



# 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 of Birth: \_\_\_\_\_  
*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 _____ y/n (Date)	____ Cocaine _____ y/n (Date)	____ Opiates _____ y/n (Date)
____ Amphetamine _____ y/n (Date)	____ Other _____ y/n (Date)	____ NONE

**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 \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary Seal

# FDLE

Florida Department of Law Enforcement

## AFFIDAVIT OF APPLICANT

Incorporated by Reference in Rule 11B-27.002(1)(n), F.A.C.



CJSTC  
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Please type or print in black 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 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 officer, 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 a 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 by 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 false statement.
- shall not be eligible for employment or appointment as an officer, notwithstanding suspension or 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 11S-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 truthfully furnished all information requested in conjunction with my application 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 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 checked="" type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input checked="" 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 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. No intentional omission or false statement of this affidavit shall constitute a misdemeanor of the second degree and will be cause for the officer to be removed from office.

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 provided on this form is true.

12. \_\_\_\_\_ 13. \_\_\_\_\_  
Signature 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 \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, Florida. 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 Registrar of Employment, Affidavit of Compliance Form CJSTC-60 to FOLE, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention: Records Section



