



# SOUTH DAYTONA POLICE DEPARTMENT POLICE OFFICER APPLICATION



All Applications will be accepted by the Human Resource Department, City of South Daytona, 1672 South Ridgewood Avenue, South Daytona, Florida – Monday through Friday, 8:00 AM to 4:30 PM.

**DUTIES AND RESPONSIBILITIES:** Under the direction of a Police Supervisor, incumbent performs a wide variety of police and law enforcement duties including the protection of property, crime detection, and public safety. This class is characterized by the use of independent judgment in the application of police principles, and knowledge of laws in responding to emergency or difficult situations.

**MINIMUM REQUIREMENTS FOR HIRING:** Applicants must be 20 years of age, possess a high school diploma or general education degree (GED), a State of Florida Certification as a police officer, a valid Florida Driver's License and must receive FCIC Certification within ninety (90) days of hire date.

Applicants will be required to participate in a situational scenario, a test and an oral interview. Upon successful completion of that phase, an in-depth background investigation will be conducted. Once a satisfactory background investigation has been achieved, the candidate will be required to successfully complete and pass a polygraph examination, a psychological and medical examination as well as a drug screen. Applicants will then be scheduled for and must pass a physical agility test prior to being eligible for employment as a City of South Daytona Police Officer.

The expected duration of the hiring process is approximately 90 days from the date of application.

In order that you receive proper consideration in your application to become a South Daytona Police Officer, it will be essential that all identified materials be returned completed in their entirety along with this application.

Before returning these materials, check them for accuracy and completeness. Sign your name on all forms where signature is indicated. Check to ensure that all forms given to you originally are enclosed and turn them in along with all licenses, certificates and other documents to the Human Resource Department.

Thank you for your interest in the South Daytona Police Department!



## PROCESSING FORMS CHECK OFF LIST

### FORMS FOR MINIMUM PROCESSING

- \_\_\_\_\_ Application and supplement forms (must be notarized)
- \_\_\_\_\_ High School Diploma or GED
- \_\_\_\_\_ College Diploma and Certified Transcripts (if claiming college credit)
- \_\_\_\_\_ Copy of Valid Florida Driver's License
- \_\_\_\_\_ Social Security Card
- \_\_\_\_\_ Change of Name Document (marriage/divorce documents)
- \_\_\_\_\_ DD 214 (*if veteran*) reflecting character of service/type of separation for each tour of duty
- \_\_\_\_\_ Birth Certificate – a copy of the document must be from the Bureau of Vital Statistics from the state of your birth
- \_\_\_\_\_ Criminal Justice Standards & Training Certificate of Compliance
- \_\_\_\_\_ Any specialized Criminal Justice Certificates that will enhance your application documentation of hours earned at prior Police Academy (*out of state*)
- \_\_\_\_\_ FDLE/CJSTC Law Enforcement Certification Scores
- \_\_\_\_\_ OTHER documents reflecting your qualifications, e.g. letters of commendation, training certificates and current or previous work performance evaluations.

Please return the completed application packet to the Human Resource Department for processing and review. You will be contacted to schedule an appointment for interview based on Department needs and positions available.

If selected to proceed, applicants will be notified of the date, time and location of the Polygraph, Psychological, Medical, Drug Screen and the Physical Agility Test (PAT).

## SALARY & BENEFITS

### **SOUTH DAYTONA FULL-TIME POLICE OFFICER SALARY & BENEFITS**

***(As per current collective bargaining agreement through 09/30/2026)***

- Salary: 2184 Regular Hours
- Social Security
- Medicare
- Workers' Compensation
- Health Insurance
- Life Insurance
- Dental Insurance
- Pension\*
- Personal Leave 1-4 years = 185 hours; 4-9 years. = 210 hours; 9-14 years. = 252 hours; etc. up to 302 hours for over 30 years

### **OTHER BENEFITS *(As per current collective bargaining agreement through 09/30/2026)***

- Uniforms – (Duty & Training)
- Uniform Cleaning
- Shoe Allowance
- Vest - Soft Body Armor
- Firearm and Utility Belt
- Portable Radio
- Taser
- 11 Paid Holidays
- 3 Hour Minimum Overtime for Court/Depositions and for Call-Out
- Bereavement Leave - up to 40 hours
- Personal Leave Cash - In
- Christmas Gift Certificate - \$100

### **AVAILABLE**

- AFLAC (Short Term Disability, Accident, Cancer, etc.)
- Long Term Disability Insurance
- Two Deferred Compensation (457) Plans
- Educational Reimbursement
- Incentive Pay up to \$330/month (Including Specialty Pays and Education Incentives)
- Specialty Pay for Motors, Investigator, THI, SWAT, Hostage Negotiator, Drone and DRE
- 5% Specialty Pay for Acting Supervisor and FTO
- 40 hours job related training of your choice per year
- Additional training provided on City time – Radar Operator, Intoxilyzer and Field Sobriety Exercise
- Career Development Program

\* Pension is through the Florida State Retirement System which is based on 3% per year of service in the retirement system after 8 years vested, with the ability to draw retirement after 25 years or age 55. A 3% contribution by the employee is required at this time. A ***deferred retirement option program (DROP) may be available.***

## PERSONAL DATA

Please read these instructions and the job announcement carefully. Applicants are cautioned to answer every question truthfully and without evasion. Falsifying an application will result in denial of the applicant or termination, if employed. **Please print using ink.**

Date \_\_\_\_\_

Full Name \_\_\_\_\_  
Last First Middle

List below any other name, legal name change, alias or nicknames by which you have been known, including maiden name, if a married female.

\_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

## PHYSICAL ADDRESS

Number Street City State Zip

Do you OWN or RENT \_\_\_\_\_

## MAILING ADDRESS (if different from physical address)

Number Street City State Zip

Email Address: \_\_\_\_\_

Check One: \_\_\_\_\_ Male \_\_\_\_\_ Female

Race/Ethnic Group: \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic

\_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian/Pacific Islander

*Qualified applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability. Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only, submission of information about a disability is voluntary.*

## SOCIAL SECURITY NUMBER COLLECTION POLICY NOTICE

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

Your social security number is requested for the purpose of payroll eligibility verification, processing employment benefits, applicant and employee background checks and income reporting and will be used solely for those purposes.

The City of South Daytona adopts the written statement attached hereto for the collection of social security numbers and such statement to individuals when their social security number is obtained. The City hereby determines that obtaining an individual's social security number for the reasons identified in said statement is either specifically provided by law or is imperative for the City to fulfill its lawful duties and responsibilities.

You are being provided this written policy for one or more of the purposes listed below, per Section 119.071(5), Florida Statutes.

THE CITY OF SOUTH DAYTONA COLLECTS YOUR SOCIAL SECURITY NUMBER FOR THE FOLLOWING PURPOSES:

- CLASSIFICATION OF ACCOUNTS;
- IDENTIFICATION AND VERIFICATION;
- CREDIT WORTHINESS;
- BILLING AND PAYMENTS;
- DATA COLLECTION, RECONCILIATION, AND TRACKING;
- BENEFIT PROCESSING;
- TAX REPORTING;
- NEW UTILITY ACCOUNT APPLICATIONS;
- BANK DRAFT AUTHORIZATIONS;
- VENDOR REGISTRATION APPLICATIONS;
- VOLUNTEER CONTRACTS FOR BACKGROUND CHECKS;
- EMERGENCY TRANSPORT FOR BILLING AND INSURANCE; AND
- POLICE STATEMENTS AND ARRESTS FOR VERIFICATION OF IDENTITY

The written policy was adopted by the City of South Daytona City Council via Resolution NO 08-01 on January 22, 2008, in compliance with Section 119.07(5), Florida Statute, (2007).

**PERSONAL DATA**

Date of Birth \_\_\_\_\_  
**Mo/Day/Year                      City                      County                      State**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Are you a United States Citizen:    Yes \_\_\_\_\_                      No \_\_\_\_\_

Marital Status:    Single \_\_\_\_\_    Married \_\_\_\_\_    Divorced \_\_\_\_\_    Separated \_\_\_\_\_

<b>Date Married (List present and past)</b>	<b>Spouse's Name</b>	<b>Spouse's Date of Birth</b>

<b>Dependent Children Name</b>	<b>Age</b>	<b>Living at Home?</b>

Mother's Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

With whom do you reside? *(list all in household)*

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

Do you belong to any social media websites: *(Facebook, Twitter, Flickr, YouTube, Instagram, etc.):*

Yes: \_\_\_\_\_ No: \_\_\_\_\_

What are your screen names: \_\_\_\_\_

\_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Employee Referral? \_\_\_\_\_ Agency? \_\_\_\_\_

List all: \_\_\_\_\_

## RESIDENCE HISTORY

Please list all addresses you have had for the last ten (10) years starting with your present address. Use additional sheets if necessary.

[illegible]

## EMPLOYMENT HISTORY

Starting with your current employment or unemployment and working back, list each employment and unemployment period you've had for the previous ten (10) years. Include a description of any lapses in employment history. Use additional paper if necessary and this section must be completed even if submitting a resume.

<b>From</b> _____ <b>To</b> _____	Supervisor _____
Company Name _____	Type Work Performed _____
Street Address _____	
City/State/Zip _____	Reason for Leaving _____
Phone # _____	Starting Salary _____ Final Salary _____
<b>From</b> _____ <b>To</b> _____	Supervisor _____
Company Name _____	Type Work Performed _____
Street Address _____	
City/State/Zip _____	Reason for Leaving _____
Phone # _____	Starting Salary _____ Final Salary _____
<b>From</b> _____ <b>To</b> _____	Supervisor _____
Company Name _____	Type Work Performed _____
Street Address _____	
City/State/Zip _____	Reason for Leaving _____
Phone # _____	Starting Salary _____ Final Salary _____
<b>From</b> _____ <b>To</b> _____	Supervisor _____
Company Name _____	Type Work Performed _____
Street Address _____	
City/State/Zip _____	Reason for Leaving _____
Phone # _____	Starting Salary _____ Final Salary _____



**BUSINESS/PROFESSIONAL REFERENCES**

Fill in the names of at least (3) persons, ***not related to you and not former employers***, who you have known for at least five (5) years. All persons that you list may be asked to appraise your character, ability experience, personality, and other questions.

Complete Name	Occupation
Residence Address	Business Address
Home Telephone	Business Telephone
Complete Name	Occupation
Residence Address	Business Address
Home Telephone	Business Telephone
Complete Name	Occupation
Residence Address	Business Address
Home Telephone	Business Telephone
Complete Name	Occupation
Residence Address	Business Address
Home Telephone	Business Telephone

**PERSONAL REFERENCES**

Provide three (3) personal references of persons who have seen you frequently during the past year.

Complete Name	Occupation
Residence Address	Business Address
Home Telephone	Business Telephone
Complete Name	Occupation
Residence Address	Business Address
Home Telephone	Business Telephone
Complete Name	Occupation
Residence Address	Business Address
Home Telephone	Business Telephone

## EDUCATION AND TRAINING RECORD

Please list all schools you have attended including: elementary, middle, high, GED, colleges, secondary schools, etc.

***Prior to a background investigation, a certified copy of college transcripts will be required by applicant.***

School Name
Street Address
City/State/Zip
From: _____ To: _____ Graduated: Yes _____ No _____

School Name
Street Address
City/State/Zip
From: _____ To: _____ Graduated: Yes _____ No _____

School Name
Street Address
City/State/Zip
From: _____ To: _____ Graduated: Yes _____ No _____

School Name
Street Address
City/State/Zip
From: _____ To: _____ Graduated: Yes _____ No _____

School Name
Street Address
City/State/Zip
From: _____ To: _____ Graduated: Yes _____ No _____

**LAW ENFORCEMENT EDUCATION INFORMATION**

Are you currently or have you ever been certified as a law enforcement officer in the State of Florida?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, date: \_\_\_\_\_

If you are not certified in Florida, are you enrolled, or have you applied for enrollment, in a **Basic Law Enforcement (BLE)** academy or equivalency course in Florida?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Date of Basic Law Enforcement Graduation? \_\_\_\_\_

Date of Scheduled State Certification Exam? \_\_\_\_\_

Have you been certified as a law enforcement officer in any other state?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, provide details: \_\_\_\_\_

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## COURSE SYNOPSIS

Give a brief synopsis of specialty courses in the criminal justice field that individualizes your application. Include seminars and academic training with the grade, if one was assigned.

[illegible]



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  
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To: **Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records**      **APPLICANT'S NAME:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_

**LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**AGENCY REQUESTING BACKGROUND INFORMATION:** \_\_\_\_\_

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

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. **Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.**

\_\_\_\_\_  
Applicant's Signature      Date

\_\_\_\_\_  
Applicant's Address

**OATH**

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

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

Sworn to (or affirmed) and subscribed before me by means of Physical Presence ☐ OR Online Notarization ☐ 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 \_\_\_\_\_

# INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

**1. General Information.** The Standard Form 180, Request Pertaining to Military Records (SF 180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available". Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF 180 for record locations and facility addresses. Medical information may be withheld from a patient if determined that the information would be detrimental to the patient's physical or mental health or would likely cause the patient to harm himself or someone else. Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next-of-kin using eVetRecs at <https://www.archives.gov/veterans/military-service-records/>.

**2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR).** Personnel records of military members who were discharged, retired, or died in service **LESS THAN 62 YEARS AGO** and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STRs of persons on active duty are generally kept at the local servicing clinic. After the last day of active duty, STRs should be requested from the appropriate address on page 2 of the SF 180 (See item 3, Archival Records, if the military member was discharged, retired or died in service more than 62 years ago).

a. Release of information: Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations, the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's authorized legal recipient has access to almost any information contained in that member's own record. The authorization signature of the service member or the member's authorized legal recipient is needed in Section III of the SF 180. Others requesting information from military personnel records and/or STRs must have the release authorization in Section III of the SF 180 signed by the member or authorized legal recipient. If the appropriate signature cannot be obtained, only limited types of information can be provided (DoD 6025.18-R C8). If the former member is deceased, the surviving next-of-kin (NOK) may be entitled to greater access to a deceased veteran's records than a member of the general public (DoD 6025.18-R C6.2.1.2). The NOK may be any of the following: unmarried/surviving spouse, father, mother, son, daughter, sister, or brother. Requesters **MUST provide proof of death such as the DD Form 1300, Casualty Report, a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death, funeral director's signed statement of death, or verdict of coroner's jury.**

b. Fees for records: There is no charge for most services provided to service members or next-of-kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances, service fees cannot be determined in advance. If your request involves a service fee, you will receive an invoice with your records.

**3. Archival Records.** Personnel records of military members who were discharged, retired, or died in service **62 OR MORE YEARS AGO** have been transferred to the legal custody of NARA and are referred to as "archival records".

a. Release of Information: Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next-of-kin is not required. In order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b)(6)) may still apply and may preclude the release of some information.

b. Fees for Archival Records: Access to archival records are granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). If a fee applies to the copies of documents in the requested record, you will receive an invoice. Copies will be sent after payment is made. For more information see <https://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html>.

**4. Where reply may be sent.** The reply may be sent to the service member or any other address designated by the service member or other authorized requester. If the designated address is NOT registered to the addressee by the U.S. Postal Service (USPS), provide BOTH the addressee's name AND "in care of" (c/o) the name of the person to whom the address is registered on the NAME line in Section III, item 3, on page 1 of the SF 180. The COMPLETE address must be provided, INCLUDING any apartment/suite/unit/lot/space/etc. number. NOTE: If requester desires to send his/her record to a third party, he/she must fill out a DD Form 2870 authorizing the releasing agency to release the record and the timeframe of the authorization. The form may be downloaded using most commercial web search tools by entering "DD Form 2870" as a search term.

**5. Definitions and abbreviations.** DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health, and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

**6. Service completed before World War I.** National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from [inquire@nara.gov](mailto:inquire@nara.gov) or write to the Code 6 address on page 2 of the SF 180.

## PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

## PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (MP), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS TO THE APPROPRIATE ADDRESS LISTED ON PAGE 2 OF THE SF 180.**

## REQUEST PERTAINING TO MILITARY RECORDS

Requests can be submitted online using eVetRecs at <https://www.archives.gov/veterans/military-service-records/>

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

### SECTION I - INFORMATION NEEDED TO LOCATE RECORDS *(Furnish as much information as possible.)*

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH

5. SERVICE, PAST AND PRESENT *(For an effective records search, it is important that ALL service be shown below.)*

	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE				<input type="checkbox"/>	<input type="checkbox"/>	
b. RESERVE				<input type="checkbox"/>	<input type="checkbox"/>	
c. NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>	

6. PLEASE LIST LAST FOUR DUTY STATIONS, IF KNOWN: 1. \_\_\_\_\_  
 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

7. IS THIS PERSON DECEASED? ☐ NO ☐ YES - *MUST provide Date of Death if veteran is deceased:* \_\_\_\_\_

8. DID THIS PERSON RETIRE FROM MILITARY SERVICE? ☐ NO ☐ YES

### SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

#### 1. CHECK THE ITEM(S) YOU ARE REQUESTING:

- ☐ **DD Form 214 or equivalent:** Year(s) in which form(s) issued to veteran (Date of Separation):  
 This form contains information used to verify military service. **An UNDELETED DD Form 214 is ordinarily required to determine eligibility for benefits.** If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost. Please note – recent veterans may be able to request a DD Form 214 through milConnect by visiting: <https://www.va.gov/records/get-military-service-records/>  
*An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box:* ☐ I want a **DELETED** copy.
- ☐ **Official Military Personnel File (OMPF):** The OMPF may include duty stations and assignments, training and qualifications, awards and decorations received, disciplinary actions, administrative remarks, enlistment and/or discharge information (including DD Form 214, Report of Separation, or equivalent), and other personnel actions. Detailed information about the veteran's participation in battles and their military engagements is NOT contained in the record.
- ☐ **Medical Records:** Includes health (outpatient), extended ambulatory, and dental records. If inpatient/hospitalization records are requested, please specify below.  
☐ I request inpatient/hospitalization records from \_\_\_\_\_ (facility), last treated in \_\_\_\_\_ (year). **(NOTE: Fields are required)**  
 If available, you may receive copies of inpatient narrative summaries, operative reports, discharge summaries, etc. contained in the record.
- ☐ **Dental Records:** Please check this box if **ONLY** dental records are needed from the medical record.
- ☐ **Other (Please Specify):** \_\_\_\_\_

2. **PURPOSE:** (Providing information about the purpose of the request is **voluntary**; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

- ☐ Benefits (explain) ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal ☐ Other (explain)

Explain here: \_\_\_\_\_

### SECTION III - RETURN ADDRESS AND SIGNATURE

<p>1. <b>REQUESTER NAME:</b> _____</p> <p>3. <input type="checkbox"/> I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section 1, above.  <input type="checkbox"/> I am the DECEASED VETERAN'S NEXT-OF-KIN (<b>MUST submit Proof of Death.</b> See item 2a on instruction sheet.)</p> <p>4. <b>SEND INFORMATION/DOCUMENTS TO:</b>        (Please print or type. See item 4 on accompanying instructions.)</p> <p>_____ Name</p> <p>_____ Street Address</p> <p>_____ City</p> <p>_____ State</p> <p>_____ ZIP Code</p> <p>_____ Daytime Phone</p> <p>_____ Fax Number</p> <p>_____ Email Address</p>	<p>2. <b>RELATIONSHIP TO VETERAN:</b> _____</p> <p><input type="checkbox"/> I am the VETERAN'S LEGAL GUARDIAN (<b>MUST submit copy of Court Appointment</b>) or AUTHORIZED REPRESENTATIVE (<b>MUST submit copy of Authorization Letter or Power of Attorney</b>)</p> <p><input type="checkbox"/> OTHER (Specify): _____</p> <p>5. <b>AUTHORIZATION SIGNATURE:</b> I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section 3 is true and correct and that I authorize the release of the requested information. <i>(See items 2a or 3a on the accompanying instructions sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)</i></p> <p>_____ Signature Required – Do not print</p> <p>_____ Date</p> <p><small>* This form is available at <a href="https://www.archives.gov/veterans-military-service-records/standard-form-180.pdf">https://www.archives.gov/veterans-military-service-records/standard-form-180.pdf</a> on the National Archives and Records Administration (NARA) web site. *</small></p>
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The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired 10/1/2004 – 12/31/2013	1	11
	Discharged, deceased, or retired on or after 1/1/2014	1	13
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, IRR, Retired Reserve in non-pay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	2	13
COAST GUARD	Discharged, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired 4/1/1998 – 9/30/2006	14	11
	Discharged, deceased, or retired 10/1/2006 – 9/30/2013	3	11
	Discharged, deceased, or retired on or after 10/1/2013	3	14
	Active, Reserve, Individual Ready Reserve or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1895	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired 1/1/1999 – 12/31/2013	4	11
	Discharged, deceased, or retired on or after 1/1/2014	4	8
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	
	Discharged, deceased, or retired 10/16/1992 – 9/30/2002	14	11
	Discharged, deceased, or retired (including TDRL) 10/1/2002 – 12/31/2013	7	11
	Discharged, deceased, or retired (including TDRL) on or after 1/1/2014	7	9
	Current Soldier (Active, Reserve (including Individual Ready Reserve) or National Guard)	7	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired 1/1/1995 – 12/31/2013	10	11
	Discharged, deceased, or retired on or after 1/1/2014	10	8
	Active, Reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	12	

**ADDRESS LIST OF CUSTODIANS and SELF-SERVICE WEBSITES (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form**

1	Air Force Personnel Center AFPC/DP2SSM 550 C Street West JBSA-Randolph TX 78150-4721 Fax: 210-565-3124 Email: DP2SSM.MILRECS.INCOMING@US.AF.MIL	6	National Archives & Records Administration Research Services (RDT1R) 700 Pennsylvania Avenue NW Washington, DC 20408-0001	11	Department of Veterans Affairs ATTN: Release of Information Claims Intake Center P.O. Box 4444 Janesville, WI 53547-4444 Fax: 844-531-7818 <a href="https://www.va.gov">https://www.va.gov</a>
2	Air Reserve Personnel Center Total Force Service Center: 1-800-525-0102 <a href="https://mypers.af.mil/">https://mypers.af.mil/</a>	7	US Army Human Resources Command's web page:  <a href="https://www.hrc.army.mil/content/1113">https://www.hrc.army.mil/content/1113</a> or 1-888-ARMYHRC (1-888-276-9472)	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, Personnel Service Center (BOPS-C-MR) MS7200 US Coast Guard 2703 Martin Luther King Jr Ave SE Washington, DC 20593-7200 <a href="https://www.dcms.uscg.mil/omf">https://www.dcms.uscg.mil/omf</a>	8	Navy Medicine Records Activity (NMRA) BUMED Detachment St. Louis 4300 Goodfellow Boulevard, Building 103 St. Louis, MO 63120 Fax number: 314-260-8128	13	AF STR Processing Center ATTN: Release of Information 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217
4	Headquarters U.S. Marine Corps Manpower Management Records & Performance (MMRP-10) 2008 Elliot Road Quantico, VA 22134-5030 SMB.MANPOWER.MMRP-10@usmc.mil	9	AMEDD Army Record Processing Center 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217 Fax Number: 210-201-8310	14	National Personnel Records Center (Military Personnel Records) 1 Archives Drive St. Louis, MO 63138-1002  <a href="https://www.archives.gov/veterans/military-service-records/">https://www.archives.gov/veterans/military-service-records/</a>
5	Marine Corps Forces Reserve 2000 Opelousas Avenue New Orleans, LA 70114	10	Navy Personnel Command (PERS-313) 5720 Integrity Drive Millington, TN 38055-3130		





**SOUTH DAYTONA POLICE DEPARTMENT  
NON-MILITARY SERVICE STATEMENT**

This is to certify that I, \_\_\_\_\_, am  
not now, nor have I ever been, a member of the military service of the United States of America or any other  
Country or territory.

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

State of Florida, County of Volusia, the foregoing instrument was acknowledged before me on  
(Date) \_\_\_\_\_

by (Name) \_\_\_\_\_ who is personally known to me or has  
produced (Type of Identification) \_\_\_\_\_ as identification and  
who did (did not) take an oath.

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

THE FOREGOING INSTRUMENT was acknowledged before me by means of \_\_\_\_\_ physical presence or \_\_\_\_\_  
online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_, on behalf thereof, who \_\_\_\_\_ is personally known to me, or \_\_\_\_\_  
produced \_\_\_\_\_ as identification.

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

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

My commission expires: \_\_\_\_\_



## City of South Daytona Veteran's Preference Claim Form

Name: \_\_\_\_\_ Position Applied For: \_\_\_\_\_ Today's date: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

Final Rank: \_\_\_\_\_ Character of Discharge: \_\_\_\_\_

I am claiming Veterans' Preference based on the following (please check appropriate response):

**1. A disabled Veteran who has served on active duty in any branch of the Armed Forces and who presently has an existing service-connected disability which is compensable under public laws administered by the DVA or is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the DVA and the Department of Defense.** You must attach a DD-214 or military discharge papers listing military status, dates of service and character of discharge AND documentation certifying a service connected disability.

**2. The spouse of a Veteran: a) who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment; or b) who is missing in action, captured in line of duty by a hostile force, or detained or interned in line of duty by a foreign government or power.** You must attach evidence of marriage; AND a statement that you are still married to the Veteran; AND a DD-214 or applicable military discharge papers listing military status, dates of service and character of discharge; AND applicable documentation certifying the Veteran has a service connected disability; AND proof that the disabled Veteran cannot qualify for employment because of the service connected disability; AND IF APPLICABLE, certification that the active duty Veteran is listed as missing in action, captured in the line of duty or forcibly detained or interned in line of duty.

**3. A Veteran of any war, who has served at least one day during that war time period as defined in subsection 1.01 (14) or who has been awarded a campaign or expeditionary medal. Active duty for training shall not be allowed for eligibility under this paragraph.** You must attach a DD-214 or military discharge papers listing military status, dates of service and character of discharge.

Wartime periods include:

World War II: December 7, 1941 to December 31, 1946  
Korean Conflict: June 27, 1950 to January 31, 1955  
Vietnam Era: February 28, 1961 to May 7, 1975  
Persian Gulf War: August 2, 1990 to January 2, 1992

Operation Enduring Freedom: October 7, 2001 to TBD  
Operation Iraqi Freedom: March 19, 2003 to TBD  
Operation New Dawn: September 1, 2010 to TBD

**4. The unremarried widow or widower of a Veteran who died of a service-connected disability.** You must attach evidence of marriage; AND a statement that you remain unmarried; AND certification from the DOD or VA that your spouse died as the result of a service-connected disability.

**5. The mother, father, legal guardian, or unremarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the U.S. Department of Defense.** You must attach certification of your relationship to the Veteran (AND for widows or widowers: that you remain unmarried); AND that the Veteran died while on duty status under combat-related conditions.

**6. A Veteran as defined in section 1.01m (14) Florida Statutes. "Active Duty for Training" may not be allowed under this paragraph. The term "Veteran" is defined as a person who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions.** You must attach a DD-214 or military discharge papers listing military status, dates of service, and character of discharge.

**7. A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard.** You must attach a letter from your Commanding Officer stating the dates of your military service to establish that you are currently active.

NOTE: Under Florida law, preference in appointment shall be given to those persons included in category 1 above, then second to 2-5, and then third to 6-7. If an applicant claiming Veterans' preference for a vacant position is not selected, he/she may file a complaint with the Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, FL 33731. Complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within three months of the date the application is filed with the employer if no notice is given.

## QUESTIONNAIRE

**Please check the correct response and explain any answers on supplemental pages 20-21**

	YES	NO
1. Do you drink alcohol ( <i>explain your pattern of alcohol use</i> )?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you <b>ever</b> been questioned, detained, arrested, received a notice to appear, charged, convicted, pled nolo contendere, had adjudication withheld, placed on probation or pled guilty to <b>any</b> criminal violation, regardless if the record was sealed or expunged? If yes, explain the details to include the charge, arresting agency, date and final disposition of the case.	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there anything that would prevent you from meeting the physical requirements of a law enforcement officer? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you applied for employment at any other law enforcement agency? If so, list agencies on supplement.	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you <b>ever</b> been rejected or otherwise passed over for employment with any police department? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been employed by another police department? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you currently or have you ever been certified by the Florida Criminal Justice Standards and Training Commission?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had a certificate, license, or privilege revoked or suspended under state, federal, or other law? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
9. If you are not certified in Florida, are you enrolled or have you applied for enrollment in a basic law enforcement academy or equivalency course in Florida? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been fired, terminated, disciplined or been given the opportunity to resign by a police department or <b>any other job</b> ? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever filed a false police report? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you <b>ever</b> used prescription medication that was prescribed for another person? If yes, please explain circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever <b>used, possessed, experimented with, purchased, cultivated or sold</b> any illegal narcotic or drug, including but not limited to marijuana, heroin, cocaine, ecstasy, designer drugs, etc.? If yes, please explain the details and pertinent dates. <u><b>If the frequency, month and year are not listed, the application will not be processed.</b></u>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever used any inhalants, or any other legal substance, to get high? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever driven a motor vehicle while under the influence of illegal drugs to the point that your normal faculties were impaired?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever resigned or been given the opportunity to resign from a job in which you were under investigation for policy violation or misconduct?	<input type="checkbox"/>	<input type="checkbox"/>

## QUESTIONNAIRE CONTINUED

**Please check the correct response and explain any answers on supplemental pages 20-21**

	YES	NO
17. Have you ever been involved in any vehicle accidents as the driver or operator of a vehicle? If so, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever received a traffic citation? <i>(Include moving and non-moving citations, regardless of court disposition and whether they appear on your driving history).</i> If so, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever been involved in a traffic accident involving alcohol? If yes, please explain details?	<input type="checkbox"/>	<input type="checkbox"/>
20. Has any immediate family member ever been arrested and or convicted of a criminal offense that you're aware of? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you hold any belief, which would prevent you from vowing allegiance to the Flag and the Constitution of the United States of America or from taking a life in carrying out your duties when such action is lawful and necessary?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever served probation, parole, community control, or community service? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
23. Have you ever been involved in any civil actions?	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you ever been associated with any person(s) or organizations, past or present that would place the integrity of the Police Department in question? (e.g., KKK, Nazi organizations, gang members, organized crime)	<input type="checkbox"/>	<input type="checkbox"/>
25. Do you know or have you ever had regular associations with persons whom you knew, or should have known, were under criminal investigation or indictment, or who had a reputation in the community or with law enforcement agencies for involvement in criminal behavior?	<input type="checkbox"/>	<input type="checkbox"/>
26. Have you ever been a witness, suspect, or the subject of any police investigation? If yes, please explain in detail as to what occurred, the offense jurisdiction, date, outcome or results of the investigation.	<input type="checkbox"/>	<input type="checkbox"/>
27. Are you presently under any Criminal Investigation? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you ever been reported as a missing person?	<input type="checkbox"/>	<input type="checkbox"/>
29. Have you ever declared bankruptcy? If yes, provide the date of final judgement and details.	<input type="checkbox"/>	<input type="checkbox"/>
30. Have you ever been declared delinquent in child support payments per court order? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>

SUPPLEMENT PAGE

List explanations, by number, to any questions from pages 18 and 19. Attach any documents if necessary. *GENERAL QUESTIONNAIRE:*

[illegible]

## SUPPLEMENT PAGE CONTINUED

***(Indicate Not Applicable if it is not required)***

List explanations, by number, to any questions from pages 18 and 19. *GENERAL QUESTIONNAIRE:*

This image shows a single page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## DRIVER'S LICENSE RECORD

Do you possess a valid Florida Operator's License? Yes: \_\_\_\_\_ No: \_\_\_\_\_

License Number: \_\_\_\_\_ Type: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are there any restrictions or endorsements on your current driver's license?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please List: \_\_\_\_\_

Have you ever been issued a driver's license in a state other than Florida?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, answer below:

State of Issue: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

State of Issue: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Has any driver's license issued to you ever been suspended or revoked? If yes, please explain.

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

Have you ever been refused a driver's license? If yes, please explain.

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

Have you received a traffic citation, other than parking? \_\_\_\_\_

\_\_\_\_\_

Other than traffic, what other fines have you been required to pay? \_\_\_\_\_

\_\_\_\_\_



**SOUTH DAYTONA POLICE DEPARTMENT  
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION  
PLEASE PRINT LEGIBLY EXCEPT WHERE SIGNATURE IS REQUIRED**

I, \_\_\_\_\_, do hereby authorize a review of, and full disclosure of, all records concerning myself to any duly authorized agent of the City of South Daytona, Florida whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of including but not limited to; education institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed, medical and psychiatric treatment and/or consultation including hospital clinics, private practitioners and the US Veteran's Administration, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either civil or criminal, in which I presently have or have had an interest.

Amendments to the Federal Fair Credit Report Act (AFCRA) became effective on September 30, 1997. The FCRA applied whenever employers obtain credit reports and other consumer reports for hiring and other employment purposes. In addition to credit information, the FCRA applied to information concerning a person's character, general reputation, personal characteristics or mode of living.

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all credit and consumer reports obtained for the purpose of hiring to any duly authorized agent of the City of South Daytona, Florida.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release, authorization will be considered in determining my suitability for employment by the South Daytona Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release such said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_

Personally known \_\_\_\_\_ or Produced Identification \_\_\_\_\_.

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

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

My commission expires: \_\_\_\_\_



**PUBLIC SAFETY OFFICERS AND EMPLOYEES  
NON-USER OF TOBACCO/NICOTINE PRODUCTS AFFIDAVIT  
& PHYSICAL FITNESS STATEMENT**

In accordance with Florida Statute 112.18, I, \_\_\_\_\_, hereby swear that I am a non-user of tobacco and/or nicotine products. I also understand that as a condition of my employment, I will remain tobacco/nicotine free.

I understand as a condition of employment with the South Daytona Police Department, it is mandatory for me to participate in the South Daytona Police Department Physical Fitness Program.

**Drug Screen/Polygraph/Psychological Release**

The undersigned police applicant understands and agrees to voluntarily submit to a drug/nicotine screen examination, a psychological evaluation, and a polygraph examination prior to being accepted for employment with the South Daytona Police Department. The undersigned person also understands and agrees that the South Daytona Police Department will only consider the results of these tests for administrative and departmental purposes relating to employment.

The undersigned person further agrees and understands to release, absolve and forever hold harmless the South Daytona Police Department, its officers, agents, employees, the psychologist, and the polygraph technician from liability resulting from the drug screening examination, the psychological evaluation, the polygraph examination or use of the results obtained therefrom. This also applies to any and all suits, actions or causes of actions at law, claim, demand, or liability which the undersigned, his or her successors assigns, heirs, executors or administrators have now or may every have resulting directly, indirectly or remotely from the undersigned person having taken said examinations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

THE FOREGOING INSTRUMENT was acknowledged before me by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, on behalf thereof, who \_\_\_\_\_ is personally known to me, or \_\_\_\_\_ produced \_\_\_\_\_ as identification.

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

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

My commission expires: \_\_\_\_\_

## CONCLUSION

Do you have any knowledge of information, in addition to that specifically called for in the preceding questions, which may be relevant to an investigation into your eligibility for appointment to the position for which you have applied?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, explain.

## AFFIDAVIT STATE OF FLORIDA COUNTY OF VOLUSIA

I, \_\_\_\_\_, do hereby swear that all the information stated in this application is true and correct to the best of my knowledge. I understand any material misrepresentation of fact may be cause for rejection before employment or disqualification after employment.

**NOTICE TO APPLICANT:** This document shall constitute an official statement within the purview of Section 837.06, Florida Statutes, and is subject to verification by the employing agency and/or Criminal Justice Standards and Training Commission. Any intentional omission when submitting this applicant of false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify you from employment as an Officer.

I swear or affirm that I am a citizen of the United States, by birth or naturalization, and that I have never been convicted of a felony or misdemeanor involving moral turpitude. \*I have a valid high school diploma or its equivalent. My discharge (if any) from the Armed Forces was under honorable conditions, and that I am of good moral character. I certify that the above information which I have provided is true and correct and that any additional information that I am required to provide as a result of the application will also be true and correct.

I hereby certify that to the best of my knowledge and belief, the information that I've entered on this form is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_

Personally known \_\_\_\_\_ or Produced Identification \_\_\_\_\_.

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

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

My commission expires: \_\_\_\_\_

**Note to Applicants:** The City is desirous of augmenting its work force in the City of South Daytona Police Department with persons who will be employed by the City on a full time regular basis. In as much, an employment contract will be required for all applicants selected to be hired as Police Officers. Additional information regarding the employment contract shall be presented during the interview phase.

For the purpose of this application, a finding of guilt or a plea of guilty or no contest, after October 1, 1980, is the equivalent of a conviction, even if such sentence is suspended, or adjudication of guilt is withheld.

## APPLICANT NOTIFICATION AND ACKNOWLEDGEMENT

*This form shall be completed and signed by every applicant for background screening purposes. It is recommended that a copy of the signed acknowledgement be securely retained in the applicant's personnel file for the duration of their employment with the agency.*

I hereby authorize the South Daytona Police Department to process a set of my fingerprints for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me to determine eligibility for employment or licensure.

I understand the following:

- My fingerprints will be retained at the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI) for the purpose of providing notice of any subsequent modifications to my criminal history record.
- The South Daytona Police Department may provide me with a copy of my FBI criminal history record for review and possible challenge.
- A copy of any national criminal history record that may pertain to me can be obtained directly from the FBI.
- I am entitled to challenge the accuracy and completeness of any information contained in any such criminal history record pursuant to F.S. 943.056 and Title 28, CFR, Section 16.30-34.
- I am entitled, within a reasonable amount of time, to a determination as to the validity of my challenge before a final decision is made regarding my status as an employee, volunteer, contractor, or subcontractor if it is the sole factor precluding my employment or unescorted access to the secure facility.

---

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

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

Printed Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



# South Daytona Police Department

## Recruitment Referral Incentive

The City and the Police Department use an incentive program for current employees to aid in recruiting potential new hires. This incentive is for any current employee of the Police Department who refers a new Police Officer candidate. The referring employee will receive compensation as a one-time bonus. Only one employee can be named as the referring employee. The new employee must complete probation for the referring police employee to receive the one-time bonus. If you feel that you were properly recruited, please aid that employee by identifying them below.

Name of Referring Employee: \_\_\_\_\_

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

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of \_\_\_\_\_ physical presence or  
\_\_\_\_\_ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by  
\_\_\_\_\_.

Personally known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

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

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

My commission expires: \_\_\_\_\_