



**UMATILLA POLICE DEPARTMENT
APPLICATION FOR
CITIZENS ON PATROL**

We are an equal opportunity employer dedicated to non-discrimination in employment on the basis of race, color, age, religion, sex, national origin, disability, marital status or veteran status. If you require a reasonable accommodation to complete this application, please contact the office for assistance.

Pursuant to Chapter 119, Florida Statutes, all documents made or received by Umatilla Police Department in processing your application are considered a public record and shall be open for inspection by the public.

As a police officer you may be required to work shift work, any hour of the day, any day of the week, and any recognized holiday. You will be required to work in any area of the city. You will be required to maintain proficiency in the use of police equipment. You will be required to work with and for persons of differing race, sex, religious affiliation, age group, and the physically disabled.

Please read entire application thoroughly before completing. If sufficient room is not provided for a complete answer or you wish to furnish additional information, attach an 8 ½ x 11 paper with the application number and corresponding answer to the question. **PLEASE USE BLACK INK ONLY AND HANDWRITE YOUR ANSWERS.**

Date: _____

Position: _____

I. PERSONAL INFORMATION

First Name: _____ Middle _____ Last _____

Have you ever legally changed your name? *You may be required to provide court documentation of the name change.* Yes _____ No _____ If yes, please furnish information:

a. Previous Name (s) _____

b. Date(s) of Change _____

c. County/State _____

d. Reason for Change _____

Have you ever used any name other than your legal name? ____ If yes, what periods and under what circumstance(s)? _____

Date of Birth ____ / ____ / ____ Social Security Number _____ - _____ - _____

Home Phone Number (____) _____ - _____ Business Phone (____) _____ - _____

Cellular Phone Number (____) _____ - _____ Fax Number (____) _____ - _____

Email Address: _____

Personal Website Page: _____

Driver's License Number _____ State _____

Do you possess a valid Driver's License? Yes _____ No _____

Has your Driver's License ever been suspended? Yes _____ No _____

If yes, Please provide details:

Have you possessed a Driver's License in another State or Country? Yes _____ No _____

If yes, Please provide details:

Place of Birth: _____
City/State/Country

Present address: _____
Street City State Zip

Mailing address: _____

II. RESIDENCES

List chronologically all past residences for the past 5 years.

Current Residence

1. From: _____ To: _____
Address: _____
Number Street City State Zip

2. From: _____ To: _____
Address: _____
Number Street City State Zip

3. From: _____ To: _____
Address: _____
Number Street City State Zip

4. From: _____ To: _____
Address: _____
Number Street City State Zip

5. From: _____ To: _____
Address: _____
Number Street City State Zip

6. From: _____ To: _____
Address: _____
 Number Street City State Zip

7. From: _____ To: _____
Address: _____
 Number Street City State Zip

8. From: _____ To: _____
Address: _____
 Number Street City State Zip

Have you ever resided or visited in a foreign country, except for travel in the Armed Forces of the USA? Yes _____ No _____

If yes, give date of passport issued _____ / _____ / _____ and place of issue: _____

III. EMPLOYMENT HISTORY

Please give the following information on your recent employers (with the last 5 years), full and part time, starting with most recent. Please provide complete name and address of company, dates of employment, supervisor name and reason for leaving.

Employer's Name: _____

Employer's Address: _____
 Number Street City State Zip

Date of employment, or unemployment: From: _____ To: _____
 Month/Year Month/Year

Position/Title/Major: _____

May we contact? Yes _____ No _____ Full time _____ Part time _____

Name of supervisor/instructor: _____

Phone Number (_____) _____

Descriptions of duties, responsibilities, courses, and accomplishments: _____

Reason for leaving: _____

Disciplinary action received: _____

Employer's Name: _____

Employer's Address: _____
Number Street City State Zip

Date of employment, or unemployment: From: _____ To: _____
Month/Year Month/Year

Position/Title/Major: _____

May we contact? Yes _____ No _____ Full time _____ Part time _____

Name of supervisor/instructor: _____

Phone Number (____) _____

Descriptions of duties, responsibilities, courses, and accomplishments: _____

Reason for leaving: _____

Disciplinary action received: _____

Employer's Name: _____

Employer's Address: _____
Number Street City State Zip

Date of employment, or unemployment: From: _____ To: _____
Month/Year Month/Year

Position/Title/Major: _____

May we contact? Yes _____ No _____ Full time _____ Part time _____

Name of supervisor/instructor: _____

Phone Number (_____) _____

Descriptions of duties, responsibilities, courses, and accomplishments: _____

Reason for leaving: _____

Disciplinary action received: _____

Have you ever been dismissed or asked to resign from any school or employment position?

Yes _____ No _____

If yes, please explain.

Have you ever applied for employment with a law enforcement agency?

Yes _____ No _____ If yes, what date(s) and agency(s)

Do you have any relatives, or friends working for Umatilla Police Department or City of Umatilla?

Yes _____ No _____ If yes, Please provide details:

Have you ever been convicted of a crime or been a defendant in a civil action for an intentional tort?

Yes _____ No _____ If Yes, Please provide details:

IV. EDUCATION

Please list the schools and dates that you attended and graduation dates/degrees for each.

A. High School Name: _____

Address: _____
Number Street City State Zip

Dates Attended: From: _____ To: _____ G.P.A.: _____
Month/Year Month/Year

Degree: Yes _____ No _____ Type of Degree: _____

Number of credit Hours: _____ Major Field of Study: _____

B. College/University Name: _____

Address: _____
Number Street City State Zip

Dates Attended: From: _____ To: _____ G.P.A.: _____
Month/Year Month/Year

Degree: Yes _____ No _____ Type of Degree: _____

Number of credit Hours: _____ Major Field of Study: _____

C. College/University Name: _____

Address: _____
Number Street City State Zip

Dates Attended: From: _____ To: _____ G.P.A.: _____
Month/Year Month/Year

Degree: Yes _____ No _____ Type of Degree: _____

Number of credit Hours: _____ Major Field of Study: _____

D. College/University Name: _____

Address: _____
Number Street City State Zip

Dates Attended: From: _____ To: _____ G.P.A.: _____
Month/Year Month/Year

Degree: Yes _____ No _____ Type of Degree: _____

Number of credit Hours: _____ Major Field of Study: _____

E. Vocational/Trade School Name: _____

Address: _____
Number Street City State Zip

Dates Attended: From: _____ To: _____ G.P.A.: _____
Month/Year Month/Year

Degree: Yes _____ No _____ Type of Degree: _____

Number of credit Hours: _____ Major Field of Study: _____

V. MILITARY SERVICE

Active Military Service

1. Have you ever served or trained in the U.S. Armed Forces? Yes _____ No _____

Branch of Service: _____

Rank: _____ Pay Grade: _____

Type of Discharge:

_____ **Honorable** _____ **General under Honorable** _____ **Dishonorable**

2. Dates of active military service:

Entry Date: _____ Separation Date: _____

Reserve, National, or State Guard

3. Are you presently a member of the U. S. Military Reserve, National or State Guard?

_____ Yes _____ No If yes, please complete the following.

Entry Date: _____ Separation Date: _____

Rank: _____ Pay Grade: _____

Branch of Service and Component: _____

Organization and Station or Unit: _____

Address: _____
Number Street City State Zip

4. Have you ever been convicted of a crime in a military court (excluding proceedings leading to non-judicial punishment), or received any other disciplinary action?

_____ Yes _____ No If yes, please explain in detail.

5. Have you ever held a military security clearance? _____ Yes _____ No

If yes, please provide details of clearance _____

Have you ever been denied or had a security clearance denied or revoked? _____ Yes
_____ No

Veterans' Preference:

6. Are you claiming and entitled to Veterans' Preference? _____ Yes _____ No

If yes, please complete the Veteran's Preference Form in Section VIII.

VI. Personal Character Background Information

- A. Have you ever been refused a surety bond (i.e. contractor, security guard or entrepreneurship) or refused employment requiring bonding?

_____ Yes _____ No If yes, please explain in detail:

B. Criminal History: Have you ever been convicted of a crime within the last seven years, either misdemeanor or felony? Include all juvenile arrest(s) and sealed/expunged arrest(s). Yes No

If yes, please provide all details:

Date	Charge(s)	Police Agency	City, State, Country
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Date	Charge(s)	Police Agency	City, State, Country
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Date	Charge(s)	Police Agency	City, State, Country
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Date	Charge(s)	Police Agency	City, State, Country
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Explain in detail: _____

C. Arrest or Charges: Have you ever been found guilty or pled no contest to a crime, including arrestable traffic offenses (i.e. driving while intoxicated, reckless driving, driving with a suspended driver's license, retail theft, possession of narcotics, etc.)? Understand a plea of guilty or "no contest" after July 1981, shall be considered a conviction in spite of the fact adjudication was withheld or sentence suspended.

Yes No If yes, please explain in detail:

D. Have you ever sold, possessed or used any type of illegal drug or prescription drug not prescribed to you? Yes No If yes, please explain in detail:

Name /Type of Drug Used	Dates Used	Number of Times Used

G. Have you ever been disciplined or accused of discrimination or harassment or had a civil lawsuit filed against you? Yes No If yes, please explain in detail:

H. How many times in the last year have you been intoxicated to the degree you should not operate a motor vehicle? _____

I. How many times, in the last year, have you missed work/school due to being intoxicated or recovering from being intoxicated? _____

J. How many times, in the last year, have you consumed alcohol while at work? _____

K. Are you a current or past member of any social network site?

Yes No If yes, please provide the sites you have been a member of:

L. Are you a current or past member of any organization which endorsed or endorses the illegal/unlawful overthrow of the United States Government or State of Florida?

Yes No If yes, please explain in detail:

M. Are you a current or past member of any organization which is or has been active in any manner in depriving individuals of rights guaranteed to them under the United States Constitution or Florida Constitution?

_____ Yes _____ No If yes, please explain in detail:

N. Are you a current or past member of any organization which endorses hatred, terror or violence toward any individual, citizen or non-citizen, in the United States or State of Florida for any reason?

_____ Yes _____ No If yes, please explain in detail:

O. Do you endorse discrimination based upon age, race, sex, religion or lifestyle?

_____ Yes _____ No If yes, please explain in detail:

VII. Personal References

Please provide three personal references, no relatives, with complete information you have known for at least three years.

Name: _____

Address, City, State Zip: _____

Telephone Number: _____

Years Known: _____

Name: _____

Address, City, State Zip: _____

Telephone Number: _____

Years Known: _____

Name: _____

Address, City, State Zip: _____

Telephone Number: _____

Years Known: _____

Signature

Date