



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 09/30/20)

- Salary-2184 hours
- Social Security
- Medicare
- Workers Compensation
- Health Insurance
- Life Insurance
- Dental Insurance
- Pension*
- Vacation

OTHER BENEFITS (As per current collective bargaining agreement through 09/30/20)

- Uniforms – (Duty & Training)
- Uniform Cleaning
- Shoe Allowance
- Vest - Soft Body Armor
- Firearm and Utility Belt
- Portable Radio
- Taser
- 9 paid holidays and 1 paid birthday holiday
- 8 hours - Perfect Attendance
- 3 hour minimum overtime for court/depositions
- 3 hour minimum overtime for callout
- 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
- 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
- Three Deferred Compensation (457) Plans
- Direct Deposit
- Computer Purchase Program
- Educational Reimbursement
- Incentive Pay up to \$130/month
- 40 hours job related training of your choice per year. Additional training provided on City time – Radar Operator, Intoxilyzer and Field Sobriety Exercise
- **5% Specialty Pay** for Motors, Investigator and FTO

* 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 30 years or age 60. 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 _____

Date Married (List present and past)	Spouse's Name	Spouse's Date of Birth

Dependent Children Name	Age	Living at Home?

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: _____



**SOUTH DAYTONA POLICE DEPARTMENT
CONDITION OF EMPLOYMENT**

**TATTOOS, BRANDS, BODY MUTILATION, DENTAL ORNAMENTATION,
AND/OR BODY ORNAMENTATION**

Applicant Name: _____ Date: _____

The South Daytona Police Department has a policy regarding tattoos, brands, body mutilation, body piercing, dental ornamentation, and/or body ornamentation. Pursuant to this policy, an applicant for employment may be disqualified from employment if the aforesaid tattoos and other body ornamentation are (or would be) visible while wearing the Police Department's issued uniform, or not able to be covered by a suitable covering (e.g., long sleeve uniform shirt, commercially available tattoo/body art/brand covers, long sleeve form fitting undershirts which are required to be the same color as the uniform shirt).

To ensure compliance with the Police Department's policy, I, the undersigned applicant, do hereby agree that during my tenure of employment with the South Daytona Police Department, will not obtain any tattoos, brands, body mutilation, dental ornamentation, body piercing, and other body ornamentations which may be visible while wearing the Police Department's issued uniform. I understand I am subject to termination if it is substantiated that I have withheld or have any of the above mentioned during my employment.

Please document the location and description of those issues aforementioned:

Signature of Applicant

Date

Signature of Witness

Date

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.

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



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

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



CJSTC 58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME: _____
DATE OF BIRTH: _____
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: _____

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 _____



**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 ever been questioned, detained, arrested, received a notice to appear, charged, convicted, pled nolo contendere, had adjudication withheld, placed on probation or pled guilty to any 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 ever 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 any other job ? 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 ever used prescription medication that was prescribed for another person? If yes, please explain circumstances. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever used, possessed, experimented with, purchased, cultivated or sold 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>If the frequency, month and year are not listed, the application will not be processed.</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"/> |

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.