



## LAW ENFORCEMENT EMPLOYMENT APPLICATION FORM FOR

The Shalimar Police Department  
#2 Cherokee Road  
Shalimar, FL 32579  
(850) 651-1115



**Equal Employment Opportunity:** The Shalimar Police Department Office provides equal access and equal opportunity in employment and services and does not discriminate.

NOTICE: Photocopies of the following items must be included with your application:

1. Social Security Card
2. State-Issued Birth Certificate
3. High School Diploma, GED or College Diploma
4. DD214 member 4 copy
5. Copy of State Certification Test Scores
6. Basic Recruit Certificate
7. Name change documents (i.e. marriage, adoption, etc.)
8. Any other applicable diplomas and/or certificates may be included

### INSTRUCTIONS

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

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# Personal History

**1. Full Name**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Suffix

**2. Other:** List all other names that you have used including circumstances and time periods that you used them. (For example: maiden name, former name(s), alias(es) or nickname(s).)

Name	Circumstance	Dates From Month/Year	Dates To Month/Year

**3. Date and Place of Birth:**

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

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
State

\_\_\_\_\_  
Country (if not the United States)

**4. Are you a United States Citizen?**     Yes     No

If naturalized, please provide:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Place

\_\_\_\_\_  
Court

\_\_\_\_\_  
Naturalization Number

**5. Social Security Number** \_\_\_\_\_

**6. Marital Status:**     Married     Divorced     Separated     Widowed     Never Married

**7. Do you have or have you ever applied for a passport?**     Yes     No    Passport Number \_\_\_\_\_

**8. Height:** \_\_\_\_\_      **Weight:** \_\_\_\_\_



# Education/Training

**1. High School**

Name and Address	Dates Attended Month/Year		Years Completed	Did you Graduate?	Type of Diploma
	From	To			

**2. \*College/University**

Name and Address	Dates Attended Month/Year		Credit Hours Earned		Did you Graduate?	Type of Degree
	From	To	Qtr.	Sem.		

\*Attach copy of diploma or official transcript from last institution of higher education attended.

Major \_\_\_\_\_ Minor \_\_\_\_\_

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

Name and Address	Dates Attended Month/Year		Credit Hours Earned	Area of Study	Did you Graduate?	Type of Degree or Certificate
	From	To				



# Education/Training Continued

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

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5. Indicate any foreign languages that you can

Speak: \_\_\_\_\_

Read: \_\_\_\_\_

Write: \_\_\_\_\_

6. Indicate any law enforcement education/training:

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

8. Describe any special abilities, interests and hobbies including the degree of proficiency:

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9. Indicate any type of special license such as pilot, radio operator, etc. showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

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

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11. Have you had any training/education with K-9's?  Yes  No

If yes, provide details: \_\_\_\_\_

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



# Employment History

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

Name and Address of Employer	Dates worked Month/Year		Salary	Title or position	Name of Supervisor	Reason for Leaving
	From	To				
Name				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
Address						
City, State, Zip						
Area Code and Phone Number						
Name				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
Address						
City, State, Zip						
Area Code and Phone Number						
Name				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
Address						
City, State, Zip						
Area Code and Phone Number						

**2.** 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? (If yes, please provide details)  Yes  No

**3.** Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? (If yes, please provide details)  Yes  No

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

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



# Residences and Driving History

1. Actual places of residence for the past 10 years – list chronologically all addresses, including residences while at school and in the military. For college on-campus residences, give dormitory name, city and state. If residences in the military service can not be shown as street address, indicate the complete military unit designation and location by city and state. If it is a post office box, give the location of the post office.

Dates Month/Year		Apt. Number	Street Address	City	County	State
From	To					

2. Are you a licensed Florida automobile operator or chauffer?  Yes  No License Number: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_

3. Do you hold or have you ever held an operator or chauffer license in another state?  Yes  No  
(If yes, please provide state(s), name(s) used and approximate dates license(s) was/were held.)

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

4. Have you ever been denied issuance of a license or ever had a license suspended or revoked?  Yes  No  
(If yes, please provide complete details including why the license was revoked.)

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



# Arrest History/Court Data

**1.** Have you ever been arrested, charged or received a notice or summons to appear for any criminal violation? (If yes, list all such matters, even if not formally charged, or no court appearance, or found not guilty or nolo contendere to any charge for which adjudication was withheld, or matter was settled by payment of fine or forfeiture of collateral. (Include your juvenile record and records of your arrest(s) which have been sealed, if any.)  Yes  No

Date	Place and Department	Charge	Court and Place	Disposition

Provide Details \_\_\_\_\_

**2.** Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)?  Yes  No  
 (If yes, list all such matters, even if not formally charged, or no court appearance, or found not guilty or nolo contendere to any charge for which adjudication was withheld, or matter was settled by payment of fine or forfeiture of collateral. (Include your juvenile record and records of your arrest(s) which have been sealed, if any.))

Date	Place and Department	Charge	Court and Place	Disposition

Provide Details \_\_\_\_\_

**3.** To your knowledge, has any member of your family ever been arrested for other than traffic violations?  Yes  No  
 (If yes list all such matters, even if not formally charged, or no court appearance, or found not guilty or nolo contendere to any charge for which adjudication was withheld, or matter was settled by payment of fine or forfeiture of collateral. (Include your juvenile record and records of your arrest(s) which have been sealed, if any.))

Relative's Name	Place and Department	Charge	Court and Place	Disposition

Provide Details \_\_\_\_\_

**4.** Have you or your spouse ever been a plaintiff or defendant in a court action? (If yes, please provide details.)  Yes  No

**5.** Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation? (If yes, please provide details.)  Yes  No

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



# Military History

1. Have you ever served on active duty in the Armed Forces of the United States?  Yes  No  
 Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

2. Date and type of discharge: \_\_\_\_\_

3. Are you now or have you ever been a member of a reserve unit or the National Guard?  Yes  No

4. If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings or camps:  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Was any type of disciplinary action taken against you in the service?  Yes  No If yes, please provide:

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

Nature of Offense: \_\_\_\_\_

Action Taken: \_\_\_\_\_

6. Have you ever served in the Armed Forces of a foreign country?  Yes  No  
 If yes, please specify countries and dates.

7. Are you designated as disabled because of any military service?  Yes  No

**8. VETERANS' PREFERENCE:** Check the appropriate block if you are claiming veterans' preference. **Documentation substantiating your claim must be furnished at the time of application.**

- 1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense, or
- 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power, or
- 3. A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or
- 4. The unmarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed using veterans' preference since October 1, 1987?  Yes  No

If yes, please give name of employer: \_\_\_\_\_

**NOTE:** Under Florida law, preference in appointment shall be given first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant position is not selected for a vacant position, he/she may file a complaint with the Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, FL 33731.

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# Personal References and Acquaintances

1. Personal References: Give three (3) references (not relatives, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you for the past five (5) years. If retired, give former occupation.

Complete Name of Reference			Home address: _____
Last    First    Middle			City & State: _____
Years acquainted	Occupation		Home Phone: (      ) _____
			Business Address: _____
			City & State: _____
			Business Phone: _____
Complete Name of Reference			Home address: _____
Last    First    Middle			City & State: _____
Years acquainted	Occupation		Home Phone: (      ) _____
			Business Address: _____
			City & State: _____
			Business Phone: _____
Complete Name of Reference			Home address: _____
Last    First    Middle			City & State: _____
Years acquainted	Occupation		Home Phone: (      ) _____
			Business Address: _____
			City & State: _____
			Business Phone: _____

2. Social Acquaintances: Give three (3) social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years.

Complete Name of Acquaintance			Home address: _____
Last    First    Middle			City & State: _____
Years acquainted	Occupation		Home Phone: (      ) _____
			Business Address: _____
			City & State: _____
			Business Phone: _____
Complete Name of Acquaintance			Home address: _____
Last    First    Middle			City & State: _____
Years acquainted	Occupation		Home Phone: (      ) _____
			Business Address: _____
			City & State: _____
			Business Phone: _____
Complete Name of Acquaintance			Home address: _____
Last    First    Middle			City & State: _____
Years acquainted	Occupation		Home Phone: (      ) _____
			Business Address: _____
			City & State: _____
			Business Phone: _____



# Organization Membership/Business Interests & Licenses

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

NAME	CITY AND STATE	FORMER	PRESENT (list position held & describe activity)

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?  Yes  No

3. Have you ever made a financial or other material contribution to any organization of the type described in question #2 above? (If yes to #2 OR #3, answer questions #4 and #5)  Yes  No

4. At the time of your membership, participation or contribution, did you know of any unlawful aims of the organization?  Yes  No

5. Did you intend to promote any unlawful aims of the organization? (If yes to question #2, #3, #4 OR #5, explain including the name(s) of the organization(s) and location(s).  Yes  No

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6. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages?  Yes  No

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

8. Was the license ever cancelled, suspended or revoked? (If yes to question #1, #2 OR #3, please provide details including the type of license or certificate, the agency that issued the license, effective date of license and license number).  Yes  No

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# Credit Data

1. Do you have any sources of income other than your salary or the salary of your spouse?  Yes  No  
(Below, please specify the source of income and the estimated annual amount.)

SOURCE OF INCOME	ESTIMATED ANNUAL AMOUNT

2. Are you or your spouse indebted to anyone? (If yes, please list all debts over \$500. Be sure to include student loans and charge accounts. Also, list any debt where payment is **past due**, regardless of amount.)  Yes  No

CREDITOR	ADDRESS	AMOUNT	LOAN OR ACCOUNT NUMBER

3. Have you, or your spouse, or a company controlled by you...  Yes  No

...filed for bankruptcy?  Yes  No

...declared bankruptcy?  Yes  No

...had a legal judgment rendered against you for a debt?  Yes  No

If yes to any of the questions in #3, please provide details below.

### APPLICANT'S CERTIFICATION

I understand that my employment will be contingent upon the results of a complete background investigation. I am aware of and consent to a polygraph examination. I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test and that I may be required to take drug tests during the term of my employment or appointment with the Shalimar Police Department.

I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where employees or appointees perform work.

I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the essential job functions of my position or assignment with the Shalimar Police Department.

I understand and agree that any employment or appointment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash, in payment of overtime hours that I work, to the extent allowed by law. I understand, however that the Police have the absolute discretion, at any time and without any prior notice to me.

I understand that my employment or appointment is for no specific term and may be terminated by me or the Shalimar Police Department with or without notice or cause at any time. I further understand that no oral promise, policy, custom or other procedure constitutes an employment contract or modification of the at-will employment relationship between me and the Shalimar Police Department. Employees are free to resign at any time and for any reason and the Shalimar Police Department reserves the right to terminate employment at any time for any reason. Discharge can be for any reason not prohibited by law.

\_\_\_\_\_  
Signature of applicant as usually written

\_\_\_\_\_  
Date

Witnessed by: \_\_\_\_\_



# Confidential Employee History

THE INFORMATION CONTAINED HEREIN IS CONFIDENTIAL AND WILL NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION.

**1. Applicant's Current Address:**

Address \_\_\_\_\_

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

( \_\_\_\_\_ )  
Telephone Number

**2. Spouse's Name and Address:**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

**3. Children's Names and Ages:**

NAME	AGE	ADDRESS

**4. Former Spouse(s) Name(s) and Address(es):**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

**5.** Are you now able to participate in defensive tactics, firearms or physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description or task analysis related to the position for which you applied?  Yes  No

**6.** If your answer to question 5 is no, would you be able to perform these tasks with an accommodation?  Yes  No

**7.** If a test or examination is required for this position, would you be able to take this test or examination with an accommodation?  Yes  No

**8.** Explain what accommodation(s) you would need to perform these tasks or take the test or examination.

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



# Confidential Employee History Continued and Other Requirements

**9.** Have you ever used, experimented, supplied or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any other drug, similar in nature? If yes, please complete the following:  Yes  No

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

**b.** Circumstances: \_\_\_\_\_

**c.** Number of times used/experimented/supplied/sold: \_\_\_\_\_

**d.** First time used/experimented/supplied/sold: \_\_\_\_\_

**e.** Last time used/experimented/supplied/sold: \_\_\_\_\_

**10.** Have you tried, used or experimented with any type of illegal drugs within the past 12 month? (If yes, please explain)  Yes  No

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

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_



# First-Person Essay

Please write an essay in the space provided below about your background emphasizing your reasons for desiring employment with our agency

[The following area contains multiple horizontal lines for writing the essay.]

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# Authorization to Release Information Agreement

I understand that my employment will be contingent upon the results of a complete background investigation. I am aware that any omissions, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Shalimar Police Department. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph examination concerning the truthfulness of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Shalimar Police Department and that the information received in response to the background investigation is public record.

I hereby authorize any representative of the Shalimar Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and disclosure of all records, or any part thereof, concerning myself; to any duly authorized agent of the Shalimar Police Department, whether said records are of public, private or confidential in nature. The intent of this authorization is to give my consent for full and complete disclosure and reiterate that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the special purpose of pursuing a background investigation that may provide pertinent data for the Shalimar Police Department to consider in determining my suitability for employment. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work and my background, my reputation, my military service records, educational records, my financial status, my criminal history record, including my arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorney at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed. I hereby release you, your agency and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such reports from any and all liability or damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization of request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Shalimar Police Department regardless of any agreement I may have made with you previously to the contrary. The enforcement agency requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested. For and in consideration of the Shalimar Police Department's acceptance and processing of my application for employment, I agree to hold the Shalimar Police Department, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not they employ me. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Shalimar Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original, even though the said photocopy or FAX copy does not contain an original writing of my signature.

Should there be any questions as to the validity of this request you may contact me at the address listed below.

Applicant's Signature		Date	Applicant's Printed Name	
Address			Date of Birth	
City	State	Zip	Social Security Number	

STATE OF FLORIDA  
COUNTY OF OKALOOSA

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_ (name of affiant). He/She is  personally known to me or  has  
presented \_\_\_\_\_ as identification.

SEAL

Signature of Notary \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Title \_\_\_\_\_  
Commission Number \_\_\_\_\_  
Expiration of Notary \_\_\_\_\_

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