

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Are you a Florida Certified Law Enforcement Officer? Yes  No

Are you currently attending a law enforcement academy? Yes  No

If yes, graduation Date: \_\_\_\_\_

*City of Haines City Police Department  
Application for Employment/Personal History Statement*



*City of Haines City Police Department  
35400 Highway 27  
P.O. Box 1507  
Haines City, Florida 33845-1507  
Phone: (863) 421-3636  
Fax: (863) 421-3640  
[www.ci.haines-city.fl.us](http://www.ci.haines-city.fl.us)*

## **EQUAL OPPORTUNITY EMPLOYER**

**The City of Haines City Police Department is an Equal Opportunity Employer and does not discriminate in recruiting, hiring, training, promoting or other employment practices on the basis of age, race, color, religion, sex, national origin, creed, marital status, veteran status, or any other legally protected status.**

### **POLICY STATEMENT**

It is the policy of the City of Haines City Police Department to recruit qualified individuals who will make the best applicants from all segments of the work force. In pursuing this goal, a thorough background investigation of each applicant is conducted with respect to factors that may have a bearing upon the applicant's job performance or tend to measure job capability as a member of the City of Haines City Police Department.

Accordingly, at least the following items and the circumstances surrounding such items are reviewed:

- a) Contents and completeness of the employment application.
- b) Educational background.
- c) Employment record.
- d) Military record.
- e) Driver's license information.
- f) Financial history.
- g) Criminal history.
- h) Personal history and character of applicant.
- i) Medical evaluation, including drug screening, psychological & physical exam.
- j) Applicant evaluation.

A negative finding on any one of these factors shall not be a reason for automatic disqualification of an applicant. Rather, the circumstances underlying such matters will be considered as they relate to the applicant's ability to perform the particular job for which he or she is applying. It is impossible to state all relevant and material factors for a complete background investigation. In each case, the Department will consider whether the applicant's background makes him or her the best qualified candidate for employment. It is estimated your application will take up to (5) five weeks for processing, depending on how soon we receive your background information. Please notify personal references, acquaintances, as well as past and present employers that they will be contacted by our background investigator. This will speed up processing your application.

**CITY OF HAINES CITY POLICE DEPARTMENT**

## **EMPLOYMENT OF EX-OFFENDERS**

### **FELONY CONVICTIONS**

Any individual convicted of a felony shall be ineligible for appointment to the City of Haines City Police Department as required in Florida Statute 943.13. A felony is defined by Florida law as any offense for which a person may receive one (1) year of confinement in a state or federal institution.

### **EVALUATION**

With respect to all other criminal convictions which are not a felony, in each case the Department will consider whether the prior criminal conviction or military offense conviction of the applicant will have a bearing on the applicant's qualifications or suitability for the job for which he or she is applying in accordance with Florida Statute 943.13. The date and nature of the offense, the requirements of the position for which considered, as well as the applicant's other qualifications, will be evaluated.

### **CONFIDENTIALITY**

During the selection and placement process, it will be necessary to inform the appropriate persons participating in the selection process of the applicant's record. Pursuant to Florida Statutes 119, the Public Records Act, documents made or received by the City of Haines City Police Department in the course of processing the application may be public records and open for inspection. Some records such as examination questions and answers are not public records and may not be disclosed.

### **INSTRUCTIONS**

**READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE FILLING OUT YOUR APPLICATION. WHENEVER AN ADDRESS IS REQUESTED, YOU MUST GIVE A COMPLETE PHYSICAL ADDRESS (NO P. O. BOXES), INCLUDING A ZIP CODE.**

**THIS APPLICATION MUST BE FILLED OUT BY THE APPLICANT ONLY. APPLICATION MUST BE PRINTED LEGIBLY IN BLACK INK OR TYPED.**

All requested information must be furnished. The copies of the information which are requested should be submitted on 8 1/2" x 11" paper. The information you give will be used to determine your qualifications for employment. It is important that you answer ALL questions on your application fully and accurately. Failure to do so will make your application incomplete and disqualify you from consideration for employment opportunities. If any item does not apply to you, or if there is no information to be given, write in the letters "N/A" for "not applicable" in large letters in one of the information spaces. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. If space provided 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.

# *CITY OF HAINES CITY POLICE DEPARTMENT EMPLOYMENT APPLICATION*

NOTICE: The following additional documents must be attached to this application. Please check your application including all forms to assure that all questions have been completely answered and all forms signed. If any of the below documents apply to you, please be sure to submit copies of the documents. They should be submitted on 8 1/2" X 11" paper.

- 1 \_\_\_\_\_ Birth Certificate
- 2 \_\_\_\_\_ High School or GED Diploma /Transcript
- 3 \_\_\_\_\_ Driver's License
- 4 \_\_\_\_\_ College Degree/Transcript
- 5 \_\_\_\_\_ DD214 Military Discharge
- 6 \_\_\_\_\_ Police Standards Certificate
- 7 \_\_\_\_\_ Marriage Certificate
- 8 \_\_\_\_\_ Dissolution of Marriage
- 9 \_\_\_\_\_ Proof of legal name change
- 10 \_\_\_\_\_ Naturalization Certificate
- 11 \_\_\_\_\_ Any other documents which reflect your qualifications for the position with the Haines City Police Department

## **FORMS WHICH MUST BE NOTARIZED**

- Page 13 \_\_\_\_\_ Military Service Attestment
- 21 \_\_\_\_\_ Drug Certification Form
- 21 \_\_\_\_\_ Applicant Drug Testing Consent Form
- 22 \_\_\_\_\_ At Will Statement
- 23 \_\_\_\_\_ Employment Agreement
- 24 \_\_\_\_\_ Affidavit
- 25 \_\_\_\_\_ Employment Contract
- 26 \_\_\_\_\_ Applicant's Certification
- 28 \_\_\_\_\_ Personal Inquiry Waiver

**PERSONAL HISTORY**

**FULL NAME:** \_\_\_\_\_  
LAST NAME FIRST MIDDLE

**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.

**ADDRESS:** \_\_\_\_\_  
Address City State Zip County Telephone

**DOB:** \_\_\_\_\_

**POB:** \_\_\_\_\_

**DL:** \_\_\_\_\_

Are you a United States Citizen:  Yes  No

If Naturalized, please provide: \_\_\_\_\_  
Date Place Court Naturalization No.

Have you ever applied for a passport?  Yes  No      Passport No. \_\_\_\_\_

Height: \_\_\_\_\_      Weight: \_\_\_\_\_

**EDUCATION/TRAINING**

1. High School

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

2. College/University

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

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

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

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

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5. Indicate any language, other than English, you can:

Speak \_\_\_\_\_

Read: \_\_\_\_\_

Write \_\_\_\_\_

6. Indicate any law enforcement education/training: \_\_\_\_\_

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

8. Describe any special abilities, interest, and hobbies including the degree of proficiency:

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9. Indicate any type of special licenses 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).

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10. 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

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**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, note dates of unemployment. All phone numbers and contact information is essential. (If additional space is needed, use additional sheets.)

Names & Address of Employer	Dates Worked		Salary	Title or Position	Name of Supervisor	Reason For leaving
	Mo./Yr.	From/To				
Name						
Address including zip code						
Area Code & Phone No.						
Name						
Address including zip code						
Area Code & Phone No.						
Name						
Address including zip code						
Area Code & Phone No.						

2. What is your present occupation?

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3. Are you now engaged in any business as a owner or partner (active or silent)?  Yes  No If yes, give details: \_\_\_\_\_
4. Have you ever applied or been employed with this department, any other police department, public safety department, or any other government agency?  Yes  No If yes, give details, position(s) sought, dates, agencies and status:

\_\_\_\_\_

\_\_\_\_\_

5. If previously employed by a law enforcement agency, did you fail to pass probation or resign prior to end of the probationary period?  Yes  No If yes, provide details, using additional sheets if needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Have you ever been: a) dismissed by an employer?  Yes  No b) asked to resign in lieu of termination?  Yes  No  
c) had any disciplinary action taken against you from any employment or position you have held?  Yes  No

If yes, to any of the above, explain in detail, using additional sheets as needed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Have you ever resigned, or left a job by: a) mutual agreement  Yes  No b) following allegations of misconduct?  Yes  No or c) unsatisfactory job performance?  Yes  No If yes, to any of the above, explain in detail, using additional sheets as needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. 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 services. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## RESIDENCES

1. Actual places of residences 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 residence 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		Apt. No.	Street Address	City	County	State & Zip Code
Mo./Yr.	From/To					

## DRIVING HISTORY

1. Are you a licensed Florida automobile operator or chauffeur?  Yes  No  
 License No.: \_\_\_\_\_  
 Date of Expiration: \_\_\_\_\_  
 Restrictions: \_\_\_\_\_
2. Do you possess a CDL (Commercial Driver's License)?  Yes  No  
 License No.: \_\_\_\_\_  
 Date of Expiration: \_\_\_\_\_  
 Restrictions: \_\_\_\_\_
3. Do you or have you ever held an operator or chauffeurs license in another state?  Yes  No  
 If yes, please provide state(s), name used and approximate dates license(s) was/were held.  
 \_\_\_\_\_  
 \_\_\_\_\_
4. 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.  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Indicate below every traffic ticket received in this state or elsewhere (excluding parking violations).

<b>Date</b>	<b>Offense</b>	<b>Location</b>	<b>Age at Time</b>	<b>Issuing Agency</b>

6. List all accidents, including fatalities:

<b>Date</b>	<b>At Fault?</b>	<b>Injuries Involved</b>	<b>Estimated Total Damage</b>	<b>Investingating Agency</b>

## ARREST HISTORY/COURT HISTORY

1. Have you ever been arrested, received a notice to appear, charged, 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 been placed on probation for a criminal matter by a federal, state or local court in the United States of America or any other country?  Yes  No If yes, explain in detail, listing court location, charge and disposition.  
 \_\_\_\_\_  
 \_\_\_\_\_
  
3. Have you ever been detained in, incarcerated in or served a sentence in any youth home, jail, prison, penitentiary or other detention facility?  Yes  No If yes, explain in detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
4. Have you ever been questioned by police or any other law enforcement agency, anywhere, anytime?  Yes  No  
 If yes, explain in detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
5. Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)?  Yes  No
  
6. To your knowledge, has any member of your family ever been arrested for anything other than traffic violations?  
 Yes  No

If yes to any of the above questions, list all such matters even if not formally charged, 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

7. Were you ever summoned or subpoenaed to court in a civil proceeding, or were you ever a party (plaintiff or defendant) in a civil action in this state or elsewhere?  Yes  No
8. 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
9. Have you ever been reported or listed as a missing person?  Yes  No
10. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)?  Yes  No

If yes, to any of the above questions, please provide details below:

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### SELECTIVE SERVICE

1. Are you registered with Selective Service?  Yes  No
2. If yes, give date registered: \_\_\_\_\_ Board Location: \_\_\_\_\_

### MILITARY HISTORY

1. 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: \_\_\_\_\_
2. Date of discharge: \_\_\_\_\_
3. Are you now or have you ever been a member of a reserve unit or the National Guard?  Yes  No
4. If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps:  
 \_\_\_\_\_
5. Are you required to attend military training meetings?  Yes  No If yes, explain in detail including date obligation is completed: \_\_\_\_\_  
 \_\_\_\_\_
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: \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_

7. Are you designated as disabled because of military service?  Yes  No

8. **VETERAN'S 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 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. Veteran's Administration and the Department of Defense, or

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

3. A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a war time era, excluding active duty for training or

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

5. Have you claimed and been employed using veteran's preference since October 1, 1987?  Yes  No

If "yes", please give name of employer: \_\_\_\_\_

**NOTE:** Under Florida law, preference in appointment shall be given first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veteran's preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veteran's Affairs, P.O. Box 1437, St. Petersburg, Florida 33731.

**TO WHOM IT MAY CONCERN:** I, \_\_\_\_\_, do attest that I have never served in the Armed Forces of the United States or in any other country.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_.

\_\_\_\_\_ (SEAL)

## PERSONAL REFERENCES & ACQUAINTANCES

1. Personal References: Give three (3) references (not relatives, former or present employers, 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.

<p>Complete Name:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;">(Last Name, First, Middle)</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Years Acquainted                  Occupation</p>	<p>Home Address:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>City &amp; State including zip code:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Home Phone:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Business Address:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>City &amp; State:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Business Phone:</p>
<p>Complete Name:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;">(Last Name, First, Middle)</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Years Acquainted                  Occupation</p>	<p>Home Address:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>City &amp; State including zip code:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Home Phone:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Business Address:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>City &amp; State including zip code:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Business Phone:</p>
<p>Complete Name:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;">(Last Name, First, Middle)</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Years Acquainted                  Occupation</p>	<p>Home Address:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>City &amp; State including zip code:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Home Phone:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Business Address:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>City &amp; State:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Business Phone:</p>

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.

<p>Complete Name:</p> <p>_____</p> <p>(Last Name, First, Middle)</p> <hr/> <p>Years Acquainted          Occupation</p>	<p>Home Address:</p> <p>_____</p> <p>City &amp; State including zip code:</p> <p>_____</p> <p>Home Phone:</p> <p>_____</p> <p>Business Address:</p> <p>_____</p> <p>City &amp; State:</p> <p>_____</p> <p>Business Phone:</p>
<p>Complete Name:</p> <p>_____</p> <p>(Last Name, First, Middle)</p> <hr/> <p>Years Acquainted          Occupation</p>	<p>Home Address:</p> <p>_____</p> <p>City &amp; State including zip code:</p> <p>_____</p> <p>Home Phone:</p> <p>_____</p> <p>Business Address:</p> <p>_____</p> <p>City &amp; State:</p> <p>_____</p> <p>Business Phone:</p>
<p>Complete Name:</p> <p>_____</p> <p>(Last Name, First, Middle)</p> <hr/> <p>Years Acquainted          Occupation</p>	<p>Home Address:</p> <p>_____</p> <p>City &amp; State including zip code:</p> <p>_____</p> <p>Home Phone:</p> <p>_____</p> <p>Business Address:</p> <p>_____</p> <p>City &amp; State:</p> <p>_____</p> <p>Business Phone:</p>

**ORGANIZATIONS & MEMBERSHIPS**

1.

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 to 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

**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 canceled, 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.

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**CREDIT HISTORY**

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.

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2. Are you or your spouse indebted to anyone?  Yes  No If yes, please list all debts over \$500.00. Be sure to include student loans and charge accounts. Also, list any debt where payment is past due, regardless of amount.

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3. Have you, your spouse, or a company controlled by you filed for bankruptcy?  Yes  No If yes, explain in detail.

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**CONFIDENTIAL EMPLOYEE HISTORY**

**THE INFORMATION CONTAINED HEREIN IS CONFIDENTIAL AND WILL NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION.**

1. Applicant's Current Address:

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Address	City	County	State	Zip Code
<hr/>				
Area Code	Telephone Number			

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

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Name				
<hr/>				
Address	City	County	State	Zip Code
<hr/>				
Area Code	Telephone Number			

3. Children's Name and Ages:

Name	Age	Address (if different)

4. Former Spouse(s) Name and Address:

Name			
Address			
City	County	State	Zip Code

5. 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

6. If your answer to question #5 is no, would you be able to perform these tasks with an accommodation?  Yes  No

7. If a test or examination is required for this position, would you be able to take this test or examination with an accommodation?

Yes  No

8. Explain what accommodation(s) you would need to perform these tasks or take the test or examination.

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9. Do you now, or have you ever sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of similar nature?  Yes  No

If yes, please complete the following:

a. Drug: \_\_\_\_\_

b. Circumstances: \_\_\_\_\_

c. Number of times sold: \_\_\_\_\_

d. First time sold : \_\_\_\_\_

e. Last time sold: \_\_\_\_\_

10. Have you ever possessed or used illegal drugs?  Yes  No If yes, please complete the following:

a. Drug: \_\_\_\_\_

b. Circumstances: \_\_\_\_\_

c. Number of times possessed or used: \_\_\_\_\_

d. First time possessed or used : \_\_\_\_\_

e. Last time possessed or used: \_\_\_\_\_

11. Do you **currently** use any narcotic or controlled substance, such as those listed in question 9?  Yes  No

12. Do you use alcoholic beverages?  Yes  No If yes, describe and explain usage frequency and quantities:

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13. 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
Area Code	Home Phone		Area Code	Business Phone

14. 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
Area Code	Business Phone			

**PREVIOUS LAW ENFORCEMENT APPLICATIONS**

1. Have you ever applied to the City of Haines City Police Department?  Yes  No  
If yes, when \_\_\_\_\_?

2. Have you ever applied to another Law Enforcement Agency?  Yes  No If yes, what agency?

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Agency Name Address City/State Zip

Date applied \_\_\_\_\_ Status of application \_\_\_\_\_

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Agency Name Address City/State Zip

Date applied \_\_\_\_\_ Status of application \_\_\_\_\_

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Agency Name Address City/State Zip

Date applied \_\_\_\_\_ Status of application \_\_\_\_\_

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Agency Name Address City/State Zip

Date applied \_\_\_\_\_ Status of application \_\_\_\_\_

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Agency Name Address City/State Zip

Date applied \_\_\_\_\_ Status of application \_\_\_\_\_

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Agency Name Address City/State Zip

Date applied \_\_\_\_\_ Status of application \_\_\_\_\_

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Agency Name Address City/State Zip

Date applied \_\_\_\_\_ Status of application \_\_\_\_\_

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Agency Name Address City/State Zip

Date applied \_\_\_\_\_ Status of application \_\_\_\_\_



**AT WILL STATEMENT**

All employees of the City of Haines City, including the employees of the Police Department both certified and uncertified, are "Employed at Will".

The term "Employed at Will" means that, just as in the private sector, a city employee may be terminated for no reason at all. Nothing shall be deemed to create any property interest or expectation of continued employment.

The procedure for the discharge of any police department employee will be the same as set forth in the City Personnel Rules & Regulations Handbook, except in those very limited cases where the Police Officers "Bill of Rights" Section 112.532 Florida Statutes applies, provided however, that nothing in the state's procedural "Bill of Rights" shall create a constitutional property right or property interest in City employment.

I have read and understand the above statement.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_\_.

\_\_\_\_\_ (SEAL)

**EMPLOYMENT AGREEMENT**

**SIGN ONLY IF YOU ARE APPLYING FOR A SWORN POSITION**

I, \_\_\_\_\_, understand that the sworn patrol position I am accepting with the City of Haines City Police Department is one of three positions funded by the Polk County School Board. I accept the position with the understanding that should the Polk County School Board eliminate this funding at some time in the future my employment with the City of Haines City Police Department could be terminated. This is based on the assumption that I could be one of the last three patrol officers hired by the City of Haines City Police Department.

I also understand if any sworn patrol positions became available with the City of Haines City Police Department, I would be given first consideration for re-employment.

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Officer's Signature

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

\_\_\_\_\_  
Date

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_\_.

\_\_\_\_\_  
(SEAL)

**FLORIDA POLICE CHIEF'S ASSOCIATION – MODEL AFFIDAVIT**

**CITY OF HAINES CITY POLICE DEPARTMENT**

Pursuant to the Omnibus Consolidated Appropriations Act of 1997, any person convicted of a misdemeanor crime of violence as defined by the Act is prohibited from shipping, transporting, possessing, or receiving firearms or ammunition. There is no "official use" exemption to this prohibition. Accordingly, the City of Haines City Police Department is requiring that every officer granted the authority to bear arms submit the following affidavit in compliance with the new law.

A conviction shall not apply for the purpose of this new law UNLESS:

- (A) The person was represented by counsel in the case or knowingly and intelligently waived the right to counsel in the case, and
- (B) If the person was entitled to a trial by jury under the laws of the convicting jurisdiction then the conviction must have resulted from:
  - 1. A trial by jury,
  - 2. The person knowingly and intelligently waived the right to have the case tried by a jury, by guilty plea or otherwise.

**AFFIDAVIT**

I, \_\_\_\_\_, do solemnly swear and affirm that the following information is true and correct to the best of my knowledge:

That I have never been convicted of a misdemeanor crime of domestic violence, not including those convictions that have been expunged or otherwise set aside or pardoned, as defined below:

- a. Is a misdemeanor under Federal or State Law and
- b. Has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is co-habiting with or has co-habited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

\_\_\_\_\_  
Signature of Appointee

\_\_\_\_\_  
Date

State of Florida  
County of Polk

Sworn to or affirmed and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

Personally known \_\_\_\_\_ or produced identification \_\_\_\_\_

Type of identification \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

(SEAL)

**EMPLOYMENT CONTRACT**

Upon accepting employment with the City of Haines City Police Department, I understand and agree that, should my employment with the City terminate for **any reason** within the first 24 months, 6 months for the shoes only, I MUST reimburse the City of Haines City for all costs incurred on my behalf.

I further understand that the City may deduct these costs from any final pay owed. These costs are inclusive of, but not limited to, the following:

- a) Physical including drug screen and TB Test
- b) Psychological Exam
- c) Hepatitis B Shot
- d) Uniforms & Accessories
- e) Protective Vest
- f) Shoes (6 months)

Signature of Employee	Date
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Chief of Police or Designee	Date
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Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_\_.

\_\_\_\_\_ (SEAL)

**APPLICANT'S CERTIFICATION**

I understand that my appointment or employment will be contingent upon the results of a complete background investigation.

I hereby certify that there are no material omissions, misrepresentations or falsifications of the above statements and answers to questions contained in this application. I am aware that should any subsequent inquiry reveal material omissions, misrepresentations and/or falsifications, my application may be rejected and any possibility for future employment with City of Haines City will be jeopardized. If after my acceptance for employment, material omissions, misrepresentations and/or falsifications in my application are discovered, I understand that I may be subject to discipline, including but not limited to termination.

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 fully understand and consent to any physical examination or drug test. I also understand that I will be fingerprinted. I understand that this employment application shall become property of the City of Haines City Police Department and that it and the information received in response to the background examination are public records.

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 a drug test during the term of my employment or appointment with the City of Haines City 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 examination 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 City of Haines City Police Department.

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

\_\_\_\_\_  
Signature of the applicant as usually written

\_\_\_\_\_  
Date

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_\_.

\_\_\_\_\_  
Date (SEAL)

## ACKNOWLEDGEMENT OF TAKE HOME/ASSIGNED VEHICLE POLICY

It is the policy of the City of Haines City Police Department to provide assigned vehicles to eligible sworn members, whenever possible in order to improve the level of law enforcement services provided to the citizens of Haines City. Participation in the assigned vehicle program is completely voluntary on the part of the employee. Should your application for employment be approved, you must meet the following requirements in order to participate in the take home vehicle program:

1. Successful completion of the Field Training Program.
2. Reside within fifteen (15) miles of the City of Haines City municipal limits.
3. Have an assignment and/or duties that require the sworn member to be on call for a specific period of time;
4. or have an assignment and/or duties that require the sworn member to respond directly to an emergency, critical incident, crime scene, etc;
5. or as approved by the Chief of Police.

I, \_\_\_\_\_ acknowledge and understand the above policy

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

Refer to City of Haines City SOP Manual