

THE  
CITY  
OF  
CRESCENT  
CITY



**CRESCENT POLICE DEPARTMENT**  
**19 NORTH SUMMIT STREET**  
**CRESCENT CITY, FLORIDA 32112**

PHONE: (386) 698-1211  
 FAX: (386) 698-3485

**APPLICATION FOR EMPLOYMENT**

**EQUAL EMPLOYMENT OPPORTUNITY:** *The City of Crescent City is an equal employment opportunity employer and shall not discriminate against any applicant because of race, color, religion, sex, national origin, age, disability, marital status, veteran status, or any other legally protected group.*

**INSTRUCTIONS:** *Please typewrite or print in black ink all information on this form. Where indicated check in appropriate space. If additional details will be of value in answering these questions use a separate sheet. False or misleading statements will be cause for rejection or for dismissal after appointment. Note: physical examination for job requirements, Polygraph, and drug testing are required prior to being employed and are paid by the City.*

POSITION APPLIED: \_\_\_\_\_

DATE: \_\_\_\_\_

<b>LAST NAME</b>		<b>FIRST NAME</b>		<b>MIDDLE NAME</b>	
<b>STREET ADDRESS</b>					
<b>CITY</b>		<b>STATE</b>		<b>ZIP</b>	
<b>HOME TELEPHONE NUMBER</b>			<b>WORK TELEPHONE NUMBER</b>		

Date of Birth 

--	--	--	--	--	--	--	--

   
 Age 

--	--

   
 Social Security # 

--	--	--	--	--	--	--	--	--	--

**EDUCATION:**

**High School**

Indicate number of years completed: \_\_\_\_\_  
 Diploma?  Yes  No    GED?  Yes  No

Name and location of High School \_\_\_\_\_  
 \_\_\_\_\_

**College, Vocational, Business, and Graduate Level:**

NAME & LOCATION OF SCHOOL	DATES FROM	ATTENDED TO	MAJOR SUBJECT	DEGREE

**EMPLOYMENT HISTORY.** Provide the following information of your past and current employers, assignments, or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment.

Name of Employer:	
Address:	
Telephone Number:	
Dates of Employment:	From: _____ To: _____
Name & Title of Supervisor:	
Position Title:	
Description of Duties:	
Final Salary:	
Reason for Leaving:	
Name of Employer:	
Address:	
Telephone Number:	
Dates of Employment:	From: _____ To: _____
Name & Title of Supervisor:	
Position Title:	
Description of Duties:	
Final Salary:	
Reason for Leaving:	
Name of Employer:	
Address:	
Telephone Number:	
Dates of Employment:	From: _____ To: _____
Name & Title of Supervisor:	
Position Title:	
Description of Duties:	
Final Salary:	
Reason for Leaving:	

**EMPLOYMENT HISTORY.** Provide the following information of your past and current employers, assignments, or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment.

Name of Employer:	
Address:	
Telephone Number:	
Dates of Employment:	From: _____ To: _____
Name & Title of Supervisor:	
Position Title:	
Description of Duties:	
Final Salary:	
Reason for Leaving:	
Name of Employer:	
Address:	
Telephone Number:	
Dates of Employment:	From: _____ To: _____
Name & Title of Supervisor:	
Position Title:	
Description of Duties:	
Final Salary:	
Reason for Leaving:	
Name of Employer:	
Address:	
Telephone Number:	
Dates of Employment:	From: _____ To: _____
Name & Title of Supervisor:	
Position Title:	
Description of Duties:	
Final Salary:	
Reason for Leaving:	

**EMPLOYMENT HISTORY.** Provide the following information of your past and current employers, assignments, or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment.

Name of Employer:	
Address:	
Telephone Number:	
Dates of Employment:	From: _____ To: _____
Name & Title of Supervisor:	
Position Title:	
Description of Duties:	
Final Salary:	
Reason for Leaving:	
Name of Employer:	
Address:	
Telephone Number:	
Dates of Employment:	From: _____ To: _____
Name & Title of Supervisor:	
Position Title:	
Description of Duties:	
Final Salary:	
Reason for Leaving:	
Name of Employer:	
Address:	
Telephone Number:	
Dates of Employment:	From: _____ To: _____
Name & Title of Supervisor:	
Position Title:	
Description of Duties:	
Final Salary:	
Reason for Leaving:	

**PERSONAL REFERENCES: (Do not list relatives or employers)**

NAME	# YEARS ACQUAINTED	OCCUPATION	DAYTIME PHONE #

May we contact your present employer in reference to your qualification?  Yes  No  
 May we contact your former employers in reference to your qualification?  Yes  No  
 Do you have any friends or relatives working for The City of Crescent City?  Yes  No  
 If yes, please list their names and your relationship to them:

Name	Relationship

If offered the position, how soon could you start work? \_\_\_\_\_  
 What minimum salary you will accept? \_\_\_\_\_

**IMPORTANT INFORMATION FOR APPLICANT:**

**(Read carefully before signing. Application must be signed to be considered for employment.)**

By my signature below, I agree to the following:

- This application is valid only for the position for which I have applied.
- I authorize investigation of all statements contained in the application. I understand that false or misleading statements or omissions made by me on this application or in connection with this pre-employment process can be sufficient grounds for my rejection as a candidate for employment.
- In accordance with applicable law, I agree to submit to any physical examination requested by the City (including screening for substance abuse), in connection with the processing of my application for employment and further agree to submit to any physical examinations requested by the City during my employment should I be offered and accept a job.
- I understand that if hired, I will be required to furnish proof of identify and authorization to work in the United States.
- I understand that any employment offered by the City of Crescent City is of an indefinite duration, and that either the City or I may terminate that employment at any time with or without notice for any or no reason or that no agreement to the contrary will be recognized by the City. This statement does not nullify the requirements of the Law Enforcement Officer's Bill of Rights (LEOBR) for sworn employees of the City.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**8. MILITARY STATUS**

A) Have you ever served in the Army, Navy, Marine Corps, Air Force, Coast Guard, R.O.T.C. or any other military or semi-military organization?

YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, explain:	
Entry Date	Rank at Discharge	Discharge Type	Date

B) Are you Registered with the Selective Service?

YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	If YES, explain:	
Local Board #	Address	Draft Class	Date Classified	

**9. CRIMINAL HISTORY**

A) Have you ever been Convicted, Charged or Questioned for any offense, violation of any statute or ordinance, law, or regulation by any civil or military authority, including Traffic and Parking citations since you began driving, in this country or any other country? (Include any convictions or adjudication as a juvenile)

YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, describe them below:		
<b>CRIMINAL CONVICTIONS or CHARGES:</b>				
DATE	CHARGE	DISPOSITION/POLICE AGENCY	CITY-COUNTY-STATE	
<b>TRAFFIC CITATIONS:</b>				
DATE	CHARGE	DISPOSITION/POLICE AGENCY	CITY-COUNTY-STATE	

**10. DRIVING HISTORY**

A) List all drivers or chauffeurs licenses you currently hold:

State	License Number and Type	Expiration Date
-------	-------------------------	-----------------

B) Have you ever had your license revoked or suspended?

YES  NO  If YES, list below:

State	License Number and Type	Date and Reason Suspended/Revoked
-------	-------------------------	-----------------------------------

C) Have you ever attended a driver improvement school as a result of a traffic citation, or to dismiss the filing of a traffic citation?

YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, list below:	
Date	Location/Jurisdiction	What was the citation for	

In an effort to better prepare our applicants for the interview and polygraph portions of the testing, we have compiled a list of areas on which each applicant should be prepared to answer questions. This list is in no way all-inclusive, but the list does cover those areas that the Department feels are very important. Please take the time to review these questions so that you can answer the questions honestly and completely as any deviations provided at the polygraph will result in an automatic disqualification.

- \* CONVICTIONS \***
- \* TRAFFIC TICKETS \***
- \* AUTOMOTIVE ACCIDENTS \***
- \* DRIVER'S LICENSE SUSPENSION/REVOCATIONS \***
- \* ILLEGAL DRUG USAGE, SALE, EXPERIMENTATION, ALL DRUGS  
INCLUDING MARIJUANA\***
- \* FIRINGS AND/OR FORCED RESIGNATIONS \***
- \* THEFTS \***
- \* WORK ATTENDANCE RECORD \*\*  
DISCIPLINARY ACTIONS \***

**REMINDER:** Past mistakes and/or incidents may not automatically disqualify you from consideration. Command Staff will review any such situations and make a determination based upon the facts. It is, therefore, imperative that you be open and honest throughout the application process.

POLYGRAPH QUESTIONNAIRE

Applicant's Name:

Appointment Date:

Position Applied For:

**\*\* List ANY and ALL involvement in the following questions. ANY deviations/discrepancies provided at the polygraph will result in an automatic disqualification: \*\***

1. Do you drink alcoholic beverages? If yes, how many drinks per week? \_\_\_\_\_
2. When was the last time that you smoked or used a tobacco product?
3. Have you ever possessed or used marijuana? If yes, explain, including the date of last use.  
\_\_\_\_\_
4. What other illegal drugs have you possessed or used? Last time? \_\_\_\_\_
5. Have you ever illegally possessed or used steroids? If yes, explain.
6. Do you have any delinquent debt? Explain.
7. Have you ever shoplifted or changed price tags prior to a purchase? Explain.
8. Have you ever committed a serious crime and never got caught? Explain.
9. Have you ever been fired or asked of resign from a job? Explain.
10. Have you been tardy for work during the last twelve months? How many times?  
\_\_\_\_\_
11. Have you ever stolen any money or property from an employer or anyone? List all items and values. \_\_\_\_\_
12. Have you ever been arrested?  
Explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Have you ever had your driver's license suspended or revoked in any state?  
Explain- \_\_\_\_\_

**Complete 14-17 if Prior Military Service**

14. Have you ever had a reduction in rank? \_\_\_\_\_

15. Have you ever had any disciplinary action taken against you?  
Non-Judicial Punishment (NJP) \_\_\_\_ or Punishment Under Uniform Code of Military  
Justice (UCMJ) \_\_\_\_\_

16. Have you ever served time in detention? \_\_\_\_\_  
\_\_\_\_\_

17. Have you ever had your privileges restricted in any manner? \_\_\_\_\_

**Complete 18-22 if Prior Law Enforcement Experience**

18. Have you ever been reduced in grade in your law enforcement employment? \_\_\_\_\_

19. Have you ever had a reprimand in your law enforcement employment? \_\_\_\_\_

20. Have you ever been suspended in your law enforcement employment? \_\_\_\_\_

21. As a police officer, have you ever confiscated any evidence and failed to turn it in? \_\_\_\_\_

22. As a police officer, have you ever accepted any kickbacks or bribes? \_\_\_\_\_





### **Applicant's Certification**

I understand that any employment offered to me will be contingent upon the results of a complete character and fitness investigation and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the Crescent City Police Department. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge. I also understand and agree that this employment application shall be the property of the Crescent City Police Department.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### **The following documents must be attached to this application:**

1. **Certified copy of birth certificate**
2. **Certified copy of high school diploma or Florida Police Standards approved GED**
3. **Copy of military discharge paper(s) *if applicable***
4. **Copy of Drivers License**
5. **Copy of Social Security Card**

### **Other Requirements**

When ordered by the Crescent City Police Department applicant will be fingerprinted and shall submit to a complete physical examination and electrocardiogram, if required.



Florida Department of Law Enforcement

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



**CJSTC 58**

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 \_\_\_\_\_ 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.