

**UMATILLA POLICE DEPARTMENT
APPLICATION FOR EMPLOYMENT
PRE-EMPLOYMENT QUESTIONNAIRE
AN EQUAL OPPORTUNITY EMPLOYER**

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 10 years.

Current Residence

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

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

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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

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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 and past employers, full and part time, starting with most recent. Please include school periods, and any period of unemployment. Please provide complete name and address of company, dates of employment, salary, 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
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Name of supervisor/instructor: _____

Phone Number (_____) _____

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

Reason for leaving: _____

Disciplinary action received: _____

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

Yes _____ No _____

If yes, please explain.

If appointed, when could you report to duty? _____ If appointed, could you reside in Umatilla? _____

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

Yes_____ No_____ If yes, what date(s) and agency(s)

Have you ever worked for the Umatilla Police Department or City of Umatilla?

Yes_____ No_____ If yes, Please provide details:

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

Yes_____ No_____ If yes, Please provide details:

If hired, can you provide verification of your legal right to work in the United States?

Yes_____ No_____ If No, 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:

As may be required, are you willing to work overtime? Yes_____ No_____

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: _____

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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: _____

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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: _____

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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: _____

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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: _____

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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 a 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

Date Charge(s) Police Agency City, State, Country

Date Charge(s) Police Agency City, State, Country

Date Charge(s) Police Agency City, State, Country

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: _____

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Name: _____

Address, City, State Zip: _____

Telephone Number: _____

Years Known: _____

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Name: _____

Address, City, State Zip: _____

Telephone Number: _____

Years Known: _____

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VIII. VETERANS PREFERENCE FORM (if applicable)

The City of Umatilla and Umatilla Police Department is subject to Florida Statutes 295.07, which requires that employment preference be given to eligible veterans and spouses of veterans in positions of employment, except those that are exempted such as department heads or temporary positions, without benefits. If you wish to be identified as claiming Veteran's Preference, please check applicable statement and sign below.

I wish to claim Veteran's Preference as:

- _____ a. A disabled veteran who either can establish a compensable service-connected disability or who is receiving compensation, disability retirement benefits, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense.

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

- _____ c. A veteran of any war as defined in Florida Statutes 1.01(14), who served at least one (1) day during a wartime period. To receive benefits as a wartime veteran, a veteran must have served in a campaign or expedition for which a campaign badge has been authorized by the Department of Defense. (If you have a question regarding this definition, please advise the Umatilla Police Department.)

- _____ d. The un-remarried widow or widower of a veteran who died of a service-connected disability.

An applicant claiming preference is responsible for providing the required documentation, i.e. DD214, Certificate of Service Related Disability, Evidence of Marriage, Evidence of Death, etc.

Complaints regarding the rejection of an application subject to employment preference must be filed with the Department of Veterans' Affairs, Post Office Box 31003, St. Petersburg, Florida 33731, within 21 days after notification of rejection, or within three (3) months of the date the application is filed if no notice is given. If you desire to be identified as claiming Veteran's Preference, please attach form and provide military documentation and sign below.

Signature

Date

All applicants will be required to submit with this application a copy of your birth certificate, high school diploma or equivalent, Social Security card, driver's license, marriage certificate(s) (if female with name change), training school certificate(s), and a copy of your CJSTC516 form. *Failure to submit these documents may hinder the processing of your application.*



**AUTHORITY FOR RELEASE
OF INFORMATION
(Background Investigation Waiver)**

Incorporated by Reference in Rule 11B-27.0022(2)(b), 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: _____

ADDRESS:

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 _____

AFFIDAVIT

STATE OF _____ COUNTY OF _____ The forgoing instrument was acknowledged before me this date _____

By: _____ who is personally known _____

or who has produced identification. Type of identification: _____

Notary's Signature _____ Print, type, or stamp Commissioned Name of Notary _____

Notary Seal: _____ Upon witnessing the applicant signing of this affidavit, the notary public shall complete the notary block.

Effective: 8/9/2001 Pursuant to Original - Employing Agency 1 of 1 Commission-Approved Revisions: 8/6/2009
Sections 943.134(2)(a) and (4), F.S. Form Effective Date: 06/03/2010