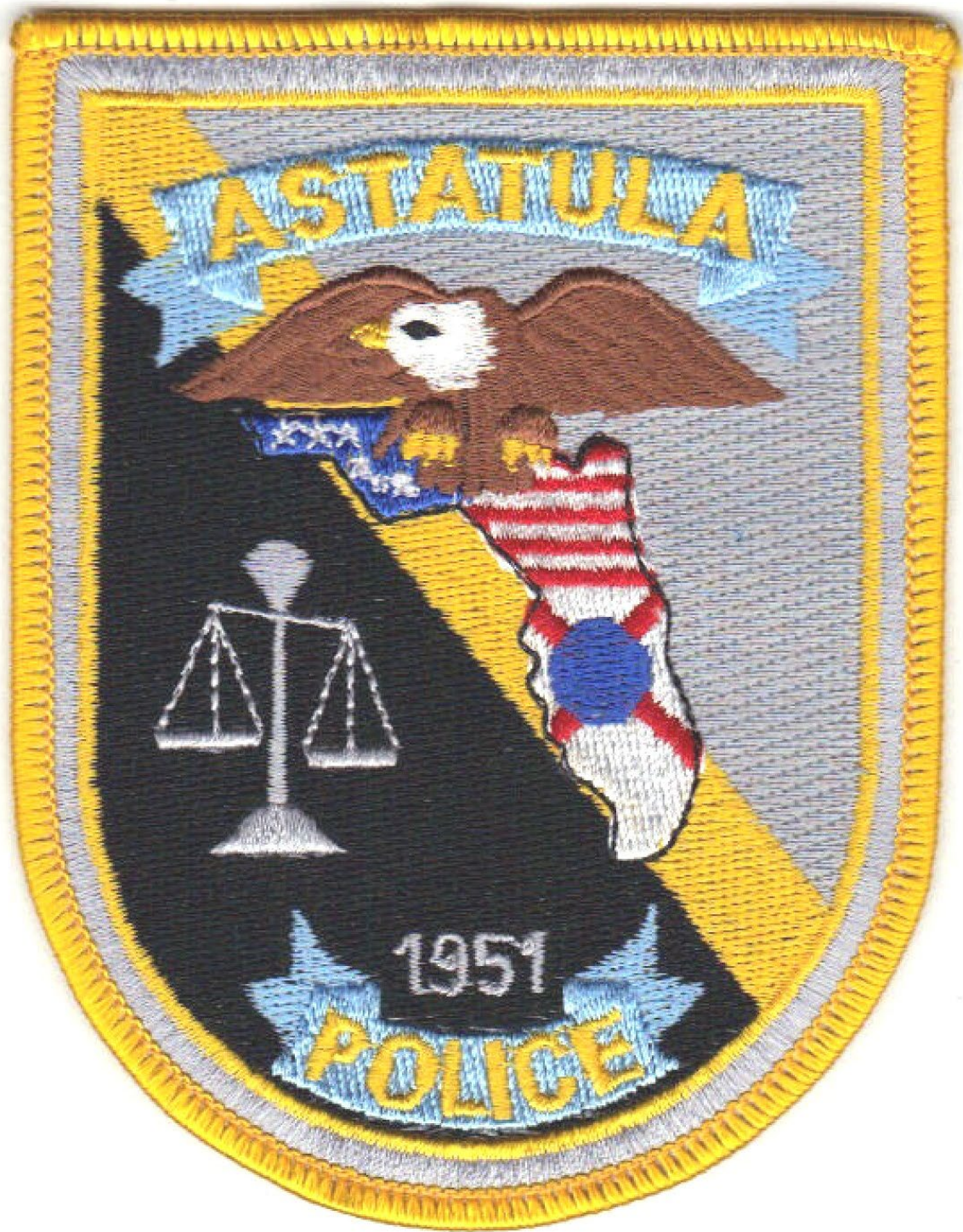


Town of Astatula
Astatula Police Department



Chief W. Hoagland

REQUIRED DOCUMENTS

You must attach one copy of the following documents to this application.

- Birth Certificate
- High School Diploma or G.E.D.
- College Diploma (if applicable)
- Driver's License
- Social Security card
- Naturalization Documents (if applicable). **DO NOT COPY, BRING ORIGINALS**
- Any name change documents (i.e., Marriage license, divorce, adoption papers)
- Military Discharge Papers (DD214)
- Law Enforcement Training Academy Graduation Certificate
- Additional Law Enforcement Certificates/Documents
- First aid/CPR Certificate

The Town of Astatula is an equal opportunity employer and will consider all applicants regardless of race, color, creed, religion, sex, national origin, age, disability, or status as a Vietnam-era or special disabled veteran under federal law. Applicants requiring accommodation in accordance with the Americans with Disabilities Act are asked to notify City Hall at the number listed above. Applications received by the Town of Astatula will be valid for one hundred eighty (180) days. If you wish to be considered for a position after that period, another application must be submitted.

AUTHORITY FOR RELEASE OF INFORMATION

PERSONAL INQUIRY WAIVER

TO: Concerned person or authorized representative of any organization, institution, or repository of records:

APPLICANT'S NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

I respectfully request and authorize you to furnish the Astatula Police Department with all information that you may have concerning my employment records, school records, (to include a copy of transcript) character, reputation, divorce record, (if applicable) financial credit status, military records, and arrest records. Please include any medical, physical, and mental records and reports, including all information of a confidential or privileged nature and Photostats of the same if possible. This information will assist any employing law enforcement department in determining my qualifications and fitness for the position I am seeking as a law enforcement officer in Astatula, Florida.

I hereby release you, your organization, or others from any liability or damage resulting from furnishing the information requested above.

Applicant's Signature _____ Date _____

Address _____ City _____

State _____ Zip Code _____

Affidavit

STATE OF FLORIDA COUNTY OF LAKE

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

Sworn to and subscribed this _____ day of _____ 20____

My Commission Expires _____ NOTARY PUBLIC

STATE OF FLORIDA AT LARGE

PERSONAL DATA

Your full legal name: _____

Your phone number with area code: _____ Date of birth: _____

Social Security Number: _____ Position applied for: _____

NAME CHANGE INFORMATION

Please list below all name changes and the dates in sequential order. Start with your present name and then go back through your past names. List all adoption, marriage (s), and/or divorce (s). You must provide a certified copy of each name change.

Previous Name: _____ Date of Change _____

Reason for Name Change: _____

Previous Name: _____ Date of Change _____

Reason for Name Change: _____

PERSONNEL DATA

Have you ever applied for employment with any other agency as a law enforcement officer? If yes, indicate the agency and date of application. Yes No

Have you ever been denied employment with a law enforcement agency for any reason? If yes, indicate the agency, the date, and the reason. Yes No

Have you ever taken a polygraph examination? If yes, indicate where, when, and why you took it.

PERSONAL REFERENCES

Please list 3 responsible people other than relatives or past employers who have personal knowledge of your qualifications for employment.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

How do you know this person: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

How do you know this person: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

How do you know this person: _____

EMPLOYMENT HISTORY

Starting with your present job or last job, list every job you have held in the last **10 years**. Be sure to list every job, whether only for a few days, part-time or temporary, and include all military base assignments. Use the complete address, zip code, area code, and phone number.

Name of Company: _____

Dates of Employment: From: _____ To: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Duties: _____

Reason for Leaving: _____

Name of Company: _____

Dates of Employment: From: _____ To: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Duties: _____

Reason for Leaving: _____

Name of Company: _____

Dates of Employment: From: _____ To: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Duties: _____

Reason for Leaving: _____

Name of Company: _____

Dates of Employment: From: _____ To: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Duties: _____

Reason for Leaving: _____

Name of Company: _____

Dates of Employment: From: _____ To: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Duties: _____

Reason for Leaving: _____

Name of Company: _____

Dates of Employment: From: _____ To: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Duties: _____

Reason for Leaving: _____

EMPLOYMENT HISTORY (continued)

Have you ever been asked to resign, been fired (this includes dismissals and terminations), or been given the option to resign instead of being fired from any job? If yes, please explain:

Have you ever received disciplinary action from an employer, such as a written notice or suspension? If yes, please explain:

EDUCATION

Did you graduate from high school or receive a GED? Yes No

List the location (city and state) and the year you graduated or received a GED certificate.

If you attended or graduated from college, list the name (s) of the college/university, the city/state, the year (s) you attended/graduated, the major and type of degree You obtained (if any).

College/University: _____ City/State: _____

Major Degree Earned _____

Years attended: _____ Graduated? _____

College/University: _____ City/State: _____

Major Degree Earned _____

Years attended: _____ Graduated? _____

Please list any schools or training for which you have received certificates of completion for attending. (i.e.,
Basic recruit, advanced police training, etc.)

Type of Training: _____ Date of Attendance: _____

School attended: _____

Type of Training: _____ Date of Attendance: _____

School attended: _____

Please list any technical skills you may have, whether or not acquired through formal education:

RESIDENTIAL HISTORY

Please list all addresses where you have resided for the last 10 years. Start with your current address and work backward.

If you fail to provide the requested information, it will significantly impair the progress of your background investigation!

Street Address: _____ **City:** _____

State: ____ **Zip:** _____ **Dates of Residence: From:** _____ **To:** _____

Name of Landlord: _____ **Telephone:** _____

Address of Landlord: _____

Street Address: _____ **City:** _____

State: ____ **Zip:** _____ **Dates of Residence: From:** _____ **To:** _____

Name of Landlord: _____ **Telephone:** _____

Address of Landlord: _____

Street Address: _____ **City:** _____

State: ____ **Zip:** _____ **Dates of Residence: From:** _____ **To:** _____

Name of Landlord: _____ **Telephone:** _____

Address of Landlord: _____

Street Address: _____ **City:** _____

State: ____ **Zip:** _____ **Dates of Residence: From:** _____ **To:** _____

Name of Landlord: _____ **Telephone:** _____

Address of Landlord: _____

Street Address: _____ **City:** _____

State: ____ **Zip:** _____ **Dates of Residence: From:** _____ **To:** _____

Name of Landlord: _____ **Telephone:** _____

Address of Landlord: _____

Street Address: _____ **City:** _____

State: ____ **Zip:** _____ **Dates of Residence: From:** _____ **To:** _____

Name of Landlord: _____ **Telephone:** _____

Address of Landlord: _____

Street Address: _____ **City:** _____

State: ____ **Zip:** _____ **Dates of Residence: From:** _____ **To:** _____

Name of Landlord: _____ **Telephone:** _____

Address of Landlord: _____

Street Address: _____ **City:** _____

State: ____ **Zip:** _____ **Dates of Residence: From:** _____ **To:** _____

Name of Landlord: _____ **Telephone:** _____

Address of Landlord: _____

Street Address: _____ **City:** _____

State: ____ **Zip:** _____ **Dates of Residence: From:** _____ **To:** _____

Name of Landlord: _____ **Telephone:** _____

Address of Landlord: _____

Street Address: _____ **City:** _____

State: ____ **Zip:** _____ **Dates of Residence: From:** _____ **To:** _____

Name of Landlord: _____ **Telephone:** _____

Address of Landlord: _____

Street Address: _____ **City:** _____

State: ____ **Zip:** _____ **Dates of Residence: From:** _____ **To:** _____

Name of Landlord: _____ **Telephone:** _____

Address of Landlord: _____

CRIMINAL ACTIVITY

You must answer each of the following questions truthfully. Indicate "Yes" or "No" if you have ever committed or been arrested/charged for any of the following:

Burglary:	Yes	No
Armed Robbery/Robbery:	Yes	No
Illegal Possession of Narcotics:	Yes	No
Sale of Narcotics:	Yes	No
Driving Under the Influence:	Yes	No
Passing Worthless/Bad Checks:	Yes	No
Auto Theft:	Yes	No
Shoplifting:	Yes	No
Assault/Battery:	Yes	No
Murder:	Yes	No
Theft/Theft from an Employer:	Yes	No
Vandalism:	Yes	No
Rape/Other Sex Crimes:	Yes	No
Indecent Exposure:	Yes	No
Perjury/False Statements:	Yes	No
Possession/Distribution of Pornography:	Yes	No
Spouse Battery:	Yes	No
Child Abuse/Neglect:	Yes	No
Forgery/Uttering a Forgery:	Yes	No
Prostitution/Soliciting:	Yes	No
Any Other Criminal Offense:	Yes	No

(Explain on Supplemental Page)

CRIMINAL ACTIVITY (CONTINUED)

Were you ever arrested or charged for any of the previously listed offenses? (Including Any Expunged Records)

If yes, please list the agency, City/State, and date: _____

Were you ever convicted or had adjudication withheld, regardless of whether probation was imposed, for any of the previously listed offenses or any other offense (s)? If yes, please explain: _____

Have you, as an adult, had sexual involvement with a child under the age of 18? If yes, please explain:

DRUG ACTIVITY

In the space provided, indicate your drug usage (if any).

Approximate Date	First Used	Last Used	Frequency	Never
Marijuana/THC	_____	_____	_____	_____
Hashish	_____	_____	_____	_____
PCP/Angel Dust	_____	_____	_____	_____
STP/Speed	_____	_____	_____	_____
LSD/Acid	_____	_____	_____	_____
Mushrooms	_____	_____	_____	_____
Heroin	_____	_____	_____	_____
Cocaine	_____	_____	_____	_____
Crack	_____	_____	_____	_____
Quaaludes	_____	_____	_____	_____
Opium	_____	_____	_____	_____
Uppers/Downers	_____	_____	_____	_____
Steroids	_____	_____	_____	_____
Valium	_____	_____	_____	_____
Ecstasy	_____	_____	_____	_____
Speed Balls	_____	_____	_____	_____
Other (List)	_____	_____	_____	_____

DRIVING HISTORY

Do you have a current driver's license? Yes No

If yes, list the state (s) license type, license number (s), and expiration date (s):

State _____ Number: _____ Expires: _____

Does your license contain any restrictions? (i.e., glasses/contacts) Yes No

If yes, list the restrictions:

List other states and driver's license numbers, if known, where you have held a driver's license.

State _____ Number: _____ Expires: _____

State _____ Number: _____ Expires: _____

Have you EVER had your driver's license suspended, canceled, or revoked? This includes all states where you have held a license. Yes No If yes, please explain:

In the last five years, have you been issued any traffic citations for moving violations? If yes, circle the appropriate number:

1 2 3 4 5 6 7 8 9 10 More than 10

In the last five years, have you been involved in any traffic accidents in which you were the driver, whether you were at fault or not? Yes No

If yes, give a number of accidents and explain the circumstances:

(List investigating agency and location of accident)

CIVIL COURT HISTORY

Have you ever been or are you currently a party to a civil suit? (This includes divorces, small claims, evictions, foreclosures, etc.) If yes, please explain:

MILITARY SERVICE

Were you ever in the military service? If yes, which branch? _____

Dates of service From: _____ To: _____

What were your principal duties?

Were you ever convicted by a military court martial? If yes, please explain:

Did you receive anything less than an honorable discharge? If yes, please explain:

PREVIOUS LAW ENFORCEMENT

Individuals should only complete the following section if they are currently employed or have prior experience in law enforcement. Corrections and/or Security Services.

1. Have you ever intentionally falsified an incident report?

Yes No

2. Have you ever furnished drugs or other contraband to someone in your custody or any other person in your custody?

Yes No

3. Have you ever lied or misrepresented the facts to a supervisor?

Yes No

4. Have you ever been charged or convicted of contempt of court?

Yes No

5. Have you ever accepted a bribe?

Yes No

6. Have you ever tampered with or destroyed evidence?

Yes No

7. Have you ever used excessive force in any circumstances?

Yes No

8. Have you ever taken or stolen anything of value from someone?

Yes No

9. Have you ever removed or stolen something of value while performing your duties?

Yes No

10. Have you ever lied under oath?

Yes No

11. 11. Have you ever taken any law enforcement action against someone based on ethnic, religious, or racial prejudices?

Yes No

If you have responded "Yes" to any of the above questions, please explain:

INFORMATION CERTIFICATION

I certify that all answers on this "Application for Employment" are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements, falsifications, incompleteness of application, or omissions herein may cause any offer of employment made by the Town of Astatula to be withdrawn or my employment with the Town of Astatula to be terminated. I further understand that the information provided herein is Public Record and may be subject to review upon request. I certify that I have been given sufficient opportunity and time to review the questions and their intent and have answered them correctly.

Signature of Applicant

Printed Name of Applicant

STATE OF FLORIDA COUNTY OF LAKE

Subscribed and sworn to (or armed) before me _____ day of 20____ by, who is personally known to me or has produced identification.

(Name of Affiant)

(Type of Identification) _____

NOTARY PUBLIC

Print Name of Notary

Commission No.: _____

(seal)