



# TOWN OF SURFSIDE

9293 Harding Avenue  
Surfside, Florida 33154

An Equal Opportunity Employer and a Drug Free Workplace  
Qualified applicants are considered for employment and treated without regard to race, color, religion, sex, national origin, age, disability, marital, or veteran status (except if eligible for veterans' preference).

## POLICE DEPARTMENT EMPLOYMENT APPLICATION

**NOTICE: PLEASE READ AND FOLLOW THESE INSTRUCTIONS EXACTLY. YOUR ABILITY TO COMPLETE THIS APPLICATION AS REQUESTED WILL BE EVALUATED AND USED AS ONE BASIS FOR SELECTION DECISIONS. THIS APPLICATION WHEN COMPLETED WILL BE USED BY THE TOWN OF SURFSIDE AS AN INVESTIGATIVE AID. RETENTION OF THIS PERSONAL DATA WILL REMAIN WITH THE TOWN OF SURFSIDE. THIS APPLICATION WILL REMAIN ACTIVE FOR 180 DAYS. YOU MAY ATTACH A RESUME OR COPIES OF DOCUMENTS YOU FEEL HELP CLARIFY YOUR BACKGROUND, BUT RESUMES WILL NOT BE ACCEPTED IN LIEU OF A FULLY COMPLETED APPLICATION. IF APPLYING FOR MORE THAN ONE POSITION, PLEASE SUBMIT A SEPARATE APPLICATION FOR EACH POSITION. FAILURE TO TRUTHFULLY AND ACCURATE ANSWER THE QUESTIONS WILL RESULT IN A CANDIDATE'S DISQUALIFICATION.**

### SECTION 1

#### INSTRUCTIONS

- HAND PRINT CLEARLY, IN BLACK INK AND IN YOUR OWN HANDWRITING.
- ANSWER EVERY QUESTION. IF A QUESTION DOES NOT APPLY TO YOU, SIMPLY INDICATE N/A. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
- ANY UNANSWERED, INCOMPLETE OR OMITTED QUESTIONS MAY RESULT IN REJECTION OF YOUR APPLICATION OR DISMISSAL.
- IF THE SPACE AVAILABLE IS INSUFFICIENT, USE A SEPARATE SHEET OF 8½ X 11 PAPER AND PRECEDE EACH ANSWER WITH THE QUESTION.
- DO NOT MISSTATE OR OMIT ANY MATERIAL FACT SINCE THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATIONS FOR SELECTION.
- ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY. DO NOT MAKE EXAGGERATED, FALSE OR MISLEADING STATEMENTS AS THEY MAY CAUSE YOUR REJECTION OR DISMISSAL.
- EACH AND EVERY QUESTION HAS A PURPOSE. DO NOT FAIL TO ANSWER EACH QUESTION COMPLETELY, EVEN IF YOU FEEL IT IS "NOT IMPORTANT".
- PROVIDE A COPY OF BIRTH CERTIFICATE, GED OR HIGH SCHOOL DIPLOMA, UNIVERSITY DIPLOMA, DD214 (MILITARY), DIVORCE DECREE (IF APPLICABLE), DRIVERS LICENSE, AND SOCIAL SECURITY CARD.**
- PROVIDE OFFICIAL SEALED TRANSCRIPTS DOCUMENTING CREDIT HOURS FROM INVOLVED UNIVERSITIES OR COLLEGES TO THE SURFSIDE POLICE DEPARTMENT. THE APPLICATION WILL NOT BE COMPLETE WITHOUT SEALED TRANSCRIPTS.**

I HAVE READ AND I UNDERSTAND ALL THE ABOVE INSTRUCTIONS. I ALSO UNDERSTAND THAT I MAY BE ASKED TO TAKE A POLYGRAPH (LIE DETECTOR) EXAMINATION TO DETERMINE THE AUTHENTICITY OF THE INFORMATION PROVIDED IN THIS APPLICATION.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

THE FOLLOWING TYPES OF INFORMATION ARE EXAMPLES OF WHAT WILL BE COLLECTED: EMPLOYMENT AND EDUCATIONAL HISTORIES; MILITARY, INSURANCE, CREDIT, AND FINANCIAL INFORMATION; MOTOR VEHICLE AND POLICE RECORDS; INFORMATION ABOUT YOUR ABILITIES, FAMILY, CHARACTER, LIFESTYLE, AND ORGANIZATION MEMBERSHIPS. INFORMATION WILL BE OBTAINED BY LETTER, TELEPHONE AND BY PERSONAL INTERVIEW WITH BOTH PRIMARY AND SECONDARY SOURCES. THIS INFORMATION IS USED AS ONE BASIS FOR SELECTION DECISIONS.



**EDUCATION****SECTION 4**

	CIRCLE HIGHEST GRADE COMPLETED		GRADE/HIGH SCHOOL				COLLEGE/UNIVERSITY				GRADUATE					
	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
	SCHOOL NAME/ADDRESS								ATTENDANCE DATES				DEGREE			
GRADE SCHOOL																
HIGH SCHOOL																
COLLEGE/UNIVERSITY																
GRADUATE																
OTHER/GED																

WHILE IN SCHOOL, WERE YOU EVER SUSPENDED OR EXPELLED?  YES  NO

IF YES, EXPLAIN DATE, SCHOOL, AND INCIDENT. Attach additional sheets of paper if necessary.

IF YOU HAVE NOT YET OBTAINED A DEGREE, PLEASE INDICATE THE TOTAL AMOUNT OF COLLEGE CREDITS YOU HAVE EARNED. \_\_\_\_\_

**MILITARY****SECTION 5**

HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY OR COAST GUARD INCLUDING ROTC?

YES  NO (IF YES, INCLUDE A PHOTOCOPY OF DD-214)

BRANCH OF SERVICE

UNIT OR SHIP

WHAT IS YOUR MILITARY SERVICE NUMBER AND/OR SELECTIVE SERVICE NUMBER?

HIGHEST RANK HELD

HOW MANY PERIODS OF ACTIVE MILITARY SERVICE HAVE YOU HAD? Please list all periods of service.

LIST ALL MEDALS AND DECORATIONS AWARDED TO YOU AS A MEMBER OF THE ARMED FORCES.

WHAT IS THE TYPE OF YOUR DISCHARGE? BE EXACT. ATTACH COPY OF DD214.

HONORABLE    DISHONORABLE    GENERAL    HONORABLE CONDITIONS  
  
 OTHER \_\_\_\_\_  
  
 IF OTHER THAN HONORABLE, STATE THE REASON OR CIRCUMSTANCES  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU NOW OR WERE YOU EVER ON ACTIVE OR INACTIVE DUTY OF ANY BRANCH OF THE UNITED STATES RESERVE FORCES?

YES    NO            ACTIVE    INACTIVE  
  
BRANCH OF SERVICE: \_\_\_\_\_

ARE YOU NOW OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD?

YES    NO    STATE BRANCH, UNIT AND LOCATION OF DUTY STATION, RANK.

WERE YOU EVER COURT MARTIALED, TRIED ON CHARGES? WERE YOU THE SUBJECT OF A SUMMARY COURT, DECK COURT, CAPTAIN’S MAST OR COMPANY PUNISHMENT, OR ANY OTHER DISCIPLINARY ACTION INCLUDING ARTICLE 15’S WHILE A MEMBER OF THE ARMED SERVICES?

YES    NO    IF YES, STATE THE FINDINGS AND THE CIRCUMSTANCES FROM WHICH THE ACTION STEMMED. PROVIDE ANY DOCUMENTATION YOU MAY POSSESS.

LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR OTHER RESERVE UNIT AND THE CIRCUMSTANCES FROM WHICH THE ACTION STEMMED. PROVIDE ANY DOCUMENTATION YOU MAY POSSESS. Attach additional sheets of paper if necessary.

**MARITAL STATUS INFORMATION****SECTION 6**

STATUS:     SINGLE     MARRIED     ENGAGED     SEPARATED     DIVORCED     WIDOWED

INFORMATION CONCERNING MARRIAGES (LIST ALL MARRIAGES):

	DATE MARRIED	JURISDICTION	SPOUSE NAME	SPOUSE D.O.B.
1				
2				
3				
4				

IF DIVORCED OR SEPARATED INDICATE NAME, ADDRESS & TELEPHONE OF FORMER SPOUSE(S):

1	
2	
3	

IF EVER SEPARATED, ANNULLED OR DIVORCED, INDICATE THE FOLLOWING INFORMATION.

SEPARATED, ANNULLED OR DECREE	DATE OF ORDER	WHERE DECREED BY LAW (COURT AND STATE)

LIST ALL CHILDREN BY NAME AND AGE BORN TO YOU AND THEIR OTHER PARENT'S NAME AND ADDRESS.

CHILD'S NAME	AGE	OTHER PARENT'S NAME	ADDRESS

ARE YOU NOW SUPPORTING CHILDREN BORN TO YOU, EITHER ADOPTED BY YOU OR STEPCHILDREN?

YES    NO   IF NOT, GIVE DETAILS

LIST IN THE ORDER GIVE, SHOWING RELATIONSHIP, PARENTS, GUARDIANS, STEPPARENTS, PARENTS-IN-LAW, BROTHERS AND SISTERS, EVEN THOUGH DECEASED. INCLUDE ALL OTHERS YOU HAVE RESIDED WITH OR WITH WHOM A CLOSE RELATIONSHIP EXISTED OR EXTIST (LIFE PARTNERS AND/OR ROOMMATES). Attach additional sheets of paper if necessary.

RELATIONSHIP	NAME	PRESENT ADDRESS (IF LIVING)	PHONE	DATE OF BIRTH	OCCUPATION
FATHER					
MOTHER (MAIDEN NAME)					

ARE YOU CURRENTLY ENGAGED OR REGULARLY INVOLVED WITH OR RESIDING WITH ANOTHER PERSON IN A DOMESTIC RELATIONSHIP (OTHER THAN A LEGAL SPOUSE)?  YES    NO

IF YES: PLEASE PROVIDE THEIR NAME, ADDRESS AND DATE OF BIRTH:

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS, IF DIFFERENT: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

CHRONOLOGICALLY LIST, STARTING WITH YOUR PRESENT RESIDENCE, ALL PREVIOUS PLACES OF RESIDENCE SINCE LEAVING ELEMENTARY SCHOOL:

<b>DATES</b>	<b>ADDRESS (INCLUDE CITY, STATE &amp; ZIP CODE)</b>
From:  To:	
From:  To:	
From:  To:	
From:  To:	
From:  To:	
From:  To:	
From:  To:	
From:  To:	
From:  To:	
From:  To:	
From:  To:	
From:  To:	
From:  To:	
From:  To:	
From:  To:	
From:  To:	

**EMPLOYMENT HISTORY**

**SECTION 8**

THIS SECTION MUST BE COMPLETED EVEN IF YOU ATTACH A RESUME

**INSTRUCTIONS:** BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL FULL AND PART-TIME EMPLOYMENT AND ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT WHICH EXCEED THREE MONTHS. USE ADDITIONAL SHEETS IF NECESSARY. IF YOU HAVE BEEN EMPLOYED UNDER OTHER NAMES, LIST WITH APPLICABLE EMPLOYER.

*NOTE: BACKGROUND INVESTIGATION WILL NOT BE COMPLETE WITHOUT CONTACTING YOUR PRESENT EMPLOYER.*

**PRESENT/MOST RECENT EMPLOYER NAME :** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**HIRE DATE:** \_\_\_\_\_ **SEPARATION (END) DATE:** \_\_\_\_\_

**JOB DUTIES & RESPONSIBILITIES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STARTING SALARY:** \_\_\_\_\_ **ENDING SALARY:** \_\_\_\_\_

**REASON FOR LEAVING (Be specific, this area must be completed):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**NAME OF EMPLOYER :** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**HIRE DATE:** \_\_\_\_\_ **SEPARATION (END) DATE:** \_\_\_\_\_

**JOB DUTIES & RESPONSIBILITIES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STARTING SALARY:** \_\_\_\_\_ **ENDING SALARY:** \_\_\_\_\_

**REASON FOR LEAVING (Be specific, this area must be completed):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**NAME OF EMPLOYER :** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**HIRE DATE:** \_\_\_\_\_ **SEPARATION (END) DATE:** \_\_\_\_\_

**JOB DUTIES & RESPONSIBILITIES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STARTING SALARY:** \_\_\_\_\_ **ENDING SALARY:** \_\_\_\_\_

**REASON FOR LEAVING (Be specific, this area must be completed):** \_\_\_\_\_

\_\_\_\_\_

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**NAME OF EMPLOYER :** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**HIRE DATE:** \_\_\_\_\_ **SEPARATION (END) DATE:** \_\_\_\_\_

**JOB DUTIES & RESPONSIBILITIES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STARTING SALARY:** \_\_\_\_\_ **ENDING SALARY:** \_\_\_\_\_

**REASON FOR LEAVING (Be specific, this area must be completed):** \_\_\_\_\_

\_\_\_\_\_

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**NAME OF EMPLOYER :** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**HIRE DATE:** \_\_\_\_\_ **SEPARATION (END) DATE:** \_\_\_\_\_

**JOB DUTIES & RESPONSIBILITIES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STARTING SALARY:** \_\_\_\_\_ **ENDING SALARY:** \_\_\_\_\_

**REASON FOR LEAVING (Be specific, this area must be completed):** \_\_\_\_\_

HAVE YOU EVER BEEN ASKED (OR GIVEN THE OPPORTUNITY) TO RESIGN FROM ANY EMPLOYMENT POSITION?

YES  NO IF YES, PLEASE GIVE DETAILS. Attach additional sheets of paper if necessary.

HAVE YOU BEEN COUNSELED, REPRIMANDED, SUSPENDED, OR TERMINATED FROM ANY EMPLOYMENT?

YES  NO IF YES, PLEASE GIVE DETAILS. Attach additional sheets of paper if necessary.

**FOR PAST OR PRESENT LAW ENFORCEMENT OFFICERS:**

HAVE YOU EVER BEEN THE SUBJECT OF AN INTERNAL AFFAIRS INVESTIGATION?  
LIST JURISDICTION, ALLEGATION, DATES AND DISPOSITION.

YES  NO IF YES, PLEASE GIVE DETAILS. Attach additional sheets of paper if necessary.

DO YOU HAVE A SAVINGS ACCOUNT(S)?

YES  NO

ACCOUNT NUMBER \_\_\_\_\_ AMOUNT \_\_\_\_\_

BANK NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ AMOUNT \_\_\_\_\_

BANK NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ AMOUNT \_\_\_\_\_

BANK NAME \_\_\_\_\_

DO YOU HAVE A CHECKING ACCOUNT(S)?

YES  NO

ACCOUNT NUMBER \_\_\_\_\_ AMOUNT \_\_\_\_\_

BANK NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ AMOUNT \_\_\_\_\_

BANK NAME \_\_\_\_\_

DO YOU OWN OR ARE YOU BUYING YOUR HOME?

YES  NO

AMOUNT INVESTED \_\_\_\_\_ MONTHLY PAYMENT \_\_\_\_\_

MORTGAGE HOLDER \_\_\_\_\_ MORTGAGE BALANCE \_\_\_\_\_

ACCOUNT OR MORTGAGE # \_\_\_\_\_ PURCHASE AMOUNT \_\_\_\_\_

AMOUNT INVESTED \_\_\_\_\_ MONTHLY PAYMENT \_\_\_\_\_

MORTGAGE HOLDER \_\_\_\_\_ MORTGAGE BALANCE \_\_\_\_\_

ACCOUNT OR MORTGAGE # \_\_\_\_\_ PURCHASE AMOUNT \_\_\_\_\_

DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE?

YES  NO

TYPE OF REAL ESTATE \_\_\_\_\_ PURCHASE AMOUNT \_\_\_\_\_

MORTGAGE HOLDER \_\_\_\_\_ AMOUNT INVESTED \_\_\_\_\_

MORTGAGE BALANCE \_\_\_\_\_

ACCOUNT OR MORTGAGE # \_\_\_\_\_

DO YOU OWN OR ARE YOU BUYING AN AUTOMOBILE?

YES  NO

PURCHASE AMOUNT \_\_\_\_\_ AMOUNT OWED \_\_\_\_\_

MONTHLY PAYMENT \_\_\_\_\_ FINANCIAL CO. \_\_\_\_\_ ACCT No. \_\_\_\_\_

MAKE OF AUTO \_\_\_\_\_ YEAR \_\_\_\_\_

PURCHASE AMOUNT \_\_\_\_\_ AMOUNT OWED \_\_\_\_\_

MONTHLY PAYMENT \_\_\_\_\_ FINANCIAL CO. \_\_\_\_\_ ACCT No. \_\_\_\_\_

MAKE OF AUTO \_\_\_\_\_ YEAR \_\_\_\_\_

PURCHASE AMOUNT \_\_\_\_\_ AMOUNT OWED \_\_\_\_\_

MONTHLY PAYMENT \_\_\_\_\_ FINANCIAL CO. \_\_\_\_\_ ACCT No. \_\_\_\_\_

MAKE OF AUTO \_\_\_\_\_ YEAR \_\_\_\_\_

LIST ALL OTHER SOURCE OF INCOME OTHER THAN BANK INTEREST OR STOCK, MUTUAL FUNDS OR BOND INTEREST RECEIVED. Attach additional sheets if necessary.

[Empty box for listing other sources of income]

LIST SPOUSE'S OCCUPATION, PLACE OF EMPLOYMENT AND SALARY.

[Empty box for listing spouse's occupation, place of employment and salary]

WHAT IS YOUR TOTAL INDEBTEDNESS AT THE PRESENT TIME AND TO WHICH CREDITOR, W/ACCT # (OTHER THAN MORTGAGE OR CAR LOAN) Attach additional sheets of paper if necessary.

HAVE YOU EVER HAD A JUDGEMENT OR LIEN PLACED AGAINST YOU OR YOUR SPOUSE?

YES  NO      IF YES, GIVE DETAILS: SPECIFICALLY JURISDICTION, DATES AND AMOUNTS

HAVE YOU EVER HAD A CHARGED-OFF ACCOUNT?

YES  NO      IF YES, GIVE DETAILS:

HAVE YOU EVER HAD ACCOUNTS PLACED IN THE HANDS OF A COLLECTION AGENCY?

YES  NO      IF YES, GIVE DETAILS:

ARE YOU NOW IN THE PROCESS OR HAVE YOU EVER FILED FOR BANKRUPTCY?

YES  NO      IF YES, GIVE DETAILS AS TO AMOUNT(S) AND JURISDICTION(S) LIST DATES

HAVE YOU EVER BEEN A WITNESS, SUSPECT, OR THE SUBJECT OF A POLICE INVESTIGATION?

YES  NO IF YES, EXPLAIN IN DETAIL AS TO WHAT OFFENSE, JURISDICTION, DATE, OUTCOME OR RESULTS OF THE INVESTIGATION.

HAVE YOU EVER BEEN ARRESTED, INDICTED, CONVICTED OR PLED NO CONTEST TO ANY VIOLATION OF THE LAW, ORDINANCE, OR CRIMINAL TRAFFIC VIOLATIONS?  YES  NO

IF YES, PROVIDE ALL PERTINENT DETAILS INCLUDING FINES, CONVICTIONS, PROBATION, JAIL OR PRISON SENTENCES (INCLUDING THOSE WHILE IN THE MILITARY):

DATE	OFFENSE/CHARGE	NAME/LOCATION OF COURT	DISPOSITION/SENTENCE

**NOTE:** A CRIMINAL BACKGROUND CHECK AND DRIVING RECORD CHECK WILL BE CONDUCTED IF YOU ARE CONSIDERED FOR EMPLOYMENT. INFORMATION CONCERNING CONVICTIONS MAY NOT NECESSARILY DISQUALIFY AN APPLICANT. HOWEVER, ANY APPLICANT WHO FALSIFIES THE APPLICATION BY FAILING TO PROVIDE REQUIRED INFORMATION ON CONVICTIONS WILL, IF EMPLOYED, BE SUBJECT TO DISMISSAL OR, IF NOT EMPLOYED, BE SUBJECT TO DISQUALIFICATION.

HAVE YOU EVER BEEN PLACED ON PROBATION FOR ANY OFFENSE (SEALED OR EXPUNGED RECORDS INCLUDED)

YES  NO IF YES, GIVE DETAILS:

HAVE YOU EVER COMMITTED ANY CRIMINAL OFFENSE?

YES  NO IF YES, GIVE DETAILS: Attach additional sheets if necessary

HAVE YOU BEEN FINGERPRINTED BY A LAW ENFORCEMENT AGENCY?  YES  NO

GIVE DETAILS BELOW. YOUR ANSWER WILL BE CHECKED WITH THE FBI AND OTHER AGENCIES.

AGENCY_____	DATE_____
PURPOSE_____	STATUS:_____
AGENCY_____	DATE_____
PURPOSE_____	STATUS:_____
AGENCY_____	DATE_____
PURPOSE_____	STATUS:_____
AGENCY_____	DATE_____
PURPOSE_____	STATUS:_____



HAVE YOU EVER APPLIED FOR A POSITION WITH ANY OTHER POLICE AGENCY?

YES  NO List all, with dates and status of application. Attach additional sheets of paper if necessary.

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HAVE YOU EVER BEEN DENIED EMPLOYMENT BY ANOTHER LAW ENFORCEMENT AGENCY?

YES  NO IF YES, GIVE DETAILS: Attach additional sheets of paper if necessary

HAVE YOU EVER HAD A POLYGRAPH?

YES  NO STATE WHERE, WHEN AND REASON

HAVE YOU EVER BEEN THE VICTIM OF A CRIME?

YES  NO STATE WHERE, WHEN AND PROVIDE DETAILS Use additional sheet of paper if necessary.

DRIVER LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

DRIVER LICENSE TYPE:  OPERATOR  CDL: A \_\_\_ B \_\_\_ C \_\_\_ D \_\_\_ E \_\_\_

HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED OR REVOKED?  YES  NO  
IF YES, EXPLAIN: \_\_\_\_\_

WAS YOUR LICENSE EVER RESTORED?  YES  NO DATE: \_\_\_\_\_

DID YOU EVER POSSESS A DRIVERS LICENSE ISSUED BY ANY STATE OTHER THAN FLORIDA?

YES  NO

DRIVERS LICENSE NUMBER \_\_\_\_\_

STATE \_\_\_\_\_

DATE ISSUED \_\_\_\_\_ RESTRICTIONS \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_

STATE \_\_\_\_\_

DATE ISSUED \_\_\_\_\_ RESTRICTIONS \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_

STATE \_\_\_\_\_

DATE ISSUED \_\_\_\_\_ RESTRICTIONS \_\_\_\_\_

HAVE YOU EVER BEEN REFUSED A DRIVERS LICENSE BY ANY STATE?

YES  NO IF YES, GIVE DETAILS. Use additional sheet of paper if necessary

HAS YOUR DRIVERS LICENSE EVER BEEN RESTRICTED DUE TO TRAFFIC OFFENSE CONVICTIONS OR PLACED ON NEGLIGENT OPERATORS PROBATION?

YES  NO IF YES, GIVE DETAILS. Use additional sheet of paper if necessary

HAVE YOU EVER BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT?

YES  NO IF YES, GIVE COMPLETE DETAILS FOR EACH ACCIDENT. Use additional sheet of paper if necessary.

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

CAUSE OF ACCIDENT \_\_\_\_\_

WHO WAS CHARGED WITH ACCIDENT \_\_\_\_\_ WAS THERE A POLICE INVESTIGATION?  YES  NO

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

CAUSE OF ACCIDENT \_\_\_\_\_

WHO WAS CHARGED WITH ACCIDENT \_\_\_\_\_ WAS THERE A POLICE INVESTIGATION?  YES  NO

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

CAUSE OF ACCIDENT \_\_\_\_\_

WHO WAS CHARGED WITH ACCIDENT \_\_\_\_\_ WAS THERE A POLICE INVESTIGATION?  YES  NO

LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED THROUGHOUT YOUR DRIVING HISTORY. Use additional sheet of paper if necessary. State "none" if applicable. Do not leave this section blank.

LOCATION (STREET, CITY, STATE)	APPROXIMATE DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

DO YOU PRESENTLY HAVE AUTOMOBILE LIABILITY INSURANCE?  YES  NO

IF YES, LIST DATES OF COVERAGE FROM \_\_\_\_\_ TO \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_ TYPE OF POLICY \_\_\_\_\_

IF NOT, GIVE DETAILS:

**CONTROLLED SUBSTANCE USE**

**SECTION 12**

HAVE YOU EVER ILLEGALLY POSSESSED, USED OR SOLD DRUGS OR MARIJUANA?

YES  NO IF YES, GIVE SPECIFIC DETAILS AND DATES. Use additional sheet of paper if necessary

HAVE YOU POSSESSED, INJECTED, INHALED, SWALLOWED, OR INGESTED BY ANY OTHER MEANS, ANY ILLEGAL DRUGS WITHOUT LEGAL AUTHORIZATION.

YES  NO IF YES, GIVE DETAILS: Use additional sheet of paper if necessary

**ORGANIZATIONS**

**SECTION 13**

PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS: Use additional sheet if necessary.

NAME, ADDRESS AND TELEPHONE      TYPE (FRATERNAL, SOCIAL, PROFESSIONAL)      MEMBERSHIP DATES      OFFICE OR POSITION HELD

NAME, ADDRESS AND TELEPHONE	TYPE (FRATERNAL, SOCIAL, PROFESSIONAL)	MEMBERSHIP DATES	OFFICE OR POSITION HELD

**SUBVERSIVE ORGANIZATIONS:**

1. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION ANYWHERE? YES NO
2. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION? YES NO
3. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR GOVERNMENT, OR WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF TERROR OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY VIOLENT OR ILLEGAL MEANS? YES NO
4. ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE, AS AN AGENT, OFFICIAL OR EMPLOYEE? YES NO
5. HAVE YOU EVER BEEN ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OR ORGANIZATIONS OF THE TYPE DESCRIBED ABOVE: CONTRIBUTIONS TO, OR ATTENDANCE AT OR PARTICIPATION IN ANY ORGANIZATIONAL, SOCIAL, OR ANY ACTIVITIES OF SAID ORGANIZATIONS OR OF ANY PROJECTS SPONSORED BY THEM; THE SALE, GIFT, OR DISTRIBUTION OF ANY WRITTEN, PRINTED, OR OTHER MATTER PREPARED, REPRODUCED, OR PUBLISHED BY THEM OR ANY OF THEIR AGENTS OR INSTRUMENTALITIES? YES NO

**IF YOU HAVE ANSWERED “YES” TO ANY OF THE QUESTIONS ABOVE, DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT. IF ASSOCIATED WITH ANY OF THESE ORGANIZATIONS, SPECIFY NATURE AND EXTENT OF ASSOCIATION WITH EACH, INCLUDING OFFICE OR POSITION HELD. ALSO INCLUDE DATES, PLACES AND CREDENTIALS NOW OR FORMERLY HELD. IF ASSOCIATIONS HAVE BEEN WITH INDIVIDUALS WHO ARE MEMBERS OF THESE ORGANIZATIONS, THEN LIST THE INDIVIDUALS AND THE ORGANIZATIONS WITH WHICH THEY WERE OR ARE AFFILIATED.**

**FOREIGN LANGUAGES SECTION 14**

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
	Excellent Good Fair	Excellent Good Fair	Excellent Good Fair	Excellent Good Fair
	Excellent Good Fair	Excellent Good Fair	Excellent Good Fair	Excellent Good Fair
	Excellent Good Fair	Excellent Good Fair	Excellent Good Fair	Excellent Good Fair

**ADDITIONAL INFORMATION SECTION 15**

ARE YOU RELATED TO ANYONE PRESENTLY EMPLOYED BY THE TOWN? YES NO

IF YES, GIVE NAME AND RELATIONSHIP: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THE TOWN OF SURFSIDE?

YES  NO

IF YES, COMPLETE THE FOLLOWING:

<b>DATES PREVIOUSLY EMPLOYED (FROM/TO):</b>	
<b>POSITION:</b>	
<b>REASON FOR LEAVING:</b>	

LIST ANY LICENSES, CERTIFICATES, OR ADDITIONAL SKILLS, INCLUDING KNOWLEDGE OF SOFTWARE PROGRAMS YOU HAVE THAT MAY BE HELPFUL IN DOING THIS JOB: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE ANY SPECIAL EQUIPMENT OR MACHINERY YOU CAN OPERATE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST ANY PROFESSIONAL, TECHNICAL, OR TRADE ASSOCIATION IN WHICH YOU ARE A MEMBER:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARE THERE ANY INCIDENTS IN YOUR LIFE OR FACTS NOT MENTIONED HEREIN WHICH MAY REFLECT POSITIVELY OR NEGATIVELY UPON YOUR SUITABILITY FOR EMPLOYMENT? Use additional sheet of paper if necessary

REMARKS (ANY COMMENTS YOU THINK ARE IMPORTANT): Use additional sheet of paper if necessary

**EMERGENCY CONTACT****SECTION 16**

NAME : \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ BUSINESS TELEPHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

**CHARACTER REFERENCES****SECTION 17**

LIST EIGHT (8) CHARACTER REFERENCES WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE POSITION FOR WHICH YOU ARE APPLYING. **DO NOT INCLUDE RELATIVES, FORMER EMPLOYERS, OR PERSONS LIVING OUTSIDE OF THE UNITED STATES TERRITORIES.**

NAME	ADDRESS	TELEPHONE	YEARS ACQUAINTED

**VETERANS' PREFERENCE****SECTION 18**

ARE YOU CLAIMING VETERANS' PREFERENCE PURSUANT TO F.S. 295.07?  YES  NO

IF YES, PLEASE DESIGNATE THE BASIS FOR YOUR PREFERENCE ON A FORM OBTAINED FROM THE TOWN OF SURFSIDE AND ATTACH COPIES OF SUPPORTING DOCUMENTATION.

**BEFORE SUBMITTING THIS APPLICATION PLEASE VERIFY THAT ALL QUESTIONS HAVE BEEN ANSWERED, AFFIDAVITS HAVE BEEN NOTARIZED AND COPIES OF NECESSARY DOCUMENTATION ARE ATTACHED. PLEASE REFER TO INSTRUCTIONS ON PAGE ONE.**

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE THE TOWN OF SURFSIDE (THE "TOWN") TO VERIFY ALL INFORMATION CONTAINED HEREIN. I AUTHORIZE MY CURRENT AND FORMER EMPLOYERS, REFERENCES, REGISTRATION AND LICENSING BOARDS AND EDUCATIONAL INSTITUTIONS LISTED ON MY APPLICATION FOR EMPLOYMENT TO PROVIDE THE TOWN WITH ANY JOB-RELATED INFORMATION REQUESTED. I ALSO RELEASE ALL PAST EMPLOYERS AND REFERENCES FROM ANY AND ALL LIABILITY FOR THE RELEASE OF INFORMATION TO THE TOWN.

I UNDERSTAND THAT ALL JOB OFFERS FROM THE TOWN ARE CONDITIONED ON THE SUCCESSFUL COMPLETION OF A CRIMINAL BACKGROUND CHECK, DRUG SCREENING (IF APPLICABLE FOR THE POSITION APPLIED), CREDIT CHECK (IF APPLICABLE FOR THE POSITION APPLIED), REFERENCE CHECK, PAST EMPLOYMENT VERIFICATION AND PROOF OF EDUCATION (COLLECTIVELY REFERRED TO AS A "BACKGROUND CHECK"). BY SIGNING THIS APPLICATION, I AUTHORIZE THE TOWN TO CONDUCT A BACKGROUND CHECK AND, IF APPLICABLE, A CONSUMER REPORT TO BE PROCURED FOR EMPLOYMENT PURPOSES.

THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED SIX MONTHS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME.

I UNDERSTAND THAT NEITHER THIS DOCUMENT NOR ANY OFFER OF EMPLOYMENT FROM THE TOWN CONSTITUTES AN EMPLOYMENT CONTRACT UNLESS A SPECIFIC DOCUMENT TO THAT EFFECT IS EXECUTED BY THE TOWN AND EMPLOYEE IN WRITING. IN CONSIDERATION FOR MY EMPLOYMENT I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE TOWN. I ACKNOWLEDGE THAT RULES MAY BE CHANGED, WITHDRAWN, ADDED OR INTERPRETED AT ANY TIME, AT THE TOWN'S SOLE OPTION AND WITHOUT PRIOR NOTICE TO ME.

\_\_\_\_\_  
*Printed Name of Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Applicant (Must be in ink)*





**TOWN OF SURFSIDE POLICE DEPARTMENT  
AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize any police officer or authorized representative of the town of surfside police department bearing this release, or copy thereof, to obtain from any agency of the government of the united states, and/or any other agency, person, firm or corporation holding records concerning me that are considered confidential, any and all information requested that involves me in any way, upon request. Included in this grant of authority is my permission to former employers and other persons acquainted with me or in my possession of information concerning me to supply such information to the town of surfside police department. This further includes the furnishing of copies of pertinent documents about my background as required.

Such records may pertain to my employment records or educational records including but not limited to achievement, attendance, personal history, and disciplinary records, medical records, reasons for termination of employment, reason for discharge from military service, job performance, complete history of injuries suffered, including any disability remaining, criminal history and other personal information which may not otherwise be obtained without any prior agreement. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information provided is for the official use of the town of surfside police department. I further understand that any information which may be obtained about me from whatever source will be obtained upon an assurance of confidentiality by the town of surfside police department and form a part of the complete background investigation file, to which i will not have access at any time.

I hereby release you as the custodian of such records and as an employer, educational institution, physician, hospital or other repository of medical records, or credit reporting agency, or any other agency or entity, and including all of your officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time to me, my heirs, family, or associates arising out of compliance with this authorization any request to release information, or any attempt to comply with it.

SIGNATURE: \_\_\_\_\_ PRINT NAME \_\_\_\_\_

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

**AFFIDAVIT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_ BY \_\_\_\_\_

WHO IS PERSONALLY KNOWN TO ME OR PRODUCED THE FOLLOWING IDENTIFICATION: \_\_\_\_\_

NOTARY PUBLIC SEAL OF OFFICE:

SIGNATURE OF NOTARY PUBLIC : \_\_\_\_\_

NOTARY PUBLIC, PRINT NAME: \_\_\_\_\_



## NOTICE UNDER FAIR CREDIT REPORTING ACT

Consent to Obtain Consumer Credit Report

As an applicant or employee of the Town of Surfside, at some point the Town of Surfside may procure (or cause to be procured) your consumer report for employment purposes. This consumer credit report cannot be obtained without your consent, which your signature below will indicate.

“I, \_\_\_\_\_, hereby authorize the Town of Surfside to procure, or cause to be procured, my consumer report for employment purposes.”

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



## CLAIM FOR VETERAN'S PREFERENCE

*Attach copy of your discharge papers (DD214) and submit this form with Application.*

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

Position Applied For: \_\_\_\_\_

Listed below are the Veterans' Preference categories.

The veterans' preference seeking applicant must have received an honorable discharge or must present documentation stating current service is honorable and, in accordance with section 295.07 F.S., meet one or more of the categories listed below:

Additionally, if the applicant is not the veteran and is claiming veterans' preference under one of the other criteria listed below, additional documentation may be required pursuant to Rule 55A-7, F.A.C.

- Category a** – A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans Affairs and the Department of Defense. [Section 295.07(1) (a), F.S.]
- Category b**—The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained or interned in line of duty by a foreign government or power. [Section 295.07(1) (b), F.S.]
- Category c** – A wartime veteran as defined in section 1.01(14) F.S., who has served on active duty for one day or more during a wartime period or who has served in a qualifying campaign or expedition. Active duty for training shall not qualify for eligibility under this paragraph. [Section 295.07(1) (c), F.S.]
- Category d** – The unmarried widow or widower of a veteran who died of a service-connected disability. [Section 295.07(1) (d), F.S.]
- Category e** – The mother, father, legal guardian, or unmarried 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. [Section 295.07(1) (e), F.S.]
- Category f** – A veteran as defined in section 1.01(14), F.S., excluding active duty for training. [Section 295.07(1) (f), F.S.]
- Category g** – Current member of any reserve component of the United States Armed Forces or the Florida National Guard. [Section 295.07(1) (g), F.S.]

**Do you wish to Claim Veterans' Preference?**  Yes\*  No

\*If Yes, it is your responsibility to submit Documentation (DD form 214) or comparable documents that serve as a certificate of release or discharge at the time of application.

**If eligible, which Veterans' Preference category are you claiming? (Please check off the appropriate category above – a, b, c, d, e, f, or g).**

## Veterans' Preference Documentation Requirements

Applicants claiming Veterans' Preference are responsible for providing the required documentation at the time of submitting an application or prior to the closing date of the vacancy announcement. However, veterans who have served active duty under Title 10 for six months or less are frequently not provided a DD Form 214. Therefore, it will be necessary for these veterans to provide a copy of their military orders containing their report and release dates and a letter of reference attesting to their "Honorable" service signed by the military human resources department or the commanding officer (or equivalent officer) in charge of their active duty assignment. Other documentation may also be required as per Rule 55A-7, Florida Administrative Code (F.A.C.). Below are examples of acceptable documentation:

- Veterans, disabled veterans, and spouses of disabled veterans shall furnish a Department of Defense document, commonly known as DD form 214 or military discharge papers, or equivalent certification from the United States Department of Veterans' Affairs (DVA), listing military status, dates of service and discharge type. [Under categories a, b, c, d and f].
- Disabled veterans shall also furnish a document from the Department of Defense, the DVA, or the Florida Department of Veterans' Affairs (FDVA) certifying that the veteran has a service-connected disability that is compensable under public laws administered by the DVA. [Under category a].
- Spouses of disabled veterans shall also furnish either a certification from the Department of Defense or the DVA that the veteran is totally and permanently disabled or an identification card issued by the FDVA; spouses shall also furnish 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. [Under category b].
- 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. [Under category b].
- The unremarried 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 remarried. [Under category d].
- The mother, father, legal guardian, or unremarried widow or widower of a deceased member of the Armed Forces who died in the line of duty under combat conditions shall furnish the following. [Under category e):
  - Mother or father of the deceased member shall submit birth certificate, adoptions papers or other legal documentation verifying the applicant is the parent and documentation from the Department of Defense certifying the service-connected death of the member was under combat-related conditions.
  - Legal guardian – To be determined. Review required on a case-by-case basis.
  - Unremarried widow or widower of a deceased member shall furnish evidence of marriage, a statement that the spouse is not remarried and documentation from the Department of Defense certifying the service-connected death of the member was under combat-related conditions.
- Current reserve and Florida National Guard members shall provide a letter stating they are a current member of any reserve component of the US Armed Forces or the Florida National Guard signed by the military human resources department or the commanding officer (or equivalent officer) in charge of their military service. [Under category g].

Military service which is eligible for veterans' preference has been expanded by section 295.07, F.S., effective July 1, 2014. Therefore, pursuant to the new statute, all military service members who received an honorable discharge are eligible for preference. However, the weight of the preference is determined by the category of veterans' preference chosen.

1. To receive preference as a wartime veteran pursuant to section 295.07, F.S., a veteran must have served in a campaign or expedition for which a campaign badge or expeditionary medal has been authorized or a veteran who has served on active duty in a non-training status for at least one (1) day during one of the periods of wartime service listed below\*:
  - World War II: December 7, 1941, to December 31, 1946.
  - Korean Conflict: June 27, 1950, to January 31, 1955.
  - Vietnam Era: February 28, 1961, to May 7, 1975.
  - Persian Gulf War: August 2, 1990, to January 2, 1992.
  - Operation Enduring Freedom: October 7, 2001, and ending on the date thereafter prescribed by presidential proclamation or by law.
  - Operation Iraqi Freedom: March 19, 2003, and ending on the date thereafter prescribed by presidential proclamation or by law. Operation Iraqi Freedom has been renamed Operation New Dawn effective September 1, 2010.

***\*The above is only a partial list, please see section 1.01(14) F.S., for a complete list of wars applicable for veterans' preference.***

2. To receive preference as a veteran during a non-wartime era, the applicant must provide discharge documentation such as the DO Form 214 (member copy #4) or comparable documentation.
3. To receive preference as a reservist or as a member of the Florida National Guard, the applicant must provide documentation of their current military status.
4. To receive preference under any of the other categories listed above, the applicant must provide documentation pursuant to Rule 55A-7, F.A.C.



## EQUAL OPPORTUNITY EMPLOYER DATA

THE TOWN OF SURFSIDE IS AN EQUAL OPPORTUNITY EMPLOYER, AND IT COMPLIES WITH GOVERNMENT REGULATIONS WITH REGARD TO EQUAL EMPLOYMENT. TO ASSIST US IN OUR CONTINUING EFFORT TO DO SO, THIS DATA IS COMPILED ON AN ON-GOING BASIS. HOWEVER, YOUR COOPERATION IN COMPLETING THE FOLLOWING IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION. THIS FORM IS REMOVED FROM THE APPLICATION UPON SUBMITTAL TO THE TOWN OF SURFSIDE AND IS KEPT IN A SEPARATE FILE.

DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

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

RACE:

WHITE (NON-HISPANIC)

BLACK

HISPANIC

ASIAN/PACIFIC ISLANDER

AMERICAN INDIAN/ALASKAN NATIVE

SEX:

MALE

FEMALE

VETERAN:

YES

NO

DISABLED:

YES

NO

REFERRAL SOURCE:

NEWSPAPER ADVERTISEMENT (Specify Source) \_\_\_\_\_

TOWN OF SURFSIDE JOB ANNOUNCEMENT

TOWN OF SURFSIDE EMPLOYEE (Please indicate name of referring employee on front page of application)

WALK-IN

OTHER (Please Specify)



To: *Concerned Person or Authorized  
Representative of Any Organization,  
Institution or Repository of Records*

**APPLICANT'S NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_

**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 direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. 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 photocopy 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 photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

\_\_\_\_\_  
\_\_\_\_\_

*Florida State Statute 768.095 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. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.*

Pursuant to Section 943.13 (4), (5) and (7) 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 \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ who says that he/she executed the above instrument of his/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\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Personally Known \_\_\_\_\_ - **or** - Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Effective: 8/9/2001

Original – Employing Agency