



## POLICE DEPARTMENT EMPLOYMENT APPLICATION

This application is applicable for sworn law enforcement positions and civilian positions within the Village of Biscayne Park Police Department

### An Equal Opportunity Employer and Drug/Smoke Free Workplace

Qualified applicants are considered for employment and treated without regard to race, color, religion, sex, national origin, age, disability, genetic information, marital, familial status, sexual orientation, or veteran status (except if eligible for veterans' preference).

IN ACCORDANCE WITH THE PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT, PERSONS REQUIRING SPECIAL ACCOMODATION TO PARTICIPATE IN THE EMPLOYMENT PROCESS SHOULD CONTACT THE VILLAGE CLERK'S OFFICE AT (305) 899-8000 FOR ASSISTANCE.

**NOTICE OF COLLECTION OF SOCIAL SECURITY NUMBER:** In compliance with FS §119.071(5), your social security number is requested for the purpose of payroll eligibility verification, processing employee benefits and new hire documentation, applicant and employee background checks, and income reporting and will be used solely for one or more of these purposes.

### SECTION 1: INSTRUCTIONS (Please read prior to completing applications.)

Employment applications are only accepted for existing vacancies. This application has been developed to give you the opportunity to list qualifications, work experience and abilities. You may add a resume or attach copies of documents which you feel help clarify your background, but resumes will not be accepted in lieu of a fully completed application. This application when completed will be used by the Village of Biscayne Park as an investigative aid. Your ability to complete this application as requested will be evaluated and used as one basis for selection decisions. information submitted is subject to verification. Retention of this application remains with the Village of Biscayne Park. This application will remain active for 90 days.

1. Hand print clearly and legibly in black or blue ink and in your own handwriting.
2. Answer all questions accurately and completely. Each and every question has a purpose. Do not fail to answer each question completely even if you feel it is not important.
3. If a question does not apply to you, simply indicate "N/A". Any unanswered, incomplete or omitted questions may result in rejection of your application or dismissal.
4. If the space provided is insufficient, use a separate sheet of 8 1/2" x 11" paper and precede each answer with the question.
5. Do not mis-state or omit any material fact since the statements made herein are subject to verification to determine your qualifications for selection. Do not make exaggerated, false or misleading statements as they may cause your rejection or dismissal.
6. Provide copies of the following with your application. Application is otherwise incomplete:
 

a. Copy of State of Florida certificate and exam results	e. Copy of high school diploma and college degree
b. Copy of birth certificate or Certificate of Naturalization	(if applicable)
c. Copy of social security card	f. Copy of all training certificates
d. Copy of current driver's license	g. One (1) passport photography

I HAVE READ AND I UNDERSTAND ALL THE ABOVE INSTRUCTIONS. I ALSO UNDERSTAND THAT I MAY BE ASKED TO TAKE A POLYGRAPH (LIE DETECTOR) EXAMINATION TO DETERMINE THE AUTHENTICITY OF THE INFORMATION PROVIDED IN THIS APPLICATION. THE FOLLOWING TYPES OF INFORMATION ARE EXAMPLES OF WHAT WILL BE COLLECTED: EMPLOYMENT AND EDUCATIONAL HISTORIES; MILITARY, INSURANCE, CREDIT, AND FINANCIAL INFORMATION; MOTOR VEHICLE AND POLICE RECORDS; INFORMATION ABOUT YOUR ABILITIES, FAMILY, CHARACTER, LIFESTYLE, AND ORGANIZATION MEMBERSHIPS. INFORMATION WILL BE OBTAINED BY LETTER, TELEPHONE AND BY PERSONAL INTERVIEW WITH BOTH PRIMARY AND SECONDARY SOURCES. THIS INFORMATION IS USED AS ONE BASIS FOR SELECTION DECISIONS.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

PRINT NAME: \_\_\_\_\_

**SECTION 2: POSITION APPLIED FOR:**

IF REFERRED BY A VILLAGE EMPLOYEE, PLEASE INDICATE THEIR NAME HERE: \_\_\_\_\_

ARE YOU A CERTIFIED POLICE OFFICER?  YES  NO WHAT STATE? \_\_\_\_\_**SECTION 3: CURRENT PERSONAL DATA**NAME: \_\_\_\_\_  
LAST FIRST MIDDLESOCIAL SECURITY NO: \_\_\_\_\_ **IMPORTANT NOTICE:** Your social security number is requested for the purpose of payroll eligibility verification, processing employee benefits, applicant and employee background checks, and income reporting and will be used solely for these purposes.DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
MM/DD/YEAR CITY / COUNTY / STATE / COUNTRYPRESENT ADDRESS: \_\_\_\_\_  
CITY ST ZIP CODEMAILING ADDRESS: \_\_\_\_\_  
CITY ST ZIP CODECONTACT NUMBERS: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
HOME NUMBER MOBILE NUMBER BUSINESS NUMBER\_\_\_\_\_  
EMAIL ADDRESS

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	SCARS, TATTOOS, ETC.

ALIAS(ES), NICKNAME, MAIDEN NAME, OR OTHER CHANGES IN NAME:  
\_\_\_\_\_ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES?  YES  NOCAN YOU, UPON EMPLOYMENT, SUBMIT DOCUMENTATION VERIFYING YOUR RIGHT TO WORK AND YOUR IDENTITY?  YES  NOARE YOU A NATURALIZED CITIZEN OF THE UNITED STATES?  YES  NO**SECTION 4: EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED →	GRADE / HIGH SCHOOL	COLLEGE / UNIVERSITY	GRADUATE SCHOOL
	5 6 7 8 9 10 11 12	1 2 3 4	1 2 3 4
	SCHOOL NAME / CITY AND STATE	ATTENDANCE DATES	DEGREE OBTAINED (HS DIPLOMA/GED, BA, BS, MA)
GRADE SCHOOL			
HIGH SCHOOL			
COLLEGE / UNIVERSITY			
GRADUATE SCHOOL			
OTHER / GED			

NOTE: PROOF OF DEGREES AWARDED MAY BE REQUIRED - YOU MAY ATTACH A COPY TO THE APPLICATION.

WHILE IN SCHOOL, WERE YOU EVER SUSPENDED OR EXPELLED?  YES  NO

IF YES, EXPLAIN DATE, SCHOOL, AND INCIDENT (Use additional sheet of paper if necessary).

\_\_\_\_\_

IF YOU HAVE NOT YET OBTAINED A DEGREE, PLEASE INDICATE THE TOTAL AMOUNT OF COLLEGE CREDITS EARNED: \_\_\_\_\_

**SECTION 5: MILITARY**

HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY OR COAST GUARD INCLUDING ROTC?

YES     NO    (IF YES, INCLUDE A PHOTOCOPY OF DD-214)

BRANCH OF SERVICE

UNIT OR SHIP

WHAT IS YOUR MILITARY SERVICE NUMBER AND/OR SELECTIVE SERVICE NUMBER?

HIGHEST RANK HELD

HOW MANY PERIODS OF ACTIVE MILITARY SERVICE HAVE YOU HAD? Please list all periods of service.

LIST ALL MEDALS AND DECORATIONS AWARDED TO YOU AS A MEMBER OF THE ARMED FORCES.

WHAT IS THE TYPE OF YOUR DISCHARGE? BE EXACT. ATTACH COPY OF DD214.

HONORABLE     DISHONORABLE     GENERAL     HONORABLE CONDITIONS

OTHER \_\_\_\_\_

IF OTHER THAN HONORABLE, STATE THE REASON OR CIRCUMSTANCES

ARE YOU NOW OR WERE YOU EVER ON ACTIVE OR INACTIVE DUTY OF ANY BRANCH OF THE UNITED STATES RESERVE FORCES?

YES     NO     ACTIVE     INACTIVE

BRANCH OF SERVICE:

ARE YOU NOW OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD?

YES     NO    IF YES, STATE BRANCH, UNIT AND LOCATION OF DUTY STATION, RANK

WERE YOU EVER COURT MARTIALED, TRIED ON CHARGES? WERE YOU THE SUBJECT OF A SUMMARY COURT, DECK COURT, CAPTAIN'S MAST OR COMPANY PUNISHMENT, OR ANY OTHER DISCIPLINARY ACTION INCLUDING ARTICLE 15'S WHILE A MEMBER OF THE ARMED SERVICES?

YES     NO    IF YES, STATE THE FINDINGS AND CIRCUMSTANCES FROM WHICH THE ACTION STEMMED. PROVIDE ANY DOCUMENTATION.

LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR OTHER RESERVE UNIT AND THE CIRCUMSTANCES FROM WHICH THE ACTION STEMMED. PROVIDE ANY DOCUMENTATION YOU MAY POSSESS. Attach additional sheets if necessary.

**SECTION 6: RESIDENCE**

CHRONOLOGICALLY LIST YOUR PLACE OF RESIDENCE FOR THE LAST TEN (10) YEARS, BEGINNING WITH YOUR CURRENT ADDRESS:

DATES		ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		
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From:		
To:		
From:		
To:		

HAVE YOU EVER BEEN FORECLOSED ON OR EVICTED FROM ANY RESIDENCE?

YES    NO   If YES, provide details:

**SECTION 7: EMPLOYMENT HISTORY***(THIS SECTION MUST BE FULLY COMPLETED, EVEN IF SUBMITTING A RESUME)*

**INSTRUCTIONS:** BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL FULL AND PART-TIME EMPLOYMENT AND ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT WHICH EXCEED THREE MONTHS. USE ADDITIONAL SHEETS IF NECESSARY. IF YOU HAVE BEEN EMPLOYED UNDER OTHER NAMES, LIST WITH APPLICABLE EMPLOYER.

**NOTE:** BACKGROUND INVESTIGATION WILL NOT BE COMPLETE WITHOUT CONTACTING YOUR PRESENT EMPLOYER.

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**PRESENT / MOST RECENT EMPLOYER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**HIRE DATE:** \_\_\_\_\_ **SEPARATION (END) DATE:** \_\_\_\_\_

**STARTING SALARY: \$** \_\_\_\_\_ **ENDING SALARY: \$** \_\_\_\_\_

**DUTIES and RESPONSIBILITIES:** \_\_\_\_\_

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**REASON FOR LEAVING (Be specific, this area must be completed):** \_\_\_\_\_

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**EMPLOYER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**HIRE DATE:** \_\_\_\_\_ **SEPARATION (END) DATE:** \_\_\_\_\_

**STARTING SALARY: \$** \_\_\_\_\_ **ENDING SALARY: \$** \_\_\_\_\_

**DUTIES and RESPONSIBILITIES:** \_\_\_\_\_

---

**REASON FOR LEAVING (Be specific, this area must be completed):** \_\_\_\_\_

---

**EMPLOYER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**HIRE DATE:** \_\_\_\_\_ **SEPARATION (END) DATE:** \_\_\_\_\_

**STARTING SALARY: \$** \_\_\_\_\_ **ENDING SALARY: \$** \_\_\_\_\_

**DUTIES and RESPONSIBILITIES:** \_\_\_\_\_

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**REASON FOR LEAVING (Be specific, this area must be completed):** \_\_\_\_\_

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EMPLOYER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_  
HIRE DATE: \_\_\_\_\_ SEPARATION (END) DATE: \_\_\_\_\_  
STARTING SALARY: \$ \_\_\_\_\_ ENDING SALARY: \$ \_\_\_\_\_  
DUTIES and RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING (Be specific, this area must be completed): \_\_\_\_\_  
\_\_\_\_\_

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EMPLOYER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_  
HIRE DATE: \_\_\_\_\_ SEPARATION (END) DATE: \_\_\_\_\_  
STARTING SALARY: \$ \_\_\_\_\_ ENDING SALARY: \$ \_\_\_\_\_  
DUTIES and RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING (Be specific, this area must be completed): \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN ASKED (OR GIVEN THE OPPORTUNITY) TO RESIGN FROM ANY EMPLOYMENT?

YES  NO IF YES, PLEASE GIVE DETAILS ON A SEPARATE PAPER.  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU BEEN COUNSELED, REPRIMANDED, SUSPENDED, OR TERMINATED FROM ANY EMPLOYMENT?

YES  NO IF YES, PLEASE GIVE DETAILS ON A SEPARATE PAPER.  
\_\_\_\_\_  
\_\_\_\_\_

**FOR PAST OR PRESENT LAW ENFORCEMENT OFFICERS OR CORRECTIONAL OFFICERS:**

HAVE YOU EVER BEEN THE SUBJECT OF AN INTERNAL AFFAIRS INVESTIGATION? IF SO, LIST THE JURISDICTION, ALLEGATION, DATES AND DISPOSITION.

YES  NO IF YES, PLEASE GIVE DETAILS ON A SEPARATE PAPER.  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 8: FINANCIAL INFORMATION**

DO YOU HAVE A SAVINGS ACCOUNT(S)?

YES     NO    BANK NAME: \_\_\_\_\_

DO YOU HAVE A CHECKING ACCOUNT(S)?

YES     NO    BANK NAME: \_\_\_\_\_

DO YOU OWN OR ARE YOU BUYING YOUR HOME?

YES     NO    AMOUNT INVESTED \_\_\_\_\_ MONTHLY PAYMENT \_\_\_\_\_  
MORTGAGE HOLDER \_\_\_\_\_  
PURCHASE AMOUNT \_\_\_\_\_

DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE?

YES     NO    TYPE OF REAL ESTATE \_\_\_\_\_ AMOUNT INVESTED \_\_\_\_\_  
MORTGAGE HOLDER \_\_\_\_\_  
PURCHASE AMOUNT \_\_\_\_\_

DO YOU OWN OR ARE YOU BUYING AN AUTOMOBILE?

YES     NO    PURCHASE AMOUNT \_\_\_\_\_ AMOUNT OWED \_\_\_\_\_  
MONTHLY PAYMENT \_\_\_\_\_ FINANCE CO. \_\_\_\_\_  
MAKE OF AUTOMOBILE \_\_\_\_\_ YEAR \_\_\_\_\_

LIST ALL OTHER SOURCES OF INCOME OTHER THAN BANK INTEREST OR STOCK, MUTUAL FUNDS OR BOND INTEREST RECEIVED. USE ADDITIONAL SHEETS IF NECESSARY.

LIST SPOUSE'S OCCUPATION, PLACE OF EMPLOYMENT AND SALARY.

WHAT IS YOUR TOTAL INDEBTEDNESS AT THE PRESENT TIME AND TO WHICH CREDITOR (OTHER THAN MORTGAGE OR CAR LOAN). USE SEPARATE SHEET IF NECESSARY.

HAVE YOU EVER HAD A JUDGEMENT OR LIEN PLACED AGAINST YOU OR YOUR SPOUSE?

YES     NO    IF YES, GIVE DETAILS: SPECIFICALLY THE JURISDICTION, DATES AND AMOUNTS

HAVE YOU EVER HAD A CHARGED OFF ACCOUNT?

YES     NO    IF YES, GIVE DETAILS.

HAVE YOU EVER HAD ACCOUNTS PLACED IN THE HANDS OF A COLLECTION AGENCY?

YES     NO    IF YES, GIVE DETAILS.

ARE YOU NOW IN THE PROCESS OR HAVE YOU EVER FILED FOR BANKRUPTCY?

YES     NO    IF YES, GIVE DETAILS AS TO AMOUNT(S) AND JURISDICTION(S) AND LIST DATES.

**SECTION 9: CRIMINAL AND JUVENILE RECORD**

HAVE YOU EVER BEEN A WITNESS, VICTIM, REPORTER, SUSPECT, OR THE SUBJECT OF A POLICE INVESTIGATION?

YES  NO IF YES, EXPLAIN IN DETAIL AS TO WHAT OFFENSE, JURISDICTION, DATE, OUTCOME OR RESULTS OF THE INVESTIGATION.

HAVE YOU EVER BEEN ARRESTED, INDICTED, CONVICTED OR PLED NO CONTEST TO ANY VIOLATION OF THE LAW, ORDINANCE, OR CRIMINAL TRAFFIC VIOLATIONS?  YES  NO

IF YES, PROVIDE ALL PERTINENT DETAILS INCLUDING FINES, CONVICTIONS, PROBATION, JAIL OR PRISON SENTENCES (INCLUDING THOSE WHILE IN THE MILITARY):

DATE	OFFENSE/CHARGE	NAME/LOCATION OF COURT	DISPOSITION/SENTENCE

**NOTE:** A CRIMINAL BACKGROUND CHECK AND DRIVING RECORD CHECK WILL BE CONDUCTED IF YOU ARE CONSIDERED FOR EMPLOYMENT. INFORMATION CONCERNING CONVICTIONS MAY NOT NECESSARILY DISQUALIFY AN APPLICANT. HOWEVER, ANY APPLICANT WHO FALSIFIES THE APPLICATION BY FAILING TO PROVIDE REQUIRED INFORMATION OR CONVICTIONS WILL, IF EMPLOYED, BE SUBJECT TO DISMISSAL, OR, IF NOT EMPLOYED, BE SUBJECT TO DISQUALIFICATION.

HAVE YOU EVER BEEN PLACED ON PROBATION FOR ANY OFFENSE (**SEALED OR EXPUNGED RECORDS INCLUDED**)

YES  NO IF YES, GIVE DETAILS (USE SEPARATE SHEET IF NECESSARY).

HAVE YOU EVER COMMITTED ANY CRIMINAL OFFENSE?

YES  NO IF YES, GIVE DETAILS (USE SEPARATE SHEET IF NECESSARY).

HAVE YOU EVER APPLIED FOR A POSITION WITH ANY OTHER POLICE AGENCY?

YES  NO List all, with dates and status of application. Use separate sheet of paper if necessary.

Date	Agency	Status

HAVE YOU EVER BEEN DENIED EMPLOYMENT BY ANOTHER LAW ENFORCEMENT AGENCY?

YES  NO List all, with dates and status of application. Use separate sheet of paper if necessary.

Date	Agency	Status

HAVE YOU EVER HAD A POLYGRAPH?

YES  NO STATE WHERE, WHEN AND REASON

HAVE YOU EVER BEEN THE VICTIM OF A CRIME?

YES  NO STATE WHERE, WHEN AND PROVIDE DETAILS (Use additional sheet of paper if necessary)

**SECTION 10: MOTOR VEHICLE OPERATOR RECORD**

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

DRIVER'S LICENSE TYPE:  OPERATOR  CDL:  A  B  C  D  E

HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED OR REVOKED?  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

WAS YOUR LICENSE EVER RESTORED?  YES  NO DATE: \_\_\_\_\_

DID YOU EVER POSSESS A DRIVER'S LICENSE ISSUED BY ANY STATE OTHER THAN FLORIDA?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	DRIVER'S LICENSE NUMBER: _____	STATE: _____
		DATE ISSUED: _____	RESTRICTIONS: _____

HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE BY ANY STATE?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, GIVE DETAILS.

HAS YOUR DRIVER'S LICENSE EVER BEEN RESTRICTED DUE TO TRAFFIC OFFENSE, CONVICTIONS, OR PLACED ON NEGLIGENT OPERATORS PROBATION?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, GIVE DETAILS.

HAVE YOU EVER BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT? Use additional sheet if necessary.

<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, GIVE COMPLETE DETAILS FOR EACH ACCIDENT.
DATE: _____ LOCATION: _____		
CAUSE OF ACCIDENT: _____		
WHO WAS CHARGED WITH THE ACCIDENT? _____ WAS THERE A POLICE INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, GIVE COMPLETE DETAILS FOR EACH ACCIDENT.
DATE: _____ LOCATION: _____		
CAUSE OF ACCIDENT: _____		
WHO WAS CHARGED WITH THE ACCIDENT? _____ WAS THERE A POLICE INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		

LIST **ALL** TRAFFIC CITATIONS YOU HAVE RECEIVED THROUGHOUT YOUR DRIVING HISTORY.

Use additional sheet if necessary. State "none" if applicable. Do not leave this section blank.

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

DO YOU PRESENTLY HAVE AUTOMOBILE LIABILITY INSURANCE?  YES  NO

IF YES, LIST DATES OF COVERAGE: FROM: \_\_\_\_\_ TO \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ TYPE OF POLICY: \_\_\_\_\_

IF NONE, GIVE DETAILS: \_\_\_\_\_

**SECTION 11: CONTROLLED SUBSTANCE USE**

HAVE YOU EVER ILLEGALLY POSSESSED, USED, OR SOLD DRUGS OR MARIJUANA?

YES  NO IF YES, GIVE SPECIFIC DETAILS AND DATES (Use additional sheet of paper if necessary).

HAVE YOU POSSESSED, INJECTED, INHALED, SWALLOWED, OR INGESTED BY ANY OTHER MEANS, ANY ILLEGAL DRUGS WITHOUT LEGAL AUTHORIZATION?

YES  NO IF YES, GIVE DETAILS.

**SECTION 12: FOREIGN LANGUAGES**

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair			
	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair			
	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair			

**SECTION 13: ADDITIONAL INFORMATION**

ARE YOU RELATED TO ANYONE PRESENTLY EMPLOYED BY THE VILLAGE OF BISCAYNE PAR?  YES  NO

IF YES, PROVIDE NAME AND RELATIONSHIP TO YOU: \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THE VILLAGE OF BISCAYNE PARK?  YES  NO

IF YES, COMPLETE THE FOLLOWING:

<b>DATES PREVIOUSLY EMPLOYED (FROM / TO):</b>	
<b>POSITION:</b>	
<b>REASON FOR LEAVING:</b>	

**SECTION 14: ADDITIONAL INFORMATION**

LIST ANY LICENSES, CERTIFICATES, OR TRAINING, INCLUDING KNOWLEDGE OF SOFTWARE (COMPUTER) PROGRAMS WHICH YOU HAVE THAT MAY BE HELPFUL IN DOING THIS JOB:

\_\_\_\_\_

DESCRIBE ANY SPECIAL EQUIPMENT OR MACHINERY YOU CAN OPERATE:

\_\_\_\_\_  
\_\_\_\_\_

LIST ANY PROFESSIONAL, TECHNICAL, OR TRADE ASSOCIATION IN WHICH YOU ARE A MEMBER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 14: ADDITIONAL INFORMATION (Continued)**

ARE THERE ANY INCIDENTS IN YOUR LIFE OR FACTS NOT MENTIONED HEREIN WHICH MAY REFLECT EITHER POSITIVELY OR NEGATIVELY UPON YOUR SUITABILITY FOR EMPLOYMENT? Use additional sheet of paper if necessary.

REMARKS (INCLUDE ANY COMMENTS YOU THINK ARE IMPORTANT): Use additional sheet of paper if necessary.

**SECTION 15: EMERGENCY CONTACT**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

**SECTION 16: REFERENCES**

LIST THREE (3) PERSONAL OR PROFESSIONAL REFERENCES (NO RELATIVES OR EMPLOYERS):

NAME	ADDRESS	TELEPHONE	YEARS ACQUAINTED

**NOTICE:** PLEASE VERIFY THAT ALL QUESTIONS HAVE BEEN ANSWERED, AFFIDAVITS HAVE BEEN NOTARIZED AND COPIES OF NECESSARY DOCUMENTATION ARE ATTACHED. REFER TO INSTRUCTIONS ON PAGE ONE. UPON COMPLETION, SUBMIT YOUR APPLICATION TO THE VILLAGE CLERK'S OFFICE.

**The Village of Biscayne Park is an Equal Opportunity Employer and a Smoke/Drug Free Workplace**

**SECTION 17: CERTIFICATION**

**THE FOLLOWING IS TO BE EXECUTED PRIOR TO SUBMISSION. THIS SECTION MUST BE SIGNED AND NOTARIZED. PLEASE READ CAREFULLY.**

I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE STATEMENTS AND ANSWERS ON THIS APPLICATION AND THAT ALL THE FOREGOING ENTRIES MADE BY ME ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I HEREBY AUTHORIZE THE VILLAGE OF BISCAYNE PARK TO VERIFY ALL INFORMATION CONTAINED HEREIN INCLUDING CREDIT AND FINANCIAL INFORMATION AND I RELEASE ALL PAST EMPLOYERS AND ALL REFERENCES FROM ANY AND ALL LIABILITY FOR THE RELEASE OF INFORMATION TO THE VILLAGE OF BISCAYNE PARK.

I UNDERSTAND THAT ALL JOB OFFERS FROM THE VILLAGE OF BISCAYNE PARK ARE CONDITIONAL ON SUCCESSFUL COMPLETION OF A HEALTH QUESTIONNAIRE AND MEDICAL EXAMINATION BY A VILLAGE APPOINTED PHYSICIAN/FACILITY AND A PSYCHOLOGICAL EVALUATION TO DETERMINE MY ABILITY TO PERFORM ANY JOB OFFERED. THE EXAMINATION SHALL INCLUDE AN ALCOHOL/DRUG SCREEN FOR WHICH I GIVE CONSENT AND AGREE TO GIVE A SPECIMEN OF MY BLOOD AND/OR URINE TO ANY MEDICAL FACILITY DESIGNATED BY THE VILLAGE OF BISCAYNE PARK FOR THIS PURPOSE.

I ALSO UNDERSTAND THAT IN ACCORDANCE WITH FLORIDA STATUTES, EMPLOYMENT WITH THE VILLAGE OF BISCAYNE PARK IS "AT-WILL" AND AS SUCH, MAY BE TERMINATED WITHOUT CAUSE AND WITHOUT NOTICE BY EITHER PARTY AT ANY TIME.

I UNDERSTAND THAT THE VILLAGE OF BISCAYNE PARK WILL NOT TOLERATE UNLAWFUL DISCRIMINATION OR UNLAWFUL HARASSMENT AND THAT EMPLOYEES HAVE AN AFFIRMATIVE DUTY TO REPORT SUCH INCIDENTS AND THAT SUCH CONDUCT IS GROUNDS FOR TERMINATION OF EMPLOYMENT.

**I FURTHER UNDERSTAND AND AGREE IN ADVANCE THAT I MAY BE SUMMARILY DISCHARGED OR ANY EMPLOYMENT OFFER MAY BE WITHDRAWN IF ANY OF THE INFORMATION PROVIDED BY ME CONTAINS ANY MISREPRESENTATIONS OR FALSIFICATIONS OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED REGARDLESS OF WHEN THIS INFORMATION BECOMES KNOWN TO THE VILLAGE OF BISCAYNE PARK.**

I HEREBY SWEAR OR AFFIRM THAT THERE ARE NO MISREPRESENTATIONS OR OMISSIONS IN OR FALSIFICATIONS OF THE ABOVE 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 PRESENT PROCESSING OR, IF AFTER MY ACCEPTANCE FOR EMPLOYMENT, SUBSEQUENT INVESTIGATION SHOULD DISCLOSE MISREPRESENTATIONS, FALSIFICATIONS OR OMISSIONS, IT WILL BE JUST CAUSE FOR IMMEDIATE DISMISSAL FROM EMPLOYMENT WITH THE VILLAGE OF BISCAYNE PARK.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

<b>AFFIDAVIT</b>	
STATE OF _____	COUNTY OF _____
Subscribed and sworn to me this _____ day of _____, 20____ by _____ who is ( ) personally known to me, or ( ) produced the following identification: _____.	
Signature of Notary Public: _____	
Print Name: _____	
Seal:	



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



CJSTC 58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME:
DATE OF BIRTH:
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:

AGENCY REQUESTING BACKGROUND INFORMATION:

ADDRESS:

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. 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 copy 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 copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

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

Applicant's Signature Date

Applicant's Address

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF COUNTY OF

Sworn to (or affirmed) and subscribed before me this

day of, year, By

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced



# DOMESTIC VIOLENCE DISCLOSURE

1. Have you ever been convicted of a Domestic Violence related crime ("Domestic Violence" means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, or any criminal offense resulting in physical injury or death of one family or household member by another who is or was residing in the same single family dwelling unit)?  YES  NO
  
2. Have you ever been a party to a Domestic Violence Injunction or Petition?  YES  NO
  
3. Have you ever been involved in any Domestic Violence incident where the police responded and a written police report of the incident was completed?  YES  NO
  
4. Have you ever been involved in any Domestic Violence incident where the police responded and a written police report of the incident was not completed?  YES  NO

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS ABOVE, PLEASE EXPLAIN THE CIRCUMSTANCES AND ATTACH ANY SUPPORTING DOCUMENTATION. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT, IF NECESSARY.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

### AFFIDAVIT

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ who is ( ) personally known to me, or ( ) produced the following identification: \_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

Print Name: \_\_\_\_\_

Seal:



## NOTICE UNDER FAIR CREDIT REPORTING ACT

### **Notice and Disclosure to Employment Applicant or Employee Regarding Procurement of a Consumer Credit Report for Employment Purposes**

AS AN APPLICANT OR EMPLOYEE OF THE VILLAGE OF BISCAYNE PARK, AT SOME POINT THE VILLAGE OF BISCAYNE PARK MAY PROCURE (OR CAUSE TO BE PROCURED) YOUR CONSUMER CREDIT REPORT FOR EMPLOYMENT PURPOSES. THIS CONSUMER CREDIT REPORT CANNOT BE OBTAINED WITHOUT YOUR CONSENT, WHICH YOUR SIGNATURE BELOW WILL INDICATE. YOU HAVE A RIGHT TO DECLINE THIS AUTHORIZATION, HOWEVER, IF YOU ARE AN APPLICANT, THE VILLAGE WILL NOT CONSIDER YOU FOR EMPLOYMENT.

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"I, \_\_\_\_\_, HEREBY AUTHORIZE THE VILLAGE OF BISCAYNE PARK TO PROCURE, OR CAUSE TO BE PROCURED, MY CONSUMER CREDIT REPORT FOR EMPLOYMENT PURPOSES."

\_\_\_\_\_  
APPLICANT / EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
POSITION APPLIED FOR