

Fort Walton Beach Police Department

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

Human Recourses Department:
107 Miracle Strip Parkway SW
Fort Walton Beach, Florida 32548
Phone: (850) 833-9500
Fax: (850) 833-9931



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 and Reserve Police 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.
 - 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.”
 - Before affixing your signature anywhere in this document, check to be sure that a Notary Public certification is not required. If a Notary Public certification is required, you may bring the entire completed document to the Human Resources Department to sign in the presence of a notary.
 - Return the completed document to the **City of Fort Walton Beach Human Resources Department at 107 Miracle Strip Parkway SW Fort Walton Beach, Florida 32548**

“I have read and I understand all of the above instructions. I also understand that I will be required to take a Certified Voice Stress Analysis 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.

Signature of Applicant

All candidates must produce the below listed ORIGINAL documents prior to this application being processed (no copies please):

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: _____

T.A.B.E. and/or BAT Testing: Date: _____ Average Score: _____
Vocabulary: _____ Math: _____ Language: _____

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

CVSA 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

Fingerprints: 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 _____
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: _____

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: _____

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: _____

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):

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):

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):

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):

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 (3) whether or not you purchased the steroid(s):

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):

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):

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:

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:

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

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: _____

VIII. 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) Part Time Full Time
 Job Title: _____
 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) Part Time Full Time
 Job Title: _____
 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) Part Time Full Time
 Job Title: _____
 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: \$ _____
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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 was 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 was 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):

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):

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

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

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):

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):

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 or CVSA 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

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: _____

XIV. 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 _____