

College/University Name/Address	Dates Attended Mo./Yr.		Years Completed	Did you graduate?	Type of Diploma
	From	To			

* Attach copy of diploma or official transcripts from last institution of higher education attended

Major _____ Minor _____

Other Schools (Trade, Vocational, Business or Military)

Name/Address	Dates Attended Mo./Yr.		Years Completed	Did you graduate?	Type of Diploma
	From	To			

A. List awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school: _____

B. What foreign languages do you speak? _____
 Read? _____ Write? _____

C. Have you had any education/training in Law Enforcement? Yes No If yes, give details: _____

D. Did you receive a certificate for this training? Yes No Certificate No. _____

E. Do you have a Florida driver's license? Yes No License No. _____

F. Have you ever been licensed to drive in another state? Yes No If yes, list state and indicate any license that was revoked and why. _____

G. List any special interests, abilities and hobbies with degree of proficiency: _____

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

I. List special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio, breathalyzer, firearms, computers) _____

J. Approximate number of words per minute: Typing _____ Shorthand _____

Section 3 – Employment

List chronologically all employments beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for any period of time please indicate, setting forth dates of unemployment.

Name & Address of Employer and Phone Number	Dates: Mo/Yr		Salary	Job Title, please indicate full or part-time	Supervisor	Reason for Leaving
	From	To				
_____ _____ _____ ()				_____ Job Title <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time		
_____ _____ _____ ()				_____ Job Title <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time		
_____ _____ _____ ()				_____ Job Title <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time		
_____ _____ _____ ()				_____ Job Title <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time		
_____ _____ _____ ()				_____ Job Title <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time		
_____ _____ _____ ()				_____ Job Title <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time		

A. Have you ever been dismissed, asked to resign, or had any disciplinary action taken against you from any employment or position you have held? Yes _____ No _____ If yes, indicate Employer's name, date and reason: _____

B. Do you have any sources of income other than your present salary, including spouse's income, stocks, bonds, mutual funds, interest on savings, rentals, etc.? Yes _____ No _____ If yes, please list each source of income:

C. Have you ever applied to or been employed by any law enforcement agency? Yes _____ No _____ If yes, state name of agency and dates of employment:

Section 4 – Credit Data

A. Has your credit record (including spouse) ever been unsatisfactory, or have you ever been refused credit? Yes _____ No _____ If yes, give dates, places, names of creditors and circumstances _____

B. Are you or your spouse indebted to anyone? Yes _____ No _____ If yes, please complete:

Name and Address of Creditor	Amount of Debt	Account Number

C. List all debts that are past due.

Name and Address of Creditor	No. of payments past due	Amount of each payment	Account Number

D. Have you ever filed for bankruptcy? Yes _____ No _____ If yes, give details, including date and court in which filed: _____

Section 5 – Court Data

A. Have you ever been arrested or charged with any criminal violation? Yes _____ No _____
 (List all such matters even if not formally charged, no court appearance, found not guilty, plead guilty or nolo contendere to any charge for which adjudication of guilt was withheld, or matter settled by payment of fine or forfeiture of collateral)

Date	Place	Agency	Charge	Final Disposition	Details

B. List all traffic violations, excluding parking tickets. If none, so state.

Date	Place	Agency	Charge	Final Disposition	Details

C. Has your driving privilege ever been canceled _____ suspended _____ revoked _____? If yes, explain fully: _____

D. Has any member of your immediate family ever been convicted of a crime? (excluding traffic violations) Yes _____ No _____ If yes, list all such matters

Name	Date & Place of Birth	Relation	Date	Place	Agency	Conviction

E. Have you or your spouse ever been a plaintiff or defendant in a civil court action?

Yes No If yes, give date, court, names of parties, nature of action and final disposition:

Section 6 – Military Data

A. Have you ever served on active duty in the Armed Forces of the United States?

Yes No If yes, highest rank attained in military service: _____

B. Were you permanently disabled because of such service? Yes No

C. Branch of Service _____

D. Serial Number _____

E. Dates of Active Duty _____

F. Discharge: Type of _____ Basis for _____

Separation Center _____

G. Member of Reserve: Yes _____ No _____ Ready _____ Standby _____

Service Branch _____

National Guard: Present _____ Former _____ None _____

If you attend drills, meetings or camps please list name of unit and location:

H. Was any disciplinary action taken against you in the service? Yes _____ No _____ If yes, please give: Date _____ Place _____ Nature of Offense _____

Action Taken _____

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

Section 7 – Organization Membership

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

Name	City & State	Former / Present	Position and Duties

B. 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, 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 _____ If yes, explain and give name of organization and location _____

Section 8 – Business Interests and Licenses

A. 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 _____

If yes, give details _____

B. Are you now or have you ever been licensed to engage in a business or profession which license was canceled, suspended or revoked? Yes _____ No _____ If yes, give details:

Section 9 – Foreign Travel

A. Have you ever visited or resided in any foreign country (including travel in the Armed Forces of the U.S) Yes Date passport issued _____

No Passport Number _____ Place Issued _____

Country Visited	Dates		Reason for Travel
	From	To	

Section 10 – Personal References

Give at least three references (not relatives, former employers, fellow employees or school teachers) who are responsible persons of reputable standing in their communities such as householders, property owners, business or professional men or women including your family physician, if you have one, who have known you well during the past five years.

Complete Name		Home Address: _____ City, State, & Zip: _____ Home Phone: (____) _____ Business Address: _____ City, State, & Zip: _____ Business Phone: (____) _____
(Last, First, Middle)		
Yrs. Acq.	Occupation	
Complete Name		Home Address: _____ City, State, & Zip: _____ Home Phone: (____) _____ Business Address: _____ City, State, & Zip: _____ Business Phone: (____) _____
(Last, First, Middle)		
Yrs. Acq.	Occupation	
Complete Name		Home Address: _____ City, State, & Zip: _____ Home Phone: (____) _____ Business Address: _____ City, State, & Zip: _____ Business Phone: (____) _____
(Last, First, Middle)		
Yrs. Acq.	Occupation	

Complete Name		Home Address: _____ City, State, & Zip: _____ Home Phone: (____) _____ Business Address: _____ City, State, & Zip: _____ Business Phone: (____) _____
(Last, First, Middle)		
Yrs. Acq.	Occupation	
Complete Name		Home Address: _____ City, State, & Zip: _____ Home Phone: (____) _____ Business Address: _____ City, State, & Zip: _____ Business Phone: (____) _____
(Last, First, Middle)		
Yrs. Acq.	Occupation	
Complete Name		Home Address: _____ City, State, & Zip: _____ Home Phone: (____) _____ Business Address: _____ City, State, & Zip: _____ Business Phone: (____) _____
(Last, First, Middle)		
Yrs. Acq.	Occupation	

Section 11 – Previous Residences

Please list chronologically all your residences for the past 10 years. (Include addresses while attending school if away from home)

Dates (Mo./Yr)		Street Address	City	State & Zip
From	To			

Section 12 – Other Data

A. Have you ever used, sold or experimented with any illegal drugs? Yes _____ No _____ If yes, describe: _____

B. Name and address of next of kin or other person to be contacted in case of an emergency: _____

Applicant’s Certification

I understand that any employment offered to me will be contingent upon the results of a complete character and fitness investigation and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the St. Augustine Police Department. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge. I understand that I may be required to submit to the St. Augustine Police Department a copy of my Income Tax Return for the year prior to employment and may be required to submit a copy of my Income Tax Return each year thereafter while employed by the St. Augustine Police Department. I also understand and agree that this employment application shall be property of the St. Augustine Police Department.

Signature of Applicant

Date

Witnessed by:

Signature of Witness

Name of Witness (please print)

Documents to be attached to application

1. Copy of Birth Certificate
2. Copy of High School Diploma or Equivalent
3. Military Discharge(s)
4. Certification of completion of Basic Law Enforcement class/FDLE certification
5. Certified copy of Name Documentation (if applicable)
6. Verification of Naturalized Citizen (if applicable)

Return completed applications to Human Resources. Mail to P.O. Box 210, St. Augustine, FL 32085 or in person at 75 King Street, Lobby D, Second Floor.

Other requirements prior to employment

1. Psychological Test
2. Polygraph
3. Complete physical including Electrocardiogram and Drug Screen



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)



CJSTC 58

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

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER (Optional): _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: _____

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, 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.

Applicant's Signature _____ Date _____

Applicant's Address _____

AFFIDAVIT

STATE OF _____ COUNTY OF _____

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

Sworn and subscribed in my presence this _____ day of _____, 20_____. My Commission expires on _____, 20_____. Personally Known _____ - or -

Produced Identification _____ Notary Public: _____

Type of identification produced: _____