

CITY OF KISSIMMEE APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

DATE : _____

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS. PRE-EMPLOYMENT TESTING WILL INCLUDE DRUG SCREENING AND A CRIMINAL BACKGROUND CHECK. THIS EMPLOYER PARTICIPATES IN E-VERIFY. ALL FULL-TIME PERMANENT EMPLOYEES ARE GENERALLY REQUIRED TO HAVE THEIR PAYCHECK DIRECTLY DEPOSITED INTO A BANK ACCOUNT.

PLEASE ATTACH EXTRA PAGES WITH ANY ADDITIONAL INFORMATION.

POSITION APPLIED FOR: _____ DEPARTMENT _____

1. PERSONAL INFORMATION

A) NAME _____	TELEPHONE _____	E-MAIL _____
B) ADDRESS _____	CITY _____	STATE _____ ZIP _____
C) ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
D) DO YOU HAVE A VALID FLORIDA DRIVERS LICENSE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, WHICH TYPE: CLASS _____ LICENSE NUMBER: _____ EXPIRATION DATE: _____		
E) DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, GIVE NAME(S) AND RELATIONSHIP: _____		
F) WERE YOU EVER EMPLOYED BY THE CITY OF KISSIMMEE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, STATE DEPARTMENT AND REASON FOR LEAVING: _____		
G) WERE YOU IN THE ARMED FORCES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LIST BRANCH AND DATES OF ENTRY, RANK AT DISCHARGE & TYPE OF DISCHARGE: _____		
H) HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY JOB?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, GIVE AN EXPLANATION BELOW _____		

2. EDUCATION AND TRAINING

ARE YOU A HIGH SCHOOL GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO				GED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
SCHOOLS ATTENDED AFTER H.S.	LOCATION	COURSE/MAJOR	DEGREE/CERTIFICATE				
DESCRIBE ANY SPECIALIZED TRAINING/APPRENTICESHIP SKILL YOU HAVE RECEIVED: _____							
CAN YOU OPERATE ANY SPECIAL MACHINERY OR EQUIPMENT?				<input type="checkbox"/> YES	<input type="checkbox"/> NO		
IF YES, LIST TYPES: _____							
HAVE YOU ANY TRADE LICENSES OR CERTIFICATIONS?				<input type="checkbox"/> YES	<input type="checkbox"/> NO		
LIST TYPE, DATE AND WHERE ISSUED: _____							

<p>HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSES AGAINST THE LAW? A 'YES' WILL NOT NECESSARILY EXCLUDE YOU FROM EMPLOYMENT; HOWEVER, WHAT YOU WERE CONVICTED OF, AND HOW LONG AGO IS IMPORTANT. GIVE ALL FACTS SO THAT A DECISION CAN BE MADE. (YOU MAY OMIT MINOR TRAFFIC VIOLATIONS, ANY OFFENSE JUDGED IN A JUVENILE COURT OR UNDER A YOUTHFUL OFFENDER LAW.)</p> <p style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>YOU MAY OMIT MINOR PARKING OR TRAFFIC OFFENSES WHERE THE PENALTY IMPOSED WAS A FINE OF LESS THAN \$250 AND DID NOT INCLUDE ANY JAIL TIME</p> <p>USE THIS SPACE TO GIVE ANY EXPLANATION TO THE ABOVE QUESTION: _____</p>	
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YOU MUST SIGN THIS APPLICATION. READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN.

I hereby certify that each answer to any question, and all the information provided on this application (including attachments) is true and correct. I understand that any incorrect, incomplete, or false statements or information furnished by me may subject me to disqualification, or to discharge at any time. If employed by the City Of Kissimmee, I agree to comply with all its orders, rules and regulations. I authorize the City Of Kissimmee to conduct any PRE-EMPLOYMENT investigation it deems appropriate, including the administration of polygraph, physical examination, and urinalysis for drug screening. I understand that positive results for drug screening will disqualify me from consideration for employment.



APPLICANT SIGNATURE

DATE

EMPLOYMENT HISTORY – YOU MAY ATTACH A RESUME AND **SALARY HISTORY** INFORMATION IN LIEU OF COMPLETING THIS PAGE.

NAME: _____ POSITION APPLYING FOR: _____

START WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT.

DATES FROM TO		STARTING SALARY	FINAL SALARY	JOB TITLE
NAME & ADDRESS OF COMPANY		DESCRIBE THE WORK YOU DID		SUPERVISOR
MAY WE CONTACT THIS EMPLOYER? YES NO				REASON FOR LEAVING

DATES FROM TO		STARTING SALARY	FINAL SALARY	JOB TITLE
NAME & ADDRESS OF COMPANY		DESCRIBE THE WORK YOU DID		SUPERVISOR
MAY WE CONTACT THIS EMPLOYER? YES NO				REASON FOR LEAVING

DATES FROM TO		STARTING SALARY	FINAL SALARY	JOB TITLE
NAME & ADDRESS OF COMPANY		DESCRIBE THE WORK YOU DID		SUPERVISOR
MAY WE CONTACT THIS EMPLOYER? YES NO				REASON FOR LEAVING

DATES FROM TO		STARTING SALARY	FINAL SALARY	JOB TITLE
NAME & ADDRESS OF COMPANY		DESCRIBE THE WORK YOU DID		SUPERVISOR
MAY WE CONTACT THIS EMPLOYER? YES NO				REASON FOR LEAVING

SPECIAL SKILL AND QUALIFICATIONS: DESCRIBE ANY SPECIAL JOB-RELATED SKILLS OR QUALIFICATIONS ACQUIRED THROUGH EMPLOYMENT EXPERIENCES.

APPLICANT SIGNATURE

DATE

EEO INFORMATION FOR RECORD REPORTING AND OTHER STATUTORY REQUIREMENTS

This information is confidential and will NOT be attached to your application for employment. Completion is voluntary and NOT a condition to your employment.

Qualified applicants are considered for employment and treated without regard to race, color, religion, sex, national origin, age, marital status or handicap.

DATE: _____

POSITION APPLIED FOR: _____

REFERRED BY: _____

NAME: _____ PHONE: _____

ADDRESS: _____

BIRTHDATE: _____

RACE/ETHNIC GROUP:

_____ AFRICAN-AMERICAN (not of Hispanic origin) _____ ASIAN or PACIFIC ISLANDER

_____ HISPANIC _____ NATIVE AMERICAN

_____ WHITE (not of Hispanic origin) _____ INDIAN/ALASKAN

_____ OTHER

GENDER _____ MALE _____ FEMALE

VETERAN'S PREFERENCE

DOCUMENTATION SUBSTANTIATING YOUR CLAIM MUST BE FURNISHED AT THE TIME OF APPLICATION.

PLEASE SELECT ALL OF THE FOLLOWING THAT APPLY TO YOU IN REFERENCE TO VETERAN'S PREFERENCE.

- A disabled veteran: 1. Who has served on active duty in any branch of the United States Armed Forces, has received an honorable discharge and has established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veterans Affairs; or 2. Who is receiving compensation, disability retirement benefits or pension by reason of public laws administered by the United States Department of Veterans Affairs and the United States Department of Defense.
- The spouse of a Veteran:
 - a) Who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment; or
 - b) Who is 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 or,
- A wartime veteran as defined in Section 1.01(14), Florida Statutes, who has served at least one (1) day during a wartime period. Active duty for training shall not be allowed for eligibility under this paragraph.
- The un-married widow or widower of a veteran who died of a service-connected disability.
- The mother, father, legal guardian, or un-remarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense.
- A Veteran as defined in Section 1.01(14), Florida Statutes, is a person who served in the active military, naval or air service and who was discharged or released under honorable conditions only or who later received an upgraded discharge under honorable conditions. "Active duty for training" may not be allowed for eligibility under this paragraph.
- A current member of any reserve component of the United States Armed Forces or the Florida National Guard. If so, please attach FDVA form VP2, signed by your immediate military supervisor, to document you status.
- None of the above.
- * An honorable discharge is necessary

Branch of Service

Date of Entry

Date of Discharge

NOTE IF ANY APPLICANT CLAIMING VETERAN'S PREFERENCE FOR A VACANT POSITION IS NOT SELECTED FOR THE POSITION, HE/SHE MAY FILE A COMPLAINT WITH THE DIVISION OF VETERAN'S AFFAIRS; P.O. BOX 1437, ST. PETERSBURG, FL 33731. A COMPLAINT SHALL BE FILLED WITHIN 21 DAYS AFTER NOTICE OF HIRING DECISION. IF NO NOTICE OF A HIRING DECISION IS GIVEN, A COMPLAINT MAY BE FILED AT ANY TIME.

Signature of Applicant

Date



CITY OF KISSIMMEE POLICE DEPARTMENT

Chief Jeffrey M. O'Dell

8 N. Stewart Avenue • Kissimmee, Florida 34741-5499 • Phone 407-847-0176 • FAX 407-847-0460

I, _____, have read and understand the Police Officer Job Description for the City of Kissimmee. I have the minimum training and experience. I meet the minimum qualifications standards required to perform essential job functions and I can perform the essential job functions.

Signature: _____ Date: _____



KISSIMMEE POLICE DEPARTMENT APPLICATION

ALL APPLICANTS PLEASE NOTE THE FOLLOWING

1. Please make sure that **all** requested documents are included with your application. Make sure that the application is filled out completely when turned into the City of Kissimmee Personnel Office.
2. Please make sure that **all** required forms are notarized.
3. Return the completed application to the City of Kissimmee Personnel Office, located on the second floor of City Hall, or mail it to 101 Church Street, Kissimmee, FL, 34741.
4. All applications will be forwarded to the Kissimmee Police Department Recruitment Unit for processing.
5. After a review of your application, you will be contacted either via phone or mail as to the status of your processing. **Please do not contact the Recruitment Unit to obtain the status of your application.**
6. After the hiring process begins, **do not** contact the Recruitment Unit to obtain the results of any part of the process. You will be contacted via telephone or mailed the results.
7. The hiring process can take anywhere from two (2) to six (6) months to complete.

KISSIMMEE POLICE DEPARTMENT
Comprehensive Personal History Questionnaire

Applicant's Name: _____ Date: _____

Position Sought: _____

Referred By: _____

Social Security Number: _____ DOB: _____

(Note: The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are 40 (forty) years of age or more.)

Please include **photocopies** of the following documents with your application:

1. Social Security Card
2. Florida Drivers License
3. Birth Certificate
4. All DD-214 Forms
5. Any name changes (marriage, divorce, etc.)
6. High school diploma/GED
7. Any college degrees
8. CJBAT Test

9. **Non-certified applicants:** If you are currently attending a Law Enforcement Academy, list graduation date: _____
When are you scheduled to take the Florida State Exam? _____

If you have already taken the Florida State Exam, list the date you took it: _____
_____. If you have received your test results, please attach a copy of your results.

When completed, return to: City of Kissimmee City Hall
 Personnel Department
 101 North Church Street
 Kissimmee, Florida 34741-5463

All Kissimmee Police Department applicants receive consideration for employment without regard to race, age, ancestry, color, marital status, religion, national origin, medical condition, or handicap.

STOP

**PLEASE READ THE NEXT PAGE CAREFULLY
BEFORE COMPLETING THE APPLICATION**

**FAILING TO READ THE FOLLOWING PAGES
COULD ELIMINATE YOU FROM THE PROCESS**

PLEASE READ THIS PAGE CAREFULLY BEFORE FILLING OUT THE APPLICATION

This application must be either typed or printed in legible form. Applications that are not legible will be returned to the applicant.

You must complete and return your Personal History Questionnaire with your application. The background check includes contact with prior employers, personal references, your neighbors, criminal history, driver's license check, and verification of education, military service and nationality (if a naturalized U.S. citizen). You must include complete addresses and phone numbers for all employers for the past ten years and complete names, addresses and phone numbers for each personal reference and each neighborhood reference.

The submission of this application carries the understanding that you are authorizing the Kissimmee Police Department to contact any and all available sources for the purpose of obtaining information as to your qualifications. You are hereby informed that a thorough background investigation, including information as to your character, general reputation, personal characteristics and mode of living will be part of your processing which will be used for the sole purpose of evaluating your qualifications for employment with this agency.

Pursuant to F.S. 119 and F.S. 286.001, the public records law and the Sunshine Law, all documents made or received by the Kissimmee Police Department in the course of processing your application are public records and shall be open at all times for inspection by the public.

Criminal records ordered sealed under Section 943-0585, Florida Statutes, are available from the FCIC System for inspection by a criminal justice agency for the purpose of criminal justice employment. The applicant is to be advised that he/she may not lawfully deny arrest or convictions, notwithstanding adjudication being withheld or the sealing or expungement of arrest/conviction records. The applicant is also to be advised that a misdemeanor arrest or conviction may not necessarily disqualify him/her for employment.

Signatures **MUST** be notarized prior to the submission of the completed application. If the application is not notarized, it will be returned to the applicant.

You must answer all questions truthfully. In general, no individual answer will automatically disqualify you from consideration for employment with the City. The Department will consider all the circumstances surrounding your answers.

If you have any contact with a law enforcement or security agency while participating in the Kissimmee Police Department's application process, you are required to notify the Recruiting Division the next business day.

The facts set forth in my comprehensive personal history questionnaire are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this questionnaire shall be considered sufficient cause for dismissal. Further, the City of Kissimmee is hereby authorized to conduct any investigation deemed by them to be necessary.

Signature of Applicant

KISSIMMEE POLICE DEPARTMENT

Employment Application Personal History Form

THIS FORM WILL BE USED TO CONDUCT A BACKGROUND INVESTIGATION AS
REQUIRED BY FLORIDA STATUE 943.13

INSTRUCTIONS

Read the previous instructions carefully before filling out your Personal History Form. All requested information must be furnished. The information you give will be used to determine your qualifications for employment. It is important that you answer all the questions completely and accurately; failure to do so may delay the processing of your application and possibly the loss of your employment opportunity. **If an item does not apply to you or if there is no information to be given, write the letters "N/A" ("Not Applicable") in the appropriate space. Use abbreviations such as "NMN" ("No Middle Name") and "UNK" ("Unknown"). Whenever an address is required, you must provide a zip code.** Add additional pages if necessary or use the back of the page.

Application Date: _____, 20__

Name: _____ Social Security #: _____

Street Number Street Name Apt. Number (If Applicable)

City State Zip

Apartment Complex Name (If Applicable): _____

Primary Phone: (____)____ - _____ Alternate Phone: (____)____ - _____

Present Employer: _____ May We Contact ____ Yes ____ No

Business Address: _____ Phone#:(____)____ - _____

KISSIMMEE POLICE DEPARTMENT

EMPLOYMENT APPLICATION PERSONAL HISTORY FORM

GENERAL

Check the appropriate answer

1. Are you a U.S. Citizen? YES NO
2. *Naturalized: Please provide the certificate number #_____ YES NO
3. *Do you possess a Social Security Card? YES NO
4. *Do you possess a valid Florida Drivers License? YES NO
5. *Do you have a copy of your Birth Certificate? YES NO
6. *Do you have any name changes (marriage, divorce) YES NO
7. *Do you have a High School Diploma /GED? YES NO
8. *Do you have any College Degrees? YES NO
9. *Did you complete a C.J.B.A.T. Test? YES NO
10. Do you speak a language other than English? YES NO

8b Language(s)

Check all applicable areas

_____	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write

***Copies of these documents must be attached to this application**

MILITARY

1. Have you ever served in the U.S. Armed Forces? YES NO

Type of Discharge: _____ Branch: _____ Service# _____

2. Dates of active Military Service: Entry: _____ Separation: _____

3. Are you presently a member of a U.S. Military Reserve or National Guard Organization: YES NO

If yes, are you ___Active___ Inactive

Grade: _____ Service#: _____

Component: _____ Unit & Location: _____

4. Have you ever been denied or had a security clearance revoked YES NO

If yes, provide details: _____

5. Have you ever been court-martialed, tried on charges or were you the subject of a summary court, deck court, Captain's Mast, company punishment, or any other type of disciplinary action while a member of the armed forces? YES NO

If yes, provide details: _____

6. Are there any incidents concerning your military career that could possibly affect this examination: YES NO

If yes, provide details: _____

DRIVING RECORD

1. Have you **ever** received a traffic citation? YES NO

If yes, complete **Appendix A**

2. Have you **ever** been involved in a traffic accident? YES NO

If yes, complete **Appendix B**

3. Has your driver's license **ever** been suspended or revoked: YES NO

If yes, complete **Appendix B**

4. List **all** states where you have held a valid driver's license? (Include temporary and learning permits) _____

5. Has your auto insurance **ever** lapsed? YES NO

If yes, provide: _____

6. Have you **ever** driven a motor vehicle while under the influence of alcohol or an illegal substance where if stopped, you could have been arrested? YES NO

How many times? ____ List all dates _____

7. Have you **ever** been involved in any acts, using alcohol that could have been considered criminal? YES NO

If yes, provide: _____

DRUG USAGE

1. Have you **ever sold** any illegal drugs or controlled substances? YES NO
2. Have you **ever** experimented, possessed or used illegal drugs or controlled substances?
If yes, complete **Appendix C** YES NO
3. Have you **ever** used any of the following?(If yes, (✓) check and complete **Appendix C**)
- | | |
|--|---|
| A. <input type="checkbox"/> Speed | L. <input type="checkbox"/> Steroids |
| B. <input type="checkbox"/> Barbiturates (downers) | M. <input type="checkbox"/> PCP (angel dust) |
| C. <input type="checkbox"/> Amphetamines (uppers) | N. <input type="checkbox"/> Crack |
| D. <input type="checkbox"/> Rush | O. <input type="checkbox"/> Cocaine |
| E. <input type="checkbox"/> Quaaludes | P. <input type="checkbox"/> Heroin |
| F. <input type="checkbox"/> LSD | Q. <input type="checkbox"/> Ecstasy |
| G. <input type="checkbox"/> Hash | R. <input type="checkbox"/> Amilnitrates |
| H. <input type="checkbox"/> Ice or methamphetamine | S. <input type="checkbox"/> Designer drugs |
| I. <input type="checkbox"/> Mushrooms | T. <input type="checkbox"/> Peyote |
| J. <input type="checkbox"/> Mescaline | U. <input type="checkbox"/> Another person's prescription |
| K. <input type="checkbox"/> Marijuana | V. <input type="checkbox"/> Other:_____ |

4. Have you **ever** used inhalants, or any other legal substance to get high?
(IE: Paint thinner, aerosol, glue) YES NO
If yes, provide details: _____

5. Have you **ever** been involved in the sale or purchase of illegal drugs, either directly or indirectly (IE: Giving money to another for the purchase of, taking someone else to purchase or sell, been in a vehicle as a passenger during the purchase or sale):
If yes, explain in detail in **Appendix D** YES NO

6. Have you **ever** been in the company of people using illegal drugs? YES NO
If yes provide details and the last time: _____

7. What is the total amount of money you have spent on illegal drugs in your life? \$_____

8. Have you **ever** used medication that was prescribed to someone else? YES NO
If yes, provide: _____

9. Have you **ever** abused a medication that was prescribed to you? YES NO
If yes, provide: _____

10. Have you **ever attempted** to grow, cultivate or manufacture an illegal drug?
(Include any amount) YES NO
If yes, were you successful? _____

11. Have you had any other involvement with any illegal drugs that has not been covered?
(Be specific) YES NO

ARREST RECORD

1. Have you **ever** been arrested, charged, or detained by a law enforcement agency?
(Include any arrests, notice to appear, or court summons, even if the charges have been dropped or reduced. This also includes if you plead no-contest, not guilty, or where the arrest records were sealed or expunged. **Failure to disclose this information will result in the termination of your application process.**

If yes, complete **Appendix D**: YES NO

2. Have you ever served probation, parole, community control, community service or had an injunction filed against you? YES NO

If yes, provide: _____

UNDETECTED CRIMES

1. Have you ever committed an act that if caught, you would have been arrested?

If yes, complete **Appendix D**: YES NO

2. Have you ever filed a false insurance claim? YES NO

If yes, provide details: _____

3. Has a law enforcement agency ever been called because of a situation that you were involved in? YES NO
If yes, provide details: _____

4. Have you ever written a check knowing that you did not have sufficient funds to cover the value of the check? YES NO
If yes, provide details: _____

5. Have you ever used a fraudulent document to obtain money? YES NO
If yes, provide details: _____

6. Were you ever in a fight where a weapon was used? YES NO
If yes, provide details: _____

7. Have you ever injured or caused the death of another person? YES NO
If yes, provide details: _____

8. Have you ever physically abused a spouse, girlfriend, boyfriend, child or anyone else in your immediate family? YES NO
If yes, provide details: _____

9. Have you ever intentionally damaged property belonging to another person without them knowing? YES NO
If yes, provide details: _____

10. Have you ever filed a false police report? YES NO
If yes, provide details: _____

11. Have you ever participated in a riot or a public fight? YES NO
If yes, provide details: _____

12. Since you have been an adult (18 years old), have you ever had any sexual involvement with someone under 18 years old? YES NO

If yes, how old were they? _____ How old were you? _____ How long ago? _____

13. Have you ever sexually assaulted anyone? YES NO

If yes, provide details: _____

14. Have you ever engaged in any activity related to prostitution? YES NO

If yes, provide details: _____

15. Have you ever been questioned by a law enforcement agency as a suspect in an investigation? YES NO

If yes, provide details: _____

16. Other than what has already been covered, have you been involved in anything that you could have been arrested for? YES NO

If yes, provide details: _____

17. Have you ever been associated with anyone belonging to any organization, past or present, that would place the integrity of the Kissimmee Police Department in question (e.g., KKK, Nazi organization, gang member, organized crime)? YES NO

If yes, provide details: _____

18. Have you ever had regular associations with anyone, whom you knew, or should have known that had a bad reputation in the community or with law enforcement for their involvement in criminal behavior? YES NO

If yes, provide details: _____

FINANCIAL HISTORY

1. Have you ever had a lien or a financial judgment filed against you? YES NO

If yes, provide details: _____

2. Have you ever filed for a Bankruptcy? YES NO

If yes, provide details: _____

3. Have you ever been refused a surety bond, or been turned down for employment that required a surety bond? YES NO

If yes, provide details: _____

4. Have you ever had anything repossessed? YES NO

If yes, provide details: _____

EDUCATION

1. Do you have a high school diploma or a G.E.D. or Certificate of High School Completion that is recognized by the State of Florida? YES NO

2. Year graduated from high school, earned G.E.D. or Certificate of Completion: _____

High School:

Name of School: _____

Address: _____

Number & Street City State Zip

G.E.D.:

Name of School: _____

Address: _____

Number & Street City State Zip

Name on diploma or certificate issued: _____

3. Have you ever attended a college or university? YES NO

If yes please list: _____

Degree(s) obtained: _____

If no degree, list the number of credit hours earned: _____

4. List any additional education and training you have obtained:

5. Have you had **any** type of Law Enforcement training? YES NO

If yes, provide what type of training? _____

EMPLOYMENT

1. Have you ever worked for or applied for employment with the Kissimmee Police Department before? YES NO

If yes, state year and position applied for: _____

2. Have you **ever** applied to **any** other Law Enforcement agency? YES NO

If yes, provide the dates and the agency's name: _____

3. Are you currently on an agency's eligibility list? YES NO

If yes, list the agency: _____

4. Have you ever been terminated or asked to resign from a job? YES NO

If yes, provide details: _____

Did it involve any misconduct or policy violation? YES NO

5. Have you ever received any type of discipline from your current or previous employers? (Discipline includes any oral, written, suspension or any memorandum of concern in your personnel file.) YES NO

If yes, provide details: _____

6. Do you have any relatives working for the Kissimmee Police Department? YES NO

If yes, provide their name(s): _____

QUESTIONS FOR CURRENT OR FORMER LAW ENFORCEMENT OFFICERS

If you answer "Yes" to any of the following questions, please explain and provide details to include where you were employed at the time and the date of the occurrence. Use additional paper or the back of this questionnaire if necessary. Please provide copies that would further explain your answers.

1. Have you ever accepted a bribe? YES NO

If yes, provide details: _____

2. Have you ever been accused of using excessive force? YES NO

If yes, provide details: _____

3. Have you ever witnessed an excessive force situation? YES NO

If yes, explain the circumstances surrounding the incident and your actions: _____

4. Have you ever been the subject of an Internal Affairs Investigation? YES NO

If yes, list each incident in chronological order, include a short synopsis, and the results of the investigations: _____

5. Do you currently have any pending discipline issues or Internal Affairs Investigations against you? YES NO

If yes, provide details: _____

6. Have you ever lied under oath? YES NO

If yes, provide details: _____

7. As a Law Enforcement Officer, have you ever engaged in any sexual act while on duty? YES NO

If yes, provide details: _____

8. Have you ever been involved in a shooting incident? YES NO

If yes, provide details: _____

9. Have you ever been the subject of a Grand Jury Investigation? YES NO

If yes, provide details _____

10. Have you ever been involved in any "on-duty" motor vehicle accident? YES NO

Provide a list by chronological order, what agency worked the accident and who was found at fault: _____

11. Have you ever removed, destroyed, or altered police records or files? YES NO

If yes, provide details: _____

12. Since becoming a Law Enforcement Officer, have you used any illegal drugs?

YES NO

If yes, provide details: _____

13. Have you ever falsified any type of official report?

YES NO

If yes, provide details: _____

14. Have you ever taken anything from a place that had been burglarized?

YES NO

Provide dollar amount and list items. _____

15. Have you ever taken any item from an investigative scene?

YES NO

If yes, provide details: _____

Employment Application Personal History Form

FAMILY

SPOUSE: _____

First Name	M.I.	Last Name	(Maiden)			
Address (if different)		Street	City	County	State	ZIP
(_____) - _____		(_____) - _____				
Home Telephone		Work Telephone		Ext.		
Place of Birth		D.O.B. ____/____/____				

CHILD: _____

First Name	M.I.	Last Name	(Maiden)			
Address (if different)		Street	City	County	State	ZIP
(_____) - _____		(_____) - _____				
Home Telephone		Work Telephone		Ext.		
Place of Birth		D.O.B. ____/____/____				

CHILD: _____

First Name	M.I.	Last Name	(Maiden)			
Address (if different)		Street	City	County	State	ZIP
(_____) - _____		(_____) - _____				
Home Telephone		Work Telephone		Ext.		
Place of Birth		D.O.B. ____/____/____				

CHILD: _____

First Name	M.I.	Last Name	(Maiden)			
Address (if different)		Street	City	County	State	ZIP
(_____) - _____		(_____) - _____				
Home Telephone		Work Telephone		Ext.		
Place of Birth		D.O.B. ____/____/____				

CHILD: _____

First Name	M.I.	Last Name	(Maiden)			
Address (if different)		Street	City	County	State	ZIP
(_____) - _____		(_____) - _____				
Home Telephone		Work Telephone		Ext.		
Place of Birth		D.O.B. ____/____/____				

NOTE: IF THERE ARE ADDITIONAL CHILDREN, PLEASE LIST ON BACK OF FORM

Employment Application Personal History Form

FATHER:

First Name	M.I.	Last Name	(Maiden)			
Address (if different)		Street	City	County	State	ZIP
() -		() -				
Home Telephone		Work Telephone			Ext.	
Place of Birth		D.O.B. / /				

MOTHER:

First Name	M.I.	Last Name	(Maiden)			
Address (if different)		Street	City	County	State	ZIP
() -		() -				
Home Telephone		Work Telephone			Ext.	
Place of Birth		D.O.B. / /				

**STEP
FATHER**

First Name	M.I.	Last Name	(Maiden)			
Address (if different)		Street	City	County	State	ZIP
() -		() -				
Home Telephone		Work Telephone			Ext.	
Place of Birth		D.O.B. / /				

**STEP
MOTHER**

First Name	M.I.	Last Name	(Maiden)			
Address (if different)		Street	City	County	State	ZIP
() -		() -				
Home Telephone		Work Telephone			Ext.	
Place of Birth		D.O.B. / /				

**THIS PAGE INTENTIONALLY LEFT BLANK.
PLEASE TURN AND CONTINUE**

Employment Application Personal History Form

RESIDENCES

List chronologically your residences for the past ten (10) years, beginning with your current address. Should you need further space, use the back of the page.

PRESENT ADDRESS: _____
Street City State Zip

Name of Apartment Complex or Residential Subdivision: _____

RENT: _____ OWN: _____ PARENTS RESIDENCE ___ YES ___ NO

FROM: _____ TO: **Present**

FORMER ADDRESS: _____
Street City State Zip

Name of Apartment Complex or Residential Subdivision: _____

RENT: _____ OWN: _____ PARENTS RESIDENCE ___ YES ___ NO

FROM: _____ TO: _____

FORMER ADDRESS: _____
Street City State Zip

Name of Apartment Complex or Residential Subdivision: _____

RENT: _____ OWN: _____ PARENTS RESIDENCE ___ YES ___ NO

FROM: _____ TO: _____

FORMER ADDRESS: _____
Street City State Zip

Name of Apartment Complex or Residential Subdivision: _____

RENT: _____ OWN: _____ PARENTS RESIDENCE ___ YES ___ NO

FROM: _____ TO: _____

FORMER ADDRESS: _____
Street City State Zip

Name of Apartment Complex or Residential Subdivision: _____

RENT: _____ OWN: _____ PARENTS RESIDENCE ___ YES ___ NO

FROM: _____ TO: _____

FORMER ADDRESS: _____
Street City State Zip

Name of Apartment Complex or Residential Subdivision: _____

RENT: _____ OWN: _____ PARENTS RESIDENCE ___ YES ___ NO
FROM: _____ TO: _____

FORMER ADDRESS: _____
Street City State Zip

Name of Apartment Complex or Residential Subdivision: _____

RENT: _____ OWN: _____ PARENTS RESIDENCE ___ YES ___ NO
FROM: _____ TO: _____

FORMER ADDRESS: _____
Street City State Zip

Name of Apartment Complex or Residential Subdivision: _____

RENT: _____ OWN: _____ PARENTS RESIDENCE ___ YES ___ NO
FROM: _____ TO: _____

FORMER ADDRESS: _____
Street City State Zip

Name of Apartment Complex or Residential Subdivision: _____

RENT: _____ OWN: _____ PARENTS RESIDENCE ___ YES ___ NO
FROM: _____ TO: _____

FORMER ADDRESS: _____
Street City State Zip

Name of Apartment Complex or Residential Subdivision: _____

RENT: _____ OWN: _____ PARENTS RESIDENCE ___ YES ___ NO
FROM: _____ TO: _____

Employment Application Personal History Form

EMPLOYMENT
(For Past 10 Years)

Note: If additional pages are needed beyond what is provided, please photocopy and complete.

PRESENT EMPLOYER

Name of Company: _____ Phone#: (____) _____ - _____

Address: _____
Street Number City State ZIP

Beginning Employment Date: _____ Supervisor: _____

Description of Duties, Responsibilities, and Accomplishments: _____

Disciplinary Action(s) Received: _____

PREVIOUS EMPLOYER

Name of Company: _____ Phone#: (____) _____ - _____

Address: _____
Street Number City State ZIP

Employment Dates From: _____ To: _____

Immediate Supervisor: _____ Reason for leaving: _____

Description of Duties, Responsibilities, and Accomplishments: _____

Disciplinary Action(s) Received: _____

Employment Application Personal History Form

PREVIOUS EMPLOYER

Name of Company: _____ Phone#: (____) _____ - _____

Address: _____
Street Number City State ZIP

Employment Dates From: _____ To: _____

Immediate Supervisor: _____ Reason for leaving: _____

Description of Duties, Responsibilities, and Accomplishments: _____

Disciplinary Action(s) Received: _____

PREVIOUS EMPLOYER

Name of Company: _____ Phone#: (____) _____ - _____

Address: _____
Street Number City State ZIP

Employment Dates From: _____ To: _____

Immediate Supervisor: _____ Reason for leaving: _____

Description of Duties, Responsibilities, and Accomplishments: _____

Disciplinary Action(s) Received: _____

Employment Application Personal History Form

PREVIOUS EMPLOYER

Name of Company: _____ Phone#: (____) _____ - _____

Address: _____
Street Number City State ZIP

Employment Dates From: _____ To: _____

Immediate Supervisor: _____ Reason for leaving: _____

Description of Duties, Responsibilities, and Accomplishments: _____

Disciplinary Action(s) Received: _____

PREVIOUS EMPLOYER

Name of Company: _____ Phone#: (____) _____ - _____

Address: _____
Street Number City State ZIP

Employment Dates From: _____ To: _____

Immediate Supervisor: _____ Reason for leaving: _____

Description of Duties, Responsibilities, and Accomplishments: _____

Disciplinary Action(s) Received: _____

Employment Application Personal History Form

Note: All six references must be completed.

PERSONAL REFERENCE

Name: _____ Occupation: _____

Home Address: _____
Street Address/Name (City) (State) (ZIP)

Business Address: _____
Street Address/Name (City) (State) (ZIP)

Home Phone: (____)____-____ Business Phone: (____)____-____

How long have you know this person: _____ Former co-worker or boss?: _____

PERSONAL REFERENCE

Name: _____ Occupation: _____

Home Address: _____
Street Address/Name (City) (State) (ZIP)

Business Address: _____
Street Address/Name (City) (State) (ZIP)

Home Phone: (____)____-____ Business Phone: (____)____-____

How long have you know this person: _____ Former co-worker or boss?: _____

PERSONAL REFERENCE

Name: _____ Occupation: _____

Home Address: _____
Street Address/Name (City) (State) (ZIP)

Business Address: _____
Street Address/Name (City) (State) (ZIP)

Home Phone: (____)____-____ Business Phone: (____)____-____

How long have you know this person: _____ Former co-worker or boss?: _____

Employment Application Personal History Form

PERSONAL REFERENCE

Name: _____ Occupation: _____

Home Address: _____
Street Address/Name (City) (State) (ZIP)

Business Address: _____
Street Address/Name (City) (State) (ZIP)

Home Phone: (____)____-____ Business Phone: (____)____-____

How long have you know this person: _____ Former co-worker or boss?: _____

PERSONAL REFERENCE

Name: _____ Occupation: _____

Home Address: _____
Street Address/Name (City) (State) (ZIP)

Business Address: _____
Street Address/Name (City) (State) (ZIP)

Home Phone: (____)____-____ Business Phone: (____)____-____

How long have you know this person: _____ Former co-worker or boss?: _____

PERSONAL REFERENCE

Name: _____ Occupation: _____

Home Address: _____
Street Address/Name (City) (State) (ZIP)

Business Address: _____
Street Address/Name (City) (State) (ZIP)

Home Phone: (____)____-____ Business Phone: (____)____-____

How long have you know this person: _____ Former co-worker or boss?: _____

KISSIMMEE POLICE DEPARTMENT
Employment Application Personal History Form

Applicant Affidavit Personal Employment

I, _____, do swear or affirm that I am a citizen of the United States, by birth or naturalization, that I have never been convicted of a felony or a misdemeanor involving moral turpitude, that I have a valid high school diploma or its equivalent, that my discharge (if any) from the Armed Forces was under honorable conditions, that I am of good moral character, that I have read all the information contained in this affidavit and my application for employment and that it is correct, and that all other information I furnished in conjunction with my application is true and correct.

Signature of Applicant: _____

Date of Signature: _____

STATE OF FLORIDA
COUNTY OF OSCEOLA

The foregoing instrument was acknowledge before me this _____, 20__ by _____, who is personally known to me or who has produced (Type of ID). _____ as identification.

Signature of Person Taking Acknowledge

Name of Acknowledger (typed, printed or stamped)

Title/Rank

I.D. Number

POLYGRAPH EXAMINATION AND/OR COMPUTER VOICE STRESS ANALYSIS

Are you willing to take a Polygraph Examination and/or Computer Voice Stress Analysis to verify all of the information supplied by you to this agency? _____YES _____NO

If no, state your reason(s): _____

DRUG TESTING CONSENT FORM

I understand that as a part of the pre-employment process, the agency will conduct an in-depth background investigation in an effort to determine my suitability to fill the position for which I have applied. In keeping with the efforts of the agency to identify the most qualified individuals for the law enforcement profession, I do hereby voluntarily consent to the sampling and subsequent testing of my body fluids, including urine and blood. I understand that refusal to supply the necessary samples may be grounds for rejection of my application for employment. I further understand that the results of the testing may be utilized in conjunction with any other information developing during the pre-employment 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.

Applicant Signature

Date

Witness Signature

Date

PROBATIONARY PERIOD AT WILL EMPLOYMENT

I understand and accept that I must successfully complete a one year probationary period if I am employed by the Kissimmee Police Department. This one year period begins once I have completed the Officer Field Training Program. As a probationary employee, I understand that I may be discharged at will with no entitlement to any administrative appeal. I acknowledge that, during the probationary period the Kissimmee Police Department has the exclusive right to discharge me for any or no reason.

Applicant Signature

Date

Sworn to and subscribed before me this:

_____ day of _____, 20__

Signature of Notary Public-State of Florida

Type, print or stamp Commissioned name of Notary Public _____

Personally known _____ Or produced identification _____

Type of identification produced: _____

APPENDIX A

DRIVING HISTORY

Date	Issuing Agency	Reason for the Stop	Type of Citation Issued

APPENDIX B

ACCIDENT & DRIVERS LICENSE HISTORY

Date	City/County of Accident	Investigating Agency	At Fault (circle one)
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No

DRIVERS LICENSE SUSPENSIONS

Date	Reason for Suspension	State License was Issued

APPENDIX C

ILLEGAL DRUG USE

Type	Frequency	Date Last Used
	___ time(s) once / week / month / year	
	___ time(s) once / week / month / year	
	___ time(s) once / week / month / year	
	___ time(s) once / week / month / year	
	___ time(s) once / week / month / year	

**APPENDIX D
ARRESTS AND CHARGES**

Date of Incident	List Charges	Location of Arrest (City/County and State)	Disposition



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.

**NOTICE TO PERSONS REGARDING
COLLECTION OF SOCIAL SECURITY NUMBERS**

The Kissimmee Police Department collects Social Security Numbers of persons who:

1. Apply for employment or are employed by this agency
2. Apply to volunteer with this agency
3. Are arrested or contacted for investigative reasons by this agency
4. Are fingerprinted by this agency

For the performance of duties and responsibilities prescribed by law, the Kissimmee Police Department collects Social Security Numbers for the following reasons:

1. To verify identity
2. To conduct employment background investigations
3. For wanted person, driver's license, and criminal history queries
4. For payroll and retirement purposes
5. For reporting Federal withholding taxes of employees

Police Officer Applicants Only



The following sheet must be signed by a physician and returned with the completed application. The hiring process will not begin until the medical clearance form is received by our department.

Table 2. Medical / Physician's Clearance to Test Form

AGENCY NAME: _____

NAME OF PARTICIPANT: _____

Dear Physician:

The purpose of this communication is to inform you of the above named individual's intentions with regards to participation in the Kissimmee Police Department's pre-employment physical abilities test. 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 participant 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 participant 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 is intended to be completed in the fastest possible time and will require maximum effort by the participant. Tests are designed to measure balance, muscular endurance and strength, flexibility, anaerobic power and capacity, fine motor skill and aerobic power. Tests will include two 220 yard runs, dragging a 150 pound object 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 participant is capable of performing minimum standards appropriate to law enforcement, corrections or correctional probation.

I have examined this participant and his/her medical history, and 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 participant's medical condition on this form.

_____ Within a reasonable degree of probability, no medical condition or disorder exists which precludes this participant from participation in the physical abilities tests as described.

Signature of Physician: _____

Date: _____

THANK YOU FOR YOUR COOPERATION !

Name of Agency Representative: _____

Agency Address: _____