

Sanford Police Department



Police Officer Application

Brian F. Tooley
Chief of Police

EQUAL OPPORTUNITY EMPLOYER

The Sanford Police Department does not discriminate on the basis of race, religion, color, sex, age, national origin or disability.

Required documents for application completion

Please attach the following:

1. Legible copy of Birth Certificate
2. High School Diploma or GED
3. Non-certified copy of college transcripts
4. Military Discharge (DD2 14)
5. Copy of Basic Recruit Academy Certificate
6. Copy of State Examination scores
7. Copy of Driver License
8. Copy of Social Security Card
9. Copy of Military Identification if active
10. Copy of recent credit report
11. Copy of criminal/court record
12. Any other information relevant to the position

This application package contains:

- | | |
|--|---|
| 1. City of Sanford Civil Service Application | * Notary seal required |
| 2. Police Officer supplemental application | * Notary seal required |
| 3. Personal Inquiry Waiver | * Notary seal required |
| 4. Physician's clearance to test form
And Physical Abilities Test Course form | * required for PAT when
scheduled |

Applicant Name _____ Date: _____

Sanford Police Department



Police Officer Supplemental Application

Chief Brian F. Tooley

EQUAL OPPORTUNITY EMPLOYER

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Name: _____ SSN: _____ - _____ Phone# () _____			
Address: _____			
Street	City	State	ZipCode
Email address: _____			
Position Sought (check one only): You must have enrolled in a Florida Law Enforcement Academy to apply for the following:			
<input type="checkbox"/>	Police Officer	<input type="checkbox"/>	Reserve Police Officer

INSTRUCTIONS: The purpose of this application is to get truthful answers. Please complete all portions fully and accurately--incomplete forms will be returned. If it is determined that you are a viable candidate and positions are available your processing will begin. If there are no positions available, your application will be kept on file and you will be notified when a position becomes open. Include any documents in relation to the position applied for.

You must answer yes to questions 1-3 in order to be considered:

1. Yes No Are you at least 21 year of age?
2. Yes No Are you a United States Citizen?
3. Yes No Do you possess a high school diploma or GED?

You must answer no to questions 4-9 in order to be considered:

4. Yes No Has your driver license been suspended within the past year?
5. Yes No Have you received three or more moving traffic violations in the past two years?
6. Yes No Have you ever been convicted of a felony?
7. Yes No Have you ever been convicted of a misdemeanor involving moral turpitude, false statements, perjury or domestic violence?
8. Yes No If employed by a law enforcement or corrections agency are you now under internal investigation?
9. Yes No Have you used, possessed, or cultivated any illegal controlled substance within two years? If so list the date last used: month/year _____

Personal Information

Only to be used for background purposes:

Date of Birth ___/___/___ Sex / Race: ___/___ (For statistical affirmative & and Criminal History use)

Yes No Have you ever worked for or applied with Sanford Police department?

Position: _____ Date: _____

Yes No Is there any other language you can read, write or speak fluently?

Referral Source: Jobline Employee State Exam Website Job Fair

News Paper _____ Radio Other _____

If you answer **yes** to the following you must attach a **full** explanation before your application will be considered.

Yes No Have you ever been disciplined by any current or past employer(s)? If military experience, list disciplines, i.e., article 15, etc. (List each employer, reason and dates)

Yes No Have you ever been terminated or asked to resign from a job? (List employer(s) and dates)

Criminal History

Note: Because you are applying to a law enforcement agency, you must include information about any arrest, charge, conviction or other criminal activity, even if the records are sealed or expunged. If you answer **yes** to one of the following you must attach a full explanation before your application will be considered.

This information for background purposes only:

Yes No Have you ever been arrested or charged with a felony and/or misdemeanor?

Yes No Have you ever been convicted of a misdemeanor?

Yes No Have you ever been involved with the sale of illegal drugs?

Yes No Have you ever taken anything from an employer without permission?

Yes No Are you or have you ever been a member of a gang or any association that engages in criminal activity?

Yes No Do you have continuous associations or dealings with any one under a criminal investigation or indictment, or who is involved in criminal behavior?

Criminal/Court Record

THE APPLICANT MUST REVEAL ALL ARREST AND CONVICTIONS REGARDLESS OF SEALED OR EXPUNGED OR JUVENILE STATUS. THE APPLICANT IS TO BE ADVISED THAT HE~SHE MAY NOT LAWFULLY DENY ARREST OR CONVICTIONS, NOTWITHSTANDING ADJUDICATION BEING WITHHELD OR THE SEALING OR EXPUNGEMENT OF ARREST/CONVICTION RECORDS. F.S. SECTION 943.058

I. Have you ever been arrested, charged or received a notice or summons to appear for any Criminal Violation? Yes No

If yes to question #1 list all such matters even if not formally charged, court appearance, found not guilty, matter settled by payment or fine or forfeiture of collateral or pre-trial diversion. (Include your juvenile record and records of arrest in which have been sealed, If any.)

Date	Place & Department	Charge	Court & Place	Disposition

2. Have you ever been detained by any law enforcement officer for investigative purposes, or to your knowledge have you ever been the subject in any criminal investigation? Yes No
3. Have you ever committed a crime even if you were not caught or arrested (Examples of crimes are theft, possession of illegal drugs, firearms offenses, fraud, passing of Worthless checks, domestic violence, assault etc.) Yes No
4. Have you ever been a plaintiff or defendant in a court action (Include any lawsuits, Liens, bankruptcy, domestic violence, injunctions, etc.)? Yes No
If so, give date, place, court, names of parties involved, nature of action, and final disposition.

To your knowledge has your spouse or any member of your immediate family (father, brother, sister (Include step and half relatives) and in-laws) ever been arrested for any offense other than traffic violations? Yes No
If yes, list below.

Relatives Name	Place & Department	Charge	Court & Place	Disposition

Personal Declaration and Associates

1. Do you now, or have you recently used experimented with or tasted, any narcotic or dangerous drug such as, but not limited to, marijuana, hashish, cocaine, crank, LSD, amphetamines, heroin, or drug of similar nature Yes No
2. If answer to question #1 above is yes, complete the following items for each drug
Drug: _____ How it was taken: _____

Circumstances: _____

First time used: _____ Last time used: _____

List any additional information: _____
3. Do you now, or have you recently abused or illegally obtained any prescription drug? Yes No
4. An investigation will be conducted of all information listed on this application. Because of this are you aware of any information about yourself or any person with whom you are or have been associated (including relatives and roommates) which might tend to reflect unfavorably on your reputation, morals, character, ability or loyalty? Yes No
If yes, Please provide your version of this/these incident(s).

Driving History

1. Do you or Have you ever held a driver license in a state other than Florida? Yes No
If yes, please provide state(s), name used and approximate dates of license(s) was/ were held.

2. Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance? ____ Yes No If yes, please provide complete details.

List all traffic citations received in the past ten years.

I authorize an investigation of all statements contained herein and of the references listed to give you any and all information concerning my previous employment and any pertinent information, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing same to you.

I certify that all facts contained in this application are true and complete to the best of my knowledge. I understand that omission or misrepresentation of facts will be grounds for rejection of this application or for dismissal from employment if subsequently discovered.

*** This supplement must be notarized**

APPLICANT'S SIGNATURE: _____ DATE _____

Subscribed and affirmed before me on _____ by: _____
(Date) (Name of Signer)

He/she is personally known to me or has presented
_____ as identification.
_____ (type of Identification)

(Notary's Signature and Seal) Commission Stamp

PHYSICIAN'S CLEARANCE TO TEST FORM

AGENCY NAME: SANFORD POLICE DEPARTMENT

NAME OF APPLICANT: _____

Dear Physician:

The purpose of this communication is to inform you of the above-named individual's intentions with regards to participation in the pre-employment physical abilities test for the above named agency. We are aware of the fact that strenuous physical activity may be inadvisable for some individuals. As such, we request that you indicate whether the above-named applicant has any medical condition or disorder that would preclude participation. It must be emphasized that we are not asking you to assume responsibility for the applicant while participating in this test. Rather, we merely want to have as much information as possible when making decisions concerning applicability of testing.

The test program will consist of a series of physical abilities tests conducted at our training site. The battery of job-related field tests is intended to be completed in the fastest possible time and will require maximum effort by the applicant. Tests are designed to measure balance, muscular endurance and strength, flexibility, anaerobic power and capacity, fine motor skills and aerobic power. Tests will include two 220 yard runs, dragging a 150 pound object 100 feet, jumping over obstacles (12-24 inches high), climbing over a wall (40 inches high), two 50 foot sprints and movement around a series of pylons.

Ultimately, the primary goal of this testing is to determine whether the applicant is capable of performing minimum standards appropriate to this agency.

I have examined this applicant and his/her medical history, and based upon my evaluation I recommend that:

___ Participation is not advisable at the present time. (If you advise against participation, please do not disclose the applicant's medical condition on this form.)

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

Signature of Physician

Date

Thank you for your cooperation.
407-323-3030, ext. 3326
Professional Standards /Personnel Unit

**AFFIDAVIT OF COMPLIANCE WITH CITY OF SANFORD'S TOBACCO ABSTENTION
POLICY POLICE AND FIRE APPLICANTS/NEW HIRES**

I, _____, do hereby affirm, as follows:

1. I have been informed of the City of Sanford's Tobacco Abstention Policy.
2. I have not been a user of tobacco product for at least one (1) year immediately preceding my application for employment as a (Police Officer or Firefighter). If I am hired, I agree that:
 - A. I must abstain from the use of tobacco and tobacco products as a condition of continued employment, and
 - B. The City has a right to conduct any form of medical examination or test to determine whether I am in compliance with its Tobacco Abstention Policy.

Under the penalty of perjury, I declare that I have read the foregoing Affidavit and that the facts stated therein are true.

DATED and SIGNED this _____ day of _____, 200____.

(Signature of Applicant)

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was executed before me this _____ day of _____,
200____ by _____ who is personally known by me
(or who has produced as identification) _____ and
who did/did not take an oath.

Notary Public

(Type or Print Name of Notary)



Florida Department of Law Enforcement

Authority For Release of Information (Background Investigation Waiver)



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

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: _____

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

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

Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: - An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.

Pursuant to Section 943.13 (4), (5) and (7) F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature

Date

Applicant's Address

AFFIDAVIT

STATE OF _____

COUNTY OF _____

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

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

expires on _____, 20_____.

Notary Public

Personally Known _____ - **or** - Produced Identification _____

Type of Identification Produced: _____