

# FORT WALTON BEACH POLICE DEPARTMENT

7 Hollywood Boulevard NE  
Fort Walton Beach, Florida 32548  
Phone: (850) 833-9546  
Fax: (850) 833-9563

*An Equal Opportunity Employer*



## POLICE OFFICER PRE-EMPLOYMENT QUESTIONNAIRE

Name:	Date:
_____	_____
Last	First                      Middle

**ARE YOU CERTIFIED BY THE FLORIDA DEPARTMENT OF LAW ENFORCEMENT DIVISION OF CRIMINAL JUSTICE STANDARDS AND TRAINING TO BE A LAW ENFORCEMENT OFFICER IN THE STATE OF FLORIDA.**                       Yes     No

**NOTICE:** Please carefully read and follow these instructions exactly. Your ability to complete this questionnaire, as instructed, will be evaluated and used as one basis for employment decisions. Declination or failure to comprehensively provide the information requested throughout this document may result in your rejection or disqualification. This document, when completed, will be used by the Fort Walton Beach Police Department as an investigative aid. Assistance will be provided to those persons who may require a special accommodation.

- INSTRUCTIONS:**
- Hand print clearly in black ink and in your own handwriting. Applicants for any sworn position (Police Officer, Reserve Police Officer and Auxiliary Officer) must complete the entire questionnaire.
  - Answer every question as comprehensively as possible by placing a check mark (✓) in the appropriate space and/or in essay form if an answer requires an explanation. If a question does not apply to you, so state with "N/A."
  - If the space available is insufficient to comprehensively answer a question, attach a separate sheet of 8½ x 11 paper. Identify the section, page number and question number to the left of each questioned answered on a separate and attached page. Annotate in the space provided in this questionnaire that the question is answered and/or continued on an attached page and attach the additional pages at the end of the questionnaire. Do not insert them within the questionnaire.
  - Do not misstate or omit any material fact since the statements made herein are subject to verification to determine your qualifications for employment
  - Answer all the questions accurately and completely. Do not make exaggerated, false, or misleading statements as they may cause your disqualification, rejection, or dismissal. Failure or declination to disclose the requested information may also cause your disqualification, rejection or dismissal.
  - Each and every question has a purpose. Do not fail to answer each question completely even if you feel it is "not important."
  - The last page of this questionnaire and the two forms at the end of the questionnaire must be notarized. If you do not have access to a notary, you may bring the entire completed packet to the Human Resources Department to sign in the presence of a notary.
  - Return the completed packet to the **City of Fort Walton Beach Human Resources Department.**

**"I have read and I understand all of the above instructions. I also understand that I will be required to take a polygraph (lie detector) examination to determine the truthfulness of the information provided in this application." Any untruthful statement made on this questionnaire will result in disqualification of application or, if hired, immediate dismissal without appeal rights.**

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Signature of Applicant

All candidates must submit a copy of their drivers' license and social security card at a minimum, and should submit with their questionnaire copies of any of the below listed documents that are applicable. Candidates must be prepared to produce originals of all applicable documents during the background investigation process.

**FWBPD USE ONLY**

- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ High School Diplomas of GED Equivalency
- \_\_\_\_\_ College Diploma or Transcripts (if attended)
- \_\_\_\_\_ Other Schools and/or Courses
- \_\_\_\_\_ Armed Forces Discharge and DD214
- \_\_\_\_\_ Naturalization papers
- \_\_\_\_\_ Valid Driver's License
- \_\_\_\_\_ Florida Police Standards Minimum Standards Certificate and Test Scores
- \_\_\_\_\_ Social Security Card

Reviewed by: \_\_\_\_\_

Written Assessment Test: Date: \_\_\_\_\_ Average Score: \_\_\_\_\_  
 Memory: \_\_\_\_\_ Legal: \_\_\_\_\_ Grammar: \_\_\_\_\_ Spelling: \_\_\_\_\_ Spatial: \_\_\_\_\_ Essay: \_\_\_\_\_

T.A.B.E. Testing: Date: \_\_\_\_\_ Average Score: \_\_\_\_\_  
 Vocabulary: \_\_\_\_\_ Math: \_\_\_\_\_ Language: \_\_\_\_\_

F.D.L.E. P. A.T.: Date: \_\_\_\_\_ Time: \_\_\_\_\_  Pass  Fail

Polygraph Date/Time/Results: Date: \_\_\_\_\_  Satisfactory  Unsatisfactory

Psychological Evaluation: Date: \_\_\_\_\_  Satisfactory  Unsatisfactory

Oral Board: Date: \_\_\_\_\_ Average Score: \_\_\_\_\_

Medical Examination: Date: \_\_\_\_\_  Satisfactory  Unsatisfactory

8 Panel Drug Screen: Date: \_\_\_\_\_  Satisfactory  Unsatisfactory

Firearms Qualification: Date: \_\_\_\_\_ Score: \_\_\_\_\_  Satisfactory  Unsatisfactory



From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ (area code) \_\_\_\_\_ - \_\_\_\_\_ (number)  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
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City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Telephone: \_\_\_\_\_ (area code) \_\_\_\_\_ - \_\_\_\_\_ (number)  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
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Landlord's Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ (area code) \_\_\_\_\_ - \_\_\_\_\_ (number)  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
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Telephone: \_\_\_\_\_ (area code) \_\_\_\_\_ - \_\_\_\_\_ (number)  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
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 Landlord's Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (area code) \_\_\_\_\_ - \_\_\_\_\_ (number)  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Landlord's Name: \_\_\_\_\_  
 Landlord's Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (area code) \_\_\_\_\_ - \_\_\_\_\_ (number)  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Landlord's Name: \_\_\_\_\_  
 Landlord's Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (area code) \_\_\_\_\_ - \_\_\_\_\_ (number)  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

18. Do you drink alcoholic beverages?  Yes  No  
 If "Yes", what is your estimated monthly rate of consumption?  
 \_\_\_\_\_

19. Do you gamble (inclusive of lotteries, bingo, organized gaming, sports betting, private parties, etc.)?  Yes  No  
 If "Yes", how much do you gamble on an average monthly basis? \$ \_\_\_\_\_  
 Provide details (inclusive of the type of gambling and locations):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

20. Have you ever used, tried, or experimented with marijuana/hashish?  Yes  No  
 If "Yes", how many times and when was the last time? (Explain the circumstances):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

21. Have you ever used, tried, or experimented with **ANY OTHER** illegal drugs, cocaine (“crack” or powder), opiates, barbiturates, amphetamines, hallucinogens, designer drugs, etc.?  Yes  No

If “Yes”, how many times and when was the last time? (Explain the circumstances and identify the drug(s):

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22. Have you ever taken **ANY** prescription medication(s) that were not specifically prescribed to you?  Yes  No

If “Yes”, provide details inclusive of (1) the name(s) of the medication(s), (2) the individual from whom you obtained the medication(s), the circumstances surrounding the incident(s) and (4) whether or not you purchased the medication(s):

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23. Have you ever sold, delivered or otherwise transmitted **ANY** amount of **ANY** illegal drugs (inclusive of but not limited to marijuana, cocaine, hallucinogens, hashish, or heroin, etc.)?  Yes  No

If “Yes”, provide details inclusive of (1) the name(s) of the medication(s), (2) the individual from whom you obtained the medication(s), (3) the circumstances surrounding the incident(s) and (4) whether or not you purchased the medication(s):

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24. Have you ever sold, purchased, and/or delivered **ANY** prescription medication(s), which were prescribed to you or to any other individual?  Yes  No

If “Yes”, provide details inclusive of (1) the name(s) of the medication(s), (2) the individual from whom you obtained the medication(s), the circumstances surrounding the incident(s) and (4) whether or not you purchased the medication(s):

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25. Have you ever utilized, experimented with, sold, delivered or purchased **ANY** anabolic steroids?  Yes  No

If “Yes”, provide details inclusive of (1) the name(s) of the steroid(s), (2) the individual from whom you obtained the steroid(s), the circumstances surrounding the incident(s) and (4) whether or not you purchased the steroid(s):

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26. If it became necessary in the course of your law enforcement duties to lawfully inflict personal injury, take a human life etc., would you be reluctant to do so?  Yes  No

27. If it became necessary in the course of your police duties to attend an autopsy would you be reluctant to do so?  Yes  No  
If "Yes", provide details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. When it becomes necessary to respond to, and/or investigate, traffic crashes with severe injuries and/or death, violent crimes (i.e. homicide, domestic violence, aggravated batteries, etc.), or other incidents involving great bodily injury, will you be able to do so without reservations or hesitation?  Yes  No  
If "No", provide details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. PERSONAL RELATIONSHIPS**

1. If you are married, divorced or separated provide the following information:  
a. Spouse's Full Name: \_\_\_\_\_  
Last First Middle  
b. Maiden Name: \_\_\_\_\_  
Last First Middle  
c. Birth date: \_\_\_\_\_  
Month Day Year  
d. Date of Marriage: \_\_\_\_\_  
Month Day Year  
e. Location of Marriage: \_\_\_\_\_  
(City, County, State)

2. Are you presently living with your spouse?  Yes  No  
If "No", spouse's current address:  
\_\_\_\_\_  
(City, County, State)

3. List spouse's occupation and place of employment: \_\_\_\_\_  
\_\_\_\_\_

4. Are you currently living with someone whom you consider to be a girl/boyfriend?  Yes  No  
If "Yes", please provide the following information:  
a. Girl/boy friend's Full Name: \_\_\_\_\_  
Last First Middle  
b. Birth date: \_\_\_\_\_  
Month Day Year  
c. Occupation: \_\_\_\_\_

5. Have you ever been involved in an unreported physical confrontation with your spouse, former spouse, boy/girlfriend, former boy/girlfriend, or a relative (including in-laws and former in-laws)?  Yes  No

If "Yes", provide details including (1) approximate date(s), (2) with whom the confrontation(s) occurred, (3) the circumstances surrounding the confrontation(s), (4) the location(s) of the confrontation(s), and (5) any injuries resulting from the confrontation(s):

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6. Have you ever been involved in a physical confrontation with your spouse, former spouse, boy/girlfriend, former boy/girlfriend, or a relative (including in-laws and former in-laws) that was reported to a law enforcement agency?  Yes  No

If yes provide details including (1) approximate date(s), (2) with whom the confrontation(s) occurred, (3) the circumstances surrounding the confrontation(s), (4) the location(s) of the confrontation(s), (5) the law enforcement agency(ies) responding (provide written reports inclusive of written statements, offense reports, arrest reports, etc.), and (6) any injuries resulting from the confrontation(s):

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7. Have you ever been involved in any other incident(s) of domestic altercation(s), domestic violence, or stalking not specifically mentioned? If "Yes", provide details:

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8. Have you ever been served with, or had filed against you, a restraining order, an injunction for protection against repeat violence, an injunction for protection against domestic violence or any other injunction?  Yes  No

If "Yes", provide details:

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9. Have you ever participated, voluntarily or involuntarily, in any domestic violence counseling, marriage counseling, or anger management?  Yes  No

If "Yes", provide details:

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**III.****FAMILY**

List in order given, parents, guardians, stepparents, parents-in-law, brothers, sisters, and children, even though deceased.

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (area code) \_\_\_\_\_ (number) \_\_\_\_\_ - \_\_\_\_\_  
Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Occupation : \_\_\_\_\_  
If child, provide name of other natural parent: \_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (area code) \_\_\_\_\_ (number) \_\_\_\_\_ - \_\_\_\_\_  
Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Occupation : \_\_\_\_\_  
If child, provide name of other natural parent: \_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (area code) \_\_\_\_\_ (number) \_\_\_\_\_ - \_\_\_\_\_  
Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Occupation : \_\_\_\_\_  
If child, provide name of other natural parent: \_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (area code) \_\_\_\_\_ (number) \_\_\_\_\_ - \_\_\_\_\_  
Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Occupation : \_\_\_\_\_  
If child, provide name of other natural parent: \_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (area code) \_\_\_\_\_ (number) \_\_\_\_\_ - \_\_\_\_\_  
Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Occupation : \_\_\_\_\_  
If child, provide name of other natural parent: \_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (area code) \_\_\_\_\_ (number) \_\_\_\_\_ - \_\_\_\_\_  
Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Occupation : \_\_\_\_\_  
If child, provide name of other natural parent: \_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (area code) \_\_\_\_\_ (number) \_\_\_\_\_ - \_\_\_\_\_  
Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Occupation : \_\_\_\_\_  
If child, provide name of other natural parent: \_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: (area code) \_\_\_\_\_ (number) \_\_\_\_\_ - \_\_\_\_\_  
 Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Occupation : \_\_\_\_\_  
 If child, provide name of other natural parent: \_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: (area code) \_\_\_\_\_ (number) \_\_\_\_\_ - \_\_\_\_\_  
 Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Occupation : \_\_\_\_\_  
 If child, provide name of other natural parent: \_\_\_\_\_

**IV. EDUCATION**

1. List all elementary, junior high, and high schools attended (include copies of any diplomas):

Name	Location	Dates Attended		Years Completed	Graduate	
		From	To		Yes	No

2. List all colleges or universities attended (include official transcripts):

Name/Location of College/University	Dates Attended		Credit Hours		Degree Received	Year Received
	From	To	Sem.	Quar.		

3. Other schools/training (trade, vocational, business or military):

Name of School and Location	Dates Attended		Courses/Studies	Certificate	
	From	To		Yes	No

4. Were you ever expelled or suspended from ANY SCHOOL, or were you ever disciplined by any school official?  Yes  No  
 If "Yes", provide details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**V. LANGUAGES OTHER THAN ENGLISH:**

1. Enter language and indicate your knowledge of each by placing an "X" or "✓" in the proper column.

Language	Reading			Speaking			Understanding			Writing		
	Ex	Good	Fair	Ex	Good	Fair	Ex	Good	Fair	Ex	Good	Fair

**VI. SPECIAL QUALIFICATIONS AND SKILLS:**

1. Indicate special skills/licenses you possess (pilot, radio operator, machines, equipment, computer, etc.). (Licenses: Show licensing authority, where first issued, and date the current license expires.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Indicate special qualifications not covered in the application. For example, your most important publications (do not submit copies unless requested), your patents or inventions, public speaking and publications experience, membership in professional or scientific societies, civic or fraternal organizations, and honors and fellowships received:

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

**VII. MILITARY INFORMATION:**

1. Have you ever served in a military organization of the United States?  Yes  No  
If "Yes", give period of active military service and other data requested:  
From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
Branch of Service: \_\_\_\_\_  
Serial Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Highest Rank Achieved: \_\_\_\_\_  
Unit: \_\_\_\_\_  
Type of Discharge Received: \_\_\_\_\_  
Reason for Discharge: \_\_\_\_\_

2. Are you now an active member of any branch of the United States Military?  Yes  No  
If "Yes", indicate whether it is a United States Reserve Force or State National Guard along with other data requested:  
From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
Branch of Service: \_\_\_\_\_  
Serial Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Rank: \_\_\_\_\_  
Unit: \_\_\_\_\_  
Separation date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

3. Were you ever tried, punished, reprimanded, or reduced in rank for any infraction of military rules and regulations?  Yes  No  
If "Yes", indicate the (1) dates, (2) charges against you, (3) type of court-martial or other disciplinary proceeding, and (4) the disposition of charges:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Has your discharge or separation ever been corrected or changed?  Yes  No  
If "Yes" provide details:  
Changed from: \_\_\_\_\_ To: \_\_\_\_\_  
Authority: \_\_\_\_\_  
Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VII.**

**EMPLOYMENT:**

1. What is your current occupation: \_\_\_\_\_

2. Have you **EVER** been discharged, terminated, fired or asked and/or forced to resign from any place of employment because of misconduct or unsatisfactory service or for any other reason (except military)?  Yes  No  
If "Yes" explain, giving name and address of employer, approximate date and reason in each case:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you object to wearing a uniform?  Yes  No

4. Do you object to working shifts?  Yes  No

5. Have you ever received unemployment insurance/compensation or other Federal, State, or Local benefits of assistance?  Yes  No  
How many times? (Provide documentation): \_\_\_\_\_  
Are you currently receiving unemployment benefits?  Yes  No  
If "Yes" to either question, provide details (inclusive of dates):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Have you **EVER** received disciplinary counseling, an oral or written reprimand, suspension, or any other disciplinary action during **ANY** term of employment?  Yes  No  
If "Yes", provide details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. List **ALL** jobs you have held since the age of emancipation (generally the age of eighteen). List **ANY** and **ALL** jobs held by you at a law enforcement, correctional or other criminal justice agency (sworn and/or non-sworn), regardless of when it was. Place your present or most recent job **FIRST**. If you need more 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 voluntary jobs. If you were self-employed, provide copies of tax returns. If any of the employers listed are relatives, indicate which ones (include relatives through marriage).

Do you object to your present employer being contacted?  Yes  No

Name of Employer: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (area code) - \_\_\_\_\_ (number)  
 Job Title: \_\_\_\_\_  Part Time  Full Time  
 Description of Duties : \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_  
 One Co-Worker's Name: \_\_\_\_\_  
 Is (was) this employer a relative of yours?  Yes  No If "Yes", identify relationship: \_\_\_\_\_  
 Dates of Employment: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Salary: Beginning: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_  
 Why did you leave? \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (area code) - \_\_\_\_\_ (number)  
 Job Title: \_\_\_\_\_  Part Time  Full Time  
 Description of Duties : \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_  
 One Co-Worker's Name: \_\_\_\_\_  
 Is (was) this employer a relative of yours?  Yes  No If "Yes", identify relationship: \_\_\_\_\_  
 Dates of Employment: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Salary: Beginning: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_  
 Why did you leave? \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (area code) - \_\_\_\_\_ (number)  
 Job Title: \_\_\_\_\_  Part Time  Full Time  
 Description of Duties : \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_  
 One Co-Worker's Name: \_\_\_\_\_  
 Is (was) this employer a relative of yours?  Yes  No If "Yes", identify relationship: \_\_\_\_\_  
 Dates of Employment: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Salary: Beginning: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_  
 Why did you leave? \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (area code) - \_\_\_\_\_ (number)  
 Job Title: \_\_\_\_\_  Part Time  Full Time  
 Description of Duties : \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_  
 One Co-Worker's Name: \_\_\_\_\_  
 Is (was) this employer a relative of yours?  Yes  No If "Yes", identify relationship: \_\_\_\_\_  
 Dates of Employment: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Salary: Beginning: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_  
 Why did you leave? \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (area code) - \_\_\_\_\_ (number)  
 Job Title: \_\_\_\_\_  Part Time  Full Time  
 Description of Duties : \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_  
 One Co-Worker's Name: \_\_\_\_\_  
 Is (was) this employer a relative of yours?  Yes  No If "Yes", identify relationship: \_\_\_\_\_  
 Dates of Employment: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Salary: Beginning: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_  
 Why did you leave? \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (area code) - \_\_\_\_\_ (number)  
 Job Title: \_\_\_\_\_  Part Time  Full Time  
 Description of Duties : \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_  
 One Co-Worker's Name: \_\_\_\_\_  
 Is (was) this employer a relative of yours?  Yes  No If "Yes", identify relationship: \_\_\_\_\_  
 Dates of Employment: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Salary: Beginning: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_  
 Why did you leave? \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (area code) - \_\_\_\_\_ (number)  
 Job Title: \_\_\_\_\_  Part Time  Full Time  
 Description of Duties : \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_  
 One Co-Worker's Name: \_\_\_\_\_  
 Is (was) this employer a relative of yours?  Yes  No If "Yes", identify relationship: \_\_\_\_\_  
 Dates of Employment: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Salary: Beginning: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_  
 Why did you leave? \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (area code) - \_\_\_\_\_ (number)  
 Job Title: \_\_\_\_\_  Part Time  Full Time  
 Description of Duties : \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_  
 One Co-Worker's Name: \_\_\_\_\_  
 Is (was) this employer a relative of yours?  Yes  No If "Yes", identify relationship: \_\_\_\_\_  
 Dates of Employment: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Salary: Beginning: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_  
 Why did you leave? \_\_\_\_\_

8. Have you ever applied for a position with any law enforcement agency?  Yes  No  
 If "Yes", indicate on a separate sheet of paper the following information:

1. The law enforcement agency to which you made application;
2. The date on which you applied;
3. Whether you were rejected or accepted;
  - a. If rejected, the reason for rejection;
  - b. If accepted, why you refused employment;
4. Whether you are now on an eligibility list and for what position;
5. If you were ever placed on an eligibility list and were not hired, state why;
6. If employed, reason for leaving.

9. Have you ever worked in any capacity as a law enforcement officer, reserve police officer, auxiliary police officer, or civilian employee for any law enforcement agency?  Yes  No  
 If yes, provide pertinent information in the table below:

Name of Agency	Dates Worked		Position Held	Reason for Leaving
	From	To		

10. If you have ever worked in any capacity described in question # 9, have you ever been involved in, or present during, any incidents in which you or any other law enforcement officer or civilian employee inflicted **ANY** bodily harm or otherwise used any force, on any individual?  Yes  No  
 If "Yes", provide details (inclusive of (1) the date(s) of the incident(s), (2) the department(s) or agency(ies) you were working for, (3) the type(s) of force utilized and any resultant injuries, (4) a complete description of the incident(s), and (5) if the incident was investigated by a law enforcement or prosecutorial agency and the final determination of the investigation(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Has any license or permit (excluding driver license or learner permit) issued by any city, county, state or federal agency ever been denied you or any corporation or partnership of which you were an officer, director or partner?  Yes  No  
 If "Yes", provide details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Has any such license or permit been revoked, canceled or suspended?  Yes  No  
 If "Yes", provide details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Have you **EVER** had a sexual harassment complaint, **FORMAL OR INFORMAL**, filed against you, or have you ever participated in any form of activity that may be considered sexual harassment, or have you ever been informally accused of sexual harassment?

Yes  No

If "Yes", provide details including (1) the name(s) of the complainant(s), (2) the nature of the complaint(s), (3) the date(s), time(s) and location(s) of the complaint(s), and (4) the result(s) of the complaint(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Have you ever given/received any special considerations, promotions or any other benefits in the work place in exchange for sexual favors?  Yes  No

If "Yes", provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Have you ever been the victim of sexual harassment?  Yes  No

16. Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which may be required of you in a law enforcement capacity or which might require further explanation?  Yes  No

If "Yes", provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IX. FINANCIAL HISTORY**

1. List firms which you have or have had, charge accounts. List firms from whom you have borrowed money for any purpose. (To establish your credit worthiness, credit checks may be made.)

Name of Firm: \_\_\_\_\_ Original Amount Borrowed: \$ \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Current Amount Owed: \$ \_\_\_\_\_  
Street Address: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
Purpose of loan: \_\_\_\_\_ Date Closed: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Name of Firm: \_\_\_\_\_ Original Amount Borrowed: \$ \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Current Amount Owed: \$ \_\_\_\_\_  
Street Address: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
Purpose of loan: \_\_\_\_\_ Date Closed: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Name of Firm: \_\_\_\_\_ Original Amount Borrowed: \$ \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Current Amount Owed: \$ \_\_\_\_\_  
Street Address: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
Purpose of loan: \_\_\_\_\_ Date Closed: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Name of Firm: \_\_\_\_\_ Original Amount Borrowed: \$ \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ Current Amount Owed: \$ \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
 Purpose of loan: \_\_\_\_\_ Date Closed: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Name of Firm: \_\_\_\_\_ Original Amount Borrowed: \$ \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ Current Amount Owed: \$ \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
 Purpose of loan: \_\_\_\_\_ Date Closed: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Name of Firm: \_\_\_\_\_ Original Amount Borrowed: \$ \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ Current Amount Owed: \$ \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
 Purpose of loan: \_\_\_\_\_ Date Closed: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Name of Firm: \_\_\_\_\_ Original Amount Borrowed: \$ \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ Current Amount Owed: \$ \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
 Purpose of loan: \_\_\_\_\_ Date Closed: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Name of Firm: \_\_\_\_\_ Original Amount Borrowed: \$ \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ Current Amount Owed: \$ \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
 Purpose of loan: \_\_\_\_\_ Date Closed: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

2. What is your total indebtedness at the present time? \$ \_\_\_\_\_

3. Have you ever filed bankruptcy? Personal:  Yes  No  
 Business:  Yes  No  
 If "Yes", provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Have you ever had accounts placed in the hands of a collection agency?  Yes  No  
 If "Yes", provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Have you ever had a levy filed against your wages, or had your wages attached or garnished by ANYONE or ANY organization for any reason?  Yes  No  
 If "Yes", provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Have you ever been a party (plaintiff or respondent) to small claims or other civil court actions?  Yes  No  
If "Yes", provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you have any immediate civil action pending against you?  Yes  No  
If "Yes" provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Have you ever had a judgement rendered against you?  Yes  No  
If "Yes", provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Have you ever been bonded?  Yes  No  
If "Yes", provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Have you ever been refused a bond?  Yes  No  
If "Yes", provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are you responsible for child support payments?  Yes  No  
If "Yes", how much monthly? \$ \_\_\_\_\_  
If "Yes", are your payments current?  Yes  No  
If "No", provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. If you have **EVER BEEN** responsible for paying child support, have you ever been in arrears?  Yes  No  
 If "Yes", provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. If you are responsible for making child support payments, has legal action ever been taken against you for either failing to make payments or delaying payments?  Yes  No  
 If "Yes", provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Have you ever intentionally and/or inadvertently written a worthless check?  Yes  No  
 If "Yes", provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. a. List any business you or your spouse have a financial interest in:

Business	Amount of Interest	Yearly Income	Name and Address of Partners

b. Of these businesses, do any currently have a contract with the City of Fort Walton Beach?  Yes  No  
 If "Yes", provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. List all motor vehicles owned and/or operated by you and/or your spouse.

Make	Year	Registration Number	Cost	Date of Purchase

X.

**CRIMINAL INVOLVEMENT AND JUVENILE RECORD**

(Arrest, Detention, and Litigation - show all arrests including juvenile and traffic arrests)

Please be advised that as a criminal justice applicant, you must reveal all arrests and convictions REGARDLESS of sealed, expunged or juvenile status. Per Florida Statute 943.058 you may not lawfully deny arrests or convictions, notwithstanding adjudication being withheld or the sealing or expungement of arrest/conviction records. Misdemeanor arrests and/or convictions may not necessarily disqualify you for criminal justice employment.

1. Have you ever been **arrested or detained** by ANY law enforcement agency?  Yes  No  
If "Yes" provide details. Also provide police and court records if available (include any arrest in which the records were expunged).

Crime(s) Charged: \_\_\_\_\_  
Date of Arrest: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Plea Entered:  Guilty  Not Guilty  Nolo-Contendre  Other (specify) \_\_\_\_\_  
Disposition:  Guilty  Not Guilty  Adjudication Withheld  Other (specify) \_\_\_\_\_  
Sentence: \_\_\_\_\_  
Arresting Agency: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Crime(s) Charged: \_\_\_\_\_  
Date of Arrest: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Plea Entered:  Guilty  Not Guilty  Nolo-Contendre  Other (specify) \_\_\_\_\_  
Disposition:  Guilty  Not Guilty  Adjudication Withheld  Other (specify) \_\_\_\_\_  
Sentence: \_\_\_\_\_  
Arresting Agency: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Crime(s) Charged: \_\_\_\_\_  
Date of Arrest: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Plea Entered:  Guilty  Not Guilty  Nolo-Contendre  Other (specify) \_\_\_\_\_  
Disposition:  Guilty  Not Guilty  Adjudication Withheld  Other (specify) \_\_\_\_\_  
Sentence: \_\_\_\_\_  
Arresting Agency: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Have you ever been served with a criminal summons or notice to appear; or has a criminal summons or notice to appear ever been issued in your name?  Yes  No  
If "Yes", provide details:

Crime(s) Charged: \_\_\_\_\_  
Date of Service: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Plea Entered:  Guilty  Not Guilty  Nolo-Contendre  Other (specify) \_\_\_\_\_  
Disposition:  Guilty  Not Guilty  Adjudication Withheld  Other (specify) \_\_\_\_\_  
Sentence: \_\_\_\_\_  
Serving Agency: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Have you ever been served with a trespass warning notice:  Yes  No  
If "Yes", provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What is the least expensive item you have ever stolen? (Provide details inclusive of (1) the value of the item, (2) from whom was the item stolen, (3) if the item returned, and (4) approximate date and location of the theft):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

a. Were you caught and/or punished for the theft?  Yes  No  
If "Yes" by whom? \_\_\_\_\_

b. Was the item(s) returned to the owner?  Yes  No  
If "No", what was (is) the disposition of the item? \_\_\_\_\_  
\_\_\_\_\_

5. What is the most expensive item you have ever stolen? (Provide details inclusive of (1) the value of the item, (2) from whom was the item stolen, (3) if the item returned, and (4) approximate date and location of the theft):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

a. Were you caught and/or punished for the theft?  Yes  No  
If "Yes" by whom? \_\_\_\_\_

b. Was the item(s) returned to the owner?  Yes  No  
If "No", what was (is) the disposition of the item? \_\_\_\_\_  
\_\_\_\_\_

6. Have you ever stolen or embezzled money, merchandise or equipment from an employer?  Yes  No  
If "Yes", provide details inclusive of (1) from what employer, (2) the approximate date and location of the incident(s), and the value of the money and/or merchandise and/or equipment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

a. Were you caught and/or punished for the theft?  Yes  No  
If "Yes" by whom? \_\_\_\_\_

b. Was the item(s) returned to the owner?  Yes  No  
If "No", what was (is) the disposition of the item? \_\_\_\_\_  
\_\_\_\_\_

7. When was the last time you stole anything? Provide details inclusive of (1) from what whom, (2) the approximate date and location of the incident(s), and the value of the money and/or merchandise and/or equipment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

a. Were you caught and/or punished for the theft?  Yes  No  
 If "Yes" by whom? \_\_\_\_\_

b. Was the item(s) returned to the owner?  Yes  No  
 If "No", what was (is) the disposition of the item? \_\_\_\_\_

\_\_\_\_\_

8. Have you ever committed, been a suspect in, accused of, or investigated by any law enforcement agency or any social service agency for child neglect, child abuse, child sexual abuse, child exploitation, or child sexual exploitation?  Yes  No  
 If "Yes", provide details including (1) the agency conducting the investigation, (2) the nature of the investigation, (3) the location and approximate date of the investigate offense, and (4) the disposition of the investigation (Provide copies of law enforcement or social services report(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Have you ever received, purchased or viewed any printed materials, photographs, video tapes, movies, or any other form of media, containing child pornography or what may be considered child pornography by society in general?  Yes  No  
 If "Yes", provide details including (1) the source(s) of the material(s) or media, (2) and the approximate date(s) and location(s) of the incident(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Have you ever committed, been a suspect in, accused of, or investigated for any offense relating to rape, statutory rape, "date rape", lewd and/or lascivious behavior or sexual battery?  Yes  No  
 If "Yes", provide details including (1) the approximate date(s) and location(s) of the incident(s), (2) the investigating law enforcement agency(ies) if applicable (provide copies of any reports):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Have you ever committed, been a suspect in, accused of, or investigated for any offense relating to exposure of sexual organs and/or indecent exposure?  Yes  No  
If "Yes", provide details including (1) the approximate date(s) and location(s) of the incident(s), (2) the investigating law enforcement agency(ies) if applicable (provide copies of any reports):

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12. Have you ever, as an adult (over the age of eighteen), had or participated in any sexual activity and/or relations with an individual considered to be a minor (under the age of eighteen)?  Yes  No  
If "Yes", provide details inclusive of: (1) the age(s) of the minor(s) and your age at the time of the incident(s) and (2) the date(s) and location(s) of the incident(s):

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13. Have you ever been placed on probation?  Yes  No  
If "Yes", provide details:

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14. Have you ever been required to pay a fine other than traffic?  Yes  No  
If "Yes" provide details:

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15. Have you ever been reported as a missing person or runaway?  Yes  No  
If "Yes" provide complete details, inclusive of jurisdiction, date(s) and outcome(s):

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16. Is there anything that you have ever been involved in that is not specifically mentioned or disclosed herein that may be considered criminal activity?  Yes  No  
If "Yes", provide complete details, including jurisdiction, date(s), location(s) and outcome(s):

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17. If you have ever been fingerprinted by a law enforcement agency for any reason, give details below. Your answer will be checked with the F.B.I. and other agencies.

Agency: \_\_\_\_\_ Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Purpose: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Purpose: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Purpose: \_\_\_\_\_

18. Have you ever been advised of your Miranda Rights?  Yes  No  
 If "Yes" provide details: \_\_\_\_\_

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

19. Have you ever been the subject of a police criminal investigation?  Yes  No  
 If "Yes" provide details: \_\_\_\_\_

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

20. Have you ever had a polygraph examination? If yes, list:  Yes  No

Date	Examiner's Name	Purpose	Results

21. Has any member of your immediate family ever been arrested or convicted of a criminal offense? If "Yes", provide the following information:  Yes  No

Name	Relationship	Offense	Where Arrested	Date

22. Have you ever sued anyone (civil court plaintiff)?  Yes  No  
 If "yes" provide details: \_\_\_\_\_

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

23. Have you ever been sued by anyone (civil court defendant)?  Yes  No  
 If "Yes" provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**XI. VEHICLE OPERATOR'S LICENSE (Driver's, Chauffeur's, etc.)**

1. Can you operate a motor vehicle?  Yes  No

2. Do you now possess a valid driver's license from the State of Florida?  Yes  No  
 If "Yes" provide Driver's License Number: \_\_\_\_\_  
 Expiration Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Current status of license: \_\_\_\_\_

3. Do you now, or have you ever, possessed a driver's license issued by any state other than Florida?  Yes  No

If "Yes" provide the following:

State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_  
 Expiration Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Current status of license: \_\_\_\_\_

State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_  
 Expiration Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Current status of license: \_\_\_\_\_

State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_  
 Expiration Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Current status of license: \_\_\_\_\_

4. Was your driver's license ever restricted, suspended or revoked?  Yes  No  
 If "Yes" provide details (inclusive of reason and length(s)):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Was your license ever restored?  Yes  No  
 If "Yes" provide date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

6. Have you been refused a driver's license from any state?  Yes  No  
 If "Yes" provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. List below all traffic citations you have received:

Location (Street, City, State)	Approximate Date	Nature of Violation	Penalty or Disposition

8. Have you ever been involved in a motor vehicle accident?  Yes  No  
 If "Yes", provide details for each accident, whether collision, non-collision or hit and run:

Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  Injury  Non-Injury  
 Police Investigation?  Yes  No  
 Location: \_\_\_\_\_  
 Cause of Accident (ran red light, careless driving, etc.): \_\_\_\_\_  
 Who was indicated "at fault"? \_\_\_\_\_

Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  Injury  Non-Injury  
 Police Investigation?  Yes  No  
 Location: \_\_\_\_\_  
 Cause of Accident (ran red light, careless driving, etc.): \_\_\_\_\_  
 Who was indicated "at fault"? \_\_\_\_\_

Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  Injury  Non-Injury  
 Police Investigation?  Yes  No  
 Location: \_\_\_\_\_  
 Cause of Accident (ran red light, careless driving, etc.): \_\_\_\_\_  
 Who was indicated "at fault"? \_\_\_\_\_

**XII. CHARACTER REFERENCES**

Do not include relatives, former employers, or persons living outside the United States or its territories. List only character references who have a definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors. List 4 character references.

Name of Character Reference	Years Known	Address (Street, City, State, Zip)	Phone Number	
			Business	Home

**XIII.****NEIGHBORS**

Provide the names, addresses and telephone numbers for a minimum of 3 current neighbors. If you have resided at your present address for less than 1 year, provide a listing of an additional 3 neighbors for your last previous address. In addition, if you reside in an apartment, provide the name, address and telephone number for your current landlord.

Name of Neighbor	Address (Street, City, State, Zip)	Phone Number	
		Business	Home

1. List any current or former members of the Fort Walton Beach Police Department with whom you are acquainted: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. List any members of other law enforcement agencies with whom you are acquainted and the agency: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**XV.****ESSAY**

In your own handwriting, complete a one hundred word statement as to why you desire to enter into, or continue in, the law enforcement profession.

**THE FOLLOWING IS TO BE EXECUTED PRIOR TO SUBMISSION AND IN THE PRESENCE OF A  
NOTARY PUBLIC:**

I hereby swear or affirm that there are no misrepresentations or omissions in or falsifications of the above statements and answers to questions. I am aware that should investigation disclose such misrepresentations, falsifications, or omissions, my application will be rejected and I will be disqualified from applying in the future for any position in the service of the Fort Walton Beach Police Department, or, if after my acceptance for employment, subsequent investigation should disclose misrepresentation, falsifications, or omissions, it will be just cause for immediate dismissal.

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

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
State of Florida  
(Signature of Notary Public)

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known **OR**  Produced Identification

Type of Identification \_\_\_\_\_



Florida Department of Law Enforcement

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



**CJSTC 58**

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

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

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

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

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

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

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

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

768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former employees states: An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760. **Pursuant to Sections 943.134(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 \_\_\_\_\_

**AFFIDAVIT**

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

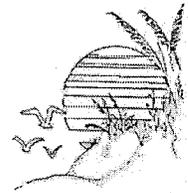
COUNTY OF \_\_\_\_\_

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

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. My Commission expires on \_\_\_\_\_, 20\_\_\_\_\_. Personally Known \_\_\_\_\_ - or -

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

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



# City of Fort Walton Beach

*America's Most Beautiful Beaches*

## Police Department

7 Hollywood Blvd N.E. Fort Walton Beach, FL 32548-4993  
(850) 833-9547 (850) 833-9563 fax TDD# 850/833-9925

*Ted Litschauer, Chief of Police*

### CERTIFICATION OF NO MILITARY SERVICE

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

APPLICANT'S DOB: \_\_\_\_\_

APPLICANT'S SSN: \_\_\_\_\_

In the State of Florida, County of Okaloosa, before me this day personally appeared

\_\_\_\_\_, who being duly sworn deposes and says: I have never been a

Member of the United States Military Services as of the date below.

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature

Date

\_\_\_\_\_

In the State of Florida, County of Okaloosa, the foregoing instrument was acknowledged before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ as

identification.

\_\_\_\_\_

\_\_\_\_\_

Notary's Name

Notary's Signature

\_\_\_\_\_

\_\_\_\_\_

Notary's Rank / Title

Notary's Serial Number