

TAB 4

**Employee Background Checks  
May 19, 2008**

**POINT PAPER**

**Problem:** The City has not conducted a background check on all city employees.

**Background:**

Early this year, the Commission asked staff to investigate the pros and cons associated with performing background checks on all city employees. This topic was first discussed March 17, 2008. As a result of the first workshop discussion, Commission asked staff to perform additional research to determine any legal considerations associated with retroactively performing background checks on existing employees. In addition, staff was asked to investigate what other municipalities are doing with respect to this issue. Staff has included a legal memo (Exhibit A) which recommends against performing background checks on existing employees unless consent was given at time of application or an employment attorney with experience representing public entities first advises City Commission of the risks associated with such practice. Staff has also included a memo from Human Resources (Exhibit B) which provides some statistical data regarding the percentage of Palmetto employees who have received background checks and comparative data with respect to how other municipalities handle this issue. The memo also includes a draft policy modeled after the City of Orlando which talks about criteria used when assessing new applicants with a criminal background.

**Alternatives:**

1. Instruct staff to continue the current practice of performing background checks on all new hires.
2. Instruct staff to continue performing background checks on all new hires and develop specific criteria to guide hiring decisions with respect to criminal history.
3. Instruct staff to continue the current practice of background checks for new hires and also perform background checks for all existing employees who do not have a background check on file.

**Recommendation:**

Commission to discuss and advise.

**Budget Impact:**

Staff currently budgets for background checks associated with new hires. If background checks are recommended for all city employees, a budget amendment will most likely be required. The estimated cost for existing employees who do not have a background check on file is estimated to cost \$4,000 (74 employees x \$53).

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MEMORANDUM

TO: Mayor Lawrence E. Bustle, Jr.  
City Commission  
FROM: Michele S. Hall, City Attorney  
DATE: May 13, 2008  
RE: Criminal Background Screening of City Employees

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You have asked me whether the City of Palmetto ("City") may lawfully require criminal background checks of all City employees. With respect to those employees who were informed at the time of application for employment that they would be subject to periodic criminal background checks and consented to such checks, the City's performance of checks consistent with the given consent probably would be found to be lawful. In the case of employees who did not consent to criminal background checks, however, the validity of the City's action turns on complex issues of law, as briefly explained below.

A public employer's ability to regulate its employees is limited by the United States Constitution. Specifically, the Equal Protection Clause and Due Process Clause of the Fourteenth Amendment and the Privacy Clause of the Fourth Amendment may be triggered whenever employee conduct or rights are impacted. In addition, Title 42, § 1983 of the U.S. Code provides employees with a mechanism for seeking redress for an alleged deprivation of a federal constitutional or federal statutory rights. In some instances, the Florida Constitution and other state law provide public employees with broader rights than those granted under federal law. The federal privacy protection, for instance, includes only personal rights that can be deemed "fundamental" or "implicit in the concept of ordered liberty." Florida's explicit right to privacy is broader in scope than the right of privacy implied under the federal constitution. Most significantly, Florida case law indicates that there is a right of privacy involved when a governmental agency gathers personal information about employees and job applicants.

Based on the limited amount of research I have done on this matter, it is my opinion that the City Commission should not adopt an ordinance or policy requiring criminal background checks of employees that have not consented to such checks without obtaining a legal opinion from an employment attorney who has substantial experience representing public employers.

# Memo

**To:** Jim Freeman, City Clerk  
Michelle Hall, City Attorney  
**From:** Human Resources Director  
**Date:** May 13, 2008  
**Re:** Background Checks History and Survey

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Per your request, I have put together the following requested documents.

I sent a request to all Florida Public Personnel Association (FPPA) members via email asking the following questions. I received a total of 27 responses.

1. Do any entities perform periodic background checks on current employees?

Responses: 22 answered no 5 answered only for promotions or transfers

2. Do you have a written policy or ordinance regarding the procedure followed when something is found in a background check?

Responses: There were no written policies or ordinances.

3. Who is responsible for determining severity of the find?

Responses: 12 answered Human Resources

6 answered Human Resources with Legal

1 answered Human Resources & Dept. Head

1 answered Legal

1 answered City Manager

6 no response to that question

Currently, the City has a total of 148 full time and part-time employees.

74 employees of the City have had background checks and 74 have not.

Some background checks were done through the Manatee County Sheriffs Office for warrants and warrants and others were done either through Tracers or Florida Department of Law Enforcements Volunteer and Employee Criminal History Search (VECHS) for State and National Criminal Backgrounds.

Public Works has 68 employees. 14 of 68 (21%) have completed background checks.

Police Department has 56 employees. 56 of 56 (100%) have completed background checks.

City Hall has 20 employees. 8 of 20 (40%) have completed background checks.

CRA has 4 employees. 2 of 4 (50%) have completed background checks.

I have attached a draft Background Check Policy that was adapted from the City of Orlando. This could be used if the Commission wants to initiate a City of Palmetto Background Check Policy.

I have also attached City applications that have been used over the years. (see attached)

The attachments include Police Department applications from 1981 and current.

Each Police application has a section for the employee to sign authorizing the City to investigate all statements contained in the application. The application from 1981 does not mention a background check but does state that fingerprinting must be done.

The current Police Department application has a full page of acknowledgments that must be signed by the perspective employee and witnessed.

The attachments include General Employee applications from 1992, 1997 and current.

Each application has a section authorizing the investigation of all statements contained in the application for employment.

The applications from 1992 and 1997 states that the employee is aware that all statements submitted and all supporting documents are subject to investigation and verification. It also authorizes inquires as to the ability, character, and reputation and releases those supplying information from all liability as a result of their statements.

The current application (revised in 2005) goes into more detail regarding the statement of the applicant, authorizing investigation of all statements contained in the application and releasing all companies, schools or persons from liability for any damage for issuing information. It also state that the City may request driver's license, credit and/or criminal reports about the employee.

## **City of Palmetto**

### **Background Check Policy**

#### **SUBJECT: CRIMINAL BACKGROUND CHECKS**

##### **1. OBJECTIVE**

To establish City policy and guidelines for hiring applicants and/or retaining current City Employee's that have been convicted of crimes. This procedure applies to all City Employee's except those employed at the Palmetto Police Department. The Police Department performs background checks for all personnel working in the department.

##### **2. AUTHORITY**

This procedure adopted by City Commission on \_\_\_\_\_, \_\_\_\_\_.

##### **3. DIRECTION**

Human Resources Director will review all background checks and seek counsel from the City Attorney when needed.

##### **4. METHOD OF OPERATION**

As a term and condition of employment, employees must notify their Supervisor or Department Head within one (1) working day of any conviction for a crime. (For purposes of this policy, conviction includes pleading guilty, or nolo contendere, regardless of adjudication.) Failure to comply will result in disciplinary action, up to and including termination. The Department Head will immediately notify the Human Resources Director of the conviction. Determination of which crimes will affect initial or continued employment will be evaluated by the Human Resources Director and the City Attorney; each situation will be considered on an individual, case-by-case basis, with attention being given to the nature and seriousness of the crime, the time elapsed from the conviction date, circumstances, job description, and job location. Below are listed some general guidelines which will be used, but are not necessarily all inclusive.

##### **A. DISQUALIFICATION:**

All employees of the City including but not limited to Parks & Recreation, Permitting, and Code Enforcement who have the potential for close contact with children or any citizen during their job assignments at the City will be disqualified from employment if they have pled guilty, or nolo contendere, or been adjudicated guilty of any of the crimes listed on "Exhibit A" attached.

**B. Positions that handle or collect City funds/money:**

Convictions for the following crimes will disqualify someone for employment with the City in any position that collects or handles City funds or money (e.g. front desk, cashiers):

1. Sale, trafficking in, or conspiracy to sell or traffic in a controlled substance Under Chapter 893, Florida Statutes
2. Possession of a controlled substance
3. Theft
4. Robbery
5. Fraud
6. Embezzlement
7. Any other felony or misdemeanor evidencing dishonesty (uttering a forged document, etc.)

**C. Isolated Positions:**

Convictions for the following types of crimes will disqualify someone from employment with the City in any position that due to the nature and location of the position requires work in isolated places or shifts without or with limited supervision:

1. Violent crimes
2. Sexual Battery
3. Sale, trafficking in, or conspiracy to sell or traffic in a controlled substance under Chapter 893, Florida Statutes
4. Possession of a controlled substance
5. Theft
6. Robbery

These guidelines are not all inclusive. All pre-applicant and post-employment convictions will be reviewed by the Human Resources Director and the City Attorney in consultation with the supervisory department management and will be considered on a case-by-case basis for conformance to Florida law and consideration for the protection and best interests of the citizens and employees of the City of Palmetto.



**EXHIBIT "A"**

**PROHIBITED CRIMES UNDER FLORIDA STATUTES:**

Section 782.04, relating to murder.

Section 782.07, relating to manslaughter.

Section 782.071, relating to vehicular homicide.

Section 782.09, relating to killing of an unborn child by injury to the mother.

Section 784.021, relating to aggravated assault.

Section 784.045, relating to aggravated battery.

Section 787.01, relating to kidnapping.

Section 787.02, relating to false imprisonment.

Section 794.011, relating to sexual battery.

Section 796, relating to prostitution.

Section 798.02, relating to lewd and lascivious behavior.

Section 800, relating to lewdness and indecent exposure.

Section 806.01, relating to arson.

Section 812, relating to theft, robbery, and related crimes, if the offense was a felony.

Section 826.04, relating to incest.

Section 827.03, relating to aggravated child abuse.

Section 827.05, relating to negligent treatment of children.

Section 827.071, relating to sexual performance by a child.

Section 415.111, relating to adult abuse, neglect, or exploitation of aged or disabled persons.

Chapter 847, relating to obscene literature.

Section 748.011, relating to assault, if the victim of the offense was a minor.

Section 783.03, relating to battery, if the victim of the offense was a minor.

Chapter 893, relating to drug abuse prevention and control, only if the offense was a felony or if any other involved in the offense was a minor.

Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.

Section 794.041, relating to prohibited acts of persons in familial or custodial authority.



CITY OF  
PALMETTO,  
FLORIDA

# APPLICATION FOR EMPLOYMENT

The City of Palmetto does not discriminate on the basis of sex, race, color, national origin, religion, age, marital status or disability status in employment or the provision of services. On request, disabled applicants will receive a reasonable accommodation if necessary to make the application process accessible.

*General*

*5-26-92*

POSITION APPLIED FOR: *[REDACTED]*

On what basis are you available for employment? Full time  Part time  Summer  Temporary

How did you learn of the examination? *Personnel Announcements*  
(Newspaper, radio, personnel announcements, etc.)

To be filed with the Personnel Director  
516-8th Ave. W.  
P.O. Box 1209  
Palmetto, Fl.  
34220-1209

*8:00 June 8*

**PLEASE FOLLOW THESE GENERAL INSTRUCTIONS**

1. Answer all questions and complete all spaces on this application.
2. Submit all transcripts, and documents at time of application.

**VETERAN'S**

Are you a U. S. Veteran?  yes  no

Dates of active duty \_\_\_\_\_ from \_\_\_\_\_ to (mo., day, yr.) \_\_\_\_\_

Are you a member of the reserves or national guard?  yes  no

Have you ever filed an application with the City of Palmetto? Yes  No  Date \_\_\_\_\_

Have you ever been employed by the City of Palmetto?  Yes  No

Date of birth \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
(Mandatory for Police Officer or Firefighter Applicants Only)

Are you a citizen of the United States? Yes  No

Have you ever been discharged or asked to resign from employment? Yes  No

Have you ever been convicted of a crime other than minor traffic violation? Yes  No

Do you object to inquiry of your present employer in regard to your character, work record, qualifications or abilities? Yes  No  Other information \_\_\_\_\_

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE PARTICULARS ON SEPARATE SHEET. A YES ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT.

PRINT OR TYPE

**FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE**

Application Received *5-26-92*

Application Reviewed by *[Signature]* *9:00 A Mon. June 1, 1992*

Application meets or exceeds minimum qualifications for position  yes  no

If no, explain deficiencies below.

*\$15,500*  
*START*

Are you at least eighteen years of age? Yes  No

Name and phone number of person who will know where you may be contacted: \_\_\_\_\_

State \_\_\_\_\_

Street and Number \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

Zip \_\_\_\_\_

Block/Street (odd) number \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name or Initial \_\_\_\_\_

Social Security Number \_\_\_\_\_

# EMPLOYM

List below, in reverse order the positions you have held starting with your present or most recent employment. If more than one position, be sure to specifically describe each separate assignment in military service. Under "Specific Duties" emphasize your own specific duties performed. If employment included supervisory responsibilities, give number and type of employees supervised. Give as complete as possible information outlined below and attach. NOTE: Resumes will not be accepted in lieu of completion of this part, or any part, of this application.

1. Present or last employer: [Redacted] Date Employed Sept. 1988  
 Address: [Redacted] City Palmetto State FL Date Separated NIA  
 Phone: [Redacted] Total Months Employed \_\_\_\_\_  
 Immediate Supervisor: [Redacted] Department: [Redacted] Full Time? Yes  No   
 Title of Supervisor: [Redacted] Starting Salary \$ \_\_\_\_\_ Per \_\_\_\_\_ Part-Time: Indicate Percent \_\_\_\_\_  
 Your Title: [Redacted] or present Salary \$ \_\_\_\_\_ Per \_\_\_\_\_ or No. of Hours \_\_\_\_\_

2. Employer: [Redacted] Date Employed June 1987  
 Address: [Redacted] City: [Redacted] State: [Redacted] Date Separated Sept. 1988  
 Phone: [Redacted] Total Months Employed 14  
 Immediate Supervisor: [Redacted] Department: [Redacted] Full Time? Yes  No   
 Title of Supervisor: [Redacted] Starting Salary \$ \_\_\_\_\_ Per \_\_\_\_\_ Part-Time: Indicate Percent \_\_\_\_\_  
 Your Title: Secretary Last Salary \$ 250 Per Week or No. of Hours \_\_\_\_\_

3. Employer: [Redacted] Date Employed Oct. 1983  
 Address: [Redacted] City Stun City, Ga State GA Date Separated Aug 1987  
 Phone 722-2537 Total Months Employed 40  
 Immediate Supervisor: [Redacted] Department: [Redacted] Full Time? Yes  No   
 Title of Supervisor: [Redacted] Starting Salary \$ \_\_\_\_\_ Per \_\_\_\_\_ Part-Time: Indicate Percent \_\_\_\_\_  
 Your Title: Ad. off Last Salary \$ 240 Per Week or No. of Hours \_\_\_\_\_

4. Employer: [Redacted] Date Employed 1979  
 Address: [Redacted] City: [Redacted] State: [Redacted] Date Separated 1983  
 Phone: [Redacted] Total Months Employed \_\_\_\_\_  
 Immediate Supervisor: Self Department: [Redacted] Full Time? Yes  No   
 Title of Supervisor: [Redacted] Starting Salary \$ \_\_\_\_\_ Per \_\_\_\_\_ Part-Time: Indicate Percent \_\_\_\_\_  
 Your Title: [Redacted] Last Salary \$ \_\_\_\_\_ Per \_\_\_\_\_ or No. of Hours \_\_\_\_\_

Employer: [Redacted] Date Employed \_\_\_\_\_  
 Address: [Redacted] City \_\_\_\_\_ State \_\_\_\_\_ Date Separated \_\_\_\_\_  
 Phone: [Redacted] Total Months Employed \_\_\_\_\_  
 Immediate Supervisor: [Redacted] Department: [Redacted] Full Time? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Title of Supervisor: [Redacted] Starting Salary \$ \_\_\_\_\_ Per \_\_\_\_\_ Part-Time: Indicate Percent \_\_\_\_\_  
 Your Title: [Redacted] Last Salary \$ \_\_\_\_\_ Per \_\_\_\_\_ or No. of Hours \_\_\_\_\_

Employer: [Redacted] Date Employed \_\_\_\_\_  
 Address: [Redacted] City \_\_\_\_\_ State \_\_\_\_\_ Date Separated \_\_\_\_\_  
 Phone: [Redacted] Total Months Employed \_\_\_\_\_  
 Immediate Supervisor: [Redacted] Department: [Redacted] Full Time? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Title of Supervisor: [Redacted] Starting Salary \$ \_\_\_\_\_ Per \_\_\_\_\_ Part-Time: Indicate Percent \_\_\_\_\_  
 Your Title: [Redacted] Last Salary \$ \_\_\_\_\_ Per \_\_\_\_\_ or No. of Hours \_\_\_\_\_

Do you possess a valid Drivers License? Yes  No   
 Do you possess a valid Chauffers License? Yes  No

Do you use a Typewriter? Yes  No  Speed 45WPI  
 Do you write Shorthand? Yes  No  Speed \_\_\_\_\_

If you possess either or both, what state? Florida

List below any office machines you can operate.

Word Perfect 5.1 →  
 I am currently working in and with the  
 office & would like to be a part of  
 and an asset to the City of Palmetto.

10 Key Calculator, Computer,  
 Typewriter, facsimile machine  
 switch board, Base to field line  
 radio, word processor.

**VT RECORD**

position or classification has been held within a given organization, list each position or classification as a separate period of employment. tasks including kind of work and supervisory, technical or other responsibilities so as to give a clear picture of the duties you have information as possible. If you have more than six (6) separate periods of employment, fill out blank sheet in the same form as that

1

Specific Duties:

[REDACTED]

Reason for Leaving:

[REDACTED]

2

Specific Duties:

[REDACTED] *selling, tax*

Reason for Leaving:

[REDACTED] *to*

3

Specific Duties:

[REDACTED] *Augers, working*

Reason for Leaving:

[REDACTED]

4

Specific Duties:

[REDACTED]

Reason for Leaving:

[REDACTED]

5

Specific Duties:

[REDACTED]

Reason for Leaving:

[REDACTED]

6

Specific Duties:

[REDACTED]

Reason for Leaving:

[REDACTED]

If a license, certificate, or other authorization to practice a trade or profession is required for the position for which you are applying complete the following questions:

Name of trade or profession \_\_\_\_\_ License Number \_\_\_\_\_

Granted by \_\_\_\_\_ City and/or State of \_\_\_\_\_

Specialty \_\_\_\_\_ Licensed From \_\_\_\_\_ To \_\_\_\_\_

List below any in-service training or instruction courses or programs you have completed with the above listed employers

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

## EDUCATIONAL RECORD

### GRAMMAR AND HIGH SCHOOL

Circle last grade completed: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, (12)

Name of last school attended \_\_\_\_\_

Location \_\_\_\_\_

Did you graduate from high school? Yes  No  Yr. 68

Dates of attendance: From \_\_\_\_\_ To \_\_\_\_\_

If you plan to graduate within Eight months, please indicate anticipated date \_\_\_\_\_

High school equivalency certificate? (G.E.D.) Yes  No   
If yes, please submit documented proof.

### VOCATIONAL TRAINING (BUSINESS, TRADES, TECHNICAL AND MILITARY SERVICE)

Name and Location	From		To		Number of Hours Attended per Week	Subjects Studied
	Mo.	Yr.	Mo.	Yr.		
Name: <u>Computer Bay/Don</u>					<u>4</u>	<u>Word Perfect 5.1</u>
Location: <u>U.S. 41 &amp; Whitfield Ave</u>						
Name: _____						
Location: _____						
Name: _____						
Location: _____						

### UNIVERSITY AND COLLEGE (UNDERGRADUATE, GRADUATE, DOCTORATE)

Name and Location	From		To		Total Semester Hours	Total Quarter Hours	Major Field and Number of Hours	Minor Field and Number of Hours
	Mo.	Yr.	Mo.	Yr.				
Name: _____	<u>1</u>	<u>78</u>						
Location: _____								
Name: _____			<u>2</u>	<u>79</u>				
Location: _____								
Name: _____								
Location: _____								
Name: _____								
Location: _____								

Did you graduate? Yes  No  Degree Received \_\_\_\_\_ Date Received \_\_\_\_\_

If you plan to graduate within Eight months, please indicate anticipated date \_\_\_\_\_

NOTE: If you are applying for a position that requires college education or graduation, please submit a copy of your official college transcript.

### MOST IMPORTANT – PLEASE READ

Failure to complete all parts of the application that apply to you will cause delay, and may result in our having to return your application. ALWAYS USE THE SAME NAME AND INITIALS WHEN YOU ARE SENDING INFORMATION TO THIS OFFICE ABOUT YOURSELF AND INDICATE ON THE DOCUMENTS THE TITLE(S) OF THE POSITION(S) FOR WHICH YOU ARE APPLYING. Have you: 1. completed all parts of the application listing every job which you have held; 2. enclosed copies of documents requested such as a DD 214, college transcript, or special license; and 3. read the statement below, and signed the application?

### BE SURE TO READ THIS STATEMENT BEFORE SIGNING

"I HEREBY CERTIFY that (a) all questions on this and all supporting documents associated with this application have been answered to the best of my ability, knowledge and belief; (b) I am aware that all statements submitted on this and all supporting documents are subject to investigation and verification; (c) I authorize inquiries as to my ability, character, and reputation, and release those supplying any information about me from all liability as a result of their response; (d) if I am employed, any false, inaccurate, or misleading information may be grounds for my dismissal; (e) if accepted for employment, I will comply with all rules and safety regulations of the City and the department or division where assigned; (f) I understand that regular employment may require the taking of fingerprints or providing such other identification or certification as the City may deem proper; (g) I understand that employment by the City is at will and does not create a property right.

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

Witness Signature \_\_\_\_\_

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

5/20/92

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address	1967	1982	clerk
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	Supervisor
	Job Title			POSTMASTER
	Supervisor			
	Reason for Leaving	296 hrs	\$4,000	
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address	1956	1969	CIVIL DEPT
	Telephone Number(s)	Hourly Rate/Salary		BOOK KEEPER
		Starting	Final	SECRET
	Job Title			ADMIN ASST
	Supervisor			
	Reason for Leaving		6,000	
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address	1949	1956	BOOK KEEPING
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Supervisor			
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Supervisor			
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

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Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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**Specialized Skills      Check Skills/Equipment Operated**

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____	_____
<input checked="" type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input checked="" type="checkbox"/> Typewriter	<input type="checkbox"/> Wordperfect	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES       NO

**References**

1. <sup>10</sup> [Redacted]	( ) [Redacted]
(Name)	Phone #
[Redacted] FL	
(Address)	
2. [Redacted]	( )
(Name)	Phone #
BRADENON FL	
(Address)	
3. [Redacted]	( )
(Name)	Phone #
BRADENON FL	
(Address)	



# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. 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 hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

  
Signature of Applicant \_\_\_\_\_ Date 10/8/04/97

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_ NAME AND TITLE \_\_\_\_\_ DATE \_\_\_\_\_

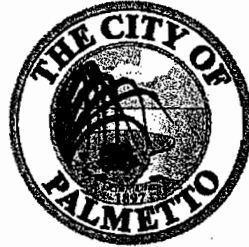
NOTES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current General



**CITY OF PALMETTO**  
**EMPLOYMENT APPLICATION**

**EQUAL OPPORTUNITY EMPLOYER**  
**DRUG FREE WORKPLACE**

**Where to find Vacancy Information:**

Internet: [www.palmettofl.org](http://www.palmettofl.org) Departments/City Hall/Human Resources  
City Hall: 516 8th Avenue West, Palmetto Florida 34221 Ph: (941) 723-4570

**GENERAL INSTRUCTIONS**

- Please attach a copy of valid Driver's License
- Please type or print this application in its entirety
- An application must be submitted to be considered for any position
- Specify the position for which you are applying
- Applications are only accepted if position is available
- All fields must be complete unless not applicable
- Please submit application to Human Resources at City Hall
- Sign your name in certification section. All information you submit is subject to verification.
- Falsification of any information will disqualify you from consideration for any position within the City of Palmetto.

**POSITION APPLIED FOR:**

POSITION:

DEPARTMENT:

DATE OF APPLICATION:

DATE AVAILABLE:

**HOW DO WE CONTACT YOU:**

LAST NAME:

FIRST NAME:

MI:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

SOCIAL SECURITY #:

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE?

YES

NO

IF YES, GIVE DATE: \_\_\_\_\_

HAVE YOU BEEN EMPLOYED WITH THE CITY BEFORE?

YES

NO

IF YES, GIVE DATE: \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED?

YES

NO

MAY WE CONTACT YOUR PRESENT EMPLOYER?

YES

NO

**EDUCATION**

**HIGH SCHOOL**

NAME OF SCHOOL:

LOCATION:

DIPLOMA:

OTHER:

NONE:

**COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL**

(Transcripts may be required)

NAME OF SCHOOL:

LOCATION:

MAJOR/MINOR

COURSE OF STUDY:

CREDIT HOURS EARNED:

TYPE OF DEGREE:

**LICENSURE, REGISTRATION, CERTIFICATION**

(Please submit copy of document)

LICENSE, REGISTRATION OR CERTIFICATION:

NUMBER:

DATE RECEIVED:

EXP DATE:

STATE LICENSING AGENCY:

**DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND  
EXTRA-CURRICULAR ACTIVITIES:**

**DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES  
MILITARY:**

## EMPLOYMENT HISTORY

**1. PRESENT OR LAST EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** (    ) \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR:** \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_ **FROM** \_\_\_\_\_ **TO** \_\_\_\_\_ **RATE/SALARY:** \_\_\_\_\_

**DUTIES/RESPONSIBILITIES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**2. EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** (    ) \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR:** \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_ **FROM** \_\_\_\_\_ **TO** \_\_\_\_\_ **RATE/SALARY:** \_\_\_\_\_

**DUTIES/RESPONSIBILITIES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**3. EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** (    ) \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR:** \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_ **FROM** \_\_\_\_\_ **TO** \_\_\_\_\_ **RATE/SALARY:** \_\_\_\_\_

**DUTIES/RESPONSIBILITIES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

4. EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (      ) \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ RATE/SALARY: \_\_\_\_\_

DUTIES/RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

5. EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (      ) \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ RATE/SALARY: \_\_\_\_\_

DUTIES/RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE:

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

**DRIVERS LICENSE**

DO YOU HAVE A VALID DRIVERS LICENSE?             YES             NO

HAS YOUR LICENSE EVER BEEN SUSPENDED/REVOKED?             YES             NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

**CITIZENSHIP**

ARE YOU A U.S CITIZEN?

        
YES

        
NO

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?

        
YES

        
NO

IF YES, PROOF OF EMPLOYMENT AUTHORIZATION WILL BE REQUIRED UPON EMPLOYMENT

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED WITH THE CITY OF PALMETTO?

        
YES

        
NO

IF YES, NAME: \_\_\_\_\_ DEPT: \_\_\_\_\_

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

MILITARY SERVICE – ALL APPLICANTS WITH PRIOR MILITARY SERVICE MUST COMPLETE THIS SECTION

HAVE YOU EVER SERVED IN THE MILITARY?

        
YES

        
NO

IF YES, WHAT BRANCH? \_\_\_\_\_

DATES OF SERVICE? \_\_\_\_\_

TYPE OF DISCHARGE? \_\_\_\_\_

**BACKGROUND INFORMATION**

HAVE YOU EVER BEEN CONVICTED OF A CRIME, PLEAD GUILTY OR NO CONTEST TO A CRIMINAL CHARGE, OR ENTERED INTO AN AGREEMENT SETTING FORTH THE TERMS LEADING TO THE REDUCTION OR DISMISSAL OF THE CHARGES?

        
YES

        
NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

WHERE CONVICTED? \_\_\_\_\_ DATE OF CONVICTION: \_\_\_\_\_

**ADDITIONAL INFORMATION RELEVANT TO THE POSITION YOU SEEK**

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---

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**REFERENCES**

1.	_____ ( )	_____
	NAME	PHONE
2.	_____ ( )	_____
	NAME	PHONE
3.	_____ ( )	_____
	NAME	PHONE
4.	_____ ( )	_____
	NAME	PHONE
5.	_____ ( )	_____
	NAME	PHONE

**APPLICANT'S CERTIFICATION AND AGREEMENT**

(Please read carefully)

**PROBATION PERIOD:** I understand that my position with the City is at-will during the probationary period. My employment may be ended before the expiration of that period for any non-discriminatory reason without recourse.

**DRUG SCREENING/PHYSICAL EXAMINATION:** I understand that I must take and pass a Drug Screening and Physical Examination before the decision to hire me is complete. The City of Palmetto will not hire any person found to have a confirmed positive test for illegal drugs.

**STATEMENT OF APPLICANT:** I certify that all answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I hereby release all companies, schools or persons from my liability for any damage for issuing this information. I understand that the City may request driver's license, credit and/or criminal reports about me. I have the right to request that the City completely and accurately disclose to me the contents of those reports, upon written request to the Human Resource Department.

**CERTIFICATION:** I understand that falsification, omission, misleading statements, or misrepresentation is cause for rejection of this application or dismissal from employment. I understand that this application is a Public Record and is subject to the provisions of Florida Statutes chapter 119. I realize that this application is not a contract of employment and does not imply that I will be interviewed for a position or hired.

**UPON TERMINATION OF EMPLOYMENT I UNDERSTAND THAT THE CITY MAY HOLD MY FINAL PAYCHECK UNTIL FINAL ACCOUNTING IS MADE FOR ANY CITY PROPERTY IN MY CUSTODY.**

I hereby acknowledge that I have read and understand each of the above statements.

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

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

1981 Pair

Name (Last) [redacted] (First) [redacted] (Middle) [redacted]

### APPLICATION FOR EMPLOYMENT CITY OF PALMYRA

#### PERSONAL INFORMATION

Date 6-24-81

Social Security No. [redacted]

Name (Last) [redacted] (First) [redacted] (Middle) [redacted] Age 19 Sex M

Present Address (Street) [redacted] (City) [redacted] (State) [redacted]

Phone No. [redacted] Own Home  Rent  Board

Date of Birth [redacted] Height 6'5" Weight 150 Color Hair [redacted] Eyes [redacted]

Place of Birth: City Bradenton County Manatee State FLA

Married  Single  Widowed  Divorced  Separated

Number of Children 0 Children's Ages [redacted] Citizen of U.S.A. Yes  No

If related to anyone in our employ state name and department  Referred by [redacted]

How long have you been a resident? 1 1/2

Military Service \_\_\_\_\_ Present Status \_\_\_\_\_

Employer's Name & Occupation \_\_\_\_\_ Phone \_\_\_\_\_

EMPLOYMENT DESIRED As Patrolman

Position Police Officer Date you can start Anytime Salary desired \_\_\_\_\_

Are you employed now? No If so may we inquire of your present employer? \_\_\_\_\_

Have you ever applied to the City of Palmyra before? Yes Where \_\_\_\_\_ When \_\_\_\_\_

EDUCATION (Schools)	Name and Location of School	Years Attended	Date Graduated	Subjects Studied
Grammar	[redacted]	-	-	<u>Geometry</u>
High	[redacted]	<u>4</u>	[redacted]	[redacted]
College	[redacted]	<u>1</u>	[redacted]	[redacted]
Trade or Business	[redacted]			[redacted]

Have you ever been arrested for or charged with the commission of a crime other than traffic violations without regard to whether sentence has been passed or served or whether the verdict or judgment has been reversed or set aside or not, or pardon or parole granted, in this or any other state, province, district, territory, possession, or nation? If yes, state details in full No

Have you ever been injured while on the job? If so state briefly the circumstances and name of company. No

Do you have or have you ever had any of the following:

- |   |   |   |
|---|---|---|
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Asthma                          | <input type="checkbox"/> Arthritis                                  | <input checked="" type="checkbox"/> Low blood pressure              |
| <input checked="" type="checkbox"/> Tuberculosis                    | <input type="checkbox"/> Sight impairment                           | <input type="checkbox"/> Venereal illness                           |
| <input checked="" type="checkbox"/> Cancer                          | <input type="checkbox"/> Speech impairment                          | <input type="checkbox"/> Back injury                                |
| <input type="checkbox"/> Epilepsy                                   | <input type="checkbox"/> Hearing impair.                            | <input type="checkbox"/> Bone injuries                              |
| <input type="checkbox"/> Heart trouble                              | <input type="checkbox"/> High Blood pressure                        | <input type="checkbox"/> Diabetes                                   |
| <input type="checkbox"/> Alergia                                    | <input type="checkbox"/> Scars or Marks                             |   |

In case of an emergency notify: (Name) [redacted] (Address) [redacted] (Phone) [redacted]

How much time have you lost due to illness in the last 12 months? \_\_\_\_\_



**FORMER EMPLOYERS** (List below employers starting with last, for the past 5 (five) years)

Date, Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From [redacted] To [redacted]	[redacted]	[redacted]	[redacted]	[redacted]
From [redacted] To [redacted]	[redacted]	[redacted]	[redacted]	[redacted]
From [redacted] To [redacted]	[redacted]	[redacted]	[redacted]	[redacted]
From [redacted] To [redacted]	[redacted]	[redacted]	[redacted]	[redacted]

REFERENCES: (Names of three persons not related to you whom you have known at least 1 (one) year)

Name	Address	Business	Years Acquainted
[redacted]	[redacted]	[redacted]	19
[redacted]	[redacted]	[redacted]	5
[redacted]	[redacted]	[redacted]	13

**3 Credit References:**

Firm	Address	City	State
[redacted]	[redacted]	[redacted]	Fla.
[redacted]	[redacted]	[redacted]	[redacted]

I agree to comply with the Rules and Regulations for the City of Palmetto

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further I understand and agree that my employment is for no definite period and may, regardless of the date of payment of wages and salary, be terminated at any time without any previous notice.

(Witness) [redacted] (Signature) [redacted]

**Other Information**

To what extent do you use intoxicants or drugs? None  
 Are you physically able to undergo strenuous training and unusual hardships in the performance of your duty? (Yes or No.) Yes  
 Can you operate a Motorcycle? Yes Do you have a driver's license? Yes  
 Kind Operator Number 100  
 Do you type. \_\_\_\_\_ How fast? \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_  
 Neatness \_\_\_\_\_ Character \_\_\_\_\_ Voice \_\_\_\_\_  
 Personality \_\_\_\_\_ Ability \_\_\_\_\_ Poise \_\_\_\_\_  
 Ability to express self \_\_\_\_\_ Confidence \_\_\_\_\_ Education \_\_\_\_\_  
 Intelligence \_\_\_\_\_ Ambition \_\_\_\_\_ Other \_\_\_\_\_

**EVALUATION:**

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

**REMARKS:**

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

**INSTRUCTIONS TO DEPARTMENT HEADS:** If the above named person is approved for employment by you, please insure the following is correct, complete and return to Personnel Office.

1. Employee must be fingerprinted at the City of Palmetto Police Station.
2. The Social Security Number is correct.
3. The W-4 Form is completed.
4. The name on the Social Security card and W-4 should be identical.

Hired \_\_\_\_\_ For department \_\_\_\_\_ Position \_\_\_\_\_  
 Will report \_\_\_\_\_ Salary or Wages \$ \_\_\_\_\_

Department head approval \_\_\_\_\_  
 (Department Head)

Current Police

POLICE DEPARTMENT

APPLICATION INSTRUCTIONS

~~Please read before completing the application.~~

FRONT PAGE: You must specify (check) which position you are applying for.

PAGE 14: You can sign & have a witness sign or you can wait to sign when you turn in the application & we will witness it.

PAGE 15: Please attach copies of documents 1-7 to your application.

~~LAST PAGE: Do Not sign the last page, it has to be notarized by us.~~

PLEASE RETURN THIS APPLICATION TO:

CITY HALL 516 8<sup>TH</sup> AVE. W.

PALMETTO, FL. 34221

**PALMETTO POLICE DEPARTMENT  
APPLICATION FOR APPOINTMENT**

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

Police Officer: \_\_\_\_\_ Other Support/Clerical Position: \_\_\_\_\_  
Dispatcher (Communications): \_\_\_\_\_ Specify Other: \_\_\_\_\_

**THE PALMETTO POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER. WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, HANDICAP, MATRITAL STATUS, RELIGION OR ANY OTHER LEGALLY PROTECTED STATUS.**

**INSTRUCTIONS**

- Answers to question must be typewritten or printed in black ink.
- All questions must be answered; if a question is not applicable, state N/A.
- Applications which are not complete, including required documents and photo, will not be considered.
- An applicant may be rejected who has intentionally made a false statement of a material fact, or practiced, or attempted to practice, any deception or fraud in the application and the examination, or in securing eligibility for appointment.
- If space provided is not sufficient, use "Additional Information" section and attach sheets of the same size as this application. Identify section and question number.
- Return application to the Palmetto Police Department, 1115 10<sup>th</sup> Street West, Palmetto, Florida, 34221; Attention-Personnel Division.

**A. PERSONAL DATA**

1. Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)
2. Date of Birth: \_\_\_\_\_
3. Social Security Number: \_\_\_\_\_
4. Place of Birth: \_\_\_\_\_  
(City) (State) (County) (Country)

**ALIASES - List all other names you have used, including maiden name, married names, aliases or nicknames:**

<b>NAME</b>	<b>REASON</b>	<b>Dates From (M/Y)</b>	<b>Dates To (M/Y)</b>

5. Are you a United States citizen?  Yes  No If naturalized, please provide:

(Date) \_\_\_\_\_ (Place) \_\_\_\_\_  
\_\_\_\_\_  
(Court) \_\_\_\_\_ (Naturalization Number) \_\_\_\_\_

6. Do you have or have you ever applied for a passport?  Yes  No

Passport Number: \_\_\_\_\_ Where did you apply? \_\_\_\_\_

**B. RESIDENCE**

1. In chronological order, list your actual places of residence for the past 10 years, including time spent in school and / or military.

Address: _____	City/State/Zip: _____
Dates: From _____ To _____	County: _____ Apt.# _____
Address: _____	City/State/Zip: _____
Dates: From _____ To _____	County: _____ Apt.# _____
Address: _____	City/State/Zip: _____
Dates: From _____ To _____	County: _____ Apt.# _____
Address: _____	City/State/Zip: _____
Dates: From _____ To _____	County: _____ Apt.# _____
Address: _____	City/State/Zip: _____
Dates: From _____ To _____	County: _____ Apt.# _____
Address: _____	City/State/Zip: _____
Dates: From _____ To _____	County: _____ Apt.# _____
Address: _____	City/State/Zip: _____
Dates: From _____ To _____	County: _____ Apt.# _____

**C. EDUCATION/TRAINING**

HIGH SCHOOL

1. Provide the following information regarding the high school that you graduated from or last attended:

Name & Address: \_\_\_\_\_

Dates attended: From \_\_\_\_\_ To \_\_\_\_\_ Grade Completed: 9 10 11 12

Did you graduate? \_\_\_ Yes \_\_\_ No Type of diploma received: High School \_\_\_ GED \_\_\_

G.E.D.

2. If applicable, provide the following information regarding the institution that issued your GED:

Name & Address: \_\_\_\_\_

Dates attended: From \_\_\_\_\_ To \_\_\_\_\_ GED received: \_\_\_ Yes \_\_\_ No

COLLEGE/UNIVERSITY

3. Provide the following information regarding the colleges and universities you have attended:

Name & Address: \_\_\_\_\_

Dates attended: From \_\_\_\_\_ To \_\_\_\_\_ Credit Hours \_\_\_ Qtr. \_\_\_ Sem.

Type of degree received: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Name & Address: \_\_\_\_\_

Dates attended: From \_\_\_\_\_ To \_\_\_\_\_ Credit Hours \_\_\_ Qtr. \_\_\_ Sem.

Type of degree received: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

OTHER SCHOOLS/ACADEMIES

4. Provide the following information regarding trade, vocational, business schools, or academies attended:

Name & Address: \_\_\_\_\_

Dates attended: From \_\_\_\_\_ To \_\_\_\_\_ Credit Hours \_\_\_ Qtr. \_\_\_ Sem.

Type of degree/certificate: \_\_\_\_\_ Area of study: \_\_\_\_\_

Name & Address: \_\_\_\_\_

Dates attended: From \_\_\_\_\_ To \_\_\_\_\_ Credit Hours \_\_\_ Qtr. \_\_\_ Sem.

Type of degree/certificate: \_\_\_\_\_ Area of study: \_\_\_\_\_

### D. EMPLOYMENT HISTORY

1. Chronologically list all employment beginning with PRESENT employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name: _____ Phone: ( ) _____
Address: _____ City/State/Zip: _____
Dates worked: From _____ To: _____ Full Time __ P-T __ Salary: _____
Title/Position: _____ Reason for leaving: _____
Name: _____ Phone: ( ) _____
Address: _____ City/State/Zip: _____
Dates worked: From _____ To: _____ Full Time __ P-T __ Salary: _____
Title/Position: _____ Reason for leaving: _____
Name: _____ Phone: ( ) _____
Address: _____ City/State/Zip: _____
Dates worked: From _____ To: _____ Full Time __ P-T __ Salary: _____
Title/Position: _____ Reason for leaving: _____
Name: _____ Phone: ( ) _____
Address: _____ City/State/Zip: _____
Dates worked: From _____ To: _____ Full Time __ P-T __ Salary: _____
Title/Position: _____ Reason for leaving: _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

### E. PERSONAL REFERENCES

1. List three (3) references who are responsible adults of reputable standing in their communities who have known you well for the past five (5) years. DO NOT list relatives or former employers.

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Years acquainted: \_\_\_\_\_ How acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Years acquainted: \_\_\_\_\_ How acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Years acquainted: \_\_\_\_\_ How acquainted: \_\_\_\_\_

### F. CLOSE FRIENDS

1. List three (3) of your closest friends, include both men and women, with whom you have had regular contact over the past three (3) years.

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Years acquainted: \_\_\_\_\_ How acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Years acquainted: \_\_\_\_\_ How acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Years acquainted: \_\_\_\_\_ How acquainted: \_\_\_\_\_

**G. ADULT CRIMINAL & CIVIL COURT HISTORY**

1. As an adult, have you ever been taken into custody and fingerprinted by civilian or military authorities for violation of any law or ordinance regardless of whether the record in your case has been sealed, expunged, dropped, or otherwise stricken?  
           \_\_\_\_\_ YES           \_\_\_\_\_ NO
  
2. As and adult, have you ever been investigated, charged or received a notice or summons for any violation of law or ordinance?  
           \_\_\_\_\_ YES           \_\_\_\_\_ NO
  
3. As an adult, have you ever been investigated or charged with a traffic violation (exclude parking tickets)?  
           \_\_\_\_\_ YES           \_\_\_\_\_ NO

If you answered "YES" to question #1, #2 or #3, list all such matters even if you were not formally charged, or made no court appearance, or were found not guilty, or pled nolo contendere to any charge for which adjudication was withheld, or the matter was settled by payment of fine or forfeiture of collateral.

Date: _____ Charge/Incident: _____
Agency/Location: _____ Disposition: _____
Details: _____
Date: _____ Charge/Incident: _____
Agency/Location: _____ Disposition: _____
Details: _____
Date: _____ Charge/Incident: _____
Agency/Location: _____ Disposition: _____
Details: _____
Date: _____ Charge/Incident: _____
Agency/Location: _____ Disposition: _____
Details: _____

4. Have you ever been a plaintiff or defendant in a court action?   \_\_\_ Yes   \_\_\_ No  
     Details: \_\_\_\_\_  
     \_\_\_\_\_
  
5. Have you ever been detained by any law enforcement officer for investigative purposes or, to your knowledge, have you ever been the subject of, or a suspect in, any criminal investigation?  
     Details: \_\_\_\_\_  
     \_\_\_\_\_
  
6. Have you ever been reported as a missing person or runaway?  
     Details: \_\_\_\_\_  
     \_\_\_\_\_

1. Have you ever been a member of the Armed Forces of the United States?



H. MILITARY HISTORY

\_\_\_\_ YES      \_\_\_\_ NO

Branch: \_\_\_\_\_ Highest Rank: \_\_\_\_\_ Serial # \_\_\_\_\_  
*Active:* From \_\_\_\_\_ To \_\_\_\_\_ *Reserve:* \_\_\_\_\_ To \_\_\_\_\_ *Discharged:* \_\_\_\_\_  
Type of discharge: \_\_\_\_\_ Disciplinary Action: \_\_\_ Yes \_\_\_ No

Branch: \_\_\_\_\_ Highest Rank: \_\_\_\_\_ Serial # \_\_\_\_\_  
*Active:* From \_\_\_\_\_ To \_\_\_\_\_ *Reserve:* \_\_\_\_\_ To \_\_\_\_\_ *Discharged:* \_\_\_\_\_  
Type of discharge: \_\_\_\_\_ Disciplinary Action: \_\_\_ Yes \_\_\_ No

2. Have you ever served in the Armed Forces of a foreign country?

\_\_\_\_ YES      \_\_\_\_ NO

Branch: \_\_\_\_\_ Highest Rank: \_\_\_\_\_ Serial # \_\_\_\_\_  
*Active:* From \_\_\_\_\_ To \_\_\_\_\_ *Reserve:* \_\_\_\_\_ To \_\_\_\_\_ *Discharged:* \_\_\_\_\_  
Type of discharge: \_\_\_\_\_ Disciplinary Action: \_\_\_ Yes \_\_\_ No

3. If disciplinary action was taken against you, please describe the nature of the offense and action taken.

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

## I. DRIVING HISTORY

1. Are you a licensed automobile operator or chauffeur?  Yes  No  
 State: \_\_\_\_\_ License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
2. Do you hold or have you ever held an operator or chauffeur license in another state?  
 Yes  No  
 State: \_\_\_\_\_ License No.: \_\_\_\_\_ Dates From/To: \_\_\_\_\_  
 State: \_\_\_\_\_ License No.: \_\_\_\_\_ Dates From/To: \_\_\_\_\_
3. Have you ever been denied a license or have you ever had a license suspended or  
 revoked?  Yes  No  
 If yes, please give details: \_\_\_\_\_
4. How many traffic accidents have you had in the past ten (10) years? \_\_\_\_\_  
 How many were your fault? \_\_\_\_\_ Please give details: \_\_\_\_\_

## J. BUSINESS & CREDIT

1. Do you now have, or have you ever had, a license to engage in a business or profession?  Yes  No
2. Has a license or professional certification, issued to you, ever been canceled, suspended or  
 revoked?  Yes  No
3. Do you have stock or interest in any firm, partnership or corporation doing business in  
 Manatee County?  Yes  No
4. Have you, or a company controlled by you, filed for bankruptcy or declared bankruptcy?  Yes  No
5. Have you had a legal judgment rendered against you for a debt?  Yes  No  
 If yes to questions #1, #2, #3, #4 or #5, please provide details: \_\_\_\_\_
6. Do you have any sources of income other than your salary and the salary of your spouse?  Yes  No  
 Your estimated annual salary: \_\_\_\_\_ Your spouse's estimated annual salary: \_\_\_\_\_  
 Specify the source and amount of any additional income: \_\_\_\_\_
7. List all of your and your spouse's debts over \$500; and any debt which is past due, regardless of the amount.

Creditor: _____ Address: _____
Amount:\$ _____ Amount Past Due: _____ Account#: _____
Creditor: _____ Address: _____
Amount:\$ _____ Amount Past Due: _____ Account#: _____
Creditor: _____ Address: _____
Amount:\$ _____ Amount Past Due: _____ Account#: _____

**K. MISCELLANEOUS**

1. What foreign languages can you speak, read or write? Language: \_\_\_\_\_ Speak \_\_\_ Read \_\_\_ Write \_\_\_  
Language: \_\_\_\_\_ Speak \_\_\_ Read \_\_\_ Write \_\_\_ Language: \_\_\_\_\_ Speak \_\_\_ Read \_\_\_ Write \_\_\_
  
2. List any type of special license such as pilot, radio operator, E.M.T., marine pilot, etc., showing licensing authority, where the license was issued, and date current license expires (except vehicle operator s license): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? \_\_\_ Yes \_\_\_ No
  
4. Have you resigned, or left a job by mutual agreement, following allegations of misconduct or unsatisfactory job performance? \_\_\_ Yes \_\_\_ No  
If yes to questions #3 or #4, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? \_\_\_\_\_  
\_\_\_\_\_
  
6. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? \_\_\_ Yes \_\_\_ No If yes, please provide name and address of business, corporation or organization, and describe your relationship or position. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons that has adopted, or shows a policy of advocating or approving the commission of acts of force 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 unconstitutional means? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Have you ever made a financial or other material contribution to any organization of the type described in question #7 above? \_\_\_ Yes \_\_\_ No  
If yes to question #7 or #8, answer questions #9 and #10 also.
  
9. At the time of your membership, participation or contribution, did you know of any unlawful aims of the organization? \_\_\_ Yes \_\_\_ No
  
10. Did you intend to promote any unlawful aims of the organization? \_\_\_ Yes \_\_\_ No  
If yes to questions #7, #8, #9, or #10, please explain including name of organization and location.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**M. CONFIDENTIAL HISTORY**

**PORTIONS OF THIS SECTION WILL REMAIN CONFIDENTIAL, SUBJECT TO APPLICABLE LAW.**

Are you currently a Certified Officer? \_\_\_ Yes \_\_\_ No Are you a retired Officer? \_\_\_ Yes \_\_\_ No

1. Applicant's Name and Current Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
 Cell Phone: ( ) \_\_\_\_\_

2. Spouse's Name and Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

3. Children's Names and Ages:

NAME	AGE	ADDRESS (if different)

4. Former Spouse(s) Name and Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

5. Please provide name and address of **next of kin** or other person to be contacted **in case of an emergency**.  
 Name and Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
 Other (Cell) Phone: ( ) \_\_\_\_\_

6. Please provide the name and address of your **personal or family physician** to be contacted in case of an emergency.  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

7. How you ever used, experimented with, tasted, supplied, possessed, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature? \_\_\_ Yes \_\_\_ No If yes, please complete the following:

a. Drug:
b. How taken:
c. Circumstances:
d. Number of times used/supplied/sold:
e. First time used:
f. Last time used:

8. As a juvenile, have you ever been taken into custody and fingerprinted by civilian or military authorities for violation of any law or ordinance, regardless of whether the record in your case has been sealed, expunged, dropped, or otherwise stricken?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO
9. As a juvenile, have you ever been investigated, charged, or received a notice or summons for any violation of law or ordinance?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO
10. As a juvenile, have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO

If you answered "YES" to questions #8, #9 or #10, list all such matters even if you were not formally charged, or made no court appearance, or were found not guilty, or pled nolo contendere to any charge for which adjudication was withheld, or the matter was settled by payment of fine or forfeiture of collateral.

Date: _____	Charge/Incident: _____
Agency/Location: _____	Disposition: _____
Details: _____	

Date: _____	Charge/Incident: _____
Agency/Location: _____	Disposition: _____
Details: _____	

Date: _____	Charge/Incident: _____
Agency/Location: _____	Disposition: _____
Details: _____	

Date: _____	Charge/Incident: _____
Agency/Location: _____	Disposition: _____
Details: _____	

**APPLICANT S CERTIFICATION**

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or Misrepresentation will be the basis for my dismissal from the Palmetto Police Department. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application, or which is discovered as a result of the background investigation, physical examination, or drug test. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Palmetto Police Department and that it, and the information received in response to the background examination, is public record.

I also understand that I may be required to furnish the Palmetto Police Department with a copy of my Federal Income Tax Return for the year preceding this application and for each year during my employment or appointment.

I further understand and agree that my employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment, and maintenance of personal physical fitness to the degree necessary to satisfactorily perform the duties of my position or assignment with the Palmetto Police Department.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Palmetto Police Department, and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Palmetto Police Department.

I agree to conform to the rules, regulations and orders of the Palmetto Police Department and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Palmetto Police Department, at its discretion, at any time and without any prior notice to me.

\_\_\_\_\_  
Signature of the applicant as usually written

\_\_\_\_\_  
Date

Witnessed by: \_\_\_\_\_



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## DOCUMENTS TO BE ATTACHED TO APPLICATION

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<u>Attached</u>	<u>Item</u>	<u>Description of Items to be Attached</u>
_____	1	Copy of Driver s License
_____	2	Copy of Social Security Card
_____	3	Copy of High School or GED Diploma/Records
_____	4	Copy of College Diploma
_____	5	Copy of College Transcripts
_____	6	Copy of Birth Certificate
_____	7	Photograph of Self
_____	8	Copy of Criminal Justice Standards and Training Commission (Official Grade Notification)
_____	9	Copy of Certificate of completion of Law Enforcement Training
_____	10	Copies of any Certificates or Cards of any Special Training (i.e., First Responder, CPR, any law enforcement classes or courses taken, etc.)
_____	11	Copy of Marriage License/Certificate
_____	12	Copy of Divorce Records



Florida Department of Law Enforcement

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



**CJSTC 58**

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

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

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

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

SOCIAL SECURITY NUMBER (Optional): \_\_\_\_\_

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: \_\_\_\_\_

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

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

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. My Commission

expires on \_\_\_\_\_, 20\_\_\_\_. Personally Known \_\_\_\_\_ - or -

Produced Identification \_\_\_\_\_ Notary Public: \_\_\_\_\_

Type of identification produced: \_\_\_\_\_