

Palatka Police Department

APPLICATION FOR EMPLOYMENT



110 North 11th Street
Palatka, FL 32177
(386) 329-0115 Office
(386) 329-0159 Fax

The Palatka Police Department is an Equal Opportunity Employer. Applicants will not be discriminated against in any aspect of employment based on race, color, religion, sex, age national origin, disability of marital status.

Palatka Police Department
Application Disqualifiers

You must be at least 18 years of age.

You must possess a High School Diploma or GED.

You must not have had your Driver License suspended within the year prior to your application.

You must not have used any of the following in the last five (5) years:
Cocaine, LSD, PCP, Opium, Heroin, Mescaline, Speed, Barbiturates, Quaaludes, Crack,
Mushrooms, Inhalants, Methamphetamines, steroids, designer drugs.

The following situations will disqualify you as an applicant for any position with the Palatka Police Department. If you have any questions, please contact the Human Resources department.

Arrest/Criminal History – If you have been convicted of ANY felony or of a misdemeanor involving perjury or a false statement or have plead guilty or Nolo Contender to or is found guilty of ANY felony or of a misdemeanor involving perjury or a false statement, regardless of suspension of sentence or withholding adjudication will not have the application processed (F.S. 943.13 (4)). If you have been convicted of or pled Nolo Contender to any charged involving moral turpitude (F.S. 48.021 (2)). If you have any convictions for DUI within the past 5 years or any DUI convictions while employed as a law enforcement officer. Any domestic violence convictions or pleas pursuant to 18 U.S.C. 922 (g)(9).

Tattoos/Body Ornamentation – Applicants who have Tattoos/Body Ornamentation on the hands, fingers, knuckles, head/neck area to include eyes, scalp, face and neck above the collar bone or the first vertebrae in the back which is visible due to an open collar shirt or uniform, will not be considered for further processing.

An applicant may be disqualified at any time due to: incomplete information; untruthfulness; false or disqualifying written or spoken statements; disqualifying information obtained during the background investigation; or unacceptable drug screening, physical examination, polygraph, or psychological evaluation results.

If you are not chosen to proceed in the application process or are not chosen to be added to the applicant pool you may re-apply twelve (12) months after the date of denial.

I have read and understand the information above.

Print Name: _____ Date: _____

Signature: _____

Personal Data

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ SSN#: _____

LIST ANY OTHER NAMES YOU GO BY: _____

LIST ALL SOCIAL MEDIA NETWORKS YOU CURRENTLY HAVE OR HAVE HAD IN THE PAST:

DECLARATION OF APPLICANT

“I understand that this questionnaire becomes the property of the Palatka Police Department, that all appointments are probationary, during which time the employees must demonstrate his/her fitness for employment. I also understands that any employment tendered me will be contingent upon the result of a complete character and employment investigation; and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the appointment. I agree to these conditions and authorize the Palatka Police Department to verify the conditions and authorize the Palatka Police Department to verify any and all statements made by me on this application. I hereby certify that all statements made by me on this application are true and correct to the best of my knowledge.”

APPLICANT'S SIGNATURE

DATE

NOTE: Prior to submission of application, please contact Detective Mike Lassiter at 386-329-0115 x 225 to schedule an appointment to review your application. This ensures the accuracy of the application and will allow you the opportunity to ask questions about the department and the City of Palatka.

Background Investigation Personal Data Packet Instruction Sheet

All questions contained in the personal data packet must be answered **completely, accurately, and truthfully**. If a question does not pertain to you, please indicate N/A (not applicable). Each question must be answered and have a response listed. Any information that is omitted will significantly impair the process of your background investigation, so be as accurate and complete as possible. **Type or use black ink when completing the application.**

Remember, all information provided by you will be checked and verified. **Misstatements, falsifications or omissions** may be grounds for disqualification and/or termination of employment from this department. You will be required to explain any discrepancies or inconsistencies to the background investigator.

All information must be legibly hand printed or typed on forms provided. Only originally completed forms will be accepted. No copies, facsimiles, or variations of the documents contained in this packet will be accepted. You may not computer generate your responses or reproduce these forms by any means. If any additional copies of any pages of this packet are need, please call the Palatka Police Department records section at (386) 329-0115.

All questions related to addresses, whether residential or business, must be complete and accurate. Verify all addresses and phone numbers (include area code) prior to submitting the packet. If previous employers have moved, use the new address. If the business no longer exists, use the old address and note “No longer in business”.

Regarding your name, use your true legal name. Do not use nicknames. If you do not have a middle name write NMN (no middle name).

Any positive responses to questions regarding criminal activity **must be fully explained** in the supplemental information section. Included any arrest and conviction involving, or related to, any criminal activity including arresting agencies’ name(s), address, phone number, and the date of arrest.

Questions regarding the use of illegal drugs or marijuana must be answered completely and truthfully. List all drug usage regardless of the amount used. Indicate the reason for using the substance on supplement page(s). If exact dates are not known, a month and year will suffice.

Any additional comments or explanations should be listed on supplemental page(s). The personal date packet must be notarized. Your signature is required in the presence of a notary.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Palatka Police Department (the “Company”) may obtain information about you from a third party consumer reporting agency for employment purposes (including independent contractor or volunteer assignments, as applicable). Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **TeamScreen Solutions LLC, 12980 Foster Street, Suite 170, Overland Park, KS 66213; Tel. No. #866.367.8555; www.teamscreen.net.**

Signature: _____

Date: _____

Printed Name: _____

End of Document

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **Palatka Police Department** at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **TeamScreen Solutions LLC, 12980 Foster Street, Suite 170, Overland Park, KS 66213; Tel. No.: 866.367.8555; www.teamscreen.net** and/or **Palatka Police Department**. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature: _____

Date: _____

Printed Name: _____

Please check this box if you would like to receive any correspondence related to an investigative consumer report or consumer credit report via email

If yes, please provide your email address here: _____

BACKGROUND INFORMATION*

Last Name _____ First _____ Middle _____

Other Names/Alias/Maiden Name _____

Social Security* # _____ Date of Birth* _____

Driver's License* # _____ State of Driver's License* _____

Email Address _____ Phone Number _____

Present Address, Apt. # _____
City/State/Zip _____

Past Address, Apt. # _____
City/State/Zip _____

Past Address, Apt. # _____
City/State/Zip _____

*This **background information*** will be used for background screening purposes only and will not be used as hiring criteria.

DISCLOSURE REGARDING “INVESTIGATIVE CONSUMER REPORT” BACKGROUND INVESTIGATION

Palatka Police Department (the “Company”), to which you have applied for employment, may request an investigative consumer report about you from a third party consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable) and throughout your employment if you are hired or retained. An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics and mode of living. These reports may contain information regarding your **credit history** criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, worker’s compensation or other background checks. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

You have the right, upon written request made within a reasonable time, to request (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report and (3) a copy of your report. These reports will be conducted by **TeamScreen Solutions LLC, 12980 Foster Street, Suite 170, Overland Park, KS 66213; Tel. No.: 866.367.8555; www.teamscreen.net**.

Signature: _____

Date: _____

Printed Name: _____

NOTICE REGARDING BACKGROUND CHECKS AND CREDIT CHECKS PER CALIFORNIA LAW

Palatka Police Department (the “Company”) intends to obtain information about you for employment screening purposes from a consumer reporting agency. Thus, you can expect to be the subject of “investigative consumer reports” **and “consumer credit reports”** obtained for employment purposes (including independent contractor or volunteer assignments, as applicable). Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be **TeamScreen Solutions LLC, 12980 Foster Street, Suite 170, Overland Park, KS 66213; Tel. No.: 866.367.8555; www.teamscreen.net**. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out what is in the ICRA’s file on you with proper identification, as follows:

In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.

A summary of all information contained in the ICRA’s file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

By requesting a copy be sent to a specified addressee by certified mail. ICRA’s complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA’s.

“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity. The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.

Please check this box if you would like to receive a copy of an investigative consumer report **or consumer credit report]** at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature: _____

Date: _____

Printed Name: _____

End of Document

NOTICE REGARDING CREDIT CHECKS PER CALIFORNIA LAW:

Pursuant to Section 1024.5 of the California Labor Code, the Company informs you that it may obtain a credit report about you from the above named entity, because you are seeking to work in the following position:

An employee covered by the executive exemption set forth in subparagraph (1) of paragraph (A) of Section 1 of Wage Order 4 of the Industrial Welfare Commission;

A position in the state Department of Justice;

A sworn peace officer or other law enforcement;

A position for which the information contained in the report is required by law to be disclosed or obtained;

A position that involves regular access, for any purpose other than the routine solicitation and processing of credit card applications in a retail establishment, to all of the following types of information of any one person: (A) Bank or credit card account information; (B) Social security number; and (C) Date of birth;

A position which the person can enter into financial transactions on behalf of the company;

A position that involves access to confidential or proprietary information; or

A position that involves regular access to \$10,000 or more of cash.

Signature: _____

Date: _____

Printed Name: _____

NOTICE REGARDING CREDIT CHECKS PER VERMONT LAW

Pursuant to Vermont Act No. 154 (S. 95), the Company informs you that it may obtain a credit report about you, for the following reason(s):

- The information is required by state or federal law or regulation;
- You seek to be/are employed in a position that involves access to “confidential financial information” (defined as “sensitive financial information of commercial value that a customer or client of the employer gives explicit authorization for the employer to obtain, process, and store and that the employer entrusts only to managers or employees as a necessary function of their job duties”);
- The Company is a financial institution as defined in 8 V.S.A. §11101(32) or a credit union as defined in 8 V.S.A. §30101(5);
- You seek to be/are employed in a position as a law enforcement officer, emergency medical personnel or firefighter as these terms are respectively defines in 20 V.S.A. §2358, 24 V.S.A. §2651(6) and 20 V.S.A. §3151(3)
- You seek to be/are employed in a position that requires a financial fiduciary responsibility to the Company or a Company’s clients, including the authority to issue payments, collect debts, transfer money or enter into contracts;
- You seek to be/are employed in a position that involves access to the Company’s payroll information;
- The Company can demonstrate that credit information is a valid and reliable predictor of employee performance in the your specific position of employment;
- The Company **will not** obtain a consumer credit report on you.

Signature: _____

Date: _____

Printed Name: _____

Notice Regarding Credit Checks Per City of New York Law

In conjunction with my application for employment with **Palatka Police Department** (the "Company"), I understand that the Company intends to obtain information for employment screening purposes from a consumer reporting agency (CRA). I understand that a consumer report may be obtained from the following CRA:

TeamScreen Solutions LLC, 12980 Foster Street, Suite 170, Overland Park, KS 66213; Tel. No. #866.367.8555; www.teamscreen.net. A copy of their privacy policy may be requested.

Pursuant to Section 8 of the City of New York Administrative Code, the Company informs you that it may obtain a credit report about you from the above named CRA because you are seeking employment in the following position(s), or for the following reason(s):

A position with (i) signatory authority over third party funds or assets valued at \$10,000 or more, or (ii) fiduciary responsibility to the employer and authority to enter into financial agreements valued at \$10,000 or more on behalf of the employer;

A position with regular duties allowing an employee to modify digital security systems designed to prevent the unauthorized use of the employer's or client's networks or databases;

A non-clerical position with regular access to trade secrets or national security/intelligence information;

The employer is required to use an individual's consumer credit history for employment purposes under state or federal law/regulations or by a self-regulatory organization (as defined by the Securities Exchange Act of 1934);

A position as a police officer or peace officer, or various positions with a law enforcement or investigative function at the Department of Investigation or subject to background investigation by the Department of Investigation;

A position requiring bonding under federal, state, or city law (e.g., certain positions in finance);

A position requiring security clearance under federal or any state law.

I acknowledge receipt of the **Notice Regarding Credit Checks Per New York City Law** and **A Summary of Your Rights Under the Fair Credit Reporting Act** and certify that I have read and understand these documents. I hereby authorize the Company to obtain a credit report from the above-named CRA. I further acknowledge that a telephonic facsimile (FAX) or photographic copy of this authorization shall be as valid as the original.

Printed Name

Today's Date

Signature

OTHER STATE LAW NOTICES

<p><u>New York applicants only:</u> Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p><u>New York City applicants only:</u> By signing this form, you further authorize the Company to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.</p>
<p><input type="checkbox"/> <u>esota applicants only:</u> You have the right to submit a written request to the consumer reporting agency for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within five business days after its receipt of your request or the report was requested by the Company, whichever date is later. Please check this box if you would like to receive a copy of a consumer report, if one is obtained by the Company.</p>
<p><input type="checkbox"/> <u>homa applicants only:</u> Please check this box if you would like to receive a copy of a consumer report, if one is obtained by the Company.</p>
<p><input type="checkbox"/> <u>Angeles applicants only:</u> Please check this box to receive a copy of the <u>Notice to Applicants & Employees Fair Chance Initiative for Hiring Ordinance.</u></p>
<p><input type="checkbox"/> <u>Francisco applicants only:</u> Please check this box to receive a copy of the <u>San Francisco Fair Chance Ordinance Notice.</u></p>
<p><u>Washington State applicants only:</u> You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.</p>

Signature: _____

Date: _____

Printed Name: _____

Credit Check Acknowledgement¹

To be completed by Employer:

You have recently applied for a position with _____ . Your background check will include a credit check because a credit check is expressly authorized and/or is substantially related to the position for which you are applying for the following reason(s) (check all that apply):

- Managerial position and involves setting the direction and control of a business or a department or division;
- Law enforcement officer, emergency medical personnel, or firefighter;
- Access to the employers', customers', and/or employees' personal or financial information (other than that customarily provided in a retail transaction);
- Access to confidential or proprietary business information;
- Access to non-financial assets valued at \$2500 or more;
- Requires expense account and/or corporate credit/debit card;
- Fiduciary responsibility to company, including, but not limited to, the authority to issue payments, collect debts, transfer money, enter into contracts, or involves access to employer's payroll information;
- Employer is a financial institution or credit union; or
- Required by state or federal law or regulation.

Name Position(s) Sought Employer

Employer Representative Signature

To be completed by Applicant:

My signature below acknowledges that the reason(s) for the credit check have been disclosed in writing to me.

Applicant Signature

Applicant Printed Name Date

¹ For use in CO, CT; IL; MD; NV; OR; Philadelphia, PA; WA
Version 12.10.19

SAMPLE FORM 10

COMMUNICATION PREFERENCE AND REQUEST FOR COPY OF REPORT

Based on various federal and state laws governing the performance of pre-employment screening, I understand that I may be entitled to receive a copy of any background check that is performed on me in certain situations or be notified of various aspects of my background check. Accordingly, I am requesting the following handling of my background check report:

I agree to receive all communications regarding any consumer report or investigative consumer report as may be required by the Fair Credit Reporting Act or such other state or local laws via email at your designated email address that is listed below:

I want to receive all communications regarding consumer report or investigative consumer report as may be required by the Fair Credit Reporting Act or such other state or local laws via regular U.S. postal mail at the address listed below:

Date:

Signature:

Printed Name:

Email:

Mailing Address:

Street Address/Apt. Number

City/State/ZIP Code



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 _____

REQUIRED DOCUMENTS

You must submit one copy of the following documents when you return the completed personal data information packet:

- Photocopy of your birth certificate
- Photocopy of your high school diploma or GED (if applicable)
- Your high school transcript which must be sent from the school directly to the background investigator
- Photocopy of your college diploma (if applicable)
- Your college transcript which must be sent from the school directly to the background investigator
- Photocopy of your current, valid driver license
- Photocopy of your social security card
- Naturalization documents (if applicable). Bring original
- Photocopy of any name change documents (if applicable), such as marriage license, dissolution of marriage, legal name change, adoption papers, etc.
- Photocopies of military discharge papers, Member #4 DD 214 long form (if applicable).

Additional copies of information or documentation required (if applicable) from applicants who are presently, or have been, law enforcement officers, correctional officers, or who have received law enforcement training in the military.

- Law enforcement training academy graduation certificate.
- Any additional training certificates or documentation.
- Any other certificates, licenses, or other documents, which verify specialized training you have received.

DATA FOR AFFIRMATIVE ACTION

NAME:

ADDRESS:

STREET NUMBER

CITY/STATE

ZIP CODE

HOME PHONE:

BUSINESS PHONE:

DATE OF BIRTH:

SEX: FEMALE or MALE

CHECK ALL THAT APPLY

AMERICAN INDIAN

ASIAN OR PACIFIC ISLANDER

BLACK

ALASKAN NATIVE

WHITE

HISPANIC

HANDICAPPED

VETERAN

OTHER

MARTIAL STATUS

MARRIED

SINGLE

DIVORCED

SEPERATED

WIDOWED

Creed:

The Civil Rights Act of 1964 prohibits discrimination in employment based on race, color, creed, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age and citizenship. The laws of most states also provide some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

NOTE: The above requested information will only be used for reporting purposes In recruitment of minorities, as required by our Affirmative Action Plan.

JOB DIMENSIONS

Read the following job dimensions listed below. This is a list of qualities and skills necessary for a law enforcement officer to possess to adequately perform daily duties. If you have read and understood all the dimensions listed, sign and have witnessed.

Communication Skills

Ability to express oneself clearly in writing and speech. Ability to read with good comprehension. Ability to write a report which accurately describes what happened. Ability to speak clearly and make oneself understood.

Problem Solving Ability

Knowing how to size up a situation, identify the problem, and make a logical decision. Knowing when to take action and what kind of action is appropriate. Using good judgment in making decisions. Ability to see similarities and differences between the many situations confronted on a daily basis.

Learning Ability

Ability to comprehend and retain factual information. Ability to recall factual information pertaining to laws, statutes, codes, etc. Ability to learn and to apply what was learned. Capability of learning the factual material, which is required of a law enforcement officer. Judgment Under Pressure Applying good common sense in dealing with pressure situations. Capability of making sound decisions on the spot. Using good judgment in dealing with a potentially explosive situation. Ability to make effective and logical decisions under pressure.

Observational Skills

Mental alertness, good observational skills, memory for details. Alertness to signals, which indicate that something is wrong. Inquisitive; senses when something is wrong. Suspicious inquisitive; able to sense when things are not satisfactory.

Willingness to confront Problems

Ability to be assertive in a potentially explosive situation. Willingness to confront a problem and will not back away. Willingness to stop people who are behaving in a suspicious manner and to challenge them. Having the courage to confront a potentially dangerous situation.

Interest in People

Wanting to understand people and be able to work with them. Having an active interest in working with people. Fairness in dealing with the public regardless of ethnic race, economic level, ext. Having a public service orientation. Wanting to help people.

Interpersonal Sensitivity

Resolving problems in a way that shows some sensitivity for the feelings of people. Showing empathy when working with people. Does not enforce the law blindly. Effectiveness in dealing with people without arousing antagonism. Understanding the motives of people and how they will react.

Desire for self-improvement

Desire to go out and seek the knowledge, which is needed to be a competent law enforcement officer. Being one who is able for learning the job and a willingness to put in time needed to stay current with training. Having a high degree of interest and self-drive in wanting to improve skills and knowledge. Caring about one’s competence as a law enforcement officer, and wanting to improve one’s skills.

Appearance

Demeanor as determined by physical appearance, grooming and personal care. Having personal and professional pride in one’s demeanor and appearance. Showing pride in appearance. Professional bearing as determined by neatness and overall grooming.

Dependability

Having the habit of submitting reports on time, not malingering on calls. Dependable: following through on assignments. Taking the extra effort required to be accurate in all details of the work. Working over a scheduled shift when needed to complete a job.

Physical Ability

Showing the endurance required to do the job. Measuring up to the physical demands of police work. Having good physical coordination, stamina, and agility. Being physically able to handle one’s self when necessary.

Integrity

Refusing to yield to the temptations of bribes, gratuities, payoffs, etc.. Refusing to tolerate unethical or illegal conduct, on the part of other law enforcement personnel. Showing strong moral character and integrity on and off duty. Being honest in dealing with the public.

Operation of a Motor Vehicle

Possess a valid (Florida) Driver’s License. Ability to drive safely. Ability to control a motor vehicle at high speeds, and Ability to operate a motor vehicle in all types of weather conditions.

Creditability as a Witness in a Court of Law

Ability to give testimony in a court of law without being subject to impeachment due to one’s character for honesty or veracity (or their opposites), or due to a prior felony conviction.

I, _____ have read all the job dimensions listed above
Applicant’s Name (print)

and understand them fully. By signing below I am acknowledging that I possess or have the ability to perform the job dimensions listed above.

Applicant’s Signature

Date

Witness’s Signature & Date

CERTIFICATION DATA

Have you been certified by the State of Florida for the position for which you are applying? YES: NO:
 If yes, complete the following:

**TRAINING CENTER YOU ATTENDED
 OR ARE CURRENTLY ATTENDING** | _____

TELEPHONE: _____

ADDRESS: _____

DATE OF ATTENDANCE: FROM

TO

ADDITIONAL TRAINING RECEIVED	TOTAL HOURS	DATE ATTENDED

Have you ever worked under a temporary employment authorization? If yes, when and where?

Have you ever applied for employment as a law enforcement officer with any other agency? If yes, indicate the agency and date of application.

YES: NO:

AGENCY	CONTACT PERSON	DATE	STATUS

Have you ever been denied employment with a law enforcement agency for any reason? YES: NO:
 If yes, indicate the agency and date of application.

AGENCY	DATE

Have you ever taken a polygraph/voice stress examination?
 If yes, indicate where, when and why?

YES: NO:

WHERE	WHEN	WHY

CRIMINAL ACTIVITY

It is important that you answer each of the following questions truthfully. Indicate if you have ever committed, been arrested or been charged for any of the following:

OFFENSE TYPE	YES	NO	AGE AT TIME
Burglary			
Armed Robbery			
Robbery			
Sale of Narcotics			
DWI/DUI			
Passing Worthless Checks			
Auto Theft			
Shoplifting			
Assault or Battery			
Murder			
Theft			
Theft From Employer			
Vandalism			
Rape/ Sex Crime			
Indecent Exposure			
Perjury/False Statement			
Possession/Distribution Pornographic Material			
Spouse Battery			
Child Abuse/Neglect			
Forgery/Uttering			
Prostitution/Soliciting			
Any Other Criminal Offense			

Have you ever been **arrested, charged, issued a notice to appear, cited, or pled no contest** for any offense? Yes: No:

(Including any expunged) If yes, indicate the following:

ARRESTING AGENCY	CITY/COUNTY/STATE	DATE

Were you ever convicted, had adjudication withheld, pled no contest or had any type of pre-trial diversion regardless of whether probation was imposed, for any of the previous listed offenses, or any other offenses, which may not have been listed?

Yes: No:

If yes, please explain

Have you as an adult, had any sexual involvement with a child under the age of 18?

Yes: No:

If yes, please explain.

EDUCATION AND TRAINING

NAME OF INSTITUTION/ ORGANIZATION	LOCATION/ ADDRESS	YEAR TAKEN	AREA OF STUDY/COURSE	GRADE/CERTIFICATION/ DIPLOMA/DEGREE	COMPLETED	
					YES	NO
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

LAW ENFORCEMENT EMPLOYMENT HISTORY

1. Are you now, or have you ever been employed by any law enforcement agency?

Yes: No:

If yes, list names of agency(s), job title and length of employment.

2. Have you ever applied for employment with any law enforcement agency?

Yes: No:

If yes, where, when and the date you applied? (Be specific)

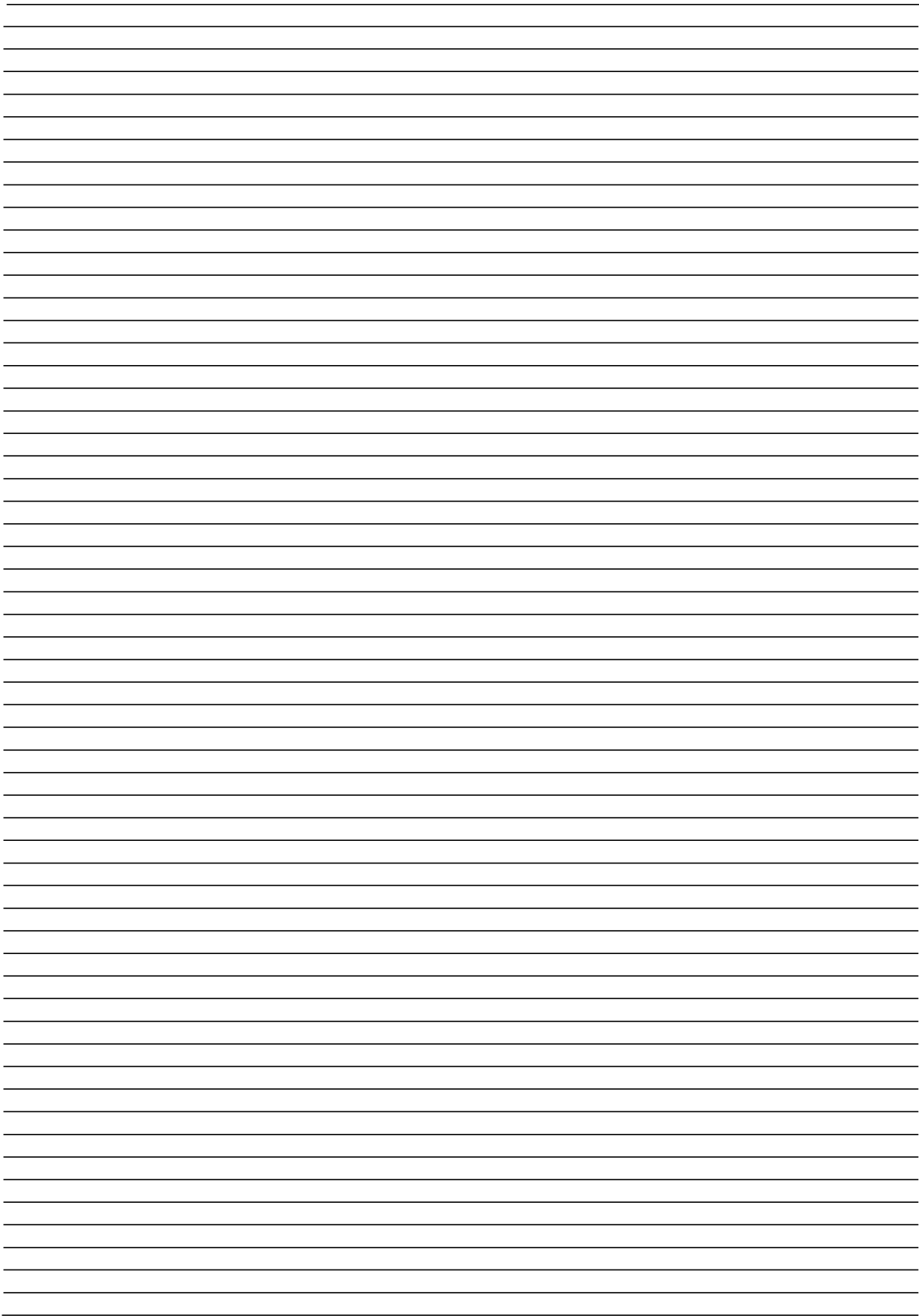
3. Have you ever been dismissed, or asked to resign, or had any disciplinary action taken against you from any employment or position you have held?

Yes: No:

4. Have ever resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?

Yes: No:

If yes, to questions #3 and #4, please provide details on next page:



EMPLOYMENT HISTORY

List chronologically all employment beginning with present employment including military service, temporary and part-time employment for the past ten (10) years. All time must be accounted for. If unemployed for a period, list dates of unemployment. If you're past employment record is refused by your current employer(s), you may be required to furnish a copy of this record to our investigator.

EMPLOYER AND LOCATION		FROM YYYY/MM/DD	TO YYYY/MM/DD
SUPERVISOR	TELEPHONE NO.	REA ON FOR LEAVING	
POSITION HELD BY APPLICANT	JOB CLASSIFICATION	SALARY	
DUTIES			
EMPLOYER AND LOCATION		FROM YYYY/MM/DD	TO YYYY/MM/DD
SUPERVISOR	TELEPHONE NO.	REA ON FOR LEAVING	
POSITION HELD BY APPLICANT	JOB CLASSIFICATION	SALARY	
DUTIES			
EMPLOYER AND LOCATION		FROM YYYY/MM/DD	TO YYYY/MM/DD
SUPERVISOR	TELEPHONE NO.	REA ON FOR LEAVING	
POSITION HELD BY APPLICANT	JOB CLASSIFICATION	SALARY	
DUTIES			

EMPLOYMENT HISTORY

EMPLOYER AND LOCATION		FROM YYYY/MM/DD	TO YYYY/MM/DD
SUPERVISOR	TELEPHONE NO.	REA ON FOR LEAVING	
POSITION HELD BY APPLICANT	JOB CLASSIFICATION	SALARY	
DUTIES			
EMPLOYER AND LOCATION		FROM YYYY/MM/DD	TO YYYY/MM/DD
SUPERVISOR	TELEPHONE NO.	REA ON FOR LEAVING	
POSITION HELD BY APPLICANT	JOB CLASSIFICATION	SALARY	
DUTIES			
EMPLOYER AND LOCATION		FROM YYYY/MM/DD	TO YYYY/MM/DD
SUPERVISOR	TELEPHONE NO.	REA ON FOR LEAVING	
POSITION HELD BY APPLICANT	JOB CLASSIFICATION	SALARY	
DUTIES			

EMPLOYMENT HISTORY

EMPLOYER AND LOCATION		FROM YYYY/MM/DD	TO YYYY/MM/DD
SUPERVISOR-	TELEPHONE NO.	REA ON FOR LEAVING	
POSITION HELD BY APPLICANT	JOB CLASSIFICATION	SALARY	
DUTIES			
EMPLOYER AND LOCATION		FROM YYYY/MM/DD	TO YYYY/MM/DD
SUPERVISOR-	TELEPHONE NO.	REA ON FOR LEAVING	
POSITION HELD BY APPLICANT	JOB CLASSIFICATION	SALARY	
DUTIES			
EMPLOYER AND LOCATION		FROM YYYY/MM/DD	TO YYYY/MM/DD
SUPERVISOR-	TELEPHONE NO.	REA ON FOR LEAVING	
POSITION HELD BY APPLICANT	JOB CLASSIFICATION	SALARY	
DUTIES			

EMPLOYMENT HISTORY

EMPLOYER AND LOCATION		FROM YYYY/MM/DD	TO YYYY/MM/DD
SUPERVISOR-REFERENCE	SUPERVISOR TELEPHONE NO.	REASON FOR LEAVING	
POSITION HELD BY APPLICANT	JOB CLASSIFICATION	SALARY	
DUTIES			
EMPLOYER AND LOCATION		FROM YYYY/MM/DD	TO YYYY/MM/DD
SUPERVISOR	TELEPHONE NO.	REASON FOR LEAVING	
POSITION HELD BY APPLICANT	JOB CLASSIFICATION	SALARY	
DUTIES			
EMPLOYER AND LOCATION		FROM YYYY/MM/DD	TO YYYY/MM/DD
SUPERVISOR	TELEPHONE NO.	REASON FOR LEAVING	
POSITION HELD BY APPLICANT	JOB CLASSIFICATION	SALARY	
DUTIES			

Have your employers always treated you fairly? YES NO If no, please explain:

CONVERSION OF PROPERTY/GOODS FROM EMPLOYERS

Occasionally, people take something from a place of employment that they really did not have permission to take. This includes, but is not limited to, the actual taking, illegal giving away of merchandise to friends, relatives, or co-workers, borrowing with or without permission and failing to return merchandise, property, or company equipment. Figure out, in approximate dollars, the value of property you may have taken from all employers combined and circle the amount that is the closest representation and explain:

\$5,000	\$4,000	\$3,000	\$2,000	\$1,000	\$500	\$400	\$300	\$200	LESS THAN \$100	NONE

Many people have held jobs, which require them to handle money or have expense accounts, and may have taken money without permission from their employer. This includes the direct taking of cash, borrowing and not returning money, or padding expense accounts. Estimate the amount of money you have taken from all employers and circle the amount that is the closest representation and explain:

\$5,000	\$4,000	\$3,000	\$2,000	\$1,000	\$500	\$400	\$300	\$200	LESS THAN \$100	NONE

Some employers have strict rules concerning the acceptance of gratuities, and other employers have few, if any guidelines. With some jobs, the regular acceptance of gratuities is a way of life, such as a waiter or waitress. In such companies, refusing a gift may actually alienate a valuable business contact.

In the last five years have you held a job where you have received any gratuities? Yes No

If yes, please circle the approximate value of all gratuities you have received during this time and explain what the gratuities were:

\$20,000 TO \$25,000	\$15,000 TO \$10,000	\$5,000	\$3,000	\$2,000	\$1,000	\$500	\$400	\$300	\$200	\$100	LESS THAN \$100	NONE

Did your former employer(s) have rules regarding the acceptance of gratuities? Yes No

If yes, please explain the rules. Some examples would include no rules at all, gratuities limited to gifts under a certain dollar amount, gratuities limited to meals or food/drinks consumed at one sitting, or no gratuities allowed.

ON THE JOB USE OF ALCOHOL

Have you ever held a job where use of alcohol (on the job) was a common practice? Yes No
 If yes, please explain:

How many times have you consumed alcoholic beverages during work hours? This includes lunch and coffee breaks, as well as while you were actually working? If any, please explain:

500	400	300	200	100	75	50	25	15	10	5	NONE

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.) Yes No

Please explain and provide county and state information where case was filed:

DRIVING HISTORY

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

If yes, please provide the following information:

STATE	D/L NUMBER	TYPE	EXPIRATION DATE

Does your license have any restrictions? (Must wear glasses, daytime driving only, etc.) Yes No
 If yes, please explain:

DRIVING HISTORY

List any other state where you have possessed a driver license.

STATE	D/L NUMBER	TYPE

Have you ever had your driver license suspended, cancelled or revoked? This includes all states where you have had driver license. Yes No

If yes, please explain:

In the past five years, have you been issued any traffic citations for moving violations such as speeding, reckless driving, DWI/DUI, running a red light, careless driving, improper lane change etc.? Yes No
 If yes, how many? _____

If you answered yes to the previous question, list the type of violation(s), where you committed the violation and the date you received the citation.

VIOLATION TYPE	CITY/COUNTY/STATE	DATE

In the past 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, state the number of accidents and explain the circumstances. Also, list the investigating agency and location of the accident (if known).

RESIDENCES

You must list all places you have resided during the past ten (10) years starting with your present address. If you live with a roommate and the residence where you live was in the roommate's name, please give the name, address and phone number of the roommate. Do not use post office box numbers when other addresses can be used. If you own your residence free and clear, indicate that in the Land/Mortgage Company section.

Note: Make sure to complete all blank spaces in this section. This section must be complete for you to be processed.

ADDRESS		FROM YYYY/MM/DD	TO YYYY/MM/DD
STREET	CITY/STATE/ZIP CODE	COUNTY	
NAME OF LANDLORD/MORTGAGE CO. /ROOMMATE		TELEPHONE NO.	
LANDLORD/MORTGAGE CO./ROOMMATE ADDRESS			
ADDRESS		FROM YYYY/MM/DD	TO YYYY/MM/DD
STREET	CITY/STATE/ZIP CODE	COUNTY	
NAME OF LANDLORD/MORTGAGE CO. /ROOMMATE		TELEPHONE NO.	
LANDLORD/MORTGAGE CO./ROOMMATE ADDRESS			
ADDRESS		FROM YYYY/MM/DD	TO YYYY/MM/DD
STREET	CITY/STATE/ZIP CODE	COUNTY	
NAME OF LANDLORD/MORTGAGE CO. /ROOMMATE		TELEPHONE NO.	
LANDLORD/MORTGAGE CO./ROOMMATE ADDRESS			

RESIDENCES

ADDRESS		FROM YYYY/MM/DD	TO YYYY/MM/DD
STREET	CITY/STATE/ZIP CODE	COUNTY	
NAME OF LANDLORD/MORTGAGE CO. /ROOMMATE		TELEPHONE NO.	
LANDLORD/MORTGAGE CO./ROOMMATE ADDRESS			
ADDRESS		FROM YYYY/MM/DD	TO YYYY/MM/DD
STREET	CITY/STATE/ZIP CODE	COUNTY	
NAME OF LANDLORD/MORTGAGE CO. /ROOMMATE		TELEPHONE NO.	
LANDLORD/MORTGAGE CO./ROOMMATE ADDRESS			
ADDRESS		FROM YYYY/MM/DD	TO YYYY/MM/DD
STREET	CITY/STATE/ZIP CODE	COUNTY	
NAME OF LANDLORD/MORTGAGE CO. /ROOMMATE		TELEPHONE NO.	
LANDLORD/MORTGAGE CO./ROOMMATE ADDRESS			

MILITARY SERVICE

Were you ever in any branch of military service?
If yes, which branch or branches?

Yes No

DATES OF SERVICE	BRANCH	DUTIES

Did a military court martial ever convict you?
If yes, please explain.

Yes No

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

Yes No

PROFESSIONAL LICENSES

This section should only be completed if you possess any type of professional licenses (Examples are CPA, Real Estate, etc.).

Do you possess any type of professional licenses?
If yes, please the type, state issued, and date of expiration.

Yes No

TYPE	STATE	EXPIRATION DATE

Have you ever had a professional license suspended or revoked in any state that you may have been licensed in?
If yes, please explain.

Yes No

Have you ever been refused a surety bond, or been refused a job that required a surety bond?
If yes, please explain.

Yes No

REFERENCES

You must provide the names, addresses and phone numbers of five (5) persons not related to you and not former employers who have known you for a substantial period, preferably for more than five (5) years.

NAME		ADDRESS:	
RESIDENTIAL PHONE	BUSINESS ADDRESS	BUSINESS PHONE	
NAME		ADDRESS:	
RESIDENTIAL PHONE	BUSINESS ADDRESS	BUSINESS PHONE	
NAME		ADDRESS:	
RESIDENTIAL PHONE	BUSINESS ADDRESS	BUSINESS PHONE	
NAME		ADDRESS:	
RESIDENTIAL PHONE	BUSINESS ADDRESS	BUSINESS PHONE	
NAME		ADDRESS:	
RESIDENTIAL PHONE	BUSINESS ADDRESS	BUSINESS PHONE	

PERSONAL DATA PACKET INFORMATION CERTIFICATION

I hereby certify that all answers or statements in this personal data packet are true and complete to the best of knowledge and belief. I understand and agree that any misstatements, falsifications, or omissions herein may cause any offer of employment made by the City of Palatka to be withdrawn, or my employment with the City of Palatka terminated. I further understand that information provided herein is public record and may be subject to review upon request. I hereby certify that I have given sufficient opportunity and time to review the question and their intent, and that I have answered them correctly.

Signature _____ Date _____

Print Name _____

STATE OF FLORIDA
COUNTY OF PUTNAM

Subscribed and sworn (or affirmed) to before me this ___ day

Of _____, 20__ by _____

who is personally known to me or has produced _____

(Type of
Identification)

_____ as
identification. (Identification Number)

Notary Seal

Notary Public Signature

