CITY OF VERO BEACH
1053 20th Place
Vero Beach, FL 32960
(772) 978-4909

Applicant Name: _____

Position for which you are applying: _____

Please complete this background questionnaire by typing or printing in black ink. Upon completion, please double check that you have answered all questions fully, and that you have given complete addresses, including zip codes. If any type of question or requested information does not apply, place "N/A" within the response area.

Return this questionnaire to the Human Resources Department within seven (7) days. Also, attach copies of any documents listed below that pertain to you.

Thank you for your interest in the City of Vero Beach. Because of the volume of applications we receive each day, we are unable to contact applicants unless we are scheduling an interview.

The City of Vero Beach is an Equal Opportunity Employer. Any and all inquiries that appear to be of a personal nature are necessary in order that full background checks can be made. This is essential due to the nature, scope, and confidentiality of this profession.

You must sign all releases, but do so **ONLY IN THE PRESENCE OF A NOTARY**. If you cannot locate a notary, bring the packet to us, UNSIGNED, and we will arrange for notarization. **INCOMPLETE BACKGROUND PACKETS MAY NOT BE CONSIDERED FOR REVIEW**, which could adversely affect your opportunity with this agency.

IF APPLICABLE SUBMIT COPIES OF THE FOLLOWING:

1. Birth Certificate
2. Proof of Naturalization
3. Educational Certificates
    a. High school diploma
    b. High school equivalency
    c. College diploma
    d. Other school and/or training certificates
    e. College Transcripts **(Mandatory)**
4. Current Valid Florida or out of state Driver's License
5. Proof of registration for Selective Service
6. Military service discharge or separation papers (DD-214 long form)
7. Marriage certificate (s)
8. Divorce Papers
9. Official documentation of any name change
10. Current, valid vehicle insurance card
11. Copy of Social Security Card
12. Recent photo, passport type in size

AFFIX PHOTO HERE

If you have any questions regarding the above, contact the Human Resources Department at **(772) 978-4909.**

APPLICANT: READ THIS FIRST

The Vero Beach Police Department is requiring you to fill out this employment questionnaire. No other document, which you will prepare during your application process for a position with the City of Vero Beach, is so important as this questionnaire and it is in your best interest to follow these instructions. There are many more applicants for employment than there are available positions; investigators and administrative aides do not have the time to correct your questionnaire or conduct inquires to complete your responses.

APPLICATIONS MUST BE TYPED OR HAND WRITTEN BY THE APPLICANT IN BLACK INK. After thoroughly completing the document, you MUST HAVE IT NOTARIZED on the appropriate pages. If you fail to follow these instructions, the hiring process will be terminated and may not be re-scheduled for a significant length of time due to the great number of applicants who must be processed.

Before completing this document, closely read the instructions, which are written throughout. There are a number of copies of official documents, which you are required to obtain. The Vero Beach Police Department understands that some documents may have to be requested and mailed to you. In that case a written explanation of why the document is missing and what you are doing to obtain the document will be required with the application.

When mentioning persons, be sure to fully identify the individual by his or her full correct name. Further, give the complete address; **DO NOT ASSUME** that the investigator will attempt to determine street number(s), correct street spelling, apartment number(s), telephone numbers or zip code(s). If your questionnaire is not complete and notarized at the time of your initial review, the process will be terminated.

When completing the residence portion of this questionnaire, be sure that you provide every address where you have lived for the last ten (10) years, in order from your present address backwards. If necessary call the appropriate person to find out the exact address and the time period during which you resided at that address.

When completing the employment portion of this questionnaire be sure to provide every employer you have ever had, in order from your present employer backwards. If you have ever had a previous law enforcement/corrections employment you must list it. If there was a period of unemployment, enter it in the employment section in the same sequence and manner as if this were another employer by indicating "from" and "to" and printing "UNEMPLOYED" in the section headed "Name of Employer". Further, if you worked more than one job at a time, place the major job first and enter the part-time or secondary job in the block immediately after the primary position.

If you need to use the continuation pages in this questionnaire clearly mark what section you are continuing. Be as thorough as possible.

ATTENTION: If you are applying for a civilian position i.e. communications or clerical, **DO NOT** complete pages 43, 44, and 45 of this application. These are required for police officer applicants only.

Again, answer each question as completely and honestly as possible. Many more people are not accepted because of omission or concealment than because of previous behavior. **Any such omission or concealment will be considered deception. While indiscretions or other situations in your life history may or may not be condoned, deception will absolutely not be tolerated.**

Please sign and return with application: _____ **Date:** _____

BIOGRAPHIC INFORMATION

NAME: _____

LAST FIRST MIDDLE MAIDEN

CURRENT PHYSICAL ADDRESS: (STREET ADDRESS, NOT POST OFFICE BOX)

_____

_____

HOW MANY YEARS AT THIS ADDRESS? _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ E-MAIL: _____

SCARS, MARKS, TATTOOS:

_____

_____

SOCIAL SECURITY #: _____

DRIVERS LICENSE #: _____ STATE: _____

ALIAS: _____

(NICKNAMES, MAIDEN NAME, OR OTHER NAME CHANGES)

FOR STATISTICAL AND BACKGROUND CHECK PURPOSES ONLY:

MARITAL STATUS (CHECK ONE) ☐ SINGLE ☐ MARRIED ☐ ENGAGED ☐ SEPARATED ☐ DIVORCED

RACE: _____ SEX: _____

DATE AND PLACE OF BIRTH: _____

IF MARRIED, PLEASE PROVIDE THE FOLLOWING INFORMATION ON YOUR SPOUSE:

NAME: _____ RACE: _____ SEX: _____

DATE AND PLACE OF BIRTH: _____

FAMILY HISTORY

List all members of your family including, Spouse, Ex-Spouse, Brother(s), Sister(s), Children, Stepchildren, In-Law(s) and Parent(s).

Name (Last, First, Middle)	DOB	Relationship	Address

ADDRESSES

Chronologically list **ALL** residence addresses that you have lived within the past ten (10) years, starting at the most recent and working backwards. Include long-term, short-term and out of country. In addition, please list the addresses of 2 of your current neighbors. Address Only, name not necessary.

First Neighbor's Address: _____

Second Neighbor's Address: _____

Month/Year **Month/Year**

From: _____ To: _____

Street Address: _____

City: _____ State: _____ Zip: _____

☐ OWN ☐ RENT Landlord's Name: _____

Landlord's Street Address: _____

City: _____ State: _____ Zip: _____

Month/Year **Month/Year**

From: _____ To: _____

Street Address: _____

City: _____ State: _____ Zip: _____

☐ OWN ☐ RENT Landlord's Name: _____

Landlord's Street Address: _____

City: _____ State: _____ Zip: _____

Month/Year **Month/Year**

From: _____ To: _____

Street Address: _____

City: _____ State: _____ Zip: _____

☐ OWN ☐ RENT Landlord's Name: _____

Landlord's Street Address: _____

City: _____ State: _____ Zip: _____

Month/Year **Month/Year**

From: _____ To: _____

Street Address: _____

City: _____ State: _____ Zip: _____

☐ OWN ☐ RENT Landlord's Name: _____

Landlord's Street Address: _____

City: _____ State: _____ Zip: _____

Month/Year **Month/Year**

From: _____ To: _____

Street Address: _____

City: _____ State: _____ Zip: _____

☐ OWN ☐ RENT Landlord's Name: _____

Landlord's Street Address: _____

City: _____ State: _____ Zip: _____

Month/Year **Month/Year**

From: _____ To: _____

Street Address: _____

City: _____ State: _____ Zip: _____

☐ OWN ☐ RENT Landlord's Name: _____

Landlord's Street Address: _____

City: _____ State: _____ Zip: _____

Month/Year **Month/Year**

From: _____ To: _____

Street Address: _____

City: _____ State: _____ Zip: _____

☐ OWN ☐ RENT Landlord's Name: _____

Landlord's Street Address: _____

City: _____ State: _____ Zip: _____

Month/Year **Month/Year**

From: _____ To: _____

Street Address: _____

City: _____ State: _____ Zip: _____

☐ OWN ☐ RENT Landlord's Name: _____

Landlord's Street Address: _____

City: _____ State: _____ Zip: _____

Month/Year **Month/Year**

From: _____ To: _____

Street Address: _____

City: _____ State: _____ Zip: _____

☐ OWN ☐ RENT Landlord's Name: _____

Landlord's Street Address: _____

City: _____ State: _____ Zip: _____

QUESTIONNAIRE/GENERAL INFORMATION

If you answer "NO" to any of the below three questions, list the question number and details on the next page.

	YES	NO	
1.	☐	☐	Are you at least 19 years of age?
2.	☐	☐	Are you a citizen of the United States?
3.	☐	☐	Are you a high school graduate or its equivalent?

If you answer "YES" to any of the below questions, list the question number and details on the next page.

4.	☐	☐	Have you ever been convicted of a felony or misdemeanor involving perjury or false statement, or have you received a dishonorable discharge from any of the Armed Forces of the United States or a foreign country?
5.	☐	☐	Have you completed a course of basic recruit training as established by Florida Police Standards? (Police Applicants Only)
6.	☐	☐	Do you consume alcoholic beverages?
7.	☐	☐	Do you use any tobacco products?
8.	☐	☐	Have you applied with any other law enforcement agencies? If yes, please list on the next page.

CONTINUATION PAGE

QUESTIONNAIRE/GENERAL INFORMATION

The following information is being requested in order to aid us in detecting illegal drug use. If you answer "YES" to any of the following questions, list the question number and details on the next page. Drug tests are conducted on all applicants for positions in the City of Vero Beach Police Department.

Have you ever used, sold, transported, delivered, grown, manufactured, or possessed any of the following substances, other than as allowed by law?

	YES	NO	
1.	☐	☐	Hallucinogenic Drugs
2.	☐	☐	Amphetamines
3.	☐	☐	Cocaine
4.	☐	☐	Marijuana
5.	☐	☐	Barbiturates
6.	☐	☐	Tranquilizers
7.	☐	☐	Crack
8.	☐	☐	Ecstasy, G.H.B., Ketamine or any other known "Club Drug"
9.	☐	☐	Heroin
10.	☐	☐	Any other illegal drug or narcotic including "Designer Drugs" (i.e., Bath Salts, Spice, etc.)
11.	☐	☐	Have you ever misused a prescription drug?
12.	☐	☐	Have you ever obtained a prescription drug through fraud?
13.	☐	☐	Have you ever used steroids?

CONTINUATION PAGE

QUESTIONNAIRE/GENERAL INFORMATION

Why do you want to work for the Vero Beach Police Department?

Who referred you to the Vero Beach Police Department?

Why did you choose this occupation?

QUESTIONNAIRE/GENERAL INFORMATION

If you answer "YES" to any of the following questions, list the question number and details on the next page.

	YES	NO	
1.	☐	☐	Were you ever suspended or expelled from school?
2.	☐	☐	Were you ever subject to disciplinary action while in school?
3.	☐	☐	Were you ever held back a school year?
4.	☐	☐	Did you ever receive any awards or honors in school?
5.	☐	☐	Do you speak, read, write or understand any foreign languages?
6.	☐	☐	Have you had any specialized training or courses?
7.	☐	☐	Do you have any special skills?
8.	☐	☐	Can you operate any special equipment?
9.	☐	☐	Can you type? How many words per minute? _____
10.	☐	☐	Are you currently enrolled in school?

11. How many years of school have you completed at this time? _____

12. List any specific educational goals: _____

_____

_____

_____

CONTINUATION PAGE

LISTING OF EDUCATIONAL INSTITUTIONS

List all educational institutions that you have attended, including specialized courses and training.

From: _____ To: _____

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

Degree or Credit Hours: _____

From: _____ To: _____

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

Degree or Credit Hours: _____

From: _____ To: _____

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

Degree or Credit Hours: _____

From: _____ To: _____

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

Degree or Credit Hours: _____

PERSONAL REFERENCES

List the names of five (5) people who have known you for at least five (5) years. Do not list people residing at your address, who are related to you or who are former/current employers. Also, do not list persons who are related to each other. All the people you list will be contacted by the investigator to appraise your character, ability, experiences, personality, and other qualities.

Name: _____ Phone: _____

Race: _____ Sex: _____ DOB or Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Title: _____

Business Address: _____ Zip: _____

Business Phone: _____ May we contact at work? ☐ YES ☐ NO

How many years have you known this person? _____ E-Mail: _____

Name: _____ Phone: _____

Race: _____ Sex: _____ DOB or Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Title: _____

Business Address: _____ Zip: _____

Business Phone: _____ May we contact at work? ☐ YES ☐ NO

How many years have you known this person? _____ E-Mail: _____

PERSONAL REFERENCES CONT'D

Name: _____ Phone: _____

Race: _____ Sex: _____ DOB or Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Title: _____

Business Address: _____ Zip: _____

Business Phone: _____ May we contact at work? ☐ YES ☐ NO

How many years have you known this person? _____ E-Mail: _____

Name: _____ Phone: _____

Race: _____ Sex: _____ DOB or Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Title: _____

Business Address: _____ Zip: _____

Business Phone: _____ May we contact at work? ☐ YES ☐ NO

How many years have you known this person? _____ E-Mail: _____

Name: _____ Phone: _____

Race: _____ Sex: _____ DOB or Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Title: _____

Business Address: _____ Zip: _____

Business Phone: _____ May we contact at work? ☐ YES ☐ NO

How many years have you known this person? _____ E-Mail: _____

QUESTIONNAIRE/CRIMINAL HISTORY

If you answer "YES" to any of the following questions, list the question number and details on the next page.

	YES	NO	
1.			Have you ever been arrested, questioned, or detained by ANY member of a law enforcement agency?
2.			Have you ever been placed on probation?
3.			Have you ever been required to pay a fine?
4.			Have you ever been reported as a missing person?
5.			Have you ever been fingerprinted by a law enforcement agency?
6.			Have you ever been questioned as a suspect or witness of any crime?
7.			Have you ever been advised of your **MIRANDA RIGHTS**?
8.			Have you ever been the subject of a police investigation?
9.			Have you ever had a polygraph / c.v.s.a. examination?
10.			Has any member of your family ever been arrested or convicted of a criminal offense?
11.			Have you or any member of your family ever been the victim of a crime?
12.			Do you know of anyone who is an enemy or who might try to harm you in any way?
13.			Have you or your spouse ever sued anyone?
14.			Are you currently involved in any civil litigation (lawsuits) of any kind?
15.			Have you ever had any records sealed or expunged?
16.			Have you ever been arrested or detained as a juvenile?

CONTINUATION PAGE

CRIMINAL HISTORY

List any and all arrests and/or police detentions:

Date: _____ Offense: _____

Location Occurred: _____

Penalty / Disposition: _____

Date: _____ Offense: _____

Location Occurred: _____

Penalty / Disposition: _____

Date: _____ Offense: _____

Location Occurred: _____

Penalty / Disposition: _____

Date: _____ Offense: _____

Location Occurred: _____

Penalty / Disposition: _____

Date: _____ Offense: _____

Location Occurred: _____

Penalty / Disposition: _____

Date: _____ Offense: _____

Location Occurred: _____

Penalty / Disposition: _____

Date: _____ Offense: _____

Location Occurred: _____

Penalty / Disposition: _____

QUESTIONNAIRE/DRIVING HISTORY

The purposes of the following questions are to determine general driving ability and illegal behavior while driving in the past. If you answer "YES" to any of the following questions, list the question number and details on the next page.

	YES	NO	
1.	☐	☐	Have you ever been refused a driver's license by any state?
2.	☐	☐	Has your driver's license ever been revoked or suspended?
3.	☐	☐	If "yes" to 2, was your driver's license ever restored?
4.	☐	☐	Have you ever received a traffic citation?
5.	☐	☐	Have you ever been involved in a motor vehicle accident?
6.	☐	☐	Have you ever had an accident while operating an emergency vehicle?
7.	☐	☐	Do you have any traffic citations, which you failed to pay?
8.	☐	☐	Do you have any parking tickets, which you failed to pay?
9.	☐	☐	Have you ever had automobile insurance withdrawn or revoked, or have you ever been refused automobile insurance?
10.	☐	☐	Have you ever been charged with any offense relative to the operation of a motor vehicle?
11.	☐	☐	Have you ever refused to submit to a breath, blood, or urine test to determine the influence of alcoholic beverages, chemical substances, or controlled substances?
12.	☐	☐	Have you ever been licensed to drive in another state?

CONTINUATION PAGE

DRIVING HISTORY

List below all traffic citations and parking tickets that you have ever received.

Date	Location Occurred	Violation Type	Penalty / Disposition

TRAFFIC CRASHES

Date	Location Occurred	Injury / Death	Whose Fault

MILITARY HISTORY

If you answer "YES" to any of the following questions, list the question number and details on the next page. In this section, Armed Forces is defined as any military, paramilitary, or Coast Guard organization of any nation, including R.O.T.C., or any Reserve component thereof, or any National Guard component.

	YES	NO	
1.	☐	☐	Have you ever served in a military or naval organization of the U.S. including R.O.T.C.?
2.	☐	☐	Have you ever served in the Armed Forces of another country?
3.	☐	☐	Are you now or have you ever been a member of the National Guard of any State?
4.	☐	☐	Were you ever tried, punished, reprimanded, or reduced in rank for any infraction, rule or regulation while in the Armed Forces?
5.	☐	☐	Has your separation or discharge ever been changed?
6.	☐	☐	Did you ever receive any medals, awards, or decorations?
7.	☐	☐	Are you on active duty at this time?
8.	☐	☐	Have you received information from the Selective Service System indicating that you may be inducted into the Armed Forces in the near future?
9.	☐	☐	Have you ever asked for or received a deferment from military Service? If so, why?
10.	☐	☐	Were you ever employed by the Government of a foreign nation?
11.	☐	☐	Are you registered with the Selective Service System? If "yes", date and location registered: _____
			Current Selective Service classification number: _____
12.	_____	_____	If you served, have you received other than an honorable discharge?

13. In what branch of the Armed Forces did you serve? _____

Your highest rank? _____ Service number: _____

14. What was your organizational unit(s)? _____

15. How many periods of ACTIVE service have you had? _____

CONTINUATION PAGE

AFFIDAVIT
NO MILITARY SERVICE

State of _____

County of _____

AFFIDAVIT

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

_____
Signature

Sworn to and subscribed before me, this _____ day of _____ 20 _____

_____
Notary Public

Commission Number: _____

QUESTIONNAIRE/EMPLOYMENT HISTORY

If you answer "YES" to any of the following questions, list the question number and details on the next page.

	YES	NO	
1.	☐	☐	Do you object to your present employer being contacted?
2.	☐	☐	Were you ever discharged, terminated, fired, or forced to resign?
3.	☐	☐	Have you ever been suspended by an employer?
4.	☐	☐	Have you ever had your pay garnished by your employer?
5.	☐	☐	Have you ever been sued by an employer?
6.	☐	☐	Has an employer ever taken disciplinary action against you?
7.	☐	☐	Do you object to wearing a uniform?
8.	☐	☐	Do you object to working nights, weekends, or holidays?
9.	☐	☐	Do you object to working shift work?
10.	☐	☐	Have you ever had experience with shift work?
11.	☐	☐	Have you ever received unemployment insurance, or other Federal, State, or local benefits or assistance, not including Worker's Compensation?

If you answer "NO" to the following question, please list the details on the next page.

12.	☐	☐	Can you perform essential functions of this job with or without a reasonable accommodation?

CONTINUATION PAGE

EMPLOYMENT HISTORY

List any and all jobs you have ever had, starting with your most **recent**.

Employment Date(s):
From / To

_____ - _____

Beginning Salary:

_____

Ending Salary:

_____

Terminated:

☐ Yes ☐ No

Employer Name:

_____

Employer Address:

_____

Employer Phone #:

_____

Name of Supervisor:

_____

Job Title:

_____

Description of Duties:

_____

Reason(s) for leaving:

_____

Employment Date(s):
From / To

_____ - _____

Beginning Salary:

_____

Ending Salary:

_____

Terminated:

☐ Yes ☐ No

Employer Name:

_____

Employer Address:

_____

Employer Phone #:

_____

Name of Supervisor:

_____

Job Title:

_____

Description of Duties:

_____

Reason(s) for leaving:

_____

Employment Date(s):
From / To

_____ - _____

Beginning Salary:

_____

Ending Salary:

_____

Terminated:

☐ Yes ☐ No

Employer Name:

_____

Employer Address:

_____

Employer Phone #:

_____

Name of Supervisor:

_____

Job Title:

_____

Description of Duties:

_____

Reason(s) for leaving:

_____

Employment Date(s):
From / To

_____ - _____

Beginning Salary:

_____

Ending Salary:

_____

Terminated:

☐ Yes ☐ No

Employer Name:

_____

Employer Address:

_____

Employer Phone #:

_____

Name of Supervisor:

_____

Job Title:

_____

Description of Duties:

_____

_____

Reason(s) for leaving:

_____

_____

Employment Date(s):
From / To

_____ - _____

Beginning Salary:

_____

Ending Salary:

_____

Terminated:

☐ Yes ☐ No

Employer Name:

_____

Employer Address:

_____

Employer Phone #:

_____

Name of Supervisor:

_____

Job Title:

_____

Description of Duties:

_____

_____

Reason(s) for leaving:

_____

_____

Employment Date(s):
From / To

_____ - _____

Beginning Salary:

_____

Ending Salary:

_____

Terminated:

☐ Yes ☐ No

Employer Name:

_____

Employer Address:

_____

Employer Phone #:

_____

Name of Supervisor:

_____

Job Title:

_____

Description of Duties:

_____

_____

Reason(s) for leaving:

_____

_____

Employment Date(s):
From / To

_____ - _____

Beginning Salary:

_____

Ending Salary:

_____

Terminated:

☐ Yes ☐ No

Employer Name:

_____

Employer Address:

_____

Employer Phone #:

_____

Name of Supervisor:

_____

Job Title:

_____

Description of Duties:

_____

_____

Reason(s) for leaving:

_____

_____

Employment Date(s):
From / To

_____ - _____

Beginning Salary:

_____

Ending Salary:

_____

Terminated:

☐ Yes ☐ No

Employer Name:

_____

Employer Address:

_____

Employer Phone #:

_____

Name of Supervisor:

_____

Job Title:

_____

Description of Duties:

_____

_____

Reason(s) for leaving:

_____

_____

Employment Date(s):
From / To

_____ - _____

Beginning Salary:

_____

Ending Salary:

_____

Terminated:

☐ Yes ☐ No

Employer Name:

_____

Employer Address:

_____

Employer Phone #:

_____

Name of Supervisor:

_____

Job Title:

_____

Description of Duties:

_____

_____

Reason(s) for leaving:

_____

_____

CREDIT HISTORY

If you answer "YES" to any of the following questions, list the question number and details on the next page.

	YES	NO	
1.	☐	☐	Have you ever been refused credit?
2.	☐	☐	Do you anticipate any income other than the City of Vero Beach?
3.	☐	☐	Do you own a home?
4.	☐	☐	Do you own an automobile?
5.	☐	☐	Do you have any overdue bills?
6.	☐	☐	Have you ever been a party to any civil action lawsuit?
7.	☐	☐	Have you ever had any accounts placed in the hands of a collection agency?
8.	☐	☐	Have you ever filed for bankruptcy?
9.	☐	☐	Do you pay child support? If so, how much? _____
			Court: _____ Case number: _____
			Date of last payment: _____
10.	☐	☐	How much money do you owe at this time: $ _____
11.	☐	☐	Do you have a checking account?

CONTINUATION PAGE

CREDIT HISTORY

List firms which you have, or have had, charge accounts. List firms from whom you have borrowed money for any purpose.

Name of firm: _____ Type of business: _____

Street address: _____

City: _____ State: _____ Zip: _____

Original amount owed $ _____ Date Closed: _____ Amount owed $ _____

Purpose: _____

Name of firm: _____ Type of business: _____

Street address: _____

City: _____ State: _____ Zip: _____

Original amount owed $ _____ Date Closed: _____ Amount owed $ _____

Purpose: _____

Name of firm: _____ Type of business: _____

Street address: _____

City: _____ State: _____ Zip: _____

Original amount owed $ _____ Date Closed: _____ Amount owed $ _____

Purpose: _____

Name of firm: _____ Type of business: _____

Street address: _____

City: _____ State: _____ Zip: _____

Original amount owed $ _____ Date Closed: _____ Amount owed $ _____

Purpose: _____

QUESTIONNAIRE/LOYALTY

If you answer "YES" to any of the following questions, list the question number and details on the next page.

The term "subversive organization" as used here; means any group or organization, which supports, follows, or sympathizes with the principles to overthrow the United States Government with violence.

	YES	NO	
1.	☐	☐	Have you ever, by word of mouth or in writing, advocated, advised or taught the doctrine that the government of the United States of America, or any other states or political subdivision thereof, should be overthrown by force, violence, or other unlawful means in any way?
2.	☐	☐	Do you hold any belief which would prevent you from vowing 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?
3.	☐	☐	Have you ever participated in any parade, picket line, delegation, or demonstration sponsored by any subversive organization?
4.	☐	☐	Have you ever been a member of or attended any school, camp, class, or forum sponsored by any subversive organization?
5.	☐	☐	Have you ever signed or solicited others to sign any petition sponsored or issued by any subversive organization, or any petition which, as its sole purpose, endorses the aiding and abetting of any person, cause, or program connected with any subversive organization?
6.	☐	☐	Do you have any belief or loyalty, which would place you in conflict with the law, or the position for which you are applying?

CONTINUATION PAGE

ORGANIZATIONAL HISTORY

List all clubs, societies, civic, and fraternal organizations of which you have been affiliated. You need not answer if your answer would indicate Racial, Ethnic, Religious, or Sexual Composition of the membership.

From: _____ To: _____ Active ☐ Yes ☐ No

Organization Name: _____

From: _____ To: _____ Active ☐ Yes ☐ No

Organization Name: _____

From: _____ To: _____ Active ☐ Yes ☐ No

Organization Name: _____

From: _____ To: _____ Active ☐ Yes ☐ No

Organization Name: _____

From: _____ To: _____ Active ☐ Yes ☐ No

Organization Name: _____

From: _____ To: _____ Active ☐ Yes ☐ No

Organization Name: _____

From: _____ To: _____ Active ☐ Yes ☐ No

Organization Name: _____

From: _____ To: _____ Active ☐ Yes ☐ No

Organization Name: _____

From: _____ To: _____ Active ☐ Yes ☐ No

Organization Name: _____

CONSUMER NOTIFICATION

This is to inform you that a consumer report is being obtained from a Consumer Reporting Agency for the purpose of evaluating you for employment, promotion, reassignment, or retention as an employee.

This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends, or associates. You may also have a right to request additional disclosures regarding the nature and scope of the investigation.

CONSUMER AUTHORIZATION

To Whom It May Concern:

I hereby authorized and request any present or former employer, school, police department, financial institution, or other persons having personal knowledge about me, to furnish the Vero Beach Police Department with any and all information in their possession regarding me in connection with an application for employment. A photocopy of this authorization may be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this signed authorization is a part of the City of Vero Beach written employment application that I signed.

I have been given a stand-alone, consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee.

Name (print): _____

Current Address: _____

_____

Previous Address (if above is less then two years): _____

_____

Social Security Number: _____

Signature: _____

POLYGRAPH EXAMINATION

Are you willing to take a polygraph examination to verify information in this application and all other information supplied by you to the Vero Beach Police Department? ☐ YES ☐ NO

If no, state reason(s): _____

_____

_____

I HEREBY SWEAR OR AFFIRM that this application contains no misrepresentations or falsifications, omissions, or concealment of material, fact and that information given by me is true and complete to the best of knowledge and belief. I am aware that statements made by me on this application are subject to later investigation. I am further aware that should any investigation disclose any such misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and my name removed from any eligibility list; and if already appointed, I may be dismissed. I also understand that failure to comply with or complete any portion of the testing, examination, or other application process for employment may result in my application being rejected and my name removed from any eligibility list; and if already appointed, I may be dismissed. I further understand that nothing in this application constitutes a promise or commitment, nor has any other promise or commitment been made to me as to a time when hiring will take place, when a decision on hiring will take place, or whether I will even be hired.

I HEREBY UNDERSTAND that certain portions of the background investigation, psychological examination, and physical examination may become available for inspection by the public pursuant to Chapter 119, Florida Statues. I understand and consent to the contents of this statement.

_____

Signature of Applicant

_____

Print Full Name

Sworn to and subscribed before me, this _____ day of _____ 20 _____

_____

Notary Public

Commission Number and Expiration Date: _____

CIVILIAN / NON-SWORN PHYSICAL EXAMINATION COSTS

I understand that the City of Vero Beach will pay for the cost of pre-employment physical examination(s) and drug screening required for my employment; however, I agree to reimburse the City for the cost of the examination(s) and drug screenings and all background investigation costs if, within 6 months after date of hire I resign, quit, or fail to show up for employment.

I have read and understand the above provisions and agree to be bound by the same.

Signature of Applicant

Date

SWORN OFFICER SEAT BELT LAW

All seated occupants of City owned, leased or rented vehicles, and all personal vehicles operated on City business shall properly utilize the seat belts or occupant restraint system provided.

Failure to utilize seat belts or occupant restraint system shall be considered a violation of the Florida seat belt law and City rules and regulations.

An employee, who fails to utilize the restraint system of a vehicle and is injured, may have his or her statutory worker's compensation payments reduced by 25 percent.

Signature of Applicant

Date

VERO BEACH POLICE DEPARTMENT
Physical Assessment Screening Instructions

Applicant instructions:

The Vero Beach Police Department implemented a fitness program developed by the institute for Aerobic Research founded by Dr. Cooper, M.D., M.P.D.

Applicants will be tested in the following areas of physical fitness:

* Absolute strength
* Dynamic strength
* Cardiovascular Conditioning

The tests administered are:

* Vertical leap
* Bench press
* Sit-ups
* 1.5 mile run
* 300 meter run

Participation in the assessment is MANDATORY for all sworn applicants. Please complete the Consent Form prior to the assessment process and you must have the Medical Screening Form signed by a medical doctor before the assessment can be administered.

The cost of the medical screening is the applicant's responsibility and the assessment will not be administered prior to a conditional offer of employment by a representative of this agency.

INFORMED CONSENT FORM

Name: _____

Social Security #: _____ Date of Birth: _____

Mailing Address: _____

Phone #: _____

I, the undersigned, hereby give informed consent to engage in a series of procedures, which will require physical activities for the purpose of evaluating fitness and cardiovascular function. The activities will include, running, lifting of weights, vertical leap, and performing sit-ups.

Certain detrimental physiological changes may occur during exercise and assessment testing. Physiological changes may include, but are not limited to, heat related illness, abnormal heartbeat, and abnormal blood pressure. The assessment staff has been trained to recognize some symptoms and may take appropriate action as necessary.

I, the undersigned, understand the inherent risk associated with any physical activity and hereby accept all responsibility to monitor my own performance limitation during the assessment procedure.

In the event of a medical problem, I further recognize that any medical care that may be required is my personal financial responsibility.

I hereby agree to release the City of Vero Beach, and the Vero Beach Police Department, its agents, and employees from any and all liability resulting from the assessment procedures. Furthermore, I agree to hold them harmless from any and all claims and causes of action caused by or arising from participation in the above stated assessment procedures.

Signature: _____ Date: _____

Vero Beach Police Department

1055 20th Street
Vero Beach, FL 32960
772-978-4600

Applicant: _____

Dear Physician:

As part of the application process for Police Officer with the Vero Beach Police Department, the above applicant must successfully complete a series of job related physical fitness tests. We ask that you medically screen the applicant for these tests.

These tests consist of the following:

Bench press: The applicant, after warm up must bench press one repetition maximum weight using an Olympic bar bell and flat bench or universal bench press station.

The applicant can ☐ cannot ☐ participate in the above test.

Vertical leap: The applicant must from a standing position, jump vertically along a wall, reaching as high as possible.

The applicant can ☐ cannot ☐ participate in the above test.

Sit-up test: The applicant must complete as many sit-ups as possible in a one minute period. The applicant will perform the test with bent knees and hands interlaced behind the head.

The applicant can ☐ cannot ☐ participate in the above test.

1.5 mile run: The applicant must complete a 1.5 mile run as quickly as possible. The test requires a maximum effort.

The applicant can ☐ cannot ☐ participate in the above test.

300 Meter Run: The applicant must complete a 300 meter run as quickly as possible. The test requires a maximum effort.

The applicant can ☐ cannot ☐ participate in the above test.

Physician's Signature: _____

Vero Beach Police Department Condition of Employment Tattoos, Brands, Body Mutilation, Dental and/or Body Ornamentation

I, _____, acknowledge that effective May 1, 2007, the Vero Beach Police Department implemented a policy regarding Tattoos, Brands, Body Mutilation, Dental and/or Body Ornamentation (See General Order 49). Pursuant to this policy, an applicant for employment or a current member may be disqualified from employment if the aforesaid tattoos and other body ornamentation are (or would be) visible while wearing the Police Department issued uniform or other clothing required for particular assignment.

To ensure compliance with the Police Department policy I, the undersigned applicant, do hereby agree that while employed with the Vero Beach Police Department that I will disclose any tattoos, brands, body mutilation, dental and/or body ornamentation including any piercings, which may be visible while wearing the Police Department uniform or other clothing required for particular assignment.

I understand that I am subject to termination if it is substantiated that I have withheld any of the above mentioned during my employment.

_____
(Signature of Applicant)

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____day of _____,20_____.

_____
(Signature of Notary Public-State of Florida)

_____
(Notary Seal)

_____
(Name of Notary Public-State of Florida)

Personally Known_____or Produced Identification_____

Type of Identification Produced_____

Vero Beach Police Department
Condition of Employment
Non-Use of Tobacco Products
Agreement

I, _____, acknowledge that effective June 28, 2013, the Vero Beach Police Department will not hire employees who currently use tobacco products or have used tobacco products in the year prior to the date of application. To ensure compliance with the Police Department policy I, the undersigned applicant, do hereby certify that I am not a current user of tobacco products nor have I used any tobacco products in the year prior to my application date.

I also agree that while employed at the Vero Beach Police Department I will not use any tobacco products either on or off duty. I understand that I may be subject to termination if it is substantiated that I have used any tobacco products during my employment.

_____
(Signature of Applicant)

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____day of _____,20_____.

_____
(Signature of Notary Public-State of Florida)

_____
(Notary Seal)

_____
(Name of Notary Public-State of Florida)

Personally Known_____or Produced Identification_____

Type of Identification Produced_____

ADDITIONAL DOCUMENTATION CHECK-OFF FORM

Birth Certificate

Naturalization Documents

High School Diploma or Equivalency

College Diploma (If applicable)

College Transcripts

Other Training Certificate(s)

Current Vehicle Insurance Documentation

Current Valid Florida or Out of State Driver's License

Selective Service Registration

Military Separation Papers (DD-214 Long Form)

Marriage and / or Divorce Documentation

Name Change Documentation (If applicable)

Copy of Social Security Card

Recent Passport Type Photo

All of the information supplied in this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____

PERSONAL DATA PACKET INFORMATION CERTIFICATION

I _____ , hereby certify that all answers or statements in this personal data packet are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements, falsifications, or omissions herein may cause my employment process to cease, and any offer of employment made by the City of Vero Beach to be withdrawn, or my employment with the City of Vero Beach terminated. I further understand that information provided herein is public record and may be subject to review upon request. I hereby certify their intent, and that I have answered them correctly.

Signature: _____

Printed Name: _____

State of _____

County of _____

Sworn to and subscribed before me, this _____ day of _____ 20 _____

_____ who is personally known to me or has produced (type of identification) _____

_____ as identification.

(Identification Number)

_____

Signature

_____

Notary Public

Commission Number: _____

FDLE
Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION
(Background Investigation Waiver)

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

CJSTC 58

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: Vero Beach Police Department

ADDRESS: 1055 20th St., Vero Beach, FL 32960

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

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF_____ COUNTY OF_____

Sworn to (or affirmed) and subscribed before me this_____

day of_____, year ____, By_____

_____
Signature of Notary Public – State of Florida

_____
Print, Type, or Stamp Commissioned name of Notary Public

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced_____