



EMPLOYMENT APPLICATION

AND

PERSONAL HISTORY QUESTIONNAIRE

APPLICATION FOR EMPLOYMENT

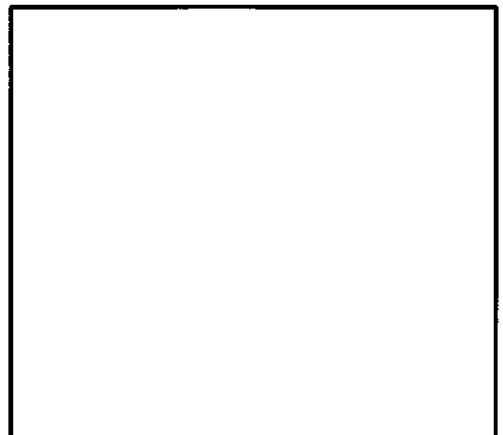
Position applied for:		Date	
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LAST NAME	FIRST NAME	MIDDLE NAME	
STREET ADDRESS		APT #	
CITY	COUNTY	STATE	ZIP
Home TELEPHONE		BUSINESS TELEPHONE	
PAGER		MOBILE TELEPHONE	

Social Security #		U.S. Citizen	YES	NO
Date of Birth		Place of Birth		
Driver's License #			State	
Height		Weight		Eye Color
				Hair Color

PHOTO

OFFICE USE ONLY APPLICANT FAILED TO MEET:	
EDUCATIONAL REQUIREMENT	
TRAFFIC RECORD	
INTERVIEW RESULTS	
CRIMINAL HISTORY	
DRUG GUIDELINES	
EMPLOYMENT HISTORY	
POLYGRAPH RESULTS	
OTHER	



*****Special Instructions*****

If you have expunged or sealed records, read this section before completing the Personal History Questionnaire:

Florida State Statute (FSS) 943.058 - Criminal History Record Expunction or Sealing.

“When all criminal history records have been sealed or expunged, the subject of such records may lawfully deny or fail to acknowledge the events covered by the expunged or sealed records, except in the following circumstances:

(a) When the person who is the subject of the record is a candidate for employment with a criminal justice agency.”

This exception requires by law that you, as an applicant for employment with a criminal justice agency, (such as the Bay Harbor Islands Police Department) may not lawfully deny or fail to acknowledge the events in any expunged or sealed records.

NOTICE:

Please read and follow these instructions exactly. Your ability to complete this document as requested will be evaluated and used as one basis for employment decisions. The Bay Harbor Islands Police Department will use this document, when completed, as an investigative aid. Retention of this personal data will remain in the investigative files of the police selection section.

Instructions:

1. Hand print clearly, in **blue** ink and in your own handwriting.
2. Answer every question. If a question does not apply to you, use N/A.
3. Any unanswered, incomplete or omitted questions may result in the rejection or dismissal of your application.
4. If the space available is insufficient, use a separate sheet of 8 ½ x 11 paper. Precede each answer with the referenced block number.
5. Do not misstate or omit any material since the statements made here are subject to verification to determine your qualifications for employment.
6. Answer all questions accurately and completely. Do not make exaggerated, false or misleading statements, as they may cause your rejection or dismissal.
7. Each question has a purpose. Do not fail to answer each question completely, even if you feel it is not important.

"I have read and I understand all the above instructions. I also understand that I may be asked to take a polygraph (lie detector) examination to determine the authenticity of the information provided in this questionnaire."

SIGNATURE	DATE

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BAY HARBOR ISLANDS POLICE DEPARTMENT
Personal History Questionnaire

<small>LAST NAME</small>	<small>FIRST NAME</small>	<small>MIDDLE NAME</small>	<small>SEX</small>

ALIAS(ES), NICKNAME, OR OTHER CHANGES IN NAME. (INCLUDE OFFICIAL DOCUMENT(S) CONCERNING ANY NAME CHANGE):

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RACE AND/OR NATIONALITY OR BOTH. This section is OPTIONAL:

<input type="checkbox"/> ASIAN	<input type="checkbox"/> WHITE	<input type="checkbox"/> AFRICAN AMERICAN
<input type="checkbox"/> BLACK	<input type="checkbox"/> NATIVE AMERICAN	<input type="checkbox"/> SPANISH SURNAME AMERICAN
<input type="checkbox"/> OTHER:		

CITIZENSHIP:

<input type="checkbox"/> US	<input type="checkbox"/> Y / N	<input type="checkbox"/> NATIVE	<input type="checkbox"/> Y / N	<input type="checkbox"/> NATURALIZED CERTIFICATE #	
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If derived, parent Certificate number, Date, Place, and Court:

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Date of Birth		Place of Birth	
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(include copy of birth certificate)

Height		Weight		Eye Color		Hair Color	
Scars, Tattoos and/or Distinguishing Marks:							

<small>HOME ADDRESS</small>

WITH WHOM DO YOU RESIDE?

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MARITAL STATUS:

<input type="checkbox"/> SINGLE		<input type="checkbox"/> MARRIED		<input type="checkbox"/> ENGAGED		<input type="checkbox"/> SEPARATED		<input type="checkbox"/> DIVORCED	
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Include photostatic copy of your marriage certificate, separation petition and/or divorce decree(s), if applicable.

LIST ALL MARRIAGES:

DATE MARRIED	WHERE PERFORMED	SPOUSE'S NAME (WIFE'S BIRTH NAME)	SPOUSE BIRTH DATE	SPOUSE SSN

LIST ALL YOUR CHILDREN, STEPCHILDREN, ADOPTED CHILDREN:

NAME	DOB	PLACE	ADDRESS	SUPPORTED BY?

IF NOT SUPPORTED BY YOU, GIVE DETAILS:

LIST ALL RESIDENCES FOR THE PAST 10 YEARS. START WITH YOUR PRESENT ADDRESS. LIST THE NAME, ADDRESS AND TELEPHONE NUMBER OF PRESENT AND PAST LANDLORDS, IF APPLICABLE.

From		To		OWN___ RENT___
Street Address City, State, Zip				
Landlord's Name Street Address City, State, Zip				
From		To		OWN___ RENT___
Street Address City, State, Zip				
Landlord's Name Street Address City, State, Zip				
From		To		OWN___ RENT___
Street Address City, State, Zip				
Landlord's Name Street Address City, State, Zip				

From		To		OWN__ RENT__
Street Address City, State, Zip				
Landlord's Name Street Address City, State, Zip				
From		To		OWN__ RENT__
Street Address City, State, Zip				
Landlord's Name Street Address City, State, Zip				
From		To		OWN__ RENT__
Street Address City, State, Zip				
Landlord's Name Street Address City, State, Zip				
From		To		OWN__ RENT__
Street Address City, State, Zip				
Landlord's Name Street Address City, State, Zip				
From		To		OWN__ RENT__
Street Address City, State, Zip				
Landlord's Name Street Address City, State, Zip				
From		To		OWN__ RENT__
Street Address City, State, Zip				
Landlord's Name Street Address City, State, Zip				

From		To		OWN__ RENT__
Street Address City, State, Zip				
Landlord's Name Street Address City, State, Zip				
From		To		OWN__ RENT__
Street Address City, State, Zip				
Landlord's Name Street Address City, State, Zip				
From		To		OWN__ RENT__
Street Address City, State, Zip				
Landlord's Name Street Address City, State, Zip				
From		To		OWN__ RENT__
Street Address City, State, Zip				
Landlord's Name Street Address City, State, Zip				
From		To		OWN__ RENT__
Street Address City, State, Zip				
Landlord's Name Street Address City, State, Zip				

Show ANY SPECIAL QUALIFICATIONS NOT COVERED IN THIS QUESTIONNAIRE:

HAVE YOU EVER SERVED IN A MILITARY ORGANIZATION OF THE UNITED STATES INCLUDING ROTC?

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	IF YES, INCLUDE A PHOTOSTATIC COPY OF DD214.
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HAVE YOU EVER BEEN A DEFENDANT IN A COURT MARTIAL? (exclude proceedings leading to a non-judicial punishment)

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	IF yes, details:
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WHAT IS YOUR OCCUPATION?

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ARE YOU NOW OR HAVE YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN OWNER, PARTNER, OR CORPORATE MEMBER? If yes, give details:

WERE YOU EVER DISCHARGED, TERMINATED, FIRED, ASKED OR FORCED TO RESIGN, BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE (except military)? If yes, explain. Give name and address of employer, approximate date and reasons in each case.

HAVE YOUR EMPLOYERS ALWAYS TREATED YOU FAIRLY? If not, explain:

HAVE YOU HAD EXPERIENCE WITH SHIFT WORK?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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HAVE YOU EVER RECEIVED UNEMPLOYMENT INSURANCE OR OTHER FEDERAL, STATE, OR LOCAL BENEFITS OR ASSISTANCE?

TYPE OF ASSISTANCE	LOCAL OFFICE ADDRESS	FOR HOW LONG?

List all jobs you have held in the last 10 years. Place your current or most recent job FIRST. If you need extra space, you may include additional sheets. Include military service and all periods of unemployment in proper time sequence. List all part-time, temporary, seasonal and volunteer jobs. If you were self-employed, provide copies of you tax returns.

From		To	
Name Address			
Full-Time	Part-Time	Job Title	
Duties			
Supervisor/ phone #		Salary Begin/End	
Why did you leave?			
From		To	
Name Address			
Full-Time	Part-Time	Job Title	
Duties			
Supervisor/ phone #		Salary Begin/End	
Why did you leave?			

From		To	
Name Address			
Full-Time	Part-Time	Job Title	
Duties			
Supervisor/ phone #		Salary Begin/End	
Why did you leave?			

From		To	
Name Address			
Full-Time	Part-Time	Job Title	
Duties			
Supervisor/ phone #		Salary Begin/End	
Why did you leave?			

From		To	
Name Address			
Full-Time	Part-Time	Job Title	
Duties			
Supervisor/ phone #		Salary Begin/End	
Why did you leave?			

From		To	
Name Address			
Full-Time	Part-Time	Job Title	
Duties			
Supervisor/ phone #		Salary Begin/End	
Why did you leave?			

From		To	
Name Address			
Full-Time	Part-Time	Job Title	
Duties			
Supervisor/ phone #		Salary Begin/End	
Why did you leave?			

From		To	
Name Address			
Full-Time	Part-Time	Job Title	
Duties			
Supervisor/ phone #		Salary Begin/End	
Why did you leave?			

From		To	
Name Address			
Full-Time	Part-Time	Job Title	
Duties			
Supervisor/ phone #		Salary Begin/End	
Why did you leave?			

From		To	
Name Address			
Full-Time	Part-Time	Job Title	
Duties			
Supervisor/ phone #		Salary Begin/End	
Why did you leave?			

From		To	
Name Address			
Full-Time	Part-Time	Job Title	
Duties			
Supervisor/ phone #		Salary Begin/End	
Why did you leave?			

	YES	NO
CAN YOU OPERATE A MOTOR VEHICLE?		
DO YOU NOW OR DID YOU EVER POSSESS A VALID DRIVER'S LICENSE FROM THE STATE OF FLORIDA? LICENSE NUMBER: DATE ISSUED:		
DID YOU EVER POSSESS A DRIVER'S LICENSE FROM ANOTHER STATE? LICENSE NUMBER/STATE: DATE ISSUED: RESTRICTIONS:		
WAS YOUR LICENSE EVER SUSPENDED OR REVOKED?		
IF YES, GIVE REASON AND LENGTH OF SUSPENSION:		
WAS YOUR LICENSE RESTORED?		
HAVE YOU EVER BEEN REFUSED A LICENSE BY ANOTHER STATE?		
IF YES, GIVE DETAILS:		
HAS YOUR LICENSE EVER BEEN RESTRICTED DUE TO TRAFFIC OFFENSE CONVICTIONS OR PLACED ON NEGLIGENT OPERATORS PROBATION?		
IF YES, GIVE DETAILS:		

LIST ALL VEHICLES THAT YOU CURRENTLY OWN OR OPERATE:

YEAR	MAKE/MODEL	COLOR	TAG NUMBER/STATE	OWN-YES/NO	PAYMENT AMOUNT

DO YOU HAVE AUTO LIABILITY INSURANCE? If no, give details:

YES	NO	DETAILS:
DATES OF COVERAGE:		

LIST ALL CITATIONS YOU HAVE RECEIVED. INCLUDE PARKING TICKETS:

LOCATION	DATE	VIOLATION	DISPOSITION

HAVE YOU EVER BEEN ARRESTED, DETAINED OR CHARGED WITH A CRIME BY ANY LAW ENFORCEMENT AGENCY? Show all arrests including juvenile delinquent and traffic arrests. Provide police and court records, if available, including any records expunged or sealed. Submit all court documentation.

CRIME CHARGED	AGENCY	DATE	DISPOSITION OF CASE

HAVE YOU EVER BEEN FOUND GUILTY, PLED GUILTY OR NO-CONTEST TO A CRIME?	YES		NO	
If yes, details:				

HAVE YOU EVER BEEN PLACED ON PROBATION?	YES		NO	
If yes, details:				

HAS A LAW ENFORCEMENT AGENCY FINGERPRINTED YOU FOR ANY REASON? List details below. Your response will be checked with FBI and other agencies.

AGENCY	DATE	PURPOSE

HAVE YOU EVER HAD A POLYGRAPH EXAMINATION? If yes, list:

EXAMINER	LOCATION	DATE	PURPOSE

HAS ANY MEMBER OF YOUR FAMILY BEEN ARRESTED OR CONVICTED OF A CRIMINAL OFFENSE? If yes, list details:

NAME	RELATIONSHIP	DATE	OFFENSE	LOCATION

DO YOU OWN OR ARE YOU BUYING YOUR OWN HOME?

NO		YES		CITY/STATE	
COMPANY					
PRESENT MORTGAGE BALANCE		MONTHLY PAYMENT		AMOUNT INVESTED	
INSURANCE COMPANY CITY/STATE					

DO YOU OWN OR ARE YOU BUYING ANY OTHER REAL ESTATE?

NO		YES		TYPE OF PROPERTY CITY/STATE	
COMPANY					
PRESENT MORTGAGE BALANCE		MONTHLY PAYMENT		AMOUNT INVESTED	
INSURANCE COMPANY CITY/STATE					

WHAT OTHER INCOME DO YOU HAVE AT THE PRESENT TIME?

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LIST SPOUSE'S OCCUPATION, PLACE OF EMPLOYMENT AND SALARY:

OCCUPATION	PLACE	SALARY

HAVE YOU EVER FILED FOR BANKRUPTCY? If yes, give details including date and court filed:

NO		YES		DETAILS:
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HAS A JUDGEMENT EVER BEEN ISSUED AGAINST YOU?

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	DETAILS:
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HOW MANY DAYS LEAVE DID YOU TAKE LAST YEAR?

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HAVE YOU EVER USE MARIJUANA? If yes, how many times and when was the last time you used marijuana. (Explain the circumstances):

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	DETAILS:
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HAVE YOU EVER USED ANY OTHER ILLEGAL DRUGS? (Hashish, opiates, cocaine, pills, etc). If yes, give details:

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	DETAILS:
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HAVE YOU EVER BEEN ADDICTED TO THE USE OF ALCOHOL OR DRUGS?

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	DETAILS:
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HAVE YOU EVER BEEN REFUSED A SURETY BOND, OR TURNED DOWN FOR EMPLOYMENT THAT REQUIRED A SURETY BOND?

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	DETAILS:
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HAVE YOU EVER HAD A CERTIFICATE, LICENSE, OR PRIVILEGE REVOKED OR SUSPENDED UNDER STATE, FEDERAL OR OTHER LAW?

NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	DETAILS:
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CAN YOU PERFORM THE FUNCTIONS (essential and/or marginal) OF THIS JOB WITH OR WITHOUT REASONABLE ACCOMMODATION? If NO, please explain:

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	DETAILS:
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THIS JOB REQUIRES SHORT NOTICE, OVERTIME WEEKENDS, HOLIDAYS SHIFT WORK, ETC. Will you be able to meet this requirement? If NO, please explain:

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	DETAILS:
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THIS PAGE FOR POLICE OFFICER APPLICANTS ONLY:

EMPLOYMENT WAIVER

I, _____, thoroughly understand that I am being considered for employment as a police officer and must successfully complete a background investigation, physical exam, psychological evaluation and polygraph examination. I understand that should unfavorable information be developed that the BAY HARBOR ISLANDS POLICE DEPARTMENT will deny me employment.

I am seeking employment on the basis that I know that the BAY HARBOR ISLANDS POLICE DEPARTMENT or the Health Officer will develop no unfavorable information about me, except what I have shown on my application.

I understand that the Bay Harbor Islands Police Department has no funds available to reimburse any expenses I may incur in seeking this position. I recognize that the time required to process and select employee Police Officer applicants is lengthy and time consuming. I expect no promises or commitments about when a hiring decision and/or actual hiring will take place.

I understand that certain nonexempt portions of the background, physical and psychological examinations may become available for inspection by the public, pursuant to the Florida Public Records Law. I understand and agree to the contents of this statement.

SIGNATURE	DATE

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

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

Signature (full name)	
Printed (full name)	
Street Address	
City, State, ZIP	
Telephone	

State of _____

County of _____

On this _____ day of _____, 20____, the foregoing instrument was acknowledged before me by _____ who is personally known to me, or who has produced _____ *(Identification type)* as identification and who did/did not take an oath.

Signature of Notary Public

Printed or stamped name of Notary Public

**BAY HARBOR ISLANDS POLICE DEPARTMENT
BACKGROUND SUMMARY**

List all prior law enforcement employment and applications *(agency and dates of employment)*:

Review the questions below. If you can answer "yes" to any of these questions, explain in full detail below the question. Use additional sheets if necessary.

1. Have you ever been a defendant in a court martial? *(Exclude proceedings leading to non-judicial punishment)*

2. Has a judgement ever been issued against you?

3. Have you ever declared bankruptcy?

4. Have you ever been arrested or charged with a crime?

5. Have you ever been found guilty, pleaded guilty, or no-contest to a crime?

6. Have you ever been refused a surety bond, or turned down for employment that required a surety bond?

7. Have you ever been involuntarily terminated from employment or asked to resign?

8. Have you ever been addicted to the use of alcohol or drugs?

9. Have you ever had a certificate, license, or privilege revoked or suspended under state, federal or other law?

10. List all Law Enforcement agencies to which you have applied for employment for the past two years.

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

Applicant's Signature		Date	
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State of Florida

County of Miami-Dade

On this _____ day of _____, 20_____, the foregoing instrument was acknowledged before me by _____ who is personally known to me, or who has produced _____ (*Identification type*) as identification and who did/did not take an oath.

Signature of Notary Public

Printed or stamped name of Notary Public