkbox"/>	<input type="checkbox"/>	If your Driver's License is from another state, get a certified copy of your driving history from the issuing state.

**The Flagler Beach Police Department understands both youthful indiscretions and financial difficulties however, the Flagler Beach Police Department will not tolerate any attempts to conceal the aforementioned and any attempt to do so that is discovered during the background investigation will result in immediate termination of the application process.**

\_\_\_\_\_

Applicant Print

\_\_\_\_\_

Applicant Signature

**LAW ENFORCEMENT EMPLOYMENT APPLICATION  
FLAGLER BEACH POLICE DEPARTMENT**

204 South Flagler Ave.  
Flagler Beach, FL 32136

Email: [info@fbpd.org](mailto:info@fbpd.org)  
Website: [www.FBPD.org](http://www.FBPD.org)

Tel: 386-517-2023  
Fax: 386-517-2022

**POSITION APPLYING FOR:**

**Police Officer**

**Reserve Police Officer**

**INSTRUCTIONS**

Applications must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets the same size as this application, and number answers to correspond with the questions

**PERSONAL HISTORY**

1. Full Name

Last	First	Middle	
Residence Address	Apt. No.	Mailing Address	Apt. No.
City	County	State	Zip Code
(     ) Home Telephone Number	(     ) Work Telephone Number		(     ) Cell Number
Email Address		Cell Number	

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. List all other names you have used including circumstances and time periods you used them. (For Example: Maiden Name, nickname(s), alias(s))

Name	Circumstances	Dates From: Mo./Yr.	Dates To: Mo./Yr.

## BACKGROUND INFORMATION

**THIS INFORMATION IS REQUIRED TO CONDUCT BACKGROUND INVESTIGATION ONLY!**

1. Date and Place of Birth

Date of Birth: \_\_\_\_\_ | City: \_\_\_\_\_ | County, State: \_\_\_\_\_ | Country: \_\_\_\_\_

2. Are you a United States Citizen?     Yes     No

If naturalized, please provide:

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Court: \_\_\_\_\_ naturalization Number: \_\_\_\_\_

3. Marital Status:     Married     Divorced     Separated     Widowed     Never Married

4. Do you have or have you ever applied for a passport?     Yes     No    Passport#: \_\_\_\_\_

5. Height: \_\_\_\_\_ Weight: \_\_\_\_\_

## EDUCATION/TRAINING

1.

High School Name/Address	Dates Attended <b>From: Mo/Yr</b>	Dates Attended <b>To: Mo/Yr</b>	Years Completed	Did you graduate?	Type of Diploma?

2.

College/University Name/Address	Dates Attended <b>From: Mo/Yr</b>	Dates Attended <b>To: Mo/Yr</b>	Years Completed	Did you graduate?	Type of Degree?

- Attach diploma or Official Transcript from last institution of higher education attended.

Major: \_\_\_\_\_ | Minor: \_\_\_\_\_

3. Other Schools (Trade, Vocational, Business or Military)

College/University Name/Address	Dates Attended <b>From: Mo/Yr</b>	Dates Attended <b>To: Mo/Yr</b>	Years Completed	Did you graduate?	Type of Degree?

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

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5. Indicate any languages you can speak, read and write. Please identify the skill level of each.

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6. Indicate any Law Enforcement Education/Training:

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7. Did you receive a certificate for this training?  Yes  No Certificate Number: \_\_\_\_\_

8. Has your Law Enforcement Certificate ever been suspended, revoked, relinquished or subject to discipline or investigation by the CJST?  Yes  No If yes, please explain.

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9. Describe any special abilities, Interests and hobbies including the degree of proficiency level.

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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):

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11. Have you had any training/education with K-9's?  Yes  No If yes, provide details:

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12. Indicate any special skills you possess and equipment you can use which may be related to law enforcement. (For example, 2-way radio communications, breathalyzer, speed detection equipment, firearms, computers):

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13. Would you be willing to be transferred to a K-9 Unit, If necessary?  Yes  No  
(I understand that there is a lesser rate of pay for non-duty time devoted to the care and maintenance of the animal)

**EMPLOYMENT HISTORY**

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

1. Name of Present or last employer. _____			
Address: _____			
Your Job Title: _____		Phone: (____) _____ - _____	
From: ____ / ____ / _____	To: ____ / ____ / _____	Supervisor Name: _____	
Duties & Responsibilities: _____			
_____			
_____			
Reason For Leaving: _____			

2. Name of Present or last employer. \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Supervisor Name: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

3. Name of Present or last employer. \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Supervisor Name: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

4. Name of Present or last employer. \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Supervisor Name: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_



2. May we contact your previous employer?  Yes  No If no please explain.

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3. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held?  Yes  No

4. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?  Yes  No If yes to question #2 or #3, please provide details.

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5. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer?  Yes  No If yes, please provide name of agency and date of application or service.

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

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7. 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, Zip) \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Status: \_\_\_\_\_

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Agency and or Department: \_\_\_\_\_ Date Applied \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Status: \_\_\_\_\_

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Agency and or Department: \_\_\_\_\_ Date Applied \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Status: \_\_\_\_\_

Agency and or Department: \_\_\_\_\_ Date Applied \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Status: \_\_\_\_\_

## RESIDENCES

1. Actual places of residence for past 10 years – list chronologically all addresses, including residences while at school and in military. For college on campus residences, give dormitory name, city and state. If residences in military services cannot be shown as street addresses, include complete military unit designation and location by city and state. If post office box, give location of post office.

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

## ARREST HISTORY/COURT DATA

1. Have you ever been arrested, charged or received a notice of summons to appear, convicted pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged?  Yes  No

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

3. To your knowledge, has any member of your immediate family ever been arrested for other than traffic violations?  
 Yes  No If 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 charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. (Include your juvenile record and records of your arrest(s) which have been sealed, if any.)

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

Provide details for each response to question 1, 2 and 3:

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4. Have you or your spouse ever been the plaintiff or defendant in a court action? (Include 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.

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5. Have you ever been detained by a 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

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

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## DRIVING HISTORY

1. Are you a licensed Florida motor vehicle operator or chauffeur?  Yes  No

License Number: \_\_\_\_\_

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 date 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 why your license was suspended or revoked.

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

## 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 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.

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6. Was any type of disciplinary action 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.

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8. **VETERANS' PREFERENCE:** Check the appropriate block if you are claiming veteran's 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 or training.
- 4. The un-remarried widow or widower of a veteran who died of a service-connected disability.

Have you 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 & LICENSE**

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

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

3. Was license ever cancelled, relinquished, suspended or revoked?  Yes  No

If 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.

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### 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.

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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 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.

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### ORGANIZATION MEMBERSHIP

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

Name	City & State	Former	Present (List positions 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.

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**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.

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

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

<b>3. Complete Name</b>		Home Address: _____
(Last, First, Middle)		City & State: _____
Yrs. Acq.	Occupation	Home Phone: (     ) _____
		Business Address: _____
		City & State: _____
		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.

<b>1. Complete Name</b>		Home Address: _____
(Last, First, Middle)		City & State: _____
Yrs. Acq.	Occupation	Home Phone: (     ) _____
		Business Address: _____
		City & State: _____
		Business Phone: (     ) _____

<b>2. Complete Name</b>		Home Address: _____
(Last, First, Middle)		City & State: _____
Yrs. Acq.	Occupation	Home Phone: (     ) _____
		Business Address: _____
		City & State: _____
		Business Phone: (     ) _____

<b>3. Complete Name</b>		Home Address: _____
(Last, First, Middle)		City & State: _____
Yrs. Acq.	Occupation	Home Phone: (     ) _____
		Business Address: _____
		City & State: _____
		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):

Address

City County State Zip Code

( )  
Telephone Number

4. Children's Names and Ages:

Name	Date of Birth	Address (if different than applicants)

5. Former Spouse(s) Name and Address:

Address

City County State Zip Code

( )  
Telephone Number

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

8. Do you now, or have you illegally experimented with, obtained, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature?  Yes  No If yes, please complete the following:

a. Drug: \_\_\_\_\_

b. How taken: \_\_\_\_\_

c. Circumstances: \_\_\_\_\_

d. Number of times illegally experimented with/obtained/possessed/supplied/sold: \_\_\_\_\_

e. First time illegally experimented with/obtained/possessed/supplied/sold: \_\_\_\_\_

f. Last time illegally experimented with/obtained/possessed/supplied/sold: \_\_\_\_\_

9. Do you currently use any narcotic or controlled substance, such as those listed in question 8 or have you used such a narcotic or controlled substance within the last year?  Yes  No

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

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Number Business Phone Number

12. Please provide the name and address of your personal or family physician to be contacted in case of an emergency:

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_  
Business Phone Number

I understand that the "Applicants Certification" applies in all respects to the responses provided in numbers 1-12 above in this "Confidential Employee History."

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Signature of the applicant as usually written

Date

Witnessed by:

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## 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 Police Dept. 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 Police Dept. 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 Dept. 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 Police Dept. 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 Police Dept.

I further authorize the Police Dept. or agent of the Police Dept., 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 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 Police Captain 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 Dept. Office and I release all such parties from an and all liability for any damage that might result from furnishing such information to the Police Dept. I agree to conform to the rules, regulations and orders of the Police Dept. and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Police Dept., 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) 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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### AFFIDAVIT (Must be notarized)

The foregoing was acknowledge 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: \_\_\_\_\_

# BACKGROUND INVESTIGATION WAIVER

## *Authority for Release of Information*

TO: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records	Applicants Name:
	Date of Birth:
	Social Security Number:

**EMPLOYING AGENCY REQUESTING BACKGROUND INFO:** \_\_\_\_\_

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, education 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:

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

Pursuant to Section 943.13 (4), (5) and (7) 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.

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Applicant Signature

Date

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Applicant Address

**AFFIDAVIT**

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. My commission expires on \_\_\_\_\_, \_\_\_\_\_.

Personally Known – **or** –  Produced Identification

Type of Identification Produced: \_\_\_\_\_  
CJSTC 58

## RACIAL / ETHNIC DATA

The City of Flagler Beach is required by the U.S. Equal Opportunity Commission to collect and maintain the information requested below for EEO statistical reporting purposes only. This information will be maintained separately from your application and will not be considered in the application evaluation process.

\_\_\_\_\_  
 Last Name                                      First Name                                      Date                                      Social Security #

\_\_\_\_\_  
 Position Title

\_\_\_\_\_  
 How did you learn about this vacancy?

\_\_\_\_\_  
 Date of Birth:

Marital Status:    \_\_\_\_ Single            \_\_\_\_ Married            \_\_\_\_ Divorced            \_\_\_\_ Widowed

Sex:    \_\_\_\_ Male            \_\_\_\_ Female

Handicapped/Disabled? \_\_\_\_ Yes \_\_\_\_ No

If job accommodations are needed please specify: \_\_\_\_\_

<input type="checkbox"/> White	(not of Hispanic origin): All persons having origins in any of the original people of Europe, North Africa, or the Middle East.
<input type="checkbox"/> Black	(not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
<input type="checkbox"/> Hispanic	All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.