



## **ORANGE CITY POLICE DEPARTMENT**

### **POLICE OFFICER APPLICATION/QUESTIONNAIRE EQUAL OPPURTUNITY EMPLOYER**

Thank you for choosing to apply to be an Orange City Police Officer. The goal of the Orange City Police Department is to select the best possible applicants for employment. Therefore, completion and advancement through the application process is based on your ability and competitiveness with other applicants. Applications will be accepted for open positions by the Human Resource Department, City of Orange City, 205 East Graves Avenue, Orange City, Florida 32763.

**DUTIES AND RESPONSIBILITIES:** A Police Officer performs a wide range of tasks to promote public safety and security; crime prevention and general enforcement of the law; and performs work as required. The duties of a Police Officer include but are not limited to patrolling, crime detection, investigation, traffic enforcement and control.

**MINIMUM REQUIREMENTS FOR HIRING:** Age 19, possess a valid Florida operator's license, a high school diploma or equivalency, be a U.S. Citizen and veterans must possess an Honorable Discharge. Applicants must pass a medical examination and their visual ability must be correctable to 20/20.

Applicants will be required to take a written test that includes a spelling module and participate in an oral interview. Upon successful completion of that segment, an in-depth background investigation will be conducted. Once a satisfactory background investigation has been achieved, the candidate will be required to take a voice stress analysis examination and pass a psychological and medical examination that includes a drug screen prior to being eligible for employment as a City of Orange City Police Officer.

**POLICE TRAINING COURSE:** Preference in employment will be given to personnel holding a Criminal Justice Standards and Training Commission Certificate. Applicants who are disqualified during the process cannot reapply. Applicants who do not pass any part of the process can reapply after one year from the date of the original application.

The expected duration of the hiring process is approximately 90 days from the date of application.

In order that you receive proper consideration in your application to become an Orange City Police Officer, it will be essential that all identified materials be returned completed in their entirety along with this application.

Before returning these materials, check them for accuracy and completeness. Sign your name on all forms where signature is indicated. Check to ensure that all forms requested below are turned in along with all licenses, certificates and other documents you feel are valid for the application process.

## FORMS FOR MINIMUM PROCESSING

- Application and supplement forms (must be notarized)
- Naturalization papers if applicable
- High School Diploma, GED or equivalent
- College Diploma and Certified Transcripts (if claiming college credit)
- Valid Operator's Driver's License (Florida License required at time of employment)
- Social Security Card
- Change of Name Document (marriage/divorce documents)
- Copy of your DD 214 (*if applicable*)
- Copy of Birth Certificate or Birth Record
- Criminal Justice Standards & Training Certificate of Compliance
- State Certification exam results
- Copy of your Driving record from the Division of Motor Vehicles
- Any specialized Criminal Justice Certificates that will enhance your application documentation of hours earned at prior Police Academy (*out of state*)

If selected to proceed, applicants will be notified of the date, time and location of the Oral Interview Assessment.

## BENEFITS

- Health Insurance
- Life Insurance
- Dental Insurance
- Disability
- Florida State Retirement: Investment Plan or Florida Retirement System Pension
  - *Information on both options available upon request from Human Resources*

## OTHER BENEFITS

- 12 paid holidays annually (*includes birthday*)
- 169 hours Personal Time Off accrued annually (*0-5 years, increases with employee's length of service*)
- College tuition reimbursement program
- All necessary equipment provided
- Patrol vehicle assignment program

**Orange City Police Department**  
Police Chief: Peter C. Thomas  
Deputy Police Chief Wayne. M. Miller

**Administration**  
City Manager: Dale Arrington  
Human Resource Manager: Jeremy Wiggins



Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Date Married (List Present and Past)	Spouse's Name	Spouse's Date of Birth

Dependent Children:

Name	Age	Living at Home?

Mother's Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

With whom do you reside? *(list all in household)*

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Do you belong to any social media websites: *(Facebook, Twitter, Snapchat, Instagram, etc.?)*

Yes \_\_\_\_\_ No \_\_\_\_\_ If so. What are your screen names:

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Tattoos, Dental Appliances & Skin Implantations: *(Attach picture(s) of any and all tattoos visible below the natural fold of the elbow(s) for policy waiver consideration. Visible neck tattoos are prohibited).*

My signature below indicates I hereby certify that to the best of my knowledge and belief, the information that I've entered in this application form is true.

Signature \_\_\_\_\_

Date \_\_\_\_\_





## EMPLOYMENT HISTORY

Starting with your current employment or unemployment and working back, list each employment and unemployment period you've had for the previous ten (10) years. Include a description of any lapses in employment history and military if applicable. Use additional paper if necessary and this section must be completed even with resume.

<b>From</b> _____ <b>To</b> _____	Supervisor:
Company Name:	Type Work Performed:
Street Address	
City/State/Zip	Reason for Leaving:
Phone #	Starting Salary _____ Final Salary _____

<b>From</b> _____ <b>To</b> _____	Supervisor:
Company Name:	Type Work Performed:
Street Address	
City/State/Zip	Reason for Leaving:
Phone #	Starting Salary _____ Final Salary _____

<b>From</b> _____ <b>To</b> _____	Supervisor:
Company Name:	Type Work Performed:
Street Address	
City/State/Zip	Reason for Leaving:
Phone #	Starting Salary _____ Final Salary _____

<b>From</b> _____ <b>To</b> _____	Supervisor:
Company Name:	Type Work Performed:
Street Address	
City/State/Zip	Reason for Leaving:
Phone #	Starting Salary _____ Final Salary _____

<b>From</b> _____ <b>To</b> _____	Supervisor:
Company Name:	Type Work Performed:
Street Address	
City/State/Zip	Reason for Leaving:
Phone #	Starting Salary _____ Final Salary _____

## BUSINESS / PROFESSIONAL REFERENCES

Provide three (3) persons, ***not related to you and not former employers***, who you have known for at least five (5) years.

Complete Name	Occupation
Residence Address	Business Address
Cell #	Business Telephone
Email Address	

Complete Name	Occupation
Residence Address	Business Address
Cell #	Business Telephone
Email Address	

Complete Name	Occupation
Residence Address	Business Address
Cell #	Business Telephone
Email Address	

## PERSONAL REFERENCES

Provide three (3) personal references of persons who have seen you frequently during the past year.

Complete Name	Occupation
Residence Address	Business Address
Cell #	Business Telephone
Email Address	

Complete Name	Occupation
Residence Address	Business Address
Cell #	Business Telephone
Email Address	

Complete Name	Occupation
Residence Address	Business Address
Cell #	Business Telephone
Email Address	

## EDUCATION AND TRAINING RECORD

List all schools you have attended including: elementary, middle, high, GED, colleges, secondary schools, etc.

**Prior to a background investigation, a certified copy of college transcripts will be required by applicant.**

School Name
Street Address
City/State/Zip
From: _____ To: _____      Graduated: Yes _____ No _____

School Name
Street Address
City/State/Zip
From: _____ To: _____      Graduated: Yes _____ No _____

School Name
Street Address
City/State/Zip
From: _____ To: _____      Graduated: Yes _____ No _____

School Name
Street Address
City/State/Zip
From: _____ To: _____      Graduated: Yes _____ No _____

School Name
Street Address
City/State/Zip
From: _____ To: _____      Graduated: Yes _____ No _____

*What are your educational goals?* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## LAW ENFORCEMENT EDUCATION INFORMATION

QUESTIONS <i>(READ CAREFULLY)</i>	YES	NO
<p>Are you currently or have you ever been certified as a law enforcement officer in the state of Florida?</p> <p>If yes, provide date: _____  <i>(Provide copy of State Certification results)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If you are not certified in Florida, are you currently enrolled in a Florida Basic Recruit Training Program academy or equivalency cross over program in Florida?</p> <p>What College/ BLE Program: _____</p> <p>Date of basic recruit graduation or cross over equivalency completion: _____</p> <p>Date of scheduled State Certification Exam: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Have you <b>ever</b> been certified as a law enforcement officer in any other state?</p> <p>If yes, provide details: _____            _____</p>	<input type="checkbox"/>	<input type="checkbox"/>

### *Florida Department of Law Enforcement Officer Training Requirements*

If you are a -	You must complete the following -
New Officer or Discipline Cross Over	<p><b>1. Complete the <a href="#">Basic Abilities Test (BAT)</a> -</b>            An individual must pass a Commission-approved BAT prior to entering a basic recruit training program. The BAT is available at most training schools and results are valid for four years.</p> <p><b>2. Complete Basic Recruit or Cross Over Training –</b>            An individual must successfully complete the Florida Basic Recruit Training Program or Cross Over Training Program for the respective discipline. Training must be completed at a Commission-Certified Training School.</p>
Former Florida Officer - Less than 4 yrs. Break in Service	An officer's certification is valid for 4 years from last employment date.
Former Florida Officer - More than 4 Yrs., but less than 8 yrs. Break in Service	<p><b>1. <a href="#">Complete an Equivalency of Training</a> AND</b></p> <p><b>2. Demonstrates Proficiency in High Liabilities</b></p>
Former Florida Officer - More than 8 Yrs. Break in Service	<p><b>1. <a href="#">Complete the Basic Abilities Test (BAT)</a> –</b>            Prior to entering a Basic Recruit Training Program, an individual must pass a Commission-approved BAT. The BAT is available at most training academies and is valid for four years.</p> <p><b>2. Complete Basic Recruit or Cross Over Training –</b>            An individual must successfully complete the Florida Basic Recruit Training Program or Cross Over Training Program for the respective discipline. Training must be completed at a <a href="#">Commission-certified training school</a>.</p>
Out of State, Federal, or Military Officers - Active officers or less than 8 yrs. break in service	<p><b>1. Complete an <a href="#">Equivalency of Training</a> AND</b></p> <p><b>2. Demonstrate Proficiency in High Liabilities</b></p>



## MILITARY SERVICE

List dates, branches and serial number or service number of all active service in the Armed Forces of the United States, including Reserve status and/or National Guard status.

TO / FROM	BRANCH OF SERVICE	SERVICE NUMBER

*Provide copy of DD214*

Have you ever served in the Armed Forces of another country? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, explain:

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Type of discharge received from U.S. Armed Forces \_\_\_\_\_

If other than Honorable, please explain:

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Were you ever convicted of a court martial? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you ever registered with the selective service? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, selective service number: \_\_\_\_\_

Current Status, if applicable: \_\_\_\_\_

If assigned to active reserve status, indicate remaining military obligations (*weekend drills, two week sessions, etc.*)

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U.S. AIR FORCE



## SELECT YOUR TYPE OF VETERAN'S PREFERENCE

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. Department of Veterans Affairs and the Department of Defense.

The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power.

A wartime veteran who has served on active duty for one day or more during a wartime period, or who has served in a qualifying campaign or expedition and who was discharged "HONORABLY" from the Armed Forces of the United States of America. Active duty for training shall not qualify for eligibility under this paragraph. The war-time periods are defined as follows:

- World War II: December 7, 1941 to December 31, 1946
- Korean Conflict: June 27, 1950 to January 31, 1955
- Vietnam Era: February 28, 1961 to May 7, 1975
- Persian Gulf War: August 2, 1990 to January 2, 1992
- Operation Enduring Freedom: October 7, 2001 to a date to be determined
- Operation Iraqi Freedom: March 19, 2003 to a date to be determined
- Operation New Dawn: September 1, 2010 to date to be determined

The unmarried widow or widower of a veteran who died of a service-connected disability.

The mother, father, legal guardian, or unmarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense.

A veteran as defined in F.S. 1.01(14). The term "Veteran" is defined as a person who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions. Active duty for training may not be allowed for eligibility under this paragraph.

A current member of any reserve component of the United States Armed Forces or the Florida National Guard.

**CRIMINAL AND JUVENILE RECORD**

Have you ever been a witness, suspect, or the subject of any police investigation?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain in detail as to what occurred, the offense jurisdiction, date, outcome or results of the investigation:

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Have you ever at any time had adjudication withheld, plead guilty, no contest (*nolo contendere*) or been convicted of any offense against the law?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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**FINANCIAL SECTION**

Have you ever declared bankruptcy? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, provide the date of final judgment and details: \_\_\_\_\_

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Have you ever been declared delinquent in child support payments per court order?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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## GENERAL QUESTIONNAIRE

Please check the correct response and explain in detail any answers checked **yes**, by number, on the following supplemental page(s): Do not fill in answers on the question sheets, use the attached pages to explain.

#	QUESTIONS <i>(READ CAREFULLY)</i>	YES	NO
1.	Do you drink alcohol <i>(explain your pattern of alcohol use)</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you <b>ever</b> been questioned, detained, arrested, received a notice to appear, charged, convicted, pled nolo contendere, had adjudication withheld, placed on probation or pled guilty to <b>any</b> criminal violation, including perjury or false statement, regardless if the record was sealed or expunged? If yes, explain the details to include the charge, arresting agency, date and final disposition of the case.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is there anything that would prevent you from meeting the physical requirements of a law enforcement officer? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you applied for employment at any other law enforcement agency within the last three (3) years? If so, list agencies on supplement.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you <b>ever</b> been rejected or otherwise passed over for employment with any police department? If yes, explain.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you ever been employed by another police department? If yes, explain.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are you currently or have you ever been certified by the Florida Criminal Justice and Training Commission?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you ever been treated for a drug habit? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you ever been fired, terminated or disciplined by a police department or <b>any other job</b> ? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Have you <b>ever</b> used prescription medication that was prescribed for another person? If yes, please explain circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have you ever <b>used, possessed, experimented with or sold</b> any illegal narcotic or drug, including but not limited to marijuana, heroin, cocaine, ecstasy, methamphetamines, designer drugs, steroids, crank, tranquilizers, barbiturates, etc.? If yes, explain the details and pertinent dates. <b><u>If the frequency, month and year are not listed, the application will not be processed.</u></b>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Have you ever been involved in any vehicle accidents as the driver or operator of a vehicle? If so, explain with the approximate dates and investigating agency.	<input type="checkbox"/>	<input type="checkbox"/>
13.	Have you ever received a traffic citation? <i>(Include moving and non-moving citations, regardless of court disposition and whether they appear on your driving history).</i> If so, explain.	<input type="checkbox"/>	<input type="checkbox"/>
14.	Has any immediate family member ever been arrested and or convicted of a criminal offense that you're aware of? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
15.	Do you hold any belief, which would prevent you from vowing allegiance to the Flag and the Constitution of the United States of America or from taking a life in carrying out your duties when such action is lawful and necessary?	<input type="checkbox"/>	<input type="checkbox"/>

#	QUESTIONS Continued (READ CAREFULLY)	YES	NO
16.	Have you ever committed a crime that you have not been charged with?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Were you ever suspended or expelled from school? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
18.	Were you ever subject to disciplinary action while in school? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
19.	Were you ever held back a school year? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
20.	Did you ever receive any awards or honors at school? If yes, explain.	<input type="checkbox"/>	<input type="checkbox"/>
21.	Have you had any specialized training or courses for this police officer position?	<input type="checkbox"/>	<input type="checkbox"/>
22.	Do you have any special skills or training that would lend itself to this position? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
23.	Do you have customer service experience? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
24.	Can you operate special equipment? If yes, please list said equipment.	<input type="checkbox"/>	<input type="checkbox"/>
25.	Can you type? How many words per minute_____?	<input type="checkbox"/>	<input type="checkbox"/>
26.	Are you currently enrolled in school? If so, explain (course, program, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
27.	Have you ever been required to pay a fine? If yes, explain.	<input type="checkbox"/>	<input type="checkbox"/>
28.	Have you ever been fingerprinted by a law enforcement agency? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
29.	Have you ever been advised of your Miranda Rights? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
30.	Have you ever had a polygraph examination or a voice stress test examination? If yes, explain the circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
31.	Have you or a member of your family ever been the victim of a crime? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
32.	Have you or your spouse ever been sued by anyone or involved in any civil litigation? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
33.	Are you bilingual? If yes, please list what language(s).	<input type="checkbox"/>	<input type="checkbox"/>
34.	Have you ever been refused credit? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
35.	Have you ever had any accounts turned over to a collection agency? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
36.	Is there anything preventing you from working shift commitments to include: day shift, night shift, weekdays, weekends, holidays? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
37.	Is there any <u>anything</u> that hasn't been asked you feel would be beneficial that we should know about regarding your application for employment with the Orange City Police Department? If yes, please explain in detail.	<input type="checkbox"/>	<input type="checkbox"/>







**DRIVING HISTORY**

Do you possess a valid Florida Operator's License? Yes \_\_\_\_\_ No \_\_\_\_\_

License Number \_\_\_\_\_ Type \_\_\_\_\_

Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

Are there any restrictions or endorsements on your current driver's license?

Yes \_\_\_\_\_ No \_\_\_\_\_ Please List \_\_\_\_\_

Have you ever been issued a driver's license in a state other than Florida?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, answer below:

State of Issue \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

State of Issue \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Has any driver's license issued to you ever been suspended or revoked? If yes, please explain.

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

Have you ever been refused a driver's license or had a driver's license reinstated?  
If yes, please explain.

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

Have you ever failed to pay for any traffic citations or parking tickets?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Have you ever had automobile insurance withdrawn, revoked or been refused said insurance?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Have you ever refused to submit to a breath, blood or urine test to determine the influence of alcoholic beverages, chemical or controlled substances?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

***You are required to provide a copy of your driving history with this application.***

### DRIVING HISTORY *(continued)*

List below all traffic citations and/or parking tickets you have ever received to include moving and non-moving offenses:

DATE MONTH/YEAR	LOCATION OF INCIDENT <i>(CITY/STATE)</i>	VIOLATION TYPE	PENALTY/DISPOSITION

### ACCIDENTS

List all accidents in which you have been involved *(as driver/operator)*:

DATE MONTH/YEAR	LOCATION OF INCIDENT <i>(CITY/STATE)</i>	INJURIES INVOLVED <i>(YES/NO)</i>	WHOSE FAULT

**ORANGE CITY POLICE DEPARTMENT  
AUTHORIZATION TO OBTAIN CONSUMER REPORTS**

**TO:** Any person, organization or agency having knowledge of my conduct or activities; and  
Any past or present employer; or  
Any Credit Bureau, Retail Merchants Association, Bank, Financial Institution or any other  
Credit Extending Organization; and  
Any Dean, Registrar, Principal, Counselor, Instructor or other authorized person at a School  
(University, College, High School, Trade School, or other); and  
Any Doctor, Hospital, Clinic or Sanitarium; and  
Any Department or Agency of a City, County, or State Government, or of the Federal Gov't.

I, \_\_\_\_\_, hereby authorize the City of Orange City to obtain or have prepared one or more consumer reports on me for employment purposes, including but not limited to initial employment, promotion, reassignment, retention of employment and any other use not prohibited by law, prior to and during my employment with the City of Orange City. These reports may contain information regarding my credit history, criminal record history, driving record history, and any other type of information that is permissible by all governing laws pertaining to employment, insurance, or credit information. I understand this information may be obtained from previous employers, companies, credit bureaus, corporations, law enforcement agencies, persons, educational institutions, and other agencies, businesses, and individuals. I hereby authorize and direct all persons who may have information relevant to any such consumer report to disclose it to the City of Orange City or its agents. I hereby further authorize that a photo copy of this Authorization may be considered as valid as an original.

**This Authorization is valid for current and future reports, and I specifically understand that the City of Orange City intends for this Authorization to cover both the application for employment and, if I am hired, any additional consumer reports obtained while I remain an employee.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License State and Number

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Signature



**PUBLIC SAFETY OFFICERS AND EMPLOYEES  
NON-USER OF TOBACCO PRODUCTS AFFIDAVIT  
& PHYSICAL FITNESS STATEMENT**

In accordance with Florida Statute 112.18, I, \_\_\_\_\_, do hereby affirm that I am a non-user of tobacco and tobacco products and that I have been a non-user of tobacco or tobacco products for at least one (1) year preceding my application for employment. I also understand that as a condition of my employment, I will remain tobacco free.

**Drug Screen/Voice Stress Analysis/Psychological Release**

The undersigned police applicant understands and agrees to voluntarily submit to a drug screen examination, a psychological evaluation, and a voice stress test examination prior to being accepted for employment with the Orange City Police Department. The undersigned person also understands and agrees that the Orange City Police Department will only consider the results of these tests for administrative and departmental purposes relating to employment.

The undersigned person further agrees and understands to release, absolve and forever hold harmless the Orange City Police Department, its officers, agents, employees, the psychologist, and the voice stress analysis technician from liability resulting from the drug screening examination, the psychological evaluation, the voice stress test examination or use of the results obtained there from. This also applies to any and all suits, actions or causes of actions at law, claim, demand, or liability which the undersigned, his or her successors assigns, heirs, executors or administrators have now or may every have resulting directly, indirectly or remotely from the undersigned person having taken said examinations.

\_\_\_\_\_  
Signature

SWORN TO AT \_\_\_\_\_, Florida, this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Personally Known

\_\_\_\_\_  
Produced identification, type \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**ORANGE CITY POLICE DEPARTMENT  
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION  
PLEASE PRINT LEGIBLY EXCEPT WHERE SIGNATURE IS REQUIRED**

I, \_\_\_\_\_, do hereby authorize a review of, and full disclosure of, all records concerning myself to any duly authorized agent of the City of Orange City, Florida whether said records are of a public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of including but not limited to; education institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed, medical and psychiatric treatment and/or consultation including hospital clinics, private practitioners and the US Veteran's Administration, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either civil or criminal, in which I presently have or have had an interest. Amendments to the Federal Fair Credit Report Act (AFCRA) became effective on September 30, 1997. The FCRA applied whenever employers obtain credit reports and other consumer reports for hiring and other employment purposes. In addition to credit information, the FCRA applied to information concerning a person's character, general reputation, personal characteristics or mode of living.

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all credit and consumer reports obtained for the purpose of hiring to any duly authorized agent of the City of Orange City, Florida. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release, authorization will be considered in determining my suitability for employment by the Orange City Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release such said person(s) from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Cell Number

SWORN TO before me, at \_\_\_\_\_, Florida, this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_ Personally Known

\_\_\_\_\_ Produced Identification, Type \_\_\_\_\_

\_\_\_\_\_  
Notary Public

## CONCLUSION

### AFFIDAVIT STATE OF FLORIDA COUNTY OF VOLUSIA

I, \_\_\_\_\_, do hereby swear that all the information stated in this application is true and correct to the best of my knowledge. I understand any material misrepresentation of fact may be cause for rejection before employment or disqualification after employment.

**NOTICE TO APPLICANT:** This document shall constitute an official statement within the purview of Section 837.06, Florida Statutes, and is subject to verification by the employing agency and/or Criminal Justice Standards and Training Commission. Any intentional omission when submitting this applicant of false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify you from employment as an Officer.

I hereby certify that to the best of my knowledge and belief, the information that I've entered on this form is true.

\_\_\_\_\_  
Signature of Applicant

SWORN TO before me, at \_\_\_\_\_, Florida, this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_ Personally Known

\_\_\_\_\_ Produced Identification, Type \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**Note to Applicants:** *The City of Orange City is desirous of augmenting its work force for the Orange City Police Department with persons who will be employed by the City on a full time regular basis. In as much, the Orange City Police Department is selective regarding who is offered employment as a police officer. Candidates with marginal personal and professional backgrounds, patterns of immature conduct, or who project poor images are screened out during the process so that only the strongest candidates advance.*





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



**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

Last Four Digits of Applicant's 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 18 years of age for correctional officer or 19 years of age for all others.
- 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 or expunged.
<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. \_\_\_\_\_ Applicant's Signature      13. \_\_\_\_\_ 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 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 \_\_\_\_\_

\*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