



Miami Springs Police Department

Application/Personal History Questionnaire (A/PHQ)

Application for position of: _____

Applying for: Full Time _____ Part Time _____ Will Call _____

Job Announcement number: _____ When available: _____

How did you find out about this position? _____

LAST NAME FIRST NAME MIDDLE NAME

STREET ADDRESS APARTMENT NUMBER

CITY STATE ZIPCODE

() ()
RESIDENCE TELEPHONE WORK TELEPHONE

()
CELLULAR TELEPHONE EMAIL ADDRESS

HUMAN RESOURCES/BACKGROUND INV ONLY

HUMAN RESOURCES/BACKGROUND INV ONLY

SWORN _____ CIVILIAN _____

A/PHQ SUBMISSION DATE: _____

WRITTEN EXAMINATION DATE: _____

ORAL BOARD DATE: _____

INVESTIGATOR: _____

ASSIGNMENT DATE: _____

PHOTO

A/PHQ INSTRUCTIONS

To be eligible for employment, you must successfully pass a background investigation; the A/PHQ is an investigative tool used by the Miami Springs Police Department (MSPD) to begin this process. You must complete the A/PHQ in its entirety by typing or writing legibly in black ink. In addition, you must comply with the following instructions:

1. Be absolutely truthful when completing each section of the A/PHQ since the statements made herein are subject to verification. Any omission, misrepresentation or falsification may be grounds to disqualify you from further consideration in the application process with MSPD. If a question/section in the A/PHQ does not apply to you, note "NOT APPLICABLE" or "N/A" in the respective area. Any unanswered question/section, incomplete response, or missing documentation may result in your disqualification.
2. Page #7 (FDLE form CJSTC 68) should only be filled out if you are applying for the position of Police Officer. If not, as stated in instruction #1, note "NOT APPLICABLE" or "N/A".
3. If additional space is needed to complete a response(s) for any question/section, use page 24 and note the page number and question/section number with the corresponding answer.
4. Initial each page of the application on the bottom left hand corner.
5. Attach clear and legible copies of your:
 - Birth Certificate
 - Florida Driver's License
 - High School Diploma/GED
 - DD Form 214, Certificate of Release or Discharge from Active Duty (if applicable)
6. Before 4:00 PM on the last day listed in the Job Announcement for the acceptance of applications, you must submit the completed A/PHQ and all required documents to:

City of Miami Springs
Human Resources Department
201 Westward Drive
Miami Springs, FL 33166.

My signature below acknowledges that I have completely read and understand the A/PHQ instructions in their entirety.

APPLICANT'S SIGNATURE

DATE

SOCIAL SECURITY NUMBER COLLECTION CONSENT

In accordance with Florida Statute 119.071 “ General exemptions from inspection or copying of public records,” a public agency in Florida may only request a Social Security Number (SSN) from an individual when it is specifically authorized by law to do so or imperative for the performance of that agency’s duties and responsibilities. The decision to provide your SSN is your option; however, in that your SSN is essential in the processing of your application, background, medical and drug screenings with a contracted medical vendor, your refusal to provide the SSN will result in your application being delayed or you being disqualified for employment.

Additionally, MSPD may release your SSN to a law enforcement or governmental agency to perform its duties and responsibilities.

My signature below acknowledges that I have been informed and understand the purposes of disclosing my SSN. I hereby authorize MSPD to use my SSN for the purposes stated above.

APPLICANT SIGNATURE

SIGNATURE DATE



CITY OF MIAMI SPRINGS

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any Police Officer or authorized representative of the City of Miami Springs bearing this release, or copy thereof, to obtain from any agency of the Government of the United States, and/or any other agency, person, firm, or corporation holding records concerning me that are considered confidential, any and all information requested that involves me in any way, upon request. Included in this grant of authority is my permission to former employers and other persons acquainted with me or in possession of information concerning me to supply such information to the City of Miami Springs. This further includes the furnishing of copies of pertinent documents about my background as required.

Such records may pertain to my employment records or educational records including but not limited to achievement, attendance, personal history, and disciplinary records, credit records, reasons for termination of employment, reasons for discharge from the military service, job performance, criminal history and other personal information which may not otherwise be obtained without any prior agreement. 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 provided is for the official use of the City of Miami Springs. I further understand that any information which may be obtained about me from whatever source will be obtained upon an assurance of confidentiality by the City of Miami Springs to the person or persons supplying such information, that this information will become privileged to the City of Miami Springs and will form a part of the complete Background Investigation File, to which I will no have access at any time.

I hereby release you as the custodian of such records and as employer, educational institution, or credit reporting agency, or any other agency or entity, and including all of your officers, employees, or 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 arising out of compliance with this authorization and request to release information, or any attempt to comply with it.

Employee/Applicant Name (Printed)

Employee/Applicant Signature

Date

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF _____

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

Sworn to and subscribed in my presence this _____ day of _____, 20_____.

NOTARY PUBLIC



CITY OF MIAMI SPRINGS

**AUTHORIZATION AND RELEASE TO
OBTAIN CONSUMER REPORT INFORMATION**

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize the City of Miami Springs and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish the City of Miami Springs or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Signature

Date

Furnished for the purpose of positive identification: (Print Clearly)

Last: _____ First: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

A.K.A. (include maiden name): _____

SSN: _____ - _____ - _____ DOB: ____/____/____

Driver License #: _____ State: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged by _____ before me this
_____ day of _____, 20____.

Notary's signature _____

Notary's name (print) _____

Personally Known _____ OR Produced Identification _____

SEAL

Type of Identification Produced _____



CITY OF MIAMI SPRINGS
VETERANS PREFERENCE/CITY EMPLOYMENT

According to Florida State Statutes you may be eligible for preference points. If eligible, points will be awarded only if you submit a copy of proper documentation showing dates of entry and separation and, if disabled, proof of current receipt of disability with your application.

Did you serve in the Armed Services?

Yes _____ No _____

Was your discharge honorable?

Yes _____ No _____

Are you retired from the military?

Yes _____ No _____

Are you claiming Veterans' Points?

Yes _____ No _____

Are you or have you ever been employed by the State of Florida or one of its Counties, Cities, or other political subdivisions?

Yes _____ No _____

Have you ever been employed by the City of Miami Springs?

Yes _____ No _____

If yes, provide the dates of employment and the employing division.

Are you related to an employee of the City of Miami Springs or is any member of your household currently employed by the City of Miami Springs?

Yes _____ No _____

If yes, please provide the following:

Name: _____

Name: _____

Relationship to you: _____

Relationship to you: _____

Employing Division: _____

Employing Division: _____

AFFIDAVIT OF APPLICANT
Incorporated by Reference in Rule 11B-27.002(1)(f), F.A.C.



CJSTC
68

Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses

Social Security Number: _____

Applicant's Legal Name: _____
Last First MI

Employing agency: _____

Use this form to verify your compliance with the employment requirements of Section 943.13, F.S. I fully understand that to qualify for employment as a law enforcement, correctional, or correctional probation officer, I shall comply with the following provisions of Section 943.13, F.S.:

- Be at least 19 years of age.
- Be a citizen of the United States.
- Be a high school graduate or equivalent.
- Not have been convicted of any felony or of a misdemeanor involving perjury or false statement. Any person who, after July 1, 1981, pleads guilty or nolo contendere to or is found guilty of a felony or of a misdemeanor involving perjury or a false statement shall not be eligible for employment or appointment as an officer, notwithstanding suspension of a sentence or withholding of adjudication.
- Have been fingerprinted by the employing agency.
- Have passed a physical examination by a licensed medical specialist approved in Rule 11B-27.002(1)(d), F.A.C..
- Be of good moral character.
- Have not received a dishonorable discharge from the U.S. Military.

True False NA In addition, I attest to the following statements: Each statement shall be checked "True" "False" or "NA"

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. I completed my employment application and it is true and correct, and all other information I furnished in conjunction with my application is true and correct.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. I provided documentation of proof of my qualifications to the above listed employing agency.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. I meet the qualifications as specified above.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. I had a criminal record sealed pursuant to Section 943.059(4)(a), F.S. , or expunged pursuant to Section 943.0585(4)(a), F.S.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. I am under investigation by a local, state, or federal agency or entity for criminal, civil, or administrative wrongdoing to the best of my knowledge and belief.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. I separated or resigned from a previous criminal justice employment while under investigation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. I am currently serving in good standing in the U.S. Military.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. I previously served in the U.S. Military.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. I received a dishonorable discharge from my previous U.S. Military service.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. I am currently certified as a Florida criminal justice officer in the following area(s): Please check the appropriate box(es). <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Correctional Probation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. I authorize the employing agency listed above to apply for my certification. Please check the appropriate box(es). <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Correctional Probation

NOTICE: This document shall constitute as an official statement within the purview of Section 837.06, F.S., and is subject to verification by the employing agency and the Criminal Justice Standards and Training Commission. Any intentional omission when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify the officer for employment as an officer.

PLEASE READ CAREFULLY BEFORE SIGNING. You must complete the remainder of this affidavit in the presence of a notary public. Upon witnessing your signing of this affidavit, a notary public shall complete the notary block by entering the same date the affidavit is signed. I hereby certify that to the best of my knowledge and belief, the information that I've entered on this form is true.

12. _____ 13. _____
Applicant's Signature Date Signed

14. 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 _____

*NOTE: Private Correctional facilities must submit original and shall forward the completed affidavit stapled to the Registration of Employment, Affidavit of Compliance Form CJSTC-60 to FDLE, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section

1. GENERAL INFORMATION

ALIAS(ES), NICKNAME(S), MAIDEN NAME OR OTHER NAME CHANGE(S)					SEX M ___ F ___		SOCIAL SECURITY # ____ - ____ - ____		
--	--	--	--	--	---------------------------	--	--	--	--

HEIGHT	WEIGHT	MARITAL STATUS	EYE COLOR	HAIR COLOR	DATE OF BIRTH (MM/DD/YEAR)	PLACE OF BIRTH (CITY, STATE)	PLACE OF BIRTH (COUNTRY)		
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RACE/ETHNICITY WHITE (Non-Hispanic) BLACK (Non-Hispanic) HISPANIC
ASIAN OR PACIFIC ISLANDER AMERICAN INDIAN or ALASKAN NATIVE OTHER _____

SCARS/TATTOOS/BODY PIERCINGS/DISTINGUISHING MARKS _____

ARE YOU A U.S. CITIZEN? YES ___ NO ___
 IF YES, WERE YOU BORN IN THE U.S. OR ITS TERRITORIES? YES ___ NO ___ ARE YOU A NATURALIZED CITIZEN? YES ___ NO ___
 IF NATURALIZED, CERTIFICATION # _____ DATE _____ LOCATION _____
 IF NO, ARE YOU A LEGAL RESIDENT/ALIEN? YES ___ NO ___
 IF LEGAL RESIDENT/ALIEN NO.: _____

2. EDUCATION

SENIOR HIGH SCHOOLS ATTENDED:

NAME	ADDRESS	DATES ATTENDED		YEARS COMPLETED	GRADUATED	
		FROM	TO		YES	NO

COLLEGES OR UNIVERSITIES ATTENDED:

NAME	ADDRESS	DATES ATTENDED		CREDIT HOURS	DEGREE REC'D	YEAR REC'D
		FROM	TO			

TRADE, TECHNICAL, VOCATIONAL, BUSINESS, OR MILITARY SCHOOLS ATTENDED:

NAME	ADDRESS	DATES ATTENDED		COURSES STUDIED	GRADUATED	
		FROM	TO		YES	NO

3. FOREIGN LANGUAGE

IDENTIFY YOUR APTITUDE WITH FOREIGN LANGUAGE(S) BY SPECIFYING EACH LANGUAGE AND YOUR SKILL LEVEL AS EXCELLENT, GOOD, OR FAIR.

LANGUAGE	READ	SPEAK	UNDERSTAND	WRITE

4. DRIVER'S LICENSE

LIST ANY DRIVER'S LICENSE(S) YOU HAVE HELD OR PRESENTLY HOLD.

LICENSE TYPE (OPERATOR'S, CDL, ETC.)	DRIVER LICENSE NUMBER	RESTRICTION(S) (IF ANY)	STATE ISSUED	ISSUE DATE	EXPIRATION DATE

HAVE YOU EVER BEEN DENIED ISSUANCE OF A DRIVER'S LICENSE? YES ___ NO ___
IF YES, PROVIDE DETAILS BELOW.

5. VEHICLE INFORMATION AND DRIVER HISTORY

DO YOU OWN A MOTOR VEHICLE? YES ___ NO ___ IF YES, PROVIDE YEAR, MAKE, AND MODEL. _____

IF YOU OWN A REGISTERED MOTOR VEHICLE, PROVIDE LICENSE PLATE NUMBER AND ISSUING STATE. _____

HAVE YOU EVER BEEN INVOLVED IN A TRAFFIC CRASH AS A DRIVER? YES ___ NO ___ IF YES, PROVIDE DATES, LOCATIONS, AND CHARGES BELOW.

HAVE YOU EVER RECEIVED A TRAFFIC CITATION? YES ___ NO ___ IF YES, PROVIDE DATES, LOCATIONS, CHARGES, AND DISPOSITIONS BELOW.

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? YES ___ NO ___ IF YES, PROVIDE DATES, LOCATIONS, REFERENCES, FOR SUSPENSION/REVOCATION, AND CURRENT DISPOSITIONS BELOW.

6. EMPLOYMENT HISTORY

BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB, LIST YOUR EMPLOYMENT HISTORY FOR THE PAST TEN (10) YEARS, INCLUDING ALL PART-TIME, TEMPORARY OR SEASONAL JOBS. ALSO, INCLUDE ALL PERIODS OF UNEMPLOYMENT OR SELF-EMPLOYMENT, IF APPLICABLE.

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	PHONE NO.
BEGINNING SALARY	DUTIES PERFORMED		SUPERVISOR NAME
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	PHONE NO.
BEGINNING SALARY	DUTIES PERFORMED		SUPERVISOR NAME
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	PHONE NO.
BEGINNING SALARY	DUTIES PERFORMED		SUPERVISOR NAME
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	PHONE NO.
BEGINNING SALARY	DUTIES PERFORMED		SUPERVISOR NAME
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

6. EMPLOYMENT HISTORY (CONTINUED)

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	PHONE NO.
BEGINNING SALARY	DUTIES PERFORMED		SUPERVISOR NAME
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	PHONE NO.
BEGINNING SALARY	DUTIES PERFORMED		SUPERVISOR NAME
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	PHONE NO.
BEGINNING SALARY	DUTIES PERFORMED		SUPERVISOR NAME
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	PHONE NO.
BEGINNING SALARY	DUTIES PERFORMED		SUPERVISOR NAME
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	PHONE NO.
BEGINNING SALARY	DUTIES PERFORMED		SUPERVISOR NAME
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

6. EMPLOYMENT HISTORY (CONTINUED)

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	PHONE NO.
BEGINNING SALARY	DUTIES PERFORMED		SUPERVISOR NAME
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	PHONE NO.
BEGINNING SALARY	DUTIES PERFORMED		SUPERVISOR NAME
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

HAVE YOU EVER BEEN TERMINATED, LAID-OFF, ASKED TO RESIGN, OR IN INACTIVE STATUS FOR CAUSE (SUSPENDED, RELIEVED FROM DUTY, OR SUBJECTED TO DISCIPLINARY ACTION) WHILE IN ANY POSITION OTHER THAN WITH THE MILITARY?
 YES ___ NO ___

IF YES, PROVIDE DETAILED INFORMATION INCLUDING NAME(S) AND ADDRESS(ES) OF EMPLOYER(S), DATE(S) OF ACTION, REASON(S) AND OUTCOME(S).

HAVE YOU EVER RESIGNED IN LIEU OF TERMINATION? YES ___ NO ___

IF YES, PROVIDE DETAILED INFORMATION INCLUDING NAME(S) AND ADDRESS(ES) OF EMPLOYER(S), DATE(S) OF ACTION, REASON(S) AND OUTCOME(S).

7. MILITARY SERVICE

HAVE YOU SERVED IN THE ARMED FORCES?
 YES___ NO___ IF YES, COMPLETE THE FOLLOWING:

ACTIVE DUTY DATE (MM/DD/YEAR)	BRANCH OF SERVICE	RANK	OCCUPATIONAL SPECIALTY	DISCHARGE DATE (MM/DD/YEAR)	TYPE OF DISCHARGE	REASON FOR DISCHARGE

ARE YOU/HAVE YOU BEEN A MEMBER OF THE U.S. RESERVE FORCES, NATIONAL GUARD OR STATE GUARD ORGANIZATION?
 YES___ NO___ IF YES, COMPLETE THE FOLLOWING:

RESERVE DATE (MM/DD/YEAR)	BRANCH/ ORGANIZATION	RANK	OCCUPATIONAL SPECIALTY	DISCHARGE DATE (MM/DD/YEAR)	TYPE OF DISCHARGE	REASON FOR DISCHARGE

STATUS:
 ACTIVE___ STANDBY___ INACTIVE___ DISCHARGED___

RESERVE OBLIGATION(S):

WHILE IN THE MILITARY, WERE YOU EVER:

REDUCED IN RANK? YES ___ NO ___

ARRESTED FOR ANY OFFENSE? YES ___ NO ___

COURT MARTIALED, TRIED ON CHARGES, OR SUBJECT OF A SUMMARY COURT, DECK COURT, CAPTAIN'S MAST, COMPANY PUNISHMENT, OR ANY OTHER TYPE OF DISCIPLINARY ACTION/ARTICLE 15/NON-JUDICIAL PUNISHMENT? YES ___ NO ___

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS, PROVIDE A DETAILED EXPLANATION(S) BELOW.

8. PROFESSIONAL LICENSES/CERTIFICATES

HAVE YOU EVER BEEN ISSUED A PROFESSIONAL LICENSE/CERTIFICATE BY A CITY, COUNTY, STATE, FEDERAL, OR LAW ENFORCEMENT ENTITY? YES ___ NO ___ IF YES, PROVIDE DETAILS BELOW.

ISSUING ENTITY	LICENSE/CERTIFICATE	DATE ISSUED	CURRENT DISPOSITION

9. ORGANIZATION MEMBERSHIPS

LIST ALL CLUBS, SOCIETIES OR ORGANIZATIONS OF WHICH YOU ARE OR HAVE BEEN A MEMBER.

NAME	CITY	STATE	LIST POSITIONS HELD AND EXTENT OF ACTIVITY

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, OR GROUP OF PERSONS THAT IS TOTALITARIAN, FASCIST, COMMUNIST, SUBVERSIVE, OR ADVOCATES/APPROVES THE COMMISSION OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER ANY FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? YES ___ NO ___

IF YES, PROVIDE DETAILS BELOW.

HAVE YOU EVER BEEN A MEMBER OF OR ASSOCIATED WITH A HATE GROUP SUCH AS THE KU KLUX KLAN, NEO-NAZIS, ETC.?

YES ___ NO ___ IF YES, PROVIDE DETAILS. _____

10. PROFESSIONAL LICENSES/CERTIFICATES (SUSPENSIONS/REVOCATIONS)

HAVE YOU EVER HAD A CERTIFICATE, LICENSE, OR PRIVILEGE REVOKED OR SUSPENDED BY A CITY, COUNTY, STATE, FEDERAL, OR LAW ENFORCEMENT ENTITY? YES ___ NO ___

IF YOU ANSWERED YES, PROVIDE DETAILS BELOW.

11. RESIDENCE

LIST ALL ADDRESSES WHERE YOU RESIDED WITHIN THE PAST TEN (10) YEARS, BEGINNING WITH YOUR CURRENT ADDRESS.

FROM (MM/DD/YEAR)	TO (MM/DD/YEAR)	STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY
/ /	/ /					
/ /	/ /					
/ /	/ /					
/ /	/ /					
/ /	/ /					

12. FAMILY

IDENTIFY LIVING AND DECEASED FAMILY MEMBERS, AND ANY INDIVIDUALS WITH WHOM YOU ARE RESIDING, RESIDED WITH, OR A CLOSE RELATIONSHIP EXISTS/EXISTED.

RELATIONSHIP	NAME	CURRENT ADDRESS, IF LIVING	PHONE
MOTHER (MAIDEN)			
STEP-MOTHER			
FATHER			
STEP-FATHER			
GRAND-PARENT(S)			
GUARDIAN(S)			
SPOUSE(S)			
CHILD(REN)			
SIBLING(S):			
OTHER(S):			

13. CHARACTER REFERENCES

CHARACTER REFERENCES ARE INDIVIDUALS OTHER THAN YOUR RELATIVES OR FORMER SUPERVISORS/EMPLOYERS WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE POSITION FOR WHICH YOU ARE APPLYING.

LIST AT LEAST THREE (3) CHARACTER REFERENCES WHO LIVE IN THE UNITED STATES OR ITS TERRITORIES, THEIR NAMES, ADDRESSES, AND DAYTIME TELEPHONE NUMBERS.

NAME	STREET ADDRESS	CITY AND STATE	PHONE NUMBER(S)

14. NEIGHBORS

LIST THE NAMES, ADDRESSES AND DAYTIME TELEPHONE NUMBERS OF THREE NEIGHBORS WHO LIVE TO THE LEFT, RIGHT, AND IN FRONT OF YOUR RESIDENCE.

NAME	STREET ADDRESS	CITY AND STATE	PHONE NUMBER(S)

15. FINANCIAL HISTORY

- HAS A JUDGMENT EVER BEEN ISSUED AGAINST YOU? YES ___ NO ___
- HAVE YOU EVER DECLARED BANKRUPTCY? YES ___ NO ___
- HAVE YOU EVER BEEN REFUSED A SURETY BOND OR TURNED DOWN FOR EMPLOYMENT THAT REQUIRED A SURETY BOND? YES ___ NO ___
- HAVE YOU EVER HAD ANYTHING REPOSSESSED? YES ___ NO ___
- HAVE YOU EVER BEEN INVOLVED IN ANY CIVIL ACTION(S)? YES ___ NO ___

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS, PROVIDE DETAILS BELOW.

16. GARNISHMENTS

HAVE YOU EVER HAD YOUR WAGES GARNISHED PER COURT ORDER IN REFERENCE TO DELINQUENT CHILD SUPPORT, ALIMONY, OR ANY OTHER OUTSTANDING DEBTS? YES ___ NO ___ IF YES, PROVIDE DETAILS BELOW.

TYPE OF CASE	EFFECTIVE DATE	AMOUNT OF DEBT	CURRENT DISOSTION

17. NARCOTICS

HAVE YOU EVER USED ANY ILLEGAL DRUGS (MARIJUANA, COCAINE, ECSTACY, ETC.) OR ANY PRESCRIPTION MEDICATION THAT WAS NOT PRESCRIBED TO YOU? YES ___ NO ___ IF YES, PROVIDE DETAILS BELOW.

DRUG	DATE(S) OF USAGE	FREQUENCY OF USAGE	CIRCUMSTANCES

18. GAMBLING

DOCUMENT ANY GAMBLING HISTORY BELOW.

TYPE	DATE	LOCATION	FREQUENCY AND AMOUNT OF MONEY SPENT/WAGERED

HAVE YOU EVER GAMBLED TO SUCH AN EXTENT THAT YOU SUFFERED A FINANCIAL LOSS/BURDEN (SUCH AS THE LOSS OF PROPERTY, HAVING A LIEN PLACED ON PERSONAL PROPERTY, OR BEING NAMED IN A LAWSUIT)? YES ___ NO ___

IF YES, PROVIDE DETAILS BELOW.

19. ALCOHOL

DO YOU CONSUME ALCOHOLIC BEVERAGES? YES ___ NO ___

IF YES, PROVIDE DETAILS BELOW ON AMOUNTS AND FREQUENCY.

20. ARREST, DETENTION, AND LITIGATION: INCLUDING JUVENILE, DELINQUENT, AND TRAFFIC

AN ARREST AND/OR CONVICTION MAY NOT NECESSARILY ELIMINATE YOU FROM CONSIDERATION FOR EMPLOYMENT. HOWEVER, DUE TO THE SENSITIVE NATURE OF EMPLOYMENT WITH A CRIMINAL JUSTICE AGENCY, THERE IS A NEED FOR THIS INFORMATION TO BE OBTAINED FROM JOB APPLICANTS.

HAVE YOU EVER BEEN ARRESTED, DETAINED, HELD, CHARGED, INDICTED OR SUMMONED TO COURT (PROMISE TO APPEAR)? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED, FOUND GUILTY, PLED GUILTY OR NO CONTEST TO A CRIME? YES _____ NO _____

HAVE YOU EVER BEEN FINED OR IMPRISONED? YES _____ NO _____

HAVE YOU EVER SERVED PAROLE, PROBATION, COMMUNITY CONTROL, OR COMMUNITY SERVICE? YES _____ NO _____

HAVE YOU BEEN ORDERED TO DEPOSIT BAIL OR PLACE COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE? YES _____ NO _____

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS, COMPLETE THE FOLLOWING:

DATE	PLACE	CHARGE	FINAL DISPOSITION	SENTENCE

HAS YOUR SPOUSE/LIVE-IN PARTNER/COHABITANT EVER BEEN INCARCERATED, HELD IN A DETENTION FACILITY, OR INVOLVED IN ANY COURT ACTION? YES _____ NO _____

IF YOU ANSWERED "YES," COMPLETE THE FOLLOWING:

DATE	PLACE	DETAILS OF THE INCIDENT

HAVE YOU EVER BEEN FINGERPRINTED FOR ANY REASON (ARREST, JOB APPLICATION, ETC.)? YES _____ NO _____

IF YOU ANSWERED "YES," COMPLETE THE FOLLOWING:

DATE	PLACE	DETAILS OF THE INCIDENT

21. UNDETECTED CRIMES

- a) HAVE YOU EVER COMMITTED ANY SERIOUS UNDETECTED CRIMES, WHETHER AS AN ADULT OR A JUVENILE? YES ____ NO ____
- b) HAVE YOU EVER SHOPLIFTED ANYTHING? YES ____ NO ____
- c) AS OF YOUR 18TH BIRTHDAY, HAVE YOU EVER HAD SEXUAL RELATIONS WITH A PERSON UNDER THE AGE OF 16?
YES ____ NO ____
- d) HAVE YOU EVER BEEN INVOLVED IN A HIT-AND-RUN THAT YOU NEVER REPORTED TO THE POLICE? YES ____ NO ____
- e) HAVE YOU EVER COMMITTED CHECK OR CREDIT FRAUD? YES ____ NO ____
- f) HAVE YOU EVER BEEN INVOLVED IN ANY TYPE OF DOMESTIC VIOLENCE? YES ____ NO ____
- g) HAVE YOU EVER VANDALIZED ANYONE ELSE'S PROPERTY? YES ____ NO ____
- h) HAVE YOU EVER FORCED ANOTHER PERSON AGAINST THEIR WILL TO HAVE SEXUAL RELATIONS WITH YOU? YES ____ NO ____
- i) HAVE YOU EVER STOLEN ANYTHING OF VALUE FROM ANYONE? YES ____ NO ____
- j) HAVE YOU EVER FILED A FALSE INSURANCE CLAIM OR COMMITTED ANY TYPE OF INSURANCE FRAUD? YES ____ NO ____
- k) HAVE YOU EVER PARTICIPATED IN ILLEGAL GAMBLING? YES ____ NO ____
- l) HAVE YOU EVER FAILED TO FILE AN INCOME TAX RETURN FOR ANY YEAR WHEN ONE WAS REQUIRED? YES ____ NO ____
- m) HAVE YOU EVER SOLICITED THE SERVICES OF A PROSTITUTE? YES ____ NO ____
- n) HAVE YOU EVER BEEN ACCUSED OF CHILD OR ELDERLY ABUSE OR NEGLECT? YES ____ NO ____
- o) IS THERE ANYONE WHO KNOWS ANY INFORMATION ABOUT YOU THAT COULD BE USED TO BLACKMAIL YOU? YES ____ NO ____
- p) HAVE YOU EVER BEEN A MEMBER OF AN ORGANIZED STREET GANG? YES ____ NO ____
- q) HAVE YOU EVER BEEN A MEMBER OF OR ASSOCIATED WITH ANY ORGANIZED CRIME FAMILY? YES ____ NO ____
- r) HAVE YOU EVER PURCHASED, SOLD, OR TRANSPORTED ANY ILLEGAL DRUGS? YES ____ NO ____
- s) HAVE YOU EVER BEEN PRESENT WHEN SOMEONE ELSE PURCHASED, SOLD, OR TRANSPORTED ANY ILLEGAL DRUGS?
YES ____ NO ____
- t) HAVE YOU EVER STOLEN ANY MONEY OR MERCHANDISE FROM AN EMPLOYER? YES ____ NO ____
- u) HAVE YOU EVER STOLEN ANY MONEY OR PROPERTY FROM A CO-WORKER? YES ____ NO ____
- v) HAVE YOU EVER BEEN AWARE OF THEFT BY CO-WORKERS AND NOT REPORTED IT? YES ____ NO ____
- w) HAVE YOU EVER HELPED ANYONE STEAL MONEY OR MERCHANDISE FROM AN EMPLOYER? YES ____ NO ____

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PROVIDE DETAILS BELOW.

22. APPLICATIONS OF EMPLOYMENT WITH OTHER LAW ENFORCEMENT AGENCIES

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH ANY OTHER LAW ENFORCEMENT AGENCY? YES ____ NO ____
IF YOU ANSWERED YES, COMPLETE THE FOLLOWING:

NAME OF AGENCY	POSITION APPLIED FOR	DATE OF APPLICATION	DISPOSITION OF APPLICATION

23. TRUTH VERIFICATION EXAMINATIONS WITH OTHER LAW ENFORCEMENT AGENCIES

DETAIL BELOW ALL INSTANCES YOU UNDERWENT A TRUTH VERIFICATION EXAMINATION WITH OTHER LAW ENFORCEMENT AGENCIES.

AGENCY	POSITION	DATE	DISPOSITION OF THE EXAMINATION

HAVE YOU EVER UNDERGONE A TRUTH VERIFICATION EXAMINATION FOR ANY REASON OTHER THAN APPLYING FOR A POSITION WITH A LAW ENFORCEMENT AGENCY? YES ____ NO ____

IF YOU ANSWERED YES, PROVIDE DETAILS BELOW.

24. LAW ENFORCEMENT RELATED PROFESSIONAL LICENSES/CERTIFICATES/TRAINING

LIST BELOW ANY LAW ENFORCEMENT RELATED PROFESSIONAL LICENCES, CERTIFICATES, AND/OR TRAINING.

25. EXPERIENCED CERTIFIED LAW ENFORCEMENT OFFICERS

ARE YOU AN EXPERIENCED CERTIFIED LAW ENFORCEMENT OFFICER? YES ____ NO ____

IF YES, ANSWER THE QUESTIONS BELOW.

IF NO, MOVE ON TO SECTION #26.

a) HAVE YOU EVER RECEIVED ANY REPRIMANDS OR UNSATISFACTORY PERFORMANCE EVALUATIONS AS A LAW ENFORCEMENT OFFICER? YES ____ NO ____

b) WERE YOU EVER DISCIPLINED OR SUSPENDED DURING YOUR EMPLOYMENT AS A LAW ENFORCEMENT OFFICER? YES ____ NO ____

c) AS A LAW ENFORCEMENT OFFICER, HAVE YOU EVER USED EXCESSIVE FORCE? YES ____ NO ____

d) DID YOU EVER UNLAWFULLY TAKE ANY EVIDENCE, MONEY, OR PROPERTY FROM A CRIME SCENE? YES ____ NO ____

e) DID YOU EVER UNLAWFULLY TAKE ANY EVIDENCE, MONEY, OR PROPERTY FROM A PERSON YOU ARRESTED? YES ____ NO ____

f) DID YOU EVER ACCEPT MONEY, PROPERTY, OR FREE SERVICES TO CHANGE YOUR TESTIMONY? YES ____ NO ____

g) AS A LAW ENFORCEMENT OFFICER, DID YOU EVER ACCEPT MONEY, PROPERTY, OR FREE SERVICES TO INFLUENCE YOUR ACTIONS OR DECISIONS WHILE PERFORMING YOUR OFFICIAL DUTIES? YES ____ NO ____

h) HAVE YOU EVER BEEN THE FOCUS OR SUBJECT OF AN INTERNAL AFFAIRS INVESTIGATION? YES ____ NO ____

i) AS A LAW ENFORCEMENT OFFICER, HAVE YOU EVER BEEN INVESTIGATED BY ANY LAW ENFORCEMENT AGENCY FOR ANY REASON? YES ____ NO ____

j) HAS YOUR CERTIFICATION EVER BEEN UNDER REVIEW BY FDLE FOR ANY REASON? YES ____ NO ____

k) HAVE YOU EVER BEEN NAMED AS A DEFENDANT IN A CIVIL SUIT DURING YOUR LAW ENFORCEMENT CAREER? YES ____ NO ____

l) HAVE YOU EVER BEEN SUBPOENAED BEFORE A GRAND JURY? YES ____ NO ____

m) HAVE YOU EVER USED ILLEGAL DRUGS OR CONSUMED ALCOHOL WHILE ON DUTY? YES ____ NO ____

n) AS A LAW ENFORCEMENT OFFICER, HAVE YOU EVER KNOWINGLY FALSIFIED AN OFFICIAL REPORT OR DOCUMENT? YES ____ NO ____

o) HAVE YOU EVER COMMITTED A CRIME THAT, IF KNOWN, WOULD KEEP YOU FROM BEING HIRED AS A LAW ENFORCEMENT OFFICER? YES ____ NO ____

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PROVIDE DETAILS BELOW.

28. ADDITIONAL INFORMATION

USE THIS PAGE FOR ANSWERS THAT REQUIRE FURTHER CLARIFICATION OR EXPLANATION. YOU MUST NOTE THE PAGE NUMBER AND SECTION NUMBER WITH THE CORRESPONDING ANSWER.

PAGE NO.	SECTION/ QUESTION NO.	CLARIFICATION/EXPLANATION

29. ATTESTATION

I hereby swear and affirm that there are no misrepresentations, omissions in, or falsifications of the answers, responses, and statements that I have provided in this Personal History Questionnaire. I am aware that should an investigation disclose any misrepresentation(s), falsification(s) or omission(s), my application will be rejected, and I will be disqualified from the process. In addition, if after my employment, subsequent investigation should disclose any misrepresentation(s), falsification(s), or omission(s), it will be just cause for my dismissal.

Applicant Signature

Date

Sworn to (or affirmed) and subscribed before me
this ___ day of _____, 20___, by

(Applicant Name)

_____, State of Florida
(Notary Public Signature)

Notary Seal _____

Personally Known _____ - **or** - Produced Identification _____

Type of Identification Produced _____



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 by means of Physical Presence OR Online Notarization 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