



Sneads Police Department

Office of the Chief of Police
2033 Third Ave
P.O. Box 126
Sneads, FL 32460
Phone: 850-593-6403
Fax: 850-593-6339

Employment Application

The Sneads Police Department is an equal opportunity employer. No person will be discriminated against because of race, color, national origin, sex, age, handicap, marital status or religion.

INSTRUCTIONS

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

Applicants Name: _____

Date: _____

If you are applying for the position of Police Officer, the following items must be attached to the application:

1. Copy of birth certificate
2. Copy of current driver's license
3. Copy of social security card
4. Proof of name change if applicable
5. Proof of military discharge (DD-214)
6. Police standards certification

If the required document is not furnished or if the application is improperly completed, we will not be able to consider your application for employment.

This application will be kept on file for 6 months from date returned to The Sneads Police Department.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____

Position Applied for: _____

Age: _____ Date of Birth: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this department? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Have you ever been convicted of a misdemeanor? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Court Record

Date: _____ Place: _____ Agency: _____

Charge: _____ Final Disposition: _____

Date: _____ Place: _____ Agency: _____

Charge: _____ Final Disposition: _____

Date: _____ Place: _____ Agency: _____

Charge: _____ Final Disposition: _____

Date: _____ Place: _____ Agency: _____

Charge: _____ Final Disposition: _____

Date: _____ Place: _____ Agency: _____

Charge: _____ Final Disposition: _____

Friends, Acquaintances or Relatives Employed by The Sneads Police Department

Name: _____ Position: _____ Years Know: _____

Name: _____ Position: _____ Years Know: _____

Name: _____ Position: _____ Years Know: _____

Physical Data

Describe any past or present disabilities, including extent of defective vision, with and without glasses and deficiencies in color vision and hearing. _____

Have you had any serious illnesses, operations or injuries? _____ If so, describe _____

Give name and address of your personal or family physician. _____

How many days have you been absent from work during the past 5 years due to ill health? _____

Have you ever been treated for, or do you have any history of mental or emotional illness? _____

Habits

Do you use alcoholic beverages? _____ If so, in what quantities? _____

Any use of a controlled substance? (Indicate type and last date used.)

____ Marijuana _____ ____ Cocaine _____ ____ Opiates _____
y/n (Date) y/n (Date) y/n (Date)

____ Amphetamine _____ ____ Other _____ ____ NONE
y/n (Date) y/n (Date)

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Personal Inquiry Waiver

Applicants Name: _____

Date of Birth: _____

Social Security Number: _____

I respectfully request and authorize you to furnish The Sneads Police Department any and all information that you may have concerning my work record, school record, military record, reputation, and financial and credit status. Please include any and all medical, physical and mental records or reports including all information of a confidential or privileged nature, and photostats of same if requested. This information is to be used to assist The Sneads Police Department in determining my qualifications and fitness for the position I am seeking with the police department.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested.

Applicants Signature: _____

Date: _____

Address: _____

Affidavit

STATE OF FLORIDA

COUNTY OF _____

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

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

My Commission Expires _____

Notary Public



Florida Department of Law Enforcement

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.
• 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.

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

Table with 3 columns: True, False, NA and 11 numbered statements regarding application accuracy, qualifications, criminal record, military service, and certification.

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.

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.

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