

SWORN LAW ENFORCEMENT EMPLOYMENT APPLICATION FORM

NOTE: Please return completed application to the Human Resource Coordinator at Hialeah Gardens City Hall.

The City of Hialeah Gardens is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.

NOTICE: The following additional documents must be attached to this application:

1. A certified copy of birth certificate
2. A certified copy of high school diploma or Florida Police Standards approved G.E.D.
3. A copy of military discharge(s).
4. Copy of FBAT results.
5. Copy of Physical Agility Test (PAT).
6. Copy of Law Enforcement Certificate.
7. Copy of Driver's License
8. Copy of Social Security Card.
9. Copy of Credit Report.
10. Copy of Marriage Certificate
11. Copy of Divorce Decree.
12. Copy of College/University Transcripts
13. Copy of proof of name change.

Phone Number: _____

Date: _____

INSTRUCTIONS

Application must be typed and printed. All questions must be answered. Applications which are not complete will not be considered. If provided space is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions. I understand that the submission of this application for sponsorship to a law enforcement academy does not constitute an application for employment or appointment with the sponsoring law enforcement agency. Moreover, I understand this law enforcement agency is under no obligation to sponsor me as a candidate for any law enforcement training program.

PERSONAL HISTORY

1. Full Name:

Last Name
First
Middle
Abbv.

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

Name	Circumstance	Dates From Mo./Yr.	Dates To Mo./Yr.

BACKGROUND INFORMATION

THIS INFORMATION IS REQUIRED TO CONDUCT BACKGROUND INVESTIGATION ONLY!

1. Date and Place of Birth:

Date of Birth
City
County
State
Country (if not the United States)

2. Are you a United States citizen? Yes No

If naturalized, please provide: _____

Naturalization Date
- City, State.

3. Marital Status: Married Divorced Separated Widowed Never Married

4. Do you have or have you ever applied for a passport? Yes No Passport No. _____

5. Height: _____ Weight: _____

EDUCATION/TRAINING

1.	High School Name/Address	Dates Attended Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
		From	To			

2.	*College/University Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
		From	To	Qtr.	Sem.		

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

Major _____ Minor _____

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

Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate
	From	To				

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

5. Indicate any foreign languages you can:

	Fluent	Good	Fair
Speak:			
Read:			
Write:			

6. Indicate any law enforcement education/training:

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

8. Has your law enforcement certificate ever been suspended, revoked, relinquished or subject to discipline or investigation by the CJSTC? Yes No If yes, explain

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

10. 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):

11. 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):

EMPLOYMENT HISTORY

1. List chronologically all employment beginning with 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 & Address of Employer	Dates Worked Mo./Yr.		Salary	Title or Position	Name of Supervisor	Reason for Leaving
	From	To				
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						

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? Yes No

3. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No If yes to question #2 or #3, please provide details.

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

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? Yes No If yes, please provide name and address of business, corporation or organization and describe your relationship or position.

RESIDENCES

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

Dates Mo./Yr.		Apt. No.	Street Address	City	County	State
From	To					

ARREST HISTORY/COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? Yes No

2. Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)? Yes No

3. To your knowledge, has any member of your immediate family ever been arrested for other than traffic violations? Yes No If yes to question #1, #2 or #3, 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 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 & Department	Charge	Court & Place	Disposition
Relative's Name	Place & Department	Charge	Court & Place	Disposition

Provide details for each response to question #1, #2, or #3:

4. Have you or your spouse ever been a plaintiff or defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.) Yes No If you answered yes, give date, place or court, case number, names of involved parties, nature of action, and final disposition.

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? Yes No

6. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No
If yes to questions #5 or #6, please provide details.

DRIVING HISTORY

1. Are you a licensed Florida automobile operator or chauffeur? Yes No License No.: _____
Date of Expiration: _____ Restrictions: _____
2. Do you hold or have you ever held an operator or chauffeur license in another state? Yes No
If yes, please provide state(s), name used and approximate dates license(s) was/were held.
3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No
If yes, please provide complete details including why license was revoked.
4. Have you ever had automobile insurance refused, withdrawn, or revoked? Yes No
If yes, please provide complete details.

MILITARY HISTORY

1. Are you registered for Selective Service? Yes No

If yes, your Selective Service Number: _____

Classification: _____

Date of Classification: _____

Address of Local Board: _____

2. Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of Service: _____ Highest Rank: _____

Serial #: _____ Duty Dates: From: _____ To: _____ From: _____ To: _____

From: _____ To: _____ From: _____ To: _____

3. Date and type of discharge: _____

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

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

6. 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: _____

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

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

1. A disabled veteran who has served on active duty in any branch of the United States Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veteran's Affairs, or who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the United States Veterans

Affairs and the United States Department of Defense.

- 2. The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability, and who, because of this disability, cannot qualify for employment, or the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by by a foreign government or power.
- 3. A wartime veteran as defined in section 1.01(14), Florida Statutes, who has served at least one (1) day during a war time period. Active duty for training may not be allowed for eligibility under this paragraph.
- 4. The unremarried widow or widower of a veteran who died of a service-connected disability.
- 5. The mother, father, legal guardian, or unremarried 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.
- 6. A veteran as defined in section 1.01(14), Florida Statutes. Active duty for training may not be allowed for eligibility under this paragraph
- 7. A current member of any reserve component of the United States Armed Forces of the Florida National Guard.

NOTE: Under Florida law, if a numerically based selection process is used, points shall be added to the earned ratings of persons included in #1-7 above, as set forth in section 295.07, Florida Statutes. If a numerically based selection process is not used, preference in appointment shall be given first to those persons included in #1 and #2 above, and second to those persons included in #3 through #7 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Florida Department of Veterans' Affairs, 11351 Ulmerton Road, Suite 311-K, Largo, FL 33778-1630.

BUSINESS INTERESTS & LICENSES

1. 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
2. Are you now issued or have you ever been issued a license to engage in a business or profession?
 Yes No
3. Was license ever cancelled, relinquished, suspended or revoked? Yes No

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.

CREDIT DATA

1. Do you have any sources of income other than your salary or the salary of your spouse? Yes No
Specify each with an estimated annual amount.

2. Are you or your spouse indebted to anyone? Yes No 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.

Creditor	Address	Amount	Loan or Account Number

3. Have you, your spouse, or a company controlled by you filed for bankruptcy? Yes No
Have you had a legal judgment rendered against you for a debt? Yes No
Have you been subject to a tax lien? Yes No
If yes to any of these questions, please provide details.

ORGANIZATION MEMBERSHIP

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

Name	City & 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? Yes No If yes to question #2 or #3, answer questions #4 and #5 also.
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? Yes No If yes to question #2, #3, #4, or #5, explain including name of organization and location.

PERSONAL REFERENCES & 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 well for the past five (5) years. If retired, give former occupation.

Complete Name		Home Address: City and State: Zip Code: Phone:
(Last, First, Middle)		
Yrs. Acq.	Occupation	
Complete Name		Home Address: City and State: Zip Code: Phone:
(Last, First, Middle)		
Yrs. Acq.	Occupation	
Complete Name		Home Address: City and State: Zip Code: Phone:
(Last, First, Middle)		
Yrs. Acq.	Occupation	

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		Home Address: City and State: Zip Code: Phone:
(Last, First, Middle)		
Yrs. Acq.	Occupation	
Complete Name		Home Address: City and State: Zip Code: Phone :
(Last, First, Middle)		
Yrs. Acq.	Occupation	
Complete Name		Home Address: City and State: Zip Code: Phone :
(Last, First, Middle)		
Yrs. Acq.	Occupation	

EMPLOYEE HISTORY

**THE INFORMATION CONTAINED HEREIN MAY BE CONFIDENTIAL
AND NOT AVAILABLE FOR PUBLIC INSPECTION.**

1. Applicant's Current Address:

Address

City County State Zip Code

()

Telephone Number E-Mail

2. Applicant's Social Security Number: _____ - _____ - _____

3. Spouse's Name and Address (if different):

Name

Address

City County State Zip Code

4. Children's Names and Ages:

Name	Date of Birth	Address (if different than applicants)

5. Former Spouse(s) Name and Address:

Name

Address

City

County

State

Zip Code

6. 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

7. This position may require a physical agility test, if such a test or examination is required, would you be able to take this test or examination? Yes No

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

Name

Address

City

State

Zip Code

()

()

Home Phone

Business Phone

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

Name

Address

City

State

Zip Code

()

Business Phone

DRUG HISTORY

The information contained herein MAY BE a confidential medical record under the Americans with Disabilities Act if the applicant is a rehabilitated drug or alcohol abuser or under section 119.071(4)(b) (1) Florida Statutes, if the disclosure of the medical information would identify the applicant.

1. Do you currently use any narcotic or controlled substance, such as cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturate, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature, or have you used such a narcotic or controlled substance within the last year? Yes No

2. Have you ever illegally experimented with or used any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature?

Yes No If yes, please complete the following:

a. Drug: _____

b. How taken: _____

c. Last time illegally experimented with or used: _____

3. Do you now or have you ever illegally obtained, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature?

Yes No If yes, please complete the following:

a. Drug: _____

b. Circumstances: _____

c. Number of times illegally obtained/possessed/supplied/sold: _____

d. First time illegally obtained/possessed/supplied/sold: _____

e. Last time illegally obtained/possessed/supplied/sold: _____

4. Do you now or have you within the last year, abused or illegally obtained, possessed or sold any prescription drug?

Yes No If yes, provide details, including drug, date, and circumstances.

5. Do you claim to be a rehabilitated alcohol, narcotics or drug user of any of the controlled substances as set forth above? Yes No If yes, provide details.

I understand that the "Applicants Certification" applies in all respects to the responses provided in this "Confidential Employee History" and "Drug History."

Signature of the applicant as usually written

Date

APPLICANT'S CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the 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 veracity 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 Police Department and that it and the information received in response to the background examination are public records.

I also understand that I may be required to furnish the Police Department with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment.

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 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 work is performed by employees or appointees.

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 duties of my position or assignment with the Police Department.

I further authorize the Hialeah Gardens Police Department, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law.

I further agree to execute any authorization as may be required by the Health Insurance Portability Accountability Act of 1996 (HIPAA) for health care providers to release the necessary medical information to process my application for employment.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Police Department and I release all such parties from any and all liability for any damage that might result from furnishing such information to the Police Department.

I agree to conform to the rules, regulations and orders of the Police Department and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Police Department, at its discretion, at any time and without any prior notice to me.

I understand an investigation will be conducted on all of the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character or ability? Yes No

If yes, provide your version or explain fully any such incident on the following page.

Signature of the applicant as usually written

Date

REMARKS



POLICE OFFICER PRE-SCREENING QUESTIONNAIRE

Full Name: _____ Today's Date: _____

Telephone: _____ Email Address: _____

Mailing Address: _____

YOU ARE ABOUT TO UNDERGO THE PRE-SCREENING QUESTIONNAIRE. IT IS IMPORTANT THAT YOU CAREFULLY READ EACH QUESTION. IF YOU DO NOT UNDERSTAND ANY PART OF THIS FORM, PLEASE ASK FOR CLARIFICATION. YOU MUST ANSWER THE FOLLOWING QUESTIONS TRUTHFULLY AND ACCURATELY. ANY FACTS THAT ARE OBTAINED THROUGH THE INVESTIGATION PROCESS THAT YOU HAVE OMITTED OR FALSIFIED DURING THIS QUESTIONNAIRE, ARE GROUNDS FOR DISQUALIFICATION OR DISMISSAL FROM THE POSITION YOU ARE SEEKING. THE PRE-SCREENING QUESTIONNAIRE IS AN INVESTIGATIVE TOOL USED TO BEGIN THE PROCESS. YOU MUST COMPLETE THE QUESTIONNAIRE IN ITS ENTIRETY, TO INCLUDE THE NOTARIZATION OF ALL REQUIRED SECTIONS. IN ADDITION, TO BE ELIGIBLE FOR EMPLOYMENT, YOU MUST SUCCESSFULLY PASS A BACKGROUND INVESTIGATION, APPLICANTS WILL BE DISQUALIFIED IF HE/SHE INTENTIONALLY FALSIFIES, OMITS INFORMATION, AND/OR FAILS TO COMPLY WITH THE GENERAL INSTRUCTIONS OF THE QUESTIONNAIRE. INCOMPLETE QUESTIONNAIRES WILL NOT BE PROCESSED, IN ADDITION, THE QUESTIONNAIRE MUST BE UPLOADED AS A PDF DOCUMENT DIRECTLY THROUGH NEOGOV AT APPLICATION TIME. BY SIGNING, YOU UNDERSTAND THESE INSTRUCTIONS AND ARE PREPARED TO PROCEED. PLEASE SIGN, AND DATE.

Full Name: _____ Today's Date: _____

Signature: _____

AFFIDAVIT

STATE OF : _____ COUNTY OF: _____

SUBSCRIBED AND SWORN TO ME THIS: _____ DAY OF: _____, 20 _____ BY: _____

WHO IS PERSONALLY KNOWN TO ME OR PRODUCED THE FOLLOWING IDENTIFICATION: _____

NOTARY PUBLIC SEAL OF OFFICE:

SIGNATURE OF NOTARY PUBLIC: _____

NOTARY PUBLIC, PRINT NAME: _____

SELECT THE APPROPRIATE RESPONSE FOR EACH QUESTION.

MILITARY EXPERIENCE

1. Are you currently serving, or have you served in the United States Armed Forces?
2. What type of military discharge did you receive?
3. While in the service were you ever incarcerated (brig time)?

If you selected "Yes" please explain: _____

LEGAL/CRIMINAL

4. Have you ever been the subject of a criminal investigation?

If you selected "Yes" please explain: _____

5. Have you ever been arrested for a misdemeanor and allowed to sign a "Promise to Appear"?

If you selected "Yes" please explain: _____

6. Have you ever pled guilty or been convicted of a misdemeanor or felony?

If you selected "Yes" please explain: _____

7. Have you ever pled no contest (Nolo Contendere) of a misdemeanor or felony?

If you selected "Yes" please explain: _____

8. Have you ever lied under oath in any official proceedings?

If you selected "Yes" please explain: _____

9. Have you ever covered up a serious incident and/or crime?

If you selected "Yes" please explain: _____

10. Have you ever collected public assistance illegally from any government agency?

If you selected "Yes" please explain: _____

11. Have you ever failed to file an income tax return when required by law?

If you selected "Yes" please explain: _____

Have you ever committed any of the following?

12. Intentionally set a fire (ARSON).

If you selected "Yes" please explain: _____

13. Signed another person's name to a document without authorization (FORGERY).

If you selected "Yes" please explain: _____

14. Theft of money or other valuables entrusted to you (EMBEZZLEMENT).

If you selected "Yes" please explain: _____

15. A forcible sex act or rape (SEXUAL BATTERY).

If you selected "Yes" please explain: _____

16. Sexual Misconduct/Molestation on a minor child.

If you selected "Yes" please explain: _____

17. Solicited prostitution.

If you selected "Yes" please explain: _____

18. Have you ever been the victim of a “Domestic Violence” investigation?

If you selected “Yes” please explain: _____

19. Have you ever been the subject of a “Domestic Violence” investigation?

If you selected “Yes” please explain: _____

20. Have you ever been the victim/witness of a criminal investigation?

If you selected “Yes” please explain: _____

SUBSTANCE ABUSE

21. Have you used any of the following substances listed below?

If you selected “Yes,” please write next to the specific substance: month and year of first use, the total number of times you have used this substance, your age, and the last time you used it.

Substance	Month & Year of first use	Total number of times	Your age at time of last use	Month & Year of last use
Marijuana				
Cocaine				
Quaaludes				
Amphetamines (Speed)				
Barbiturates				

Substance	Month & Year of first use	Total number of times	Your age at time of last use	Month & Year of last use
LSD				
PCP				
Heroin				
THC				
Hashish				
Inhalants				
Designer drugs (Ecstasy)				

22. Have you ever used a forged prescription to purchase a prescribed controlled substance?

If you selected "Yes" please explain: _____

23. Have you ever used any other illegal or controlled substance not listed above?

If you selected "Yes" please explain: _____

24. Have you ever exchanged, sold, supplied, and/or delivered marijuana, cocaine and/or any other illegal/controlled substance?

If you selected "Yes" please explain: _____

DRIVING RECORD

25. Have you ever been arrested for DUI/BUI (driving/boating under the influence of alcohol or drugs)?

If you selected "Yes" please explain and enter date and disposition:

Date:

Disposition:

If additional space is needed to complete a response for any section/question, use pages 10 through 11. Ensure that you notate the page number and section/question number with the corresponding answer.

26. List all traffic tickets for moving violations received in the last three (3) years.

If none, write "None."

If additional space is needed to complete a response for any section/question, use pages 10 through 11. Ensure that you notate the page number and section/question number with the corresponding answer.

WORK EXPERIENCE

27. Have you ever been counseled, reprimanded, suspended, or terminated by an employer?

If you selected "Yes" please explain:

If additional space is needed to complete a response for any section/question, use pages 10 through 11. Ensure that you notate the page number and section/question number with the corresponding answer.

28. Have you ever been the subject of an internal affairs investigation?

If you selected "Yes" please explain and enter date, allegation and disposition:

Date: _____

Allegation: _____

Disposition: _____

If additional space is needed to complete a response for any section/question, use pages 10 through 11. Ensure that you notate the page number and section/question number with the corresponding answer.

29 Have you ever applied to any other law enforcement agency?

If you selected "Yes" please list the agency, date of application and application status:

Agency Name: _____

Application Date: _____

Application Status: _____

If you selected "Yes" please list the agency, date of application and application status:

Agency Name: _____

Application Date: _____

Application Status: _____

If additional space is needed to complete a response for any section/question, use pages 10 through 11. Ensure that you notate the page number and section/question number with the corresponding answer.

30. Have you ever been denied employment by another law enforcement agency?

If you selected "Yes" please list the agency, date of application and denial reason:

Agency Name: _____

Application Date: _____

Denial Reason: _____

If you selected "Yes" please list the agency, date of application and denial reason:

Agency Name: _____

Application Date: _____

Denial Reason: _____

If additional space is needed to complete a response for any section/question, use pages 10 through 11. Ensure that you notate the page number and section/question number with the corresponding answer.

31. Have you ever resigned in lieu of termination?

If you selected "Yes" please list the agency, date and reason:

Agency Name: _____

Date: _____

Reason: _____

If additional space is needed to complete a response for any section/question, use pages 10 through 11. Ensure that you notate the page number and section/question number with the corresponding answer.



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: Hialeah Gardens Police Department
ADDRESS: 10301 NW 87th Avenue, Hialeah Gardens, Florida, 33016

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 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 _____

City of Hialeah Gardens EMPLOYMENT WAIVER

10301 N.W. 87th Avenue. Hialeah Gardens, FL 33016 Tel. (305) 558-3333

Date _____

I, _____, thoroughly understand that I am being considered for employment as a _____ and must successfully complete a Background Investigation. I understand that should unfavorable information be developed, I will be denied employment.

I am seeking employment on the basis that I know that no unfavorable information will be developed by the City of Hialeah Gardens Human Resource Department, with the exception of what I have indicated on my questionnaire and has been explained by me in detail during the interview process.

I understand that the City of Hialeah Gardens Human Resource Department has no funds available to reimburse any expenses I may incur in seeking this position. I recognize that the time required to process and select applicants is time consuming. No promises or commitments are expected as to a time when a hiring decision and/or actual hiring will take place.

I understand that certain non-exempt portions of the Background Investigation, including the Polygraph Examination may become available for inspection by the public pursuant to the Public Records Law. I understand and agree to the contents of this statement.

Applicant's Signature

Date

Subscribed and sworn to before me on this _____ day of _____, 20____.

Notary Public, State of Florida at Large

My Commission expires: _____

Personally known : Produced Identification : Type of ID.
Produced: _____

Social Security Administration
Consent for Release of Information

TO Social Security Administration

Name (Print) Date of Birth Social Security Number
Authorize the Social Security Administration to release information or records about me to:

NAME
HIALEAH GARDENS POLICE DEPARTMENT

ADDRESS
10301 N.W 87th Avenue
Hialeah Gardens, FL 33016
ATT: Background Unit

I want this information released because:

I am applying for employment with the City of Hialeah Gardens Police Department and need verification of work history for the time frame indicated.

(There may be a charge for releasing information)

Please release the following information:

- Social Security Number
- Identifying information (includes date and place of birth, parent's names)
- Monthly Social Security benefit amount
- Monthly Supplemental Security Income payment amount
- Information about benefits/payments I received from _____ to _____
- Information about my Medicare claim/coverage from _____ to _____
(specify)
- Medical Records
- Record(s) from my file (specify) specify _____

XX Other(specify): work history with income for the past 10 years.

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature _____
(Show signatures, names, and addresses of two people if signed by mark.)

Date: _____ Relationship: Individual to whom records apply _____

**CITY OF HIALEAH GARDENS POLICE DEPARTMENT
PERSONNEL INQUIRY WAIVER
AUTHORITY FOR RELEASE OF INFORMATION**

TO: Concerned Persons or Authorized Representative or Any Organization, Institution or Repository of Records

APPLICANT'S NAME: _____
DATE OF BIRTH: _____
SOCIAL SECURITY# _____

EMPLOYING AGENCY REQUESTING BACKGROUND FORMATION: Hialeah Gardens Police Dept.

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 direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. 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 photocopy 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 photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

**City of Hialeah Gardens, Police Personnel Selection
10301 NW 87TH Avenue
Hialeah Gardens, Florida 33016**

Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: - An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.

Pursuant to Section 943.13 (4), (5) and (7) 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

AFFIDAVIT

STATE OF _____ COUNTY OF _____
Before me personally appeared _____ who says that he/she executed the above Instrument of his/her own free will and accord, with full knowledge of the purpose therefore.
Sworn and subscribed in my presence this _____ day of _____, 20 . My
Commilssion expires on _____, 20_____.

Notary Public

Personally Known _____; Produced Identification: I.D. Produced _____

**CITY OF HIALEAH GARDENS
PERSONNEL INQUIRY WAIVER
AUTHORITY FOR RELEASE OF INFORMATION**

TO: Concerned Persons or Authorized
Representative or Any Organization,
Institution or Repository of Records

APPLICANT: _____

DATE OF BIRTH: _____

SOCIAL SECURITY# _____

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

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

Signature of Applicant

Date

AFFIDAVIT

State of _____

County of _____

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

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

My commission expires: _____

NOTARY PUBLIC

Personally known _____; Produced Identification _____; Type of Identification
Produced: _____

14. STATEMENT

I HEARBY SWEAR OR AFFIRM THAT I HAVE NOT FALSIFIED OR WILLFULLY FAILED TO DISCLOSE MATERIAL, NON-PRIVILEGED INFORMATION ON THIS EMPLOYMENT APPLICATION. I AM AWARE THAT SHOULD INVESTIGATION DISCLOSE THAT I HAVE FALSIFIED OR WILLIFULLY FAILED TO DISCLOSE MATERIAL, NON-PRIVILEGED INFORMATION ON THIS EMPLOYMENT APPLICATION, I WILL BE DISQUALIFIED FOR ANY POSITION IN THE SERVICES OF THE HIALEAH GARDENS FIRE DEPARTMENT OR, IF AFTER MY ACCEPTANCE FOR EMPLOYMENT, SUBSEQUENT INVESTIGATION SHOULD DISCLOSE THAT I FALSIFIED OR WILLFULLY FAILED TO DISCLOSE MATERIAL, NON-PRIVILEGED INFORMATION ON THIS EMPLOYMENT APPLICATION, IT WILL BE JUST CAUSE FOR IMMEDIATE DISMISSAL.

SIGNATURE

DATE

PRINT NAME

AFFIDAVIT

State of _____

County of _____

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

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

My commission expires: _____

NOTARY PUBLIC

Personally known____; Produced Identification____; Type of Identification Produced:_____