

City of Fernandina Beach

FERNANDINA BEACH POLICE DEPARTMENT



204 ASH STREET
FERNANDINA BEACH, FLORIDA 32034
904-310-3125

**SWORN TO PROTECT
DEDICATED TO SERVE**

In compliance with the ADA, qualified individuals with disabilities who need reasonable accommodations in order to apply or to complete any required test should inform the Human Resources Director at least forty-eight (48) hours before said accommodations are needed.

CITY OF FERNANDINA BEACH POLICE DEPARTMENT

The Fernandina Beach Police Department is an Equal Opportunity Employer

INTRODUCTION FROM THE CHIEF OF POLICE

Dear Applicant:

Welcome to the Fernandina Beach Police Department's hiring process. We are very proud of our Police Department and of our beautiful island community.

You should know that as a Fernandina Beach Police Officer you will be protecting life and property through the enforcement of laws and ordinances, which may involve an element of personal danger. A Police Officer must be able to act without direct supervision and must be able to exercise independent judgment when confronting complex situations and various emergencies. You may be expected to work long hours, which involves rotating shifts and weekend assignments, and endure numerous hardships related to extreme conditions. If you believe that you possess the right combination of courage, dedication, and preparation, you may be just the candidate we're looking for.

Of course, you need to know up front that it will take high ethical standards, personal integrity, and a team oriented approach to become a successful City of Fernandina Beach Police Officer. A police career in Fernandina Beach requires that individuals be mature and well-reasoned, and internalize personal responsibility that is in line with our Police Department values and mission. These attributes, along with our minimum requirements, merely serve to qualify you for an opportunity to serve. To truly embark on a rewarding career, you should be progressive in your activities and interests, embrace diversity in the workplace, value lifelong learning, actively participate in the community, and remain selfless in your commitment to duty.

I wish you the best of luck as you prepare to serve.

Sincerely,



Mark K Foxworth
Chief of Police



City of Fernandina Beach

OFFICE OF THE CHIEF OF POLICE

Equal Opportunity / Affirmative Action Employer

Candidate Name: *Fernandina Beach Police Department
Chief Mark K. Foxworth*

Last: First: Middle:

PERSONAL HISTORY STATEMENT

Police Officer Candidate:

The Fernandina Beach Police Department's Personal History Statement is commonly referred to as the application for employment. Information collected in this document will be used for investigative purposes. It is very important that you read and follow all directions in this document. Information in this document must be complete and accurate. Failure to provide complete and accurate information may result in your elimination from the employment screening process.

Before completing this document, closely read the instructions, which are written throughout. There are a number of copies of official documents that you are required to obtain, and some of these documents will be necessary before you can adequately complete the application.

When mentioning persons, be sure to fully identify the individual by his/her full correct name. Further, give complete addresses and phone numbers. Investigators will not attempt to determine street numbers, correct spellings, apartment numbers, telephone numbers or zip codes. If your application is not complete and notarized, the application will be returned to you.

When completing the residence portion of this application, be sure that you provide every address where you have lived since birth, in order from your present address back to your address at birth. If necessary, call an appropriate person to find out the exact address and the time period during which you resided at that address.

When completing the employment portion of this application, be sure that you provide each employer from the present until your very first job. If there was a

period of unemployment, enter it in the application in the same sequence and manner as if this were another employer by indicating “from” and “to” and printing “unemployed” in the block headed “Name of Employer.”

If a question or section does not apply to you, indicate with “N/A.”

Again, answer each question as completely and honestly as possible. Any omission or concealment will be considered deception. While indiscretions or other situations in your life history may or may not be condoned, deception will absolutely not be tolerated.

All Police Officer Employment Candidates:

1. Shall possess a valid Florida driver’s license (or obtain one within ten days of establishing employment).
2. Shall be a citizen of the United States of America.
3. Shall be at least nineteen years of age.
4. Shall possess a high school diploma or G.E.D.
5. Shall be drug-free. (SEE ATTACHED DRUG USE INFORMATION SHEET.)
6. Shall have no felony convictions.
7. Shall not have been convicted of a misdemeanor crime of domestic violence.
8. For those with prior military experience only separation by honorable discharge will be considered for employment.

FIELD TRAINING PROCESS

Recruit officers are required to successfully complete 540 hours of field training upon hire. Field training is an intensive process that combines Law Enforcement academy basic training, departmental policy, practices, and procedures, with continuous evaluation to insure that the high standards of the FBPD are met. Field training is one of the most critical components of the employment screening process.

PROBATIONARY PERIOD

Sworn officers are on probation for the first eighteen months of their employment. During this period of time, officers may be terminated without recourse of a formal hearing. After successful completion of the probationary year, sworn officers receive a permanent appointment to the department. After this appointment, officers can be terminated only upon presentation of formal written charges, and after having recourse of a pre-determination hearing.

NOTICE

Candidates should immediately initiate steps to obtain copies of the documents listed below and attach them to the completed application.

1. Birth Certificate
2. High School Diploma or Transcript showing date of graduation. (GED's, be sure transcript notes diploma issued.) A transcript that does not specify the actual date of graduation is not accepted.
3. College/University Transcript showing courses of study and grades obtained.
4. Marriage License (if applicable)
5. Divorce Decree (if applicable)
6. Social Security Card
7. Driver's License (front and back)
8. If you have prior military service, proof of discharge. (DD214 member copy)
9. Law Enforcement Academy Graduation Certificate.
10. Copy of State of Florida Exam Certification showing passing grade
11. Any Court Order requesting Name Change
12. Any Court Order Granting Expungement of Arrest or Conviction Records.

THE CITY OF FERNANDINA BEACH COLLECTS YOUR SOCIAL SECURITY NUMBER FOR THE FOLLOWING PURPOSES: CLASSIFICATION OF ACCOUNTS; IDENTIFICATION AND VERIFICATION; CREDIT WORTHINESS; BILLING AND PAYMENTS; DATA COLLECTION, RECONCILIATION, TRACKING, BENEFIT PROCESSING, TAX REPORTING, AND BACKGROUND CHECKS FOR EMPLOYMENT PURPOSES. SOCIAL SECURITY NUMBERS ARE ALSO USED AS A UNIQUE NUMERIC IDENTIFIER AND MAY BE USED FOR SEARCH PURPOSES.

Any false information provided on the application or information omissions will eliminate the applicant from the hiring process. Any false or omitted application information that comes to light after employment will be cause for immediate termination.

I have read, understand, and agree to the terms and guidelines outlined above.

Applicant's Signature and Date: _____

Pursuant to Florida Statutes 199 and 286.001 – the Public Records and Sunshine Laws, ALL documents made or received by the City of Fernandina Beach in the course of applying for employment are PUBLIC RECORD and shall at all times be open for inspection by the public.

NOTE* APPLICATIONS WILL BE CONSIDERED “ACTIVE” FOR A PERIOD OF SIX (6) MONTHS AFTER THEY ARE RECEIVED BY THE FERNANDINA BEACH POLICE DEPARTMENT. IF THE APPLICATION IS ON FILE IN EXCESS OF THIS SIX (6) MONTH TIME PERIOD, IT WILL BE PLACED IN AN “INACTIVE” FILE. APPLICATIONS RECEIVED AND LOGGED BECOME THE PROPERTY OF THE FERNANDINA BEACH POLICE DEPARTMENT AND ARE NOT SUBJECT TO RETURN. CANDIDATES WHO HAVE HAD APPLCATIONS PLACED IN THE “INACTIVE” FILE MUST REAPPLY.

PRIOR TO SUBMITTING YOUR APPLICATION, MAKE A COPY OF IT FOR YOUR RECORDS!!!

*** All FBPD employment candidates must take a POST (National Police Officer Selection Test) test. This test will be administered by the Fernandina Beach Police Department when Police Officer/Reserves positions are available. This test is required regardless of level of education. *****

FBPD USE ONLY – DATE RECEIVED: _____

POSITION APPLIED FOR:

[] Full-Time Law Enforcement Officer [] Reserve Officer

Have you completed a basic law enforcement academy in the State of Florida? _____ yes/no

If you are an out of state police officer, have you completed an Equivalency Course? _____

Have you passed the State Law Enforcement Officer Certification Exam? _____

APPLICANT PERSONAL INFORMATION

NAME _____
LAST FIRST MIDDLE

MAIDEN NAME _____

DATE OF BIRTH _____ PLACE OF BIRTH _____
MONTH – DAY – YEAR CITY AND STATE

GENDER _____ RACE _____ ARE YOU A U.S. CITIZEN? _____

SOCIAL SECURITY NUMBER _____

HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____

PRESENT ADDRESS _____
STREET APT

CITY STATE ZIP CODE COUNTY

TELEPHONE NUMBERS (Including Area Code)

HOME _____ MOBILE _____

WORK _____ BUSINESS NAME – BEST CONTACT HOURS

WORK _____ BUSINESS NAME – BEST CONTACT HOURS

WORK _____

Email address: _____

PERSONAL INFORMATION

NAME OF SPOUSE _____
LAST FIRST MIDDLE

MAIDEN PRESENT ADDRESS _____
STREET APT

CITY STATE ZIP CODE COUNTY

TELEPHONE NUMBERS (Including Area Code)

HOME _____ MOBILE _____

WORK _____
BEST CONTACT HOURS

MARRIAGE HISTORY (Include ALL former marriages)

1 - NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET APT

CITY STATE ZIP CODE

HOME TELEPHONE NUMBER (Including Area Code) _____

DATES OF MARRIAGE _____

2 - NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET APT

CITY STATE ZIP CODE

HOME TELEPHONE NUMBER (Including Area Code) _____

DATES OF MARRIAGE _____

3 - NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET APT

CITY STATE ZIP CODE

HOME TELEPHONE NUMBER (Including Area Code) _____

DATES OF MARRIAGE _____

FAMILY DATA

LIST THE FULL NAME(S), DATES OF BIRTH, AND ADDRESSES OF EACH OF YOUR CHILDREN – INCLUDE STEP CHILDREN. USE ADDITIONAL SHEET OF PAPER IF NECESSARY.

NAME DATE OF BIRTH
1 - _____

HOME ADDRESS (If different than your own.)

NAME DATE OF BIRTH
2 - _____

HOME ADDRESS

NAME DATE OF BIRTH
3 - _____

HOME ADDRESS

NAME DATE OF BIRTH
4 - _____

HOME ADDRESS

NAME DATE OF BIRTH
5 - _____

HOME ADDRESS

LIST FAMILY AND OTHER SIGNIFICANT PERSONS IN THE FOLLOWING ORDER: PARENTS, STEP-PARENTS, BROTHERS, SISTERS, PARENTS-IN-LAW, FIANCEE', BOYFRIEND/GIRLFRIEND, SIGNIFICANT OTHER. (Use reverse side of page if needed) COMPLETE INFORMATION AS INDICATED – ADDRESSES MUST BE COMPLETE, INCLUDING ZIP CODE

1 - _____
FULL NAME

COMPLETE ADDRESS

RELATIONSHIP HOME PHONE NUMBER

2 - _____
FULL NAME

COMPLETE ADDRESS

RELATIONSHIP HOME PHONE NUMBER

FAMILY DATA CONT'D

3 - _____
FULL NAME

COMPLETE ADDRESS

RELATIONSHIP HOME PHONE NUMBER

4 - _____
FULL NAME

COMPLETE ADDRESS

RELATIONSHIP HOME PHONE NUMBER

5 - _____
FULL NAME

COMPLETE ADDRESS

RELATIONSHIP HOME PHONE NUMBER

6 - _____
FULL NAME

COMPLETE ADDRESS

RELATIONSHIP HOME PHONE NUMBER

7 - _____
FULL NAME

COMPLETE ADDRESS

RELATIONSHIP HOME PHONE NUMBER

8 - _____
FULL NAME

COMPLETE ADDRESS

RELATIONSHIP HOME PHONE NUMBER

9 - _____
FULL NAME

COMPLETE ADDRESS

RELATIONSHIP HOME PHONE NUMBER

FAMILY DATA CONT'D

10 - _____
FULL NAME

COMPLETE ADDRESS

RELATIONSHIP

HOME PHONE NUMBER

11 - _____
FULL NAME

COMPLETE ADDRESS

RELATIONSHIP

HOME PHONE NUMBER

12 - _____
FULL NAME

COMPLETE ADDRESS

RELATIONSHIP

HOME PHONE NUMBER

RESIDENCE INFORMATION

WHEN COMPLETING THE RESIDENCE PORTION OF THIS APPLICATION, BE SURE THAT YOU PROVIDE EVERY ADDRESS WHERE YOU HAVE LIVED SINCE BIRTH, IN ORDER FROM YOUR PRESENT ADDRESS BACK TO YOUR ADDRESS AT BIRTH. IF NECESSARY, CONTACT AN APPROPRIATE PERSON TO FIND OUT THE EXACT ADDRESSES AND THE TIME PERIOD DURING WHICH YOU RESIDED AT THAT ADDRESS. YOU MUST INCLUDE THE DATES, ADDRESS, CITY, STATE ZIP CODE AND COUNTY. (USE REVERSE SIDE IF NEEDED.)

Example: 07-95 / 05-01 12345 Main Street, Hometown, IN 46038 Hamilton County

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

HAVE YOU EVER HAD ROOMMATES OR BOARDERS LIVE WITH YOU? _____
EXCLUDING ALL FAMILY MEMBERS, PLEASE LIST THEIR NAMES, CURRENT, COMPLETE ADDRESS AND PHONE NUMBERS. ALSO INCLUDE THE DATES THAT YOU LIVED TOGETHER. (USE REVERSE SIDE IF NEEDED.)

1. _____
2. _____
3. _____

RESIDENTIAL INFO CONT'D

4. _____

5. _____

6. _____

NEIGHBORHOOD CHECK INFORMATION

PROVIDE THE FOLLOWING INFORMATION FOR 3 OF YOUR NEIGHBORS THAT LIVE CLOSEST TO YOU. IF YOU ARE PLANNING TO USE AN IMMEDIATE NEIGHBOR AS A PERSONAL REFERENCE, DO NOT LIST THEM HERE – USE THE REFERENCE SECTION AND PROVIDE INFORMATION FOR ANOTHER CLOSE NEIGHBOR. IF YOU LIVE IN A RURAL AREA AND DO NOT HAVE NEIGHBORS CLOSE BY, PROVIDE 3 ADDITIONAL PERSONAL REFERENCES. THESE INDIVIDUALS SHOULD NOT BE RELATED BY BLOOD OR MARRIAGE AND NOT FORMER EMPLOYERS, WHO ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING IN THEIR COMMUNITY - WHO HAVE KNOWN YOU WELL FOR AT LEAST FIVE (5) YEARS.

Name: _____ Relationship: _____
Address: _____
STREET CITY STATE ZIP
Home Phone: _____

Name: _____ Relationship: _____
Address: _____
STREET CITY STATE ZIP
Home Phone: _____

Name: _____ Relationship: _____
Address: _____
STREET CITY STATE ZIP
Home Phone: _____

EDUCATION

Junior High/Middle School: _____
Address: _____
STREET CITY STATE ZIP
Date(s) Attended: (Month/Year to Month/Year) _____

Junior High/Middle School: _____
Address: _____
STREET CITY STATE ZIP
Date Graduated: (Month/Year) _____

High School: _____
Address: _____
STREET CITY STATE ZIP
Date(s) Attended: (Month/Year to Month/Year) _____

High School: _____

Address: _____
STREET CITY STATE ZIP
 Date Graduated: (Month/Year) _____
EDUCATION CONT'D

College/University: _____
 Address: _____
STREET CITY STATE ZIP
 Date Enrolled: _____ Date Graduated: _____
 Major: _____ Credit Hours: _____
 Type of Degree: _____

College/University: _____
 Address: _____
STREET CITY STATE ZIP
 Date Enrolled: _____ Date Graduated: _____
 Major: _____ Credit Hours: _____
 Type of Degree: _____

College/University: _____
 Address: _____
STREET CITY STATE ZIP
 Date Enrolled: _____ Date Graduated: _____
 Major: _____ Credit Hours: _____
 Type of Degree: _____

APPLICANTS WHO HAVE PRIOR LAW ENFORCEMENT EXPERIENCE:

PLEASE PROVIDE A SEPARATE, TYPED LIST OF ALL LAW ENFORCEMENT RELATED SCHOOLS, CLASSES, SEMINARS, ACADEMIES, AND SPECIALIZED TRAINING THAT YOU HAVE PREVIOUSLY COMPLETED. USE THE FOLLOWING FORMAT:

COURSE NAME NUMBER OF HOURS YEAR COMPLETED

ATTACH COPIES OF YOUR CERTIFICATES AND SUBMIT WITH YOUR APPLICATION. DO NOT USE THE SECTION BELOW FOR THIS TYPE OF INFORMATION.

Other Schools: _____
 Address: _____
STREET CITY STATE ZIP
 Type of Education: _____ Date Completed: _____

Other Schools: _____
 Address: _____
STREET CITY STATE ZIP
 Type of Education: _____ Date Completed: _____

Other Schools: _____
 Address: _____
STREET CITY STATE ZIP
 Type of Education: _____ Date Completed: _____

EMPLOYMENT

When completing the employment portion of this application, be sure that you provide each employer from the present until your very first job. If there was a period of unemployment, enter it in the application in the same sequence and manner as if this were another employer by indicating "Employment Dates" and printing "unemployed" in the block headed "Employer." (Make additional copies of this page if needed.) **COMPLETE addresses must be provided - include street address, city, state, and zip code.**

Employer: _____ Employment Dates: _____ TO PRESENT
Address: _____
Supervisor: _____ **Phone #** _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

Employer: _____ Employment Dates: _____
Address: _____
Supervisor: _____ **Phone #** _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

Employer: _____ Employment Dates: _____
Address: _____
Supervisor: _____ **Phone #** _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

Employer: _____ Employment Dates: _____
Address: _____
Supervisor: _____ **Phone #** _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

Employer: _____ Employment Dates: _____
Address: _____
Supervisor: _____ **Phone #** _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

Employer: _____ Employment Dates: _____
Address: _____
Supervisor: _____ **Phone #** _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

Employer: _____ Employment Dates: _____
Address: _____
Supervisor: _____ **Phone #** _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

Employer: _____ Employment Dates: _____
Address: _____
Supervisor: _____ **Phone #** _____
Position Held: _____ Salary: _____

Reason for Leaving: _____

EMPLOYMENT CON'D

Employer: _____ Employment Dates: _____
Address: _____
Supervisor: _____ **Phone #** _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

Employer: _____ Employment Dates: _____
Address: _____
Supervisor: _____ **Phone #** _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

Employer: _____ Employment Dates: _____
Address: _____
Supervisor: _____ **Phone #** _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

Employer: _____ Employment Dates: _____
Address: _____
Supervisor: _____ **Phone #** _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

Have you ever been disciplined, reprimanded, terminated, or allowed to resign in lieu of termination, from any position of employment? _____ If yes, explain every instance completely. You must list the employer and the supervisor. Use back of page or separate sheet of paper if necessary.

EMPLOYMENT CONT'D

Do you currently have applications pending with other law enforcement agencies? _____
If yes, list the following: Department Name, Phone Number and a Contact Person if available.
Also provide the status of your application if known.

DEPARTMENT	PHONE NUMBER	CONTACT NAME	STATUS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been turned down for a position of employment with a law enforcement agency? _____ If yes, list the following: Department Name, Phone Number and a Contact Person if available. Also explain why you were eliminated and at what step of the employment process you were eliminated from.

Dept _____ Phone _____
Contact _____ Step _____
Why Eliminated _____

Dept _____ Phone _____
Contact _____ Step _____
Why Eliminated _____

Dept _____ Phone _____
Contact _____ Step _____
Why Eliminated _____

Dept _____ Phone _____
Contact _____ Step _____
Why Eliminated _____

Dept _____ Phone _____
Contact _____ Step _____
Why Eliminated _____

MILITARY DATA If you have served in the military you must also complete the military records request found at the end of this application.

Branch of Service: _____ M.O.S. _____
Dates of Active Duty: _____ to _____
Type of Discharge: _____ Rank at Discharge: _____ Highest
Rank Attained: _____

Branch of Service: _____ M.O.S. _____
Dates of Active Duty: _____ to _____
Type of Discharge: _____ Rank at Discharge: _____ Highest
Rank Attained: _____

Branch of Service: _____ M.O.S. _____
Dates of Active Duty: _____ to _____

Type of Discharge: _____ Rank at Discharge: _____ Highest Rank Attained: _____

MILITARY CONT'D

If yes to any the following questions, please explain on the reverse side of this page.

Have you ever received a discharge from the Armed Forces which was other than honorable? ____ Were you ever subjected to ANY disciplinary actions (Judicial or Non-Judicial) while in the Armed Forces? ____ Were you ever the subject of any criminal investigation which was being conducted by Military Authorities concerning any alleged misconduct on your part? ____ Has your type of discharge or separation ever been corrected or changed? ____

List all duty station assignments in chronological order: (For U.S. bases, list the city, county, and state where located.)

DRIVING RECORD

Driver's License Number: _____ State: _____
Number of Years Driving Experience: _____

Has your license ever been suspended or revoked? _____ If yes, explain: _____

Have you ever been issued a driver's license in any other state? _____ If yes, please provide the state(s) and the dates held.

Have you ever received a citation (ticket) for a traffic violation?__ If yes, complete the following for EACH citation. Do not include parking tickets or warning tickets.

CITATION TYPE _____ DATE _____
ISSUING AGENCY _____ DISPOSITION _____

CITATION TYPE _____ DATE _____
ISSUING AGENCY _____ DISPOSITION _____

CITATION TYPE _____ DATE _____
ISSUING AGENCY _____ DISPOSITION _____

CITATION TYPE _____ DATE _____
ISSUING AGENCY _____ DISPOSITION _____

DRIVING RECORD CONT'D

CITATION TYPE _____ DATE _____
ISSUING AGENCY _____ DISPOSITION _____

CITATION TYPE _____ DATE _____
ISSUING AGENCY _____ DISPOSITION _____

CITATION TYPE _____ DATE _____
ISSUING AGENCY _____ DISPOSITION _____

Have you ever been arrested for a traffic offense as a misdemeanor? If yes, complete the following for EACH charge.

TYPE OF CHARGE _____
DATE _____ ARRESTING AGENCY _____
DISPOSITION _____

CITY _____ COUNTY _____ STATE _____

TYPE OF CHARGE _____
DATE _____ ARRESTING AGENCY _____
DISPOSITION _____

CITY _____ COUNTY _____ STATE _____

TYPE OF CHARGE _____
DATE _____ ARRESTING AGENCY _____
DISPOSITION _____

CITY _____ COUNTY _____ STATE _____

List all vehicle crashes in which you have been involved as a driver. Include those that were not reported to the police. Complete the following for EACH crash.

DATE _____ LOCATION _____
POLICE REPORT MADE? _____ AGENCY _____
INJURIES? DESCRIBE TYPE, WHO INURED _____

CIRCUMSTANCES INVOLVING THE CRASH _____

WERE YOU FOUND TO BE AT FAULT? _____ WERE YOU CITED? _____

DRIVING RECORD CONT'D

DATE _____ LOCATION _____
POLICE REPORT MADE? _____ AGENCY _____
INJURIES? DESCRIBE TYPE, WHO INURED _____

CIRCUMSTANCES INVOLVING THE CRASH _____

WERE YOU FOUND TO BE AT FAULT? _____ WERE YOU CITED? _____

DATE _____ LOCATION _____
POLICE REPORT MADE? _____ AGENCY _____
INJURIES? DESCRIBE TYPE, WHO INURED _____

CIRCUMSTANCES INVOLVING THE CRASH _____

WERE YOU FOUND TO BE AT FAULT? _____ WERE YOU CITED? _____

DATE _____ LOCATION _____
POLICE REPORT MADE? _____ AGENCY _____
INJURIES? DESCRIBE TYPE, WHO INURED _____

CIRCUMSTANCES INVOLVING THE CRASH _____

WERE YOU FOUND TO BE AT FAULT? _____ WERE YOU CITED? _____

DATE _____ LOCATION _____
POLICE REPORT MADE? _____ AGENCY _____
INJURIES? DESCRIBE TYPE, WHO INURED _____

CIRCUMSTANCES INVOLVING THE CRASH _____

WERE YOU FOUND TO BE AT FAULT? _____ WERE YOU CITED? _____

DATE _____ LOCATION _____
POLICE REPORT MADE? _____ AGENCY _____
INJURIES? DESCRIBE TYPE, WHO INURED _____

CIRCUMSTANCES INVOLVING THE CRASH _____

WERE YOU FOUND TO BE AT FAULT? _____ WERE YOU CITED? _____

CRIMINAL RECORD

Have you ever been arrested and/or convicted of a misdemeanor? _____ If yes, complete the following for EACH charge. You must include those cases that were not filed or dismissed. Note* If you received a "Notice to Appear" or similar charging document in lieu of a physical arrest, that is STILL an arrest and must be listed.

TYPE OF CHARGE _____
DATE _____ ARRESTING AGENCY _____
DISPOSITION _____

CITY _____ COUNTY _____ STATE _____

TYPE OF CHARGE _____
DATE _____ ARRESTING AGENCY _____
DISPOSITION _____

CITY _____ COUNTY _____ STATE _____

TYPE OF CHARGE _____
DATE _____ ARRESTING AGENCY _____
DISPOSITION _____

CITY _____ COUNTY _____ STATE _____

Have you ever been arrested and/or convicted of a felony? _____ If yes, complete the following for EACH charge. You must include those cases that were not filed or dismissed.

TYPE OF CHARGE _____
DATE _____ ARRESTING AGENCY _____
DISPOSITION _____

CITY _____ COUNTY _____ STATE _____

TYPE OF CHARGE _____
DATE _____ ARRESTING AGENCY _____
DISPOSITION _____

CITY _____ COUNTY _____ STATE _____

Have you ever had a criminal record expunged at your request? _____ If yes, please explain:

CRIMINAL HISTORY CONT'D

Have you ever had a Restraining/Protective Order issued against you? _____ If yes, please explain:

Have you ever had a Restraining/Protective Order issued against someone? _____ If yes, please explain:

FINANCIAL

Do you presently hold active or silent controlling interest in any company? If yes, please explain your interest.

Do you now have (or have you ever had) any wage garnishments on your salary? If yes, please explain.

Have you ever had a court-ordered financial judgment against you? If yes, please explain.

Do you rent or own your present home?_____ If rent, give your landlord information including name, complete mailing address and phone number. If you own, give your mortgage company name.

Have you ever filed for or declared bankruptcy? If yes, please explain.

MISCELLANEOUS

List any past or present memberships in clubs and/or organizations. (Do not include organizations that indicate political affiliation.)

Describe any special skills that you possess that would benefit you as a police officer.

Have you ever used an illegal drug? _____ If yes, name the type of drug(s), number of times you used it/them, and the date of last use for each.

PERSONAL VEHICLE INFORMATION

Provide the following information for each vehicle that is registered in your name.

YEAR	MAKE	LICENSE PLATE NO. AND STATE	VIN
------	------	--------------------------------	-----

PERSONAL REFERENCES

Give the information requested below on six (6) references, not related by blood or marriage and who are not former employers, who are responsible adults of reputable standing in their community, who have known you well for at least five (5) years. These references may include, but are not limited to: teachers, personal friends, family friends or neighbors.

Name: _____ Relationship: _____
Address: _____
STREET CITY STATE ZIP
Home Phone: _____ Secondary Phone: _____

PERSONAL REFERENCES CONT'D

Name: _____ Relationship: _____
Address: _____
STREET CITY STATE ZIP
Home Phone: _____ Secondary Phone: _____

Name: _____ Relationship: _____
Address: _____
STREET CITY STATE ZIP
Home Phone: _____ Secondary Phone: _____

Name: _____ Relationship: _____
Address: _____
STREET CITY STATE ZIP
Home Phone: _____ Secondary Phone: _____

Name: _____ Relationship: _____
Address: _____
STREET CITY STATE ZIP
Home Phone: _____ Secondary Phone: _____

Name: _____ Relationship: _____
Address: _____
STREET CITY STATE ZIP
Home Phone: _____ Secondary Phone: _____

CO-WORKERS

Give the information requested below on three (3) co-workers, not related by blood or marriage. List two current co-workers and one co-worker from past employment. Please include the place of employment.

Name: _____
Address: _____
STREET CITY STATE ZIP
Home Phone: _____ Secondary Phone: _____
Place of Employment: _____

Name: _____
Address: _____
STREET CITY STATE ZIP
Home Phone: _____ Secondary Phone: _____
Place of Employment: _____

Name: _____
Address: _____

STREET CITY STATE ZIP
Home Phone: _____ Secondary Phone: _____
Place of Employment: _____

Please attach a photograph on this page. The photograph must be front view, head and shoulders. The photograph must have been taken within the last two months. This photograph will be used to assist in the background investigation.

X

Please read the following statement carefully. If you have questions, contact the Fernandina Beach Police Department before signing this form.

I certify that the information in this application is correct and complete to the best of my knowledge and belief. I realize that any misrepresentation or omission of facts is cause for the rejection of this application or termination after employment. I understand that final employment is contingent upon successful completion of all of the steps of the hiring process and probationary year.

Signature Date

**CHECK APPLICATION CAREFULLY
BE CERTAIN ALL ITEMS ARE COMPLETE BEFORE RETURNING**

RETURN TO:

**CITY OF FERNANDINA BEACH
HUMAN RESOURCES
204 Ash STREET
FERNANDINA BEACH, FL 32034**

Subscribed and sworn to before me, a Notary Public in the County of

_____, State of _____

this _____ day of _____, _____

Notary Public _____

My Commission Expires _____

REQUEST PERTAINING TO MILITARY RECORDS Please read CAREFULLY. If more spaces are needed, use plain paper.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION. The following information is provided in accordance with 5 U.S.C. 552a (e) (3) and applies to this form. Authority for collection of the information is 44 U. S. C. 2907, 3101 and 3103 and E.O. 9397 of November 22, 1943. Disclosure of the information is voluntary. The principal purpose of the information is to assist the facility servicing the records in locating and verifying the correctness of the requested records or information to answer your inquiry. Routine uses of the information as established and published in accordance with 5 U. S. C. a(6)(4)(D)

Include the transfer of relevant information to appropriate Federal, State, local, or foreign agencies for use in civil, criminal, or regulatory investigations or prosecution. In addition, this form will be filed with the appropriate military records and may be transferred along with the record to another agency in accordance with the routine uses established by the agency which maintains this record. If the requested information is not provided, it may not be possible to service your inquiry.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible)

1. NAME USED DURING SERVICE (Last, first, and middle)		2. SOCIAL SECURITY NO.		3. DATE OF BIRTH		4. PLACE OF BIRTH	
5. ACTIVE SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below)							
BRANCH OF SERVICE (Also show last organization, if known)		DATES OF ACTIVE SERVICE		Check one		SERVICE NUMBER DURING THIS PERIOD	
		DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED		
6. RESERVE SERVICE, PAST OR PRESENT If "none," check here <input checked="" type="checkbox"/>		a. BRANCH OF SERVICE		b. DATES OF MEMBERSHIP		c. Check one	
		FROM		TO		OFFICER ENLISTED	
7. NATIONAL GUARD MEMBERSHIP (check one): <input checked="" type="checkbox"/> a. ARMY <input checked="" type="checkbox"/> b. AIR FORCE <input checked="" type="checkbox"/> c. NONE		d. STATE		e. ORGANIZATION		f. DATES OF MEMBERSHIP	
		FROM		TO		g. Check one	
						OFFICER ENLISTED	
8. IS SERVICE PERSON DECEASED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "yes," enters date of death.		9. IS (WAS) INDIVIDUAL A MILITARY RETIREE OR FLEET RESERVIST <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO					

SECTION II - REQUEST

1. EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED; OR, CHECK ITEM 2; OR, COMPLETE ITEM 3.	ANY AND ALL AVAILABLE INFORMATION: CONFIRMING LENGTHS OF SERVICE; SPECIALIZED TRAINING; COMMENDATIONS; DISCIPLINARY ACTIONS AT ANY LEVEL; REASONS FOR SEPARATIONS AND TYPES OF DISCHARGE (IF MORE THAN ONE)	2. IF YOU ONLY NEED A STATEMENT OF SERVICE <input checked="" type="checkbox"/> here <input checked="" type="checkbox"/>
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3. LOST SEPARATION DOCUMENT REPLACE- MENT REQUEST (Complete a or b, and c.)	<input checked="" type="checkbox"/>	a. REPORT OF SEPARATION (DD FORM 214 or Equivalent).	YEAR ISSUED	This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, the surviving next of kin, or to a representative with veteran's signed release. (Item 5 of this form).
	<input checked="" type="checkbox"/>	b. DISCHARGE CERTIFICATE	YEAR ISSUED	This shows only the date and character of discharge. It is of little value in determining eligibility for benefits. It may be issued only to veterans discharged honorably or under honorable conditions; or, if deceased, to the surviving spouse.
	c. EXPLAIN HOW SEPARATION DOCUMENT WAS LOST			

4. EXPLAIN PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED PRE-EMPLOYMENT BACKGROUND INVESTIGATION LAW ENFORCEMENT AGENCY	6. REQUESTOR	
	a. IDENTIFICATION (check appropriate box)	
	<input checked="" type="checkbox"/> Same person identified in Section I <input checked="" type="checkbox"/> Surviving spouse	
	<input checked="" type="checkbox"/> Next of kin (relationship)	
	<input type="checkbox"/> Other (specify) FERNANDINA BEACH(FL) POLICE	
	b. SIGNATURE see Instruction 3 on reverse side)	DATE OF REQUEST

5. RELEASE AUTHORIZATION, IF REQUIRED (read Instruction 3 on reverse side) I hereby authorize release of the requested information/documents To the person indicated at right (item 7). VETERAN SIGN HERE <input type="checkbox"/>	7. Please type or print clearly - COMPLETE RETURN ADDRESS	
	Name, number and street, city, State and ZIP code	
	Sgt. Chad. Lee Fernandina Beach Police Department Fernandina Beach, FL 32034	
	TELEPHONE NO. (include area code) <input checked="" type="checkbox"/> 904-310-3205	

FERNANDINA BEACH POLICE DEPARTMENT

PAST ILLEGAL DRUG USAGE GUIDELINES

Police Officer (and academy sponsorship) candidates who have used the following controlled substances within the minimum number of years listed, will not be considered for hire.

SUBSTANCE	MINIMUM YEARS SINCE LAST USE
Marijuana	2
Hash/Hash Oil	3
Cocaine	5
Methamphetamine	5
Barbiturates	5
Quaaludes	5
Toluene or other inhalants	5
Synthetic Based Designer Drugs	5
Steroids	5

The FBPD will not consider for hire any person who has any history of usage of the drugs listed below.

Heroin, Crack Cocaine, Opiates, Methadone, LSD, Mushrooms (Psilocybin), and PCP

Variances from these standards may only be authorized by the Chief of Police on an individual basis.

PHYSICAL ABILITIES TESTING INFORMATION

The Fernandina Beach Police Department requires that each candidate for a Certified Police Officer Position (and those individuals seeking academy sponsorships or Reserve Officer) successfully complete a Physical Abilities Test (PAT). The test is administered on an appointment-only basis at our facility here in Fernandina Beach, in the actual weather conditions in which you will be working if hired.

The primary goal of the PAT is to determine each candidate's ability to meet the minimum physical abilities standards adopted by the FBPD.

The PAT measures balance, muscular endurance/strength, flexibility, anaerobic power/capacity, fine motor skills and aerobic power.

The PAT consists of two 220 yard runs, dragging a 150 pound dummy 100 feet, jumping over obstacles (12-24 inches high), climbing over a wall (40 inches high), two 50 foot-sprints and movement around a series of pylons.

The maximum time allowed for successful completion of the PAT is 6 minutes 4 seconds. Completion time AT OR ABOVE 6 MINUTES 5 SECONDS WILL ELIMINATE THE CANDIDATE from the employment screening process.

Prior to the test, candidates will be given the opportunity to walk through the course and have any questions satisfactorily answered.

Candidates scheduled for the PAT **must bring a valid driver's license for identification purposes.**

The attached "Physician's Clearance to Test" form must be completed and submitted with the application. This form is **required** to participate in the PAT.

Candidates should wear exercise clothes and comfortable running shoes. It is suggested that candidates come to the testing fully rested, without having eaten two to three hours prior to the test time.

Please be in a fully hydrated state. The test site is outdoors in the same heat and humidity our officer's work in every day. Applicants should bring their own water or other sports drink to the test site.

Candidates who have questions regarding the PAT should contact Sergeant Chad Lee, at 904-310-3205.

**FERNANDINA BEACH POLICE DEPARTMENT
PHYSICIAN'S CLEARANCE TO TEST FORM**

NAME OF APPLICANT:

Dear Physician:

The purpose of this communication is to inform you of the above-named individual's intentions with regards to participation in the pre-employment physical abilities test for the Fernandina Beach Police Department. We are aware of the fact that strenuous physical activity may be inadvisable for some individuals. As such, we request that you indicate whether the above-named applicant has any medical condition or disorder that would preclude participation. It must be emphasized that we are not asking you to assume responsibility for the applicant while participating in this test; rather, we merely want to have as much information as possible when making decisions concerning applicability of testing.

The testing program will consist of a series of physical abilities tests conducted at our training site. The battery of job-related field tests intended to be completed in the fastest possible time and will require maximum effort by the applicant. Tests are designed to measure balance, muscular endurance and strength, flexibility, anaerobic power and capacity, fine motor skills and aerobic power. Tests will include two 220 yard runs, dragging a 150 pound dummy 100 feet, jumping over obstacles (12-24 inches high), climbing over a wall (40 inches high), two 50 foot-sprints and movement around a series of pylons.

Ultimately, the primary goal of this testing is to determine whether the applicant is capable of performing minimum standards appropriate to this agency.

PHYSICIAN'S STATEMENT

I have examined this applicant and his/her medical history; based upon my evaluation I recommend that:

- Participation is not advisable at the present time.
(If you advise against participation, please do not disclose the applicant's medical condition on this form).**

- Within a reasonable degree of probability, no medical condition or disorder exists which precludes this applicant from participation in the physical abilities test as described.**

(Physician's Printed Name)

(Signature of Physician)

(Date)

If you have any questions regarding this test, please contact Sergeant Chad Lee of the Fernandina Beach Police Department at 904-310-3205. Please return this completed form to the candidate for inclusion with their application.

FEDERAL DOMESTIC VIOLENCE LAW

The Lautenberg Amendment to Title 18, U.S.C. section 922 (g)

Each Police Officer Applicant is to read and complete this form appropriately and return it with your completed application.

LAUTENBERG FACT SHEET

FACT: Under the statute, any person who has been convicted of a misdemeanor crime of domestic violence cannot lawfully possess any firearm or ammunition. Persons convicted of a misdemeanor crime of domestic violence within the meaning of the statute who continue to possess any firearm or ammunition, Government-issued or personally owned, are subject to felony criminal penalties of up to 10 years imprisonment and fines of up to \$250.00.

FACT: Under the statute, a "misdemeanor crime of domestic violence" means:

1. an offense that is a misdemeanor under Federal or State law; and
2. has, as an element, the use of or attempted use of physical force, or threatened use of a deadly weapon, committed by:
 - a current or former spouse, parent or guardian of the victim;
 - a person with whom the victim shares a child in common;
 - a person who is cohabitation with or has cohabitation with the victim as a spouse, parent or guardian; or
 - A person similarly situated to a spouse, parent or guardian of the victim.

FACT: Under the statute, a person is NOT considered convicted of such an offense unless:

1. the person was represented by counsel or knowingly and intelligently waived the right to counsel; and
2. If the person was entitled to a jury trial, the person was tried by a jury or knowingly and intelligently waived the right to a jury trial by pleading guilty or otherwise.

FACT: Under the statute, a person is also NOT considered convicted if:

1. the conviction has been expunged, set aside, or pardoned, or
2. The person's civil rights have been restored (if the law or the applicable jurisdiction provides for the loss of civil rights under such an offense) unless the pardon, expunged or restoration of civil rights expressly provides that the person may not ship, transport, possess, or receive firearms.

QUALIFICATION INQUIRY

You are to complete this form and return it with your application. In completing this form, you are advised:

- (a) The purpose is to obtain information regarding your qualification to possess or receive firearms or ammunition.
- (b) You are required to complete the form. If you refuse to complete the form, or if you fail to reply fully and truthfully, or fail to return the form with your application, processing of your application will be delayed and you may be disqualified as an applicant.
- (c) Neither your answer nor any information or evidence gained by reason of your answers can be used against you in any criminal prosecution for a violation of Title 18, United States Code, Section 922(g)(9).

However, the answers you furnish and any information or resulting evidence may be used against you in a prosecution for knowingly and willfully providing false statements or information, and in the course of agency disciplinary proceedings.

THE LAW: The Lautenberg Amendment to Title 18, U.S.C., Section 922 (g) provides:

1(g) It shall be unlawful for any person-

(9) who has been convicted in any court of a misdemeanor crime of domestic violence, to ship or transport in interstate or foreign commerce, or possess in or affecting commerce, any firearm or ammunition; or to receive any firearm or

ammunition which has been shipped or transported in interstate or foreign commerce.

As defined in 18 U.S.C. Section 921(a) (33), a "misdemeanor crime of domestic violence" means an offense that:

- (i) is a misdemeanor under Federal or State law; and
- (ii) 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 cohabiting with or has cohabited with the victim as a spouse, guardian or by a person similarly situated to a spouse, parent, or guardian of the victim.

Section 921(a) (33) further provides:

(B)(i) A person shall not be considered to have been convicted of such an offense for purpose of this chapter, unless--

- (I) the person was represented by counsel in the case, or knowingly and intelligently waived the right to counsel in the case; and
- (II) in the case of a prosecution for an offense described in this paragraph for which a person was entitled to a jury trial in the jurisdiction in which the case was tried, either

(aa) the case was tried by a jury, or

(bb) the person knowingly and intelligently waived the right to have the case tried by a jury, by guilty plea or otherwise.

(B)(ii) A person shall not be considered to have been convicted of such an offense for purposes of this chapter if the conviction has been expunged or set aside, or is an offense for which the person has been pardoned or has had civil rights restored (if the law of the applicable jurisdiction provides for the loss of civil rights under such an offense) unless the pardon, expunged of restoration or civil rights expressly provides that the person may not ship, transport, possess, or receive firearms.

Direction: You must complete both PART I and PART II of this form. You should review the statute and the accompanying Fact-Sheet carefully before answering the inquiry. You must submit the completed form with your application.

PART I: Inquiry

Have you ever been convicted of a misdemeanor crime of domestic violence within the meaning of the statute?

Initial and date: YES _____ NO _____

If you answered this question "NO", you should go on and complete PART II of this form. If you answered "YES", you should review the Fact-Sheet before providing the information requested below.

If your answer to the question remains "YES", and you are now a working L.E.O., you must immediately turn over any Government-issued firearms and/or ammunition and your official credentials to your supervisor. In addition, your agency authorization to carry a personally-owned firearm or ammunition is rescinded.

Provide the following information with respect to the conviction and then complete PART II of the form.

Court/Jurisdiction: _____
Docket/Case Number: _____
Statute/Charge: _____
Sentence: _____
Date Sentenced: _____

PART II: Certification

I hereby certify that, to the best of my information and belief, all of the information provided by me is true, correct, complete and made in good faith. I understand that false or fraudulent information provided herein may be grounds for adverse action, up to and including removal, and is also criminally punishable pursuant to Federal law, including 18 U.S.C. 1001.

Print Name _____
(Last) (First) (Middle)

Position **APPLICANT: SWORN POLICE OFFICER APPLICANT (INCLUDING ACADEMY APPLICANTS)**

Signature _____ Date _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Having made application with the **Fernandina Beach Police Department**, I agree to submit to the Department's selection process and understand that I must successfully complete this process before being given final consideration for employment.

So the Fernandina Beach Police Department is fully informed of my previous record and character, **I hereby authorize an investigation of my background and the obtaining of any and all information which may concern my record and character, whether the records are of a public, private, or confidential nature, including the results of any polygraph or voice stress test, medical examination, drug screen, psychological test, or detailed credit check.** Further, I hereby release all persons whomsoever, from any charge or civil suit resulting from furnishing of information.

I intend this **authorization to include, among other records** from any other sources, release to the Fernandina Beach Police Department by the National Personnel Records Center or other custodian of my **military record**, of information or photocopies from my **military personnel and related medical records, as well as from previous employers and educational institutions.**

In the event of my employment, I agree to abide by all present and subsequently issued rules of the department. I further understand that as a part of the selection process, I will be required to submit to a Voice Stress (CVSA) examination administered by a certified operative. I understand that refusal to take the Voice Stress test will result in my immediate removal from the employment process.

In the event of my employment and in consideration thereof, the department and any person or entity it may authorize shall be entitled without further consent to use in any manner required any picture or photograph of me, or any audio or video recording of me.

The department is authorized to request a transcript where necessary in order to verify my education. I further agree to submit my fingerprints for a records check by the Federal Bureau of Investigation.

I understand and agree the Department may terminate my consideration for employment or my employment after being hired if any unacceptable response is received during my background investigation. I understand the background investigation includes an on-site investigation that may be conducted prior to my employment or anytime during the first twelve months of employment. I further understand that if I am denied employment or am terminated from employment, I may not reapply for six (6) months.

By my signature, I certify that all statements given in this application are true and correct. I realize that falsification or misrepresentation on this or any other personnel record may result in my not being employed or, if employed, in my termination from employment. I further realize that pursuant to Florida Statutes 119.07 and 286.001, the Public Records and Sunshine Laws, any documents received while conducting my background investigation are a matter of public record.

I attest that I have read and understand the intent and use of this document, and authorize its use of my own free will. I further release the City of Fernandina Beach, the Fernandina Beach Police Department and its employees and agents, from any claim and/or liability in the use of this document or the collection of information concerning me.

A PHOTOCOPY OF THIS FORM WILL BE AS VALID AS AN ORIGINAL EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE:

_____ **D.O.B.:** _____ **S.S.#:** _____
(TYPE/PRINT FULL NAME OF APPLICANT)

_____ **DATE:** _____
(SIGNATURE OF APPLICANT)

NOTARY:

Personally appeared before me, the undersigned authority, duly authorized to administer oaths and take acknowledgements,

Known to me to be the person described in and who executed the foregoing application for employment as his/her time act and deed.

STATE OF: _____ **COUNTY OF:** _____) SS
The foregoing instrument was acknowledged before me this _____ **day of** _____, **20**____ **by**

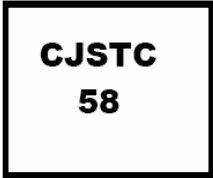
_____,
who is personally known to me or who has produced _____ **as identification and who (did) (did not)**
take an oath.

Notary Public:

Commission # _____ **Expiring:**



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



Incorporated by Reference in Rule 11B-27.0022(2)(b), F.A.C.

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 FLORIDA, COUNTY OF _____ The foregoing 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 Sections 943.134(2)(a) and (4), F.S. Original – Employing Agency 1 of 1 Commission-Approved Revisions: 8/6/2009 Form Effective Date: 06/03/2010



City of Fernandina Beach

OFFICE OF THE CHIEF OF POLICE

Equal Opportunity / Affirmative Action Employer

Candidate Name: *Fernandina Beach Police Department
Chief Mark K. Foxworth*

POLICE OFFICER/ACADEMY SPONSORSHIP/RESERVE OFFICER DRUG TEST CONSENT FORM

I, _____, an employment candidate for the position of police officer or law enforcement academy sponsorship, understand that as part of the employment screening process the FBPD will conduct an in-depth background investigation in an effort to determine my suitability as an employment candidate for the position to which I've applied.

In keeping with the efforts of the agency to identify the most qualified candidates for the criminal justice profession, **I DO HEREBY VOLUNTARILY CONSENT TO THE SAMPLING OF A SPECIMEN OF MY URINE AND/OR BLOOD FOR ANALYSIS FOR EVIDENCE OF THE PRESENCE OF CONTROLLED SUBSTANCES.**

I UNDERSTAND THAT REFUSAL TO SUPPLY THE NECESSARY SAMPLE WILL RESULT IN MY ELIMINATION FROM THE EMPLOYMENT SCREENING PROCESS, AND FROM FURTHER CONSIDERATION FOR THE POSITION TO WHICH I HAVE APPLIED.

I also understand that the results of the testing may be utilized in conjunction with any other information developed during the employment screening process to determine my eligibility for the position for which I have applied, and that **WRITTEN CONFIRMATORY LABORATORY REPORTS MAY BE SUBJECT TO DISCLOSURE UNDER THE FLORIDA PUBLIC RECORDS ACT.**

I hereby consent to the disclosure of the analysis results to the Fernandina Beach Police Department AND to the Criminal Justice Standards and Training Commission.

Candidate Signature and Date

Witness Signature and Date

_____ CANDIDATE REFUSED TO SIGN CONSENT FORM