



**VILLAGE OF NORTH PALM BEACH
POLICE DEPARTMENT
560 US HWY 1, NORTH PALM BEACH
FLORIDA 33408-4902
561-848-2525 Fax 561-881-1141
police@village-npb.org**

Date: _____

Position Applying For:

- Florida Certified Law Enforcement Officer
- Reserve Police Officer
- Public Safety Aide
- Non-Sworn Employee

INSTRUCTIONS:

Fill out this application completely and accurately. All statements in this application are subject to verification. Any applicant intentionally giving false information will be subject to disqualification. If a question does not apply to you, write N/A (not applicable). If the space provided is inadequate, please document the additional information on a separate full size sheet of paper (8 1/2 x 11) and indicate the question which you are answering. More than one answer may be put on a sheet. This application form must be HANDWRITTEN only, LEGIBLY printed in black ink, and not completed by a computer or typewriter.

Section One - PERSONAL INFORMATION

1. Full name: _____
Last First Middle

2. Are you at least 19 years of age? Yes No (§943.13, Fla. Stat.: police officers must be at least 19)

3. Present Home Address: _____
Street City State Zip

4. Home Phone Number: (____) _____ Business Number (____) _____

Cell/Pager (____) _____ Email Address _____

5. Are you licensed to drive in the State of Florida? Yes No

6. If applying for position of Police Officer, are you a citizen of the United States as required by §943.13, Fla. Stat.? Yes No Not Applying for Police Officer position

7. If applying for position other than Police Officer, are you eligible to work in the U.S.? Yes No

8. Do you have any language skills? If so, list language and proficiency level: _____

9. Do you have the ability/do you know how to swim? Yes No

10. Have you graduated high school or attained the equivalent education? Yes No

11. Have you ever applied for a position with any Law Enforcement agency? Yes No

If yes, indicate below; (1) the police department to which you applied, (2) the date which you applied, (3) whether you were rejected or accepted, (4) if rejected, the reason for rejection, and (5) if accepted, the reason you refused employment. (continue on a separate sheet if necessary)



11.

Empty rectangular box for handwritten notes.

Section Two - MOTOR VEHICLE OPERATION

If you answer "yes" to any question below, please give details on a separate piece of paper including date, location, agency, specific reason, and disposition;

11. Have you ever received a traffic citation (non-parking)? Yes No

12. Has your Driver's License ever been suspended or revoked? Yes No

13. Have you ever been refused a Driver's License by any state? Yes No

Reason: _____
If needed, continue on separate sheet the reason for the refusal.

14. Was your driver's license ever restored? Yes No

15. Have you ever been involved in a motor vehicle accident? Yes No

16. Have you ever been involved in a motor vehicle accident while operating an emergency vehicle?
Yes No

If yes, indicate in Section Three: (1) the date, (2) the location, (3) charges, and (4) the final disposition of any police charges or civil liability

17. Have you ever had your automobile insurance withdrawn or revoked, or have you ever been refused automobile insurance? Yes No

18. Have you ever been licensed in another state? Yes No

State: _____ Driver's License Number _____

Date of Issue: _____



Section Three - ACCIDENT HISTORY

If you answered "yes" to any accident question, give details for each accident whether collision, non-collision or hit-and-run;

DATE	LOCATION	CAUSE OF ACCIDENT (i.e. RAN RED LIGHT, CARELESS DRIVING, ETC.)
POLICE INVESTIGATION? <input type="checkbox"/> Yes <input type="checkbox"/> No Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		
POLICE INVESTIGATION? <input type="checkbox"/> Yes <input type="checkbox"/> No Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		
POLICE INVESTIGATION? <input type="checkbox"/> Yes <input type="checkbox"/> No Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Section Four - Clubs, Societies, Civic, or Fraternal Organizations

Organization Name	From	To	Position Held	Address and Point of Contact

Section Five - EMPLOYMENT AND UNEMPLOYMENT INFORMATION

19. Do you object to your present employer being contacted? Yes No

If so, why? _____

20. Were you ever discharged or requested to resign? Yes No

If yes, list those employers below who either: (1) disciplined you, (2) discharged you, or (3) requested that you resign:

List ALL employment, including part-time employment, over twenty (20) days. (Use separate sheet if necessary)

PLEASE FURNISH COMPLETE ADDRESSES AND ZIP CODES

Dates From/To Month/Year	Employer Name and Mailing Address	Position	Reason for Leaving	Name and Phone Number of Immediate Supervisor



21. If any of the employers whom you have listed are relatives, indicate which ones (this includes relatives through marriage): _____

22. Please explain any gaps in your employment history: _____

Section Six – VETERAN’S PREFERENCE AND MILITARY SERVICE

23. Have you or your spouse ever served in any branch of the Armed Forces of the United States?
 Yes No

Attach copies of DD214 (WITH SEPARATION CODES) for all military service

24. Are you claiming a Veteran’s Preference pursuant to Chapter 295, Florida Statutes? Yes No

(Veteran’s Preference is not available for the following positions: temporary positions without benefits; heads of departments; positions which require licensure as a physician, chiropractic physician, osteopathic physician; or, positions requiring Florida Bar membership).

25. If you answered yes, please answer the following questions to identify the basis for your Veteran’s Preference claim:

- a. Are you a disabled veteran who has served on active duty in any branch of the Armed Forces of the United States, been separated under honorable conditions, and have established the present existence of a service-connected disability which is compensable under public laws administered by the U.S. Dept. of Veterans’ Affairs? Yes No
- b. Are you a disabled veteran who is receiving compensation, disability, retirement benefits, or pension by reason of public laws administered by the U.S. Dept. of Veteran’s Affairs and the Dept. of Defense? Yes No
- c. Are you the spouse of any person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of any person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power? Yes No
- d. Are you a veteran of a war, defined by Fla. Stat. §1.01(14) who served at least one day during a wartime period (active duty training does not qualify under this provision)? Yes No
- e. Are you the un-remarried widow or widower of a veteran who died of a service connected disability? Yes No

IF YOU ARE CLAIMING A VETERAN’S PREFERENCE, YOU MUST PROVIDE DOCUMENTATION WHEN YOU SUBMIT THE APPLICATION. DOCUMENTATION INCLUDES:

- (a) Veterans, disabled veterans, and spouses of disabled veterans must submit a Department of Defense document, commonly known as form DD-214 or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type.
- (b) Disabled veterans shall also submit a document from the Department of Defense, the DVA, or the



- Department certifying that the veteran has a service-connected disability.
- (c) Spouses of disabled veterans shall also submit either a certification from the Department of Defense or the VA that the veteran is totally and permanently disabled or an identification card issued by the Department; spouses shall also submit evidence of marriage to the veteran and a statement that the spouse is still married to the veteran at the time of the application for employment; the spouse shall also submit proof that the disabled veteran cannot qualify for employment because of the service-connected disability.
- (d) Spouses of persons on active duty shall furnish a document from the Department of Defense or the DVA certifying that the person on active duty is listed as missing in action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign government or power; such spouses shall also furnish evidence of marriage and a statement that the spouse is married to the person on active duty at the time of that application for employment.
- (e) The un-remarried widow or widower of a deceased veteran shall furnish a document from the Department of Defense or the DVA certifying the service-connected death of the veteran, and shall further furnish evidence of marriage and a statement that the spouse is not re-married.

If you are veteran's preference eligible and a non-preference eligible applicant is hired, you have the right to request an investigation by the Department of Veteran's Affairs by submitting such request to the Florida Department of Veterans' Affairs, Division of Benefits and Assistance—Veterans' Preference, 9500 Bay Pines Blvd, Room 214, St. Petersburg, FL 33708 within 21 days of receipt of notice of the hiring decision or two months from the date of application if no notice of a hiring decision is received.

26. *If you have served in any branch of the Armed Forces of the United States, give periods of active military service and other data requested.*

From: _____ To: _____ Branch of Service: _____

Serial Number: _____ Rank: _____

Type Discharge Received: _____ Reason for Discharge: _____

From: _____ To: _____ Branch of Service: _____

Serial Number: _____ Rank: _____

Type Discharge Received: _____ Reason for Discharge: _____

27. Were you ever tried, punished, reprimanded or reduced in rank for any infraction of military rules and regulations? Yes No

If yes, indicate on a separate sheet of paper: (1) date(s), (2) charge(s) against you, (3) type of courts-martial or other disciplinary proceedings and (4) the disposition of the charges.

28. Has your discharge or separation ever been corrected or changed? Yes No

If yes, indicate details below:

Change From: _____ To: _____

Authority: _____

29. Are you now or were you ever an active member of any branch of the United States Reserves or State National Guard? Yes No

If yes, indicate whether it was a United States Reserve Force or State National Guard, along with other data requested:

Branch of Service: _____ From: _____ To: _____

Unit: _____ Present or Last Rank: _____



Type of Discharge: _____ Mailing Address of Unit: _____

Section Seven - EDUCATIONAL BACKGROUND

30. List all high schools, trade/vocational schools and colleges that you have attended:

COMPLETE ADDRESSES AND ZIP CODES ARE REQUIRED.

Years From/To	Educational Facility Name	Mailing Address	Did you Graduate?

31. Do you have any special skills? _____

32. Can you operate any special equipment? _____

33. Can you operate a computer and/or computer programs? _____



Section Eight – CONFLICTS OF INTEREST AND CODE OF ETHICS

The Village of North Palm Beach employees are required to abide by the State of Florida and Palm Beach County Code of Ethics and must avoid conflicts of interest. These laws limit or prohibit certain types of relationships between Village employees, vendors, lobbyists and others.

34. If employed by the Village of North Palm Beach do you anticipate receiving compensation from other employers, including self-employment, where the outside employer maintains a business or lobbying relationship with the Village?

Yes No If yes, identify outside employer: _____

35. Do you have any relatives currently employed by the Village of North Palm Beach?

Yes No If yes, identify relative and position held: _____

36. Do you have any relatives holding elected or appointed board positions at the Village of North Palm Beach?

Yes No If yes, identify relative and position held : _____

37. Do you or any relatives provide goods or services to the Village of North Palm Beach?

Yes No If yes, identify relative and position held: _____

Section Nine - CRIMINAL AND LITIGATION HISTORY (EXCEPT TRAFFIC OFFENSES)

NOTE

Criminal Records ordered sealed under Florida Statute 943.058, are available from the FCIC System for inspection by a criminal justice agency for purposes of criminal justice employment. The applicant is to be advised that an applicant cannot lawfully deny arrests or convictions, notwithstanding adjudication being withheld or the sealing or expungement of arrest/conviction records. The applicant is advised that a misdemeanor arrest or conviction may not necessarily disqualify the applicant. Florida Statue Section 943.13 provides that a police officer cannot have been convicted, pled guilty or nolo contendere to, or have been found guilty of any felony or misdemeanor involving perjury or false statement, notwithstanding suspension of sentence or adjudication withheld, or have received a dishonorable discharge from any branch of the Armed Forces of the United States. Police Officers are prohibited from possession of firearms in accordance with 18 U.S.C. §922 due to a misdemeanor conviction for domestic violence or other disqualifying event and may be denied employment as a police officer.

38. Have you ever been convicted of, pled guilty or entered a plea of nolo contendere (“no contest”) to, a crime? Yes No

If yes, list the following information regarding the circumstances surrounding the incident: the county and state where the crime occurred, the date of conviction or plea, the nature of the charges (e.g. DUI, battery, assault, fraud, etc.), whether the crime was a misdemeanor or felony, and whether you are currently on probation for the crime.

39. Have you ever had any records sealed or expunged? Yes No

40. Have you ever been placed on probation? Yes No Explain: _____



41. Have you ever been a defendant in a civil action or lawsuit for an intentional tort (e.g. battery, intentional infliction of emotional distress, etc.)? Yes No

If yes, please state the: case number; county and state where lawsuit took place; nature of the intentional tort and the disposition of the action (e.g. settlement, jury verdict against you, etc.) _____

Section Ten (A) - DRUG FREE WORKPLACE

NOTE

The Village operates a Drug Free Workplace in accordance with Florida Statute 440.102. All job applicants for mandatory testing or special risk positions, which includes police officers, persons who work closely with an employee who carries a firearm, persons who work with confidential information or documents pertaining to criminal investigations, and other positions outlined in the statute, must successfully complete a drug test prior to beginning employment.

Section Ten (B) - DRUG USAGE

NOTE

In order to detect illegal drug use, drug screening will be conducted on all applicants, in accordance with applicable law. If you answer "yes" to any of the following questions, put the date of use in the *YES* column, the number of times for each category and give details below.

Used	Sold	Transported	Delivered	Possessed	Circle the exact drug that you experimented with, used, sold, delivered or possessed. <i>(remember, honesty is the best policy)</i>	Yes	No
					Hallucinogens (LSD, PCP, Ecstasy, Hallucinogenic Mushrooms, cannabis, phencyclidine, etc)		
					Stimulants (Methamphetamines, crank, phentermine, cocaine, crack, etc.)		
					Narcotics (heroin, morphine, oxycodone, hydrocodone, hydromorphone, opiates, codeines, etc.)		
					Depressants/Tranquilizers (barbiturates, Valium, Librium, Quaalude, rophynol, benzodiazepines, etc)		
					Steroids		
					Obtained a prescription through fraud		
					List any drug that is not included above		



Section Eleven - POLYGRAPH/COMPUTER VOICE STRESS ANALYSIS

42. Have you ever taken a polygraph or computer voice stress analysis? Yes No

Date	Examiner's Name	Location	Reason

Section Twelve - PAST RESIDENCY

43. How long have you resided at your present address? _____

Chronologically list ALL previous places of residence within the last ten years:

Your Address, Including Street, City, County, State & Zip



Section Thirteen - PERSONAL REFERENCES

Fill in the name of three (3) persons not related to you and not former employers who have known you for at least five (5) years. All persons who you refer to will be asked to appraise your character, ability, experience, personality, and other work related qualities.

PLEASE FURNISH COMPLETE ADDRESSES, ZIP CODES AND PHONE NUMBERS

<p>1. Name _____ Home Phone (____) _____</p> <p>Home Address: _____</p> <p>Business, Occupation or Profession: _____ Years Known _____</p> <p>Name of Business: _____ Business Phone (____) _____</p> <p>Business Address: _____</p> <hr/>
<p>2. Name _____ Home Phone (____) _____</p> <p>Home Address: _____</p> <p>Business, Occupation or Profession: _____ Years Known _____</p> <p>Name of Business: _____ Business Phone (____) _____</p> <p>Business Address: _____</p> <hr/>
<p>3. Name _____ Home Phone (____) _____</p> <p>Home Address: _____</p> <p>Business, Occupation or Profession: _____ Years Known _____</p> <p>Name of Business: _____ Business Phone (____) _____</p> <p>Business Address: _____</p> <hr/>

Section Fourteen - LAW ENFORCEMENT ACQUAINTANCES

Are you acquainted with any members of a law enforcement agency within Palm Beach, Broward, Dade, Martin, St. Lucie or Indian River County? Yes No

Name of Officer	Agency's Name and Phone Number



Section Fifteen - COMMUNITY REFERENCES

List below your neighbors from your last (2) residences. If you do not know the name of the neighbor, list the address. If you have lived in more than two locations in the past five years, use a separate sheet to list those neighbors. (List only the neighbors to the immediate right, left and rear).

PLEASE FURNISH COMPLETE ADDRESSES, ZIP CODES AND PHONE NUMBERS

1. Name _____ Home Phone (____) _____

Home Address: _____

2. Name _____ Home Phone (____) _____

Home Address: _____

3. Name _____ Home Phone (____) _____

Home Address: _____

PLEASE FURNISH COMPLETE ADDRESSES, ZIP CODES AND PHONE NUMBERS

1. Name _____ Home Phone (____) _____

Home Address: _____

2. Name _____ Home Phone (____) _____

Home Address: _____

3. Name _____ Home Phone (____) _____

Home Address: _____

Section Sixteen – LOYALTY

Instructions: The term “subversive organization” as used here means any group or organization which supports, follows, or sympathizes with the principles of Communism or any other subversive doctrine or is listed by the U.S. Attorney General as subversive. Answer “yes” or “no” to each question. If “yes”, give details on a separate sheet.

42. Have you ever, by word of mouth or in writing, advocated, advised, or taught that the doctrine of the government of the United States of America, of any State or of any political sub-division thereof should be overthrown by force, violence or any unlawful means? Yes No

43. Are you now, or have you ever been, a member of any subversive organization? Yes No

44. Have you ever paid, contributed, collected, or solicited any money or dues to, for, or on behalf of any subversive organization? Yes No

45. Have you ever been connected or affiliated with in any manner or ever attended a meeting of any subversive organization? Yes No

46. Is there anything that would prevent you from owing allegiance to the flag and constitution of the United States of America or from taking a life in carrying out your duties when such action is lawful and necessary? Yes No



Explain, If Yes: _____

Section Seventeen : AUTHORIZATION, ACKNOWLEDGEMENT AND VERIFICATION

The information I have provided in this application, including all attachments is true and correct. I understand that if I have misrepresented, omitted or falsified information in this application or in any accompanying documentation or resume which I may submit in support of this application, I will not be considered for employment. If I have been hired by the Village and any misrepresentation, falsification, or omission is discovered after I have begun employment, I understand that my employment may be terminated.

By signing this application, I authorize the Village to conduct an inquiry into the information contained in this application. I authorize my current and former employers and educational institutions to provide information about me. I hereby release all employer, educational institutions and other individuals or entities which may provide information about me in connection with this application from all liability for issuing such information. I hereby waive any privilege I may have to such information. I also understand that any offer of employment is conditioned upon the Village receiving acceptable references, background checks and successful drug testing under the Village’s Drug-Free Workplace Policy.

I understand that the Village may request a consumer report in connection with this application for employment. I acknowledge that if a consumer report is requested or prepared I have the right to request a summary of my rights under the Fair Credit Reporting Act by sending a written request to the Village’s Human Resources Department.

I understand that nothing contained in this employment application, the interview process, the Village’s policies, procedures, correspondence or manuals that I might receive constitute a contract or promise of employment for any specified period of time. I understand that the employment relationship, if I am hired, is “at-will” which means that the Village or I may terminate the employment relationship at any time and for any reason, with or without notice or prior discipline, subject to any collective bargaining agreement applicable to the position held.

I understand that the Village will consider this application for the open position I have specified but for no longer than 60 days. I understand I am required to reapply for any other open positions for which I wish to be considered.

Applicant Signature: _____ Date: _____

The Village of North Palm Beach is a Drug-Free Workplace and an Equal Opportunity Employer

SUBMIT COPIES OF:

- _____ High School Diploma or G.E.D. Equivalency
- _____ Any College Transcript and/or Diploma
- _____ Any certificates, vocational or trade school certificates
- _____ If Florida state certified submit copy of certificate
- _____ DD214 (with separation codes)
- _____ FDLE AFFIDAVIT OF APPLICANT



PLEASE NOTE:

- Incomplete, or illegible applications will not be processed
- ALL forms must be notarized as indicated
- *If you have indicated that you were convicted or pled guilty or nolo contendere to a misdemeanor or felony, you MUST include all related agency (police reports, etc.) and court documentation, including disposition, releases from supervision or probation, and other associated documentation.*
- Make a copy of this application for yourself before submitting

Employment is subject to successful completion of background checks, drug/alcohol screen, and/or pre-employment examination. All applications are subject to public inspection and copying.



**Village of North Palm Beach
POLICE DEPARTMENT
AFFIDAVIT
OF NO MILITARY SERVICE**

State of _____

County of _____

I, _____, do hereby swear (or affirm) that I have never served in any branch of the armed forces of the United States of America.

Affiant Signature

Date

Sworn to (or affirmed) before me this _____ day of _____, 20_____

By _____, who is personally known to me, or has produced _____ as identification.

Type of ID Presented

Notary Public – State of Florida
Signature

(Notary seal here)

Name of Notary
(Typed, written or stamped)



**AFFIDAVIT OF COMPLIANCE
GUN CONTROL ACT OF 1968 (AMENDED)**

Under penalty of perjury, I hereby certify that I have never been convicted of any crime of domestic violence, misdemeanor or felony, in any jurisdiction.

A crime of domestic violence means any offense that 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 the person with whom the victim shares a child in common, by a person who is cohabitating with, or has cohabitated with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

Applicant's Signature

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or has produced _____ as identification and who did (did not) take an oath.

Signature of Notary

Notary Official Stamp



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:
SOCIAL SECURITY NUMBER (Optional):

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION:

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former employees states: An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences.

Applicant's Signature Date

Applicant's Address



AFFIDAVIT

STATE OF _____ COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20_____.

My Commission expires on _____, 20_____. Personally Known _____ - or -

Produced Identification _____ Notary Public: _____

Type of identification produced: _____

**Effective: 8/9/2001 Pursuant to
Sections 943.13 (4), (5), and (7), F.S.,**

Original – Employing Agency

Approved 2/7/2002