

WEST MELBOURNE POLICE DEPARTMENT



2290 Minton Road • West Melbourne, FL 32904 • (321) 723-9673

APPLICATION FOR EMPLOYMENT - SWORN/CERTIFIED & STAFF POSITIONS

INSTRUCTIONS: Please use black ink and print clearly. All questions must be answered truthfully and are subject to polygraph. Do not leave any areas blank. Incomplete applications may be rejected. If a question is not applicable, so state by indicating N/A (Not Applicable). Resumes may not substitute for any information requested on the application. Submit completed and notarized applications to the West Melbourne Police Department.

PERSONAL INFORMATION

Social Security Number		Date of Birth (MM/DD/YYYY)		Place of Birth (City, State)	
<small>YOUR SOCIAL SECURITY NUMBER IS REQUESTED FOR THE SOLE PURPOSE OF EMPLOYMENT BACKGROUND INVESTIGATIONS AND ADMINISTERING EMPLOYMENT BENEFITS.</small>					
Last Name		First Name		Middle Name	
Residence Address (No PO Box)				Apt. Number	Apartment Complex Name
City		County		State	Zip Code
Mailing Address if different from Residence Address; Include City, State, and Zip Code					
Email Addresses			Social Website Addresses (MySpace, Facebook, etc)		
Home Phone		Work Phone		Extension	Cell Phone/Other
U.S. Citizen: <input type="checkbox"/> YES <input type="checkbox"/> NO <u> </u> If Naturalized, Please Provide:					
		Date	Place	Court	Naturalization Number
Have you EVER applied for employment with the West Melbourne Police Department? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If YES, please supply dates:					
Have you ever used any other name? <input type="checkbox"/> YES <input type="checkbox"/> NO <u> </u> If YES, please list those names here:					
Last Name		First Name		Middle Name	
Last Name		First Name		Middle Name	

LAW ENFORCEMENT EXPERIENCE

If you answered yes to any of these questions, please provide the details on a separate sheet of paper and attach to this application.

Have you ever applied with any other law enforcement agency (city, state and/or federal)? YES NO If so, which and when?

Are you currently or have you ever been law enforcement or corrections certified? YES NO

If yes, list certification, issuing state, date of certification and when your certification expires.

If you have been certified, what specialized training have you received?

Have you ever resigned or been terminated from a law enforcement agency? YES NO if yes, which, when, and why?

Have you ever received a Letter of Acknowledgement or been brought before the Board of Commissioners of the Florida Criminal Justice Standards and Training Commission? YES NO If yes, when and why?

The West Melbourne Police Department is committed to a diverse work force and is an equal opportunity employer.
The City of West Melbourne is a Florida drug free work place.

EDUCATION/TRAINING

Are you a high school graduate? YES NO GED

_____ Date of Graduation / GED

High School Name _____ City _____ State _____

Colleges/Universities Attended

Check here if not applicable

College/University	City	State
From (mm/yy)	Total Credit Hours _____	
To (mm/yy)		
Type of Degree Earned		
Date of Degree (mm/yy)	Field of Study	
College/University	City	State
From (mm/yy)	Total Credit Hours _____	
To (mm/yy)		
Type of Degree Earned		
Date of Degree (mm/yy)	Field of Study	
College/University	City	State
From (mm/yy)	Total Credit Hours _____	
To (mm/yy)		
Type of Degree Earned		
Date of Degree (mm/yy)	Field of Study	

Academy, Business, Trade or Other Schools Attended

Check here if not applicable

Academy/School Name	City	State
From (mm/yy)	Total Class Hours _____	
To (mm/yy)		
Type of Certificate Earned		
Date of Graduation (mm/yy)	Field of Study	
Academy/School Name	City	State
From (mm/yy)	Total Class Hours _____	
To (mm/yy)		
Type of Certificate Earned		
Date of Graduation (mm/yy)	Field of Study	

Current Professional Licenses or Certifications

Check here if not applicable

Type of License/Certification	State	
Date Issued (mm/yy)		
Expiration (mm/yy)	Issuing Agency	
Type of License/Certification	State	
Date Issued (mm/yy)		
Expiration (mm/yy)	Issuing Agency	

Other Languages Spoken

Check here if not applicable

List Other Languages Spoken	
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EMPLOYMENT HISTORY

You must complete the Employment History section of this application. List your most recent employer first. If you are currently unemployed, leave the present employer section of this application blank. Include voluntary unpaid work experience as well as military service, if any, and any period of unemployment. If you held more than one position with the same employer, list each position separately. You must account for all periods of time for at least the last ten (10) years. Also, list any business which you own, are a partner in or corporate officer of, in the work history section. If you need additional space, please photocopy this page, provide all information, and attach to this application.

May we contact your present employer? YES NO

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Starting Salary \$ _____ Last Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Starting Salary \$ _____ Last Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Starting Salary \$ _____ Last Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	

EMPLOYMENT HISTORY (Continued)

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Starting Salary \$ _____ Last Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	From _____ To _____
Employer Phone		Starting Salary \$ _____ Last Salary \$ _____	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	

Employment History: If you answered yes to any of the following questions, please provide the details on a separate sheet of paper and attach to this application.

Have you ever had any disciplinary action taken against you by any employer or in any position you have held (counseling, reprimand, admonishment, suspension, terminations, etc)? YES NO

Have you ever been dismissed or asked to resign from any employment or position you have held? YES NO

Have you ever quit a job after being told you would be fired? YES NO

Have you ever left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? YES NO

Have you ever left a job for other reasons under unfavorable conditions? YES NO

Have you ever accepted any bribe, gratuity or thing of value from anyone in violation of your agency's regulations? YES NO

Have you ever been the subject of an Internal Affairs, civilian complaint, or any other misconduct investigation? YES NO

Have you intentionally omitted any information that could affect your suitability to be a certified law enforcement officer? YES NO

Please initial to certify that you have provided at least ten (10) years of employment history. _____

PERSONAL REFERENCES

List three (3) references (not relatives, former or present employers, fellow employees, police officers or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. You must give *complete* information for each reference. If retired, give former occupation.

Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.						
Address City, State, Zip							
Home Phone				Work Phone			
Occupation			Relationship			Years Known	
Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.						
Address City, State, Zip							
Home Phone				Work Phone			
Occupation			Relationship			Years Known	
Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.						
Address City, State, Zip							
Home Phone				Work Phone			
Occupation			Relationship			Years Known	

RESIDENCES

List chronologically all addresses, including residences while at school and in military. For college on campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street addresses, indicate complete military unit designation and location by city and state. If post office box, give location of post office. If you need additional space, please photocopy this page, provide all information and attach to the application.

Dates (mm/yy)		Apt. No.	Street Address	City	Zip Code	County	State
From	To						

CONTROLLED SUBSTANCES

Drug testing is required for this position. All applicants must complete a drug use questionnaire when applying for a position. This questionnaire is part of the application process and must be completed before the application will be reviewed. **Failure to submit this form will result in disqualification of your application.** Applicants must meet the minimum standards set forth by the Florida Department of Law Enforcement (FDLE) and the West Melbourne Police Department reference to substance use/abuse. Applicants who are found, through investigation and/or personal admission, to not meet the minimum standards will be disqualified from the process. Compliance with this policy is an essential requirement of the position.

Do you NOW or have you EVER possessed, tried, purchased or sold any illegal drugs or controlled substances? ("Tried" includes smoking; inhaling; swallowing; placing/rubbing on gums, lips, or tongue; injecting; or ingesting by any other means as a juvenile or as an adult.)

YES NO **If you answered YES, list details below.**

Name of Drug or Controlled Substance	Tried	Possessed	Purchased	Sold	First Time (mm/yy)	Last Time (mm/yy)
Marijuana/"Pot"	Total # of times tried _____	Total # of times _____	Total # of times _____	Total # of times _____		
Cocaine/"Crack"	Total # of times tried _____	Total # of times _____	Total # of times _____	Total # of times _____		
Steroids	Total # of cycles _____	Total # of times _____	Total # of times _____	Total # of times _____		
GHB / Ecstasy	Total # of times tried _____	Total # of times _____	Total # of times _____	Total # of times _____		
Methamphetamine/"Meth"	Total # of times tried _____	Total # of times _____	Total # of times _____	Total # of times _____		
Hallucinogenic/PCP/LSD/"Acid"	Total # of times tried _____	Total # of times _____	Total # of times _____	Total # of times _____		
Heroin	Total # of times tried _____	Total # of times _____	Total # of times _____	Total # of times _____		
Prescribed Medications not Prescribed to You Name: _____	Total # of times tried _____	Total # of times _____	Total # of times _____	Total # of times _____		
Other: Name drug _____	Total # of times tried _____	Total # of times _____	Total # of times _____	Total # of times _____		

CRIMINAL HISTORY

CHARGES: When applying for a position with a law enforcement agency, Florida law requires that **ALL** arrests and charges be disclosed, regardless of the disposition. These include, but are not limited to all such matters, even if not formally charged or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. (Include your juvenile record and records of your arrest which have been sealed, if any.)

CONVICTIONS: The circumstances surrounding the conviction are considered, such as: the nature, number, severity, date of the offense, subsequent history, efforts at rehabilitation, and relation of the offense to the requirements of the position for which you are applying.

If you answer yes to any of the questions to the right, provide details on a separate sheet of paper and attach.

Have you EVER been arrested by ANY law enforcement agency for ANY reason? This includes arrests or detentions [held for questioning] as a juvenile or for violations which were not prosecuted or where some type of pre-trial intervention was offered, and includes all arrests and notice or summons to appear regardless of your plea. YES NO

Have you EVER been convicted of, or have you EVER been found to have committed any civil or criminal law violation other than minor traffic violations? YES NO

Have you EVER had a criminal charge or record sealed, expunged or purged? YES NO

Have you ever been the plaintiff or defendant in a court action? YES NO

Have you ever been fingerprinted for any reason? YES NO

IF YES, LIST ALL CRIMINAL AND CIVIL LAW VIOLATIONS. INCLUDE DISPOSITIONS (Copies of all court dispositions must be submitted with application.) Be sure to include charges from all states, regardless of the outcome or time frame. Photocopy and attach additional pages if necessary.

Charge	Date (mm/yy)
Arresting Agency	
Disposition or Outcome	Date (mm/yy)

Charge	Date (mm/yy)
Arresting Agency	
Disposition or Outcome	Date (mm/yy)

DRIVER'S LICENSE

State of Issue	License Number	Date of Expiration
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Restrictions

Is your driver's license currently and/or has it ever been restricted, suspended, revoked, or expired? YES NO

If yes, explain: _____

Have you ever had automobile insurance withdrawn or revoked and/or have you ever been refused automobile insurance? YES NO

If yes, explain: _____

Have you received a ticket or been charged with any traffic violation(s) during the past ten(10) years? YES NO If yes, explain:

Do you hold or have you ever held a license in any other state than the one listed above?

If yes, list the state(s) and driver's license number(s): _____

Have you ever been involved in a motor vehicle crash and found at fault? YES NO If yes, explain:

CIVIL HISTORY

If you answer YES to any of the following questions, list the question number and a detailed explanation on a separate sheet of paper, then attach to the application (include dates, location, and penalties).

Do you have any type of civil process or litigation pending at this time? YES NO

Have you ever been served civil process of any type, either directly or by service through another person, family member, or attorney?
 YES NO

Have you been involved in civil litigation or court process of any type, either as a plaintiff, respondent or witness? (example: divorce, repossession, bankruptcy lien, debt, contract dispute, foreclosure, eviction, contempt of court). YES NO

Has a legal judgment ever been issued against you (ie divorce, child support, alimony)? YES NO

Have you ever had any property repossessed? YES NO

Have you ever had your wages garnished? YES NO

Have you ever incorporated, been involved in a partnership, or filed for a fictitious name? YES NO

Have you ever had a lien or judgment filed against you or your business? YES NO

Have you been delinquent in child support or alimony? YES NO

Are you currently under any contractual obligation to an employer, such as an employment contract or required reimbursement of training costs? If so, which employer and when does the obligation expire? YES NO

Have you ever been refused a bond? YES NO

Will your financial situation require income other than that provided by your salary? YES NO

SELECTIVE SERVICE (Male applicants only)

Are you registered for Selective Service? YES NO If yes, then:

Selective Service # Classification and Date of Classification

Address of Local Board

MILITARY HISTORY

Have you ever served on active duty in the Armed Forces of the United States? YES NO If yes, then:

Branch Highest Rank

Service Number Dates of Duty to include Discharge Date

Discharge(s) - Provide information for any period(s) of service and notate if this was an amended discharge:

Type: _____ Basis: _____ Date: _____ Separation Center: _____
Type: _____ Basis: _____ Date: _____ Separation Center: _____

Are you now or have you ever been a member of a reserve unit or the National Guard?

YES NO Present Former Branch of Service: _____

If you attend drills, provide the name of the unit and location: _____

Was any type of disciplinary action taken against you in the Service? YES NO (Be sure to include nonjudicial punishment(s) if applicable)

If yes, explain: _____

Have you ever served in the armed forces in another country? YES NO If yes, when and why:

Were you ever employed by the government of any foreign nation? YES NO If yes, when and why:

While in the armed forces, did you ever receive any medals, awards, or decorations? YES NO If yes, what did you receive:

Has the character of your separation or discharge ever been changed? YES NO If yes, when and why:

Have you received other than a honorable discharge? YES NO If yes, then provide type of discharge and written explanation:

ADDITIONAL PERSONAL INFORMATION

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are you now or have you ever been a member of any organization, association, movement, group, or combination of persons which has adopted the policy of advocating or approving the commission of acts of force, intimidation, violence, or other illegal acts to deny persons their rights under the Constitution of the United States? If yes, list names of organizations, dates, extent of involvement on separate sheet of paper. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you currently bear any intentionally inflicted scar, insignia, tattoo, or other permanent bodily marking depicting symbols or words which are commonly associated with any subversive or paramilitary organization? If yes, please explain on a separate sheet of paper. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been denied employment with a law enforcement agency? If yes, explain below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been employed by West Melbourne Police Department? If yes, indicate below dates(s) of employment, position(s), and reason for leaving. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are any members of your family or relatives (by blood or marriage) employed by the City of West Melbourne? If yes, indicate below their name(s), position, and relationship. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you read and do you meet the requirements of the Florida's Officer Certification (FSS 943.13) and Moral Character Standards (F.A.C. 11B-27.0011)? | <input type="checkbox"/> | <input type="checkbox"/> |

VETERANS' PREFERENCE PROCEDURES

Per Florida Statute Chapter 295 and Rules of the Florida Department of Veterans' Affairs, Veterans' Preference points shall be awarded to the earned ratings of eligible applicants who have achieved a minimum qualifying score on an examination, have received an honorable discharge, and who are residents of the State of Florida. Special consideration will be given to eligible applicants who apply for positions where examinations are not used.

In order to receive preference, an applicant must complete the following requirements by the closing date and time of the employment opportunity specified on the posting:

1. Indicate claim for Veterans' Preference on this application.
2. Answer all questions on the Veterans' Preference Claim.
3. Provide required documentation:

Veterans, disabled veterans, or spouses of disabled veterans shall provide DD Form 214 Member 4 copy, military discharge papers, or equivalent Veterans Affairs certification listing:

1. Military status,
2. Dates of service, and
3. Discharge type.

Disabled veterans shall also provide a document from the Department of Defense, Veterans' Affairs, or Department of Veterans' Affairs certifying that the veteran has a service-connected disability.

Spouses of disabled veterans shall also provide:

1. Evidence of marriage,
2. Statement that spouse is still married to the veteran, and
3. Proof that the veteran cannot qualify for employment due to service-connected disability (e.g., Department of Defense or Veterans' Affairs certification of total and permanent disability or Department of Veterans' Affairs ID card).

Spouses of persons missing, captured or detained on active duty shall furnish:

1. Evidence of marriage,
2. Statement that spouse is still married to the veteran, and
3. Department of Defense or Veterans' Affairs document certifying the person on active duty is missing in action or captured or forcibly detained in line of duty by foreign government or power.

Unremarried widow/widowers of deceased veterans shall furnish:

1. Evidence of marriage,
2. Statement that the widow/widower is not remarried, and
3. Department of Defense or Veterans' Affairs document certifying service-connected death.

VETERANS' PREFERENCE CLAIM

1. Do you wish to claim Veterans' Preference under Florida Statute Chapter 295?

YES NO

2. Are you:

A Any veteran with a service-connected disability compensable under public laws administered by the U.S. Department of Veterans' Affairs?

B The spouse of any veteran, who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment; or, the spouse of any person who is missing in action, captured in the line of duty by a hostile force, or forcibly detained or interned in the line of duty by a foreign government or power?

C A veteran who has served on active duty for one (1) day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America?

D An unremarried widow/widower of a veteran who died as a result of a service-connected disability?

E Any veteran who has served in a qualifying campaign or expedition for which a campaign badge has been authorized?

4. If you have a service-connected disability, such disability has been rated by the Veterans Affairs or Department of Defense to be

_____ percent.

An applicant for veterans' preference who believes he or she was not afforded employment preference may file a complaint with the Florida Department of Veterans' Affairs at the Mary Grizzle Office Building, 11351 Ulmerton Rd., Rm. 311-K, Largo, FL, 33778. The complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within three months of the date the application is filed with the employer if no notice is given.

APPLICANT'S SIGNATURE, CERTIFICATION, AND ACKNOWLEDGEMENTS

The West Melbourne Police Department is authorized to verify any and/or all of the information contained on the application form. I understand that, in submitting this application for employment or appointment, I agree to abide by the following terms and conditions:

I hereby certify that all statements made in this application are true and I agree and understand that any omission, falsification, misstatement or misrepresentation may disqualify me as an applicant or cause forfeiture of all rights to employment with the West Melbourne Police Department. All statements made by me on this application are true, correct and complete, to the best of my knowledge.

I understand that all statements are subject to a complete background investigation, including a check of my training and experience statements. All information I give will be considered in reviewing my application. I consent to a polygraph examination concerning the veracity of this information or information that is discovered as a result of the background investigation or any physical examination or drug test.

My employment or appointment will be contingent upon the results of a complete drug test. I may be required to take drug tests during the term of my employment or appointment with the West Melbourne Police Department.

I authorize all persons and organizations referenced in this application to furnish the West Melbourne Police Department information, personal or otherwise, regarding my ability and fitness for employment or appointment. I relieve all such parties, including the West Melbourne Police Department, from any and all liability for any damage that may result from furnishing such information to the West Melbourne Police Department.

I understand that this employment application shall become the property of the West Melbourne Police Department and may be subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida Statutes. I understand that participation in the application process does not guarantee a job interview or job offer. I understand that I must meet the requirements of the Florida's Officer Certification (FSS 943.13) and Moral Character Standards (F.A.C. 11B-27.0011).

If accepted for employment or appointment, I agree to abide by and comply with all rules, regulations, and policies and procedures of the West Melbourne Police Department. I understand and agree that I am free to terminate my employment at any time. I further understand and agree that my employer has the right to terminate my employment during my initial probationary period with or without cause. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the rules, regulations, policies and procedures of the West Melbourne Police Department.

I SWEAR OR AFFIRM THE ABOVE INFORMATION AND CONTENTS OF THIS APPLICATION ARE TRUE AND CORRECT.

SIGNATURE OF APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY THIS

_____ DAY OF _____, _____ BY _____,
PRINTED NAME

WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED THE FOLLOWING IDENTIFICATION: _____

SIGNATURE OF NOTARY
Notary Public, State of Florida At Large

Notary Printed Name: _____ My Commission Number: _____

APPLICANT CHECKLIST

Along with your application, please submit copies of any of the documents listed below which apply to you. Copies should be on 8.5" by 11" paper and inserted in the order listed. Failure to submit all of the items listed below may disqualify your application. **Please note that the Police Department will not make copies of documents nor provide notary service for the Applicant's Signature, Certification, and Acknowledgement form.**

- | | |
|---|---|
| <input type="checkbox"/> Valid Florida Driver's License | <input type="checkbox"/> Certificate of Completion from Training Academy(if applicable) |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> State of Florida Certificate of Compliance (if applicable) |
| <input type="checkbox"/> Birth Certificate issued by State Vital Records (not hospital) | <input type="checkbox"/> F.D.L.E. Examination Results (if applicable) |
| <input type="checkbox"/> High School Diploma or GED | <input type="checkbox"/> Court Disposition Papers (if applicable) |
| <input type="checkbox"/> College degree; college transcripts if no degree (If applicable) | <input type="checkbox"/> CJSTC Form 58 |
| <input type="checkbox"/> Proof of legal name change | <input type="checkbox"/> Applicant's Signature, Certification, and Acknowledgements |
| <input type="checkbox"/> Current and Valid Passport (if applicable) | <input type="checkbox"/> Amended DD Form 215, if applicable |
| <input type="checkbox"/> Certificate of Naturalization (if applicable) | <input type="checkbox"/> Request Pertaining to Military Records |
| <input type="checkbox"/> DD Form 214 "Member 4" copy (character of service, re-enlistment code, and nature and type of discharge) | |



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:
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: West Melbourne Police Department

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 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, or other official documents from the United States Military denoting discharge status or current active military status to:

West Melbourne Police Department, 2290 Minton Road, West Melbourne Florida 32904

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes.

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:

REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/evetrecs/> *

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

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

1. NAME USED DURING SERVICE (last, first, and middle)		2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH		
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE COMPONENT						
b. RESERVE COMPONENT						
c. NATIONAL GUARD						
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES _____				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES		

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU WOULD LIKE TO REQUEST A COPY OF:

- DD Form 214 or equivalent.** This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one DD214. **Check the appropriate box below to specify a deleted or undeleted copy.** When was the DD Form(s) 214 issued? YEAR(S):
 - UNDELETED:** Ordinarily required to determine eligibility for benefits. Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.
 - DELETED:** The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.
- All Documents in Official Military Personnel File (OMPF)**
- Medical Records** (Includes Service Treatment Records (outpatient), inpatient and dental records.) If hospitalized, provide facility name and date for each admission:
- Other** (Specify):

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

- Benefits Employment VA Loan Programs Medical Medals/Awards Genealogy Correction Personal
- Other, explain:

SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER IS:** (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.)

- Military service member or veteran identified in Section I, above
- Next of kin of deceased veteran (Must provide proof of death).
- Legal guardian (Must submit copy of court appointment.)
- Other (specify) _____

Show relationship: _____
(See item 2a on accompanying instructions.)

2. **SEND INFORMATION/DOCUMENTS TO:**
(Please print or type. See item 4 on accompanying instructions.)

3. **AUTHORIZATION SIGNATURE REQUIRED** (See items 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Name _____

Street _____ Apt. _____

City _____ State _____ Zip Code _____

Signature Required - Do not print

() _____
Date of this request Daytime phone

_____ Email address

Please review the standards set for applicants by FDLE and the West Melbourne Police Department. Applicants should review these standards carefully before submitting an application.

SUBSTANCE ABUSE:

Any more than experimental use of marijuana, hashish, or other derivatives and any use within three years of application.	Disqualify
Any more than experimental past use of powder cocaine (HCL), amphetamines, barbiturates, or designer drugs such as GHB, Rohypnol (Roofies), Ecstasy (MDMA), Ketamine (Special K), LSD, Mescaline, Psilocybin (Mushrooms), steroids, and within seven years of application.	Disqualify
Any past use of opium, heroin, and its derivatives and synthetics, including abuse of morphine, codeine, hydrocodone, methadone, oxycodone, fentanyl, or other serious drugs of abuse such as PCP, crack cocaine, methamphetamine, etc.	Disqualify
Manufacture, trafficking, and sale of any controlled substance or fraudulent procurement involving prescription medications	Disqualify
Any use of any illegal drug not specifically identified in this section, illegal use of a prescription drug, or abuse of any substance, including drugs, inhalants, and non-prescription medications with intent to become intoxicated,	May Disqualify

DRIVING HISTORY:

No valid Driver's License at time of application	Disqualify
Conviction of a criminal traffic charge including DUI, Reckless, Fleeing, Leaving the scene, within five years of application	Disqualify
More than six moving traffic violation convictions within five years of application	May Disqualify
Suspension of License for excessive points, or more than one time for failure to pay traffic fine, within three years of application	Disqualify

CRIMINAL HISTORY:

Commission of any criminal act(s) at any time, whether prosecuted or not, if the behavior is evidence of a continuing pattern of criminal conduct and/or demonstrates a substantial history of poor judgment.	Disqualify
Domestic Violence conviction	Disqualify
Currently under injunction for domestic violence	Disqualify
Currently under an investigation for a criminal act in any jurisdiction	Disqualify

CIVIL HISTORY:

Failure to pay child support, civil fines, failure to appear, unsatisfied judgments, etc	May Disqualify
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APPLICANTS WITH PRIOR LEO EXPERIENCE:

Theft from a crime scene, victim, offender, or employing agency	Disqualify
Any illegal use of a controlled substance while certified as a law enforcement officer	Disqualify
On-duty consumption of alcoholic beverage, unless such consumption was permitted by the employing agency	Disqualify
Any falsification of an official report, record or document	Disqualify
Acceptance of any bribe, or accepting a gratuity in violation of the employing agency's regulations	Disqualify