



CITY OF WILLISTON POLICE DEPARTMENT

POLICE OFFICER EMPLOYMENT APPLICATION

Name: _____ DOB: _____ SS: _____
Date Submitted: _____ Telephone: (H) _____ (W) _____

SIGNIFICANT JOB REQUIREMENTS

Among the requirements necessary for employment by the Williston Police Department, applicants must be citizens of the United States. State certified positions require a minimum of nineteen years of age. All positions require that the applicant be either a high school graduate or possess a G.E.D. certificate. G.E.D. test scores must also be provided.

As an employee of the Williston Police Department, you may be required to work any hour of the day, and any day of the week, and any recognized holiday. You will be required to maintain proficiency in the use of any equipment related to your job classification. You will be required to work with and for persons of differing race, sex, religious affiliation, age group or physical disability.

EQUAL OPPORTUNITY EMPLOYER

The Williston Police Department is an Equal Opportunity Employer and does not discriminate in recruiting, hiring, training promoting or other employment practices for reasons of age, race, color, religion, sex, national origin; or marital, veteran, or disability status.

CRIMINAL CONVICTIONS

Any individual convicted of a felony shall be ineligible for appointment to the Williston Police Department as mandated by Florida Statutes 943.13. A felony is defined by Florida law as any offense for which a person may receive one (1) year of confinement in a state or federal institution.

With respect to all other convictions which are not felonies, on a case by case basis, the Department will consider whether the applicant's prior criminal conviction or military offense conviction will have a bearing on the qualifications or suitability for the job for which he or she is applying. This will be done in accordance with Florida Statute 943.13. The date and nature of the offense, the requirements of the position for which the applicant is being considered, as well as the applicant's other qualifications, will be evaluated.

INTEGRITY

All questions on this application must be answered in total honesty. If a question does not apply, it is acceptable to write "N/A". All applicants will be polygraphed, in large measure on the information supplied in this form. Integrity is tested. Your demonstration of integrity begins today. Your penmanship, grammar and spelling will be evaluated.

CONFIDENTIALITY

During the selection and placement process, it will be necessary to inform the appropriate persons participating in the selection process of the information contained in the employment application.

Pursuant to the Florida Statutes 119, the Public Record Act, documents made or received by the Williston Police Department in the course of processing the application are public records and open for inspection by the public. However, records such as examination questions and answers are exempt under the public records law and therefore may not be disclosed. Moreover, reference information supplied during any background investigation will be privileged to the Williston Police Department.

INSTRUCTIONS

Applications must be printed legibly in ink by the applicant himself/herself. All questions must be answered. Applications which are not completed will not be considered. If space provided is not sufficient for complete answers or if you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

PERSONAL HISTORY

**PLACE RECENT
PHOTOGRAPH
HERE**

Date of Photo: _____

CONFIDENTIAL EMPLOYEE HISTORY

**THE INFORMATION CONTAINED HEREIN IS CONFIDENTIAL
AND WILL NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION**

1. Applicant's Current Address:

Address _____

City _____ County _____ State _____ Zip Code _____

(Work) (____) _____ (Home) (____) _____ (Pager) (____) _____
Telephone Numbers

2. Applicant's Social Security: _____

3. Spouse's Name: _____
Last First Middle Maiden Name

_____/Spouse's Date of Birth _____
Address _____

City _____ County _____ State _____ Zip Code _____

(Work) (____) _____ (Home) (____) _____ (Pager) (____) _____
Telephone Numbers

4. Children's Names and Ages:

NAME	DATE OF BIRTH	ADDRESS (IF DIFFERENT)

5. Former Spouse(s) Name (including maiden name) and Address:

a. _____
Last First Middle

_____/ Date of Birth _____
Address

City County State Zip Code

(Work) (_____) _____ (Home) (_____) _____ (Pager) (_____) _____
Telephone Numbers

b. _____
Last First Middle

_____/ Date of Birth _____
Address

City County State Zip Code

(Work) (_____) _____ (Home) (_____) _____ (Pager) (_____) _____
Telephone Numbers

c. _____
Last First Middle

_____/ Date of Birth _____
Address

City County State Zip Code

(Work) (_____) _____ (Home) (_____) _____ (Pager) (_____) _____
Telephone Numbers

6. Are you now able to participate with or without accommodation in defensive tactics, firearms or physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description or task analysis related to the position for which you applied? Yes No

7. This position may require a physical agility test, if such a test or examination is required, would you be able to take this test or examination with or without an accommodation? Yes No

8. Explain what accommodation(s) you would need to perform these tasks or take the test or examination.

9. Please provide name and address of next of kin or other person to be contacted in case of an emergency:

Last First Middle Relationship

_____/ Date of Birth _____
Address

City County State Zip Code

(Work) (_____) _____ (Home) (_____) _____ (Pager) (_____) _____
Telephone Numbers

10. Please provide the following immediate relatives information: Mother, Father, Brothers and Sisters:

Name

Date of Birth

Relationship

EDUCATION/TRAINING

1. High School:

Name School Name/Address	Dates Attended		Years Completed	Did You Graduate?	Type of Diploma
	From	To			

2. College/University:

College/University* Name/Address	Dates Attended Month/Year		Credit Hours Earned		Did you Graduate?	Type of Degree
	From	To	Qtr.	Sem.		

*** Attach diploma or official transcript from last institution of higher education attended.**

Major: _____

Minor: _____

3. Other Schools (trade, Vocational, Business or Military):

Name/Address	Dates Attended Month/Year		Credit Hours Earned	Area of Study	Did you Graduate?	Type of Diploma or Certificate
	From	To				

4. Have you completed any of the following courses:

FBI National Academy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FBI National Executive Institute	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Southern Police Institute Administrative Officer Course	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Southern Police Institute Police Executive Development Course	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Southern Police Institute Command Officers Development Course	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CJST Line Supervisor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CJST Middle Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Expandable Baton (ASP).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pepper Spray (OC).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Electronic Control Device (TASER).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CJST Narcotics Identification and Investigation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CJST Criminal Law	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CJST Case Preparation and Court Presentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CJST Special Tactical Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CJST Sex Crimes Investigation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CJST Injury and Death Investigation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CJST Traffic Homicide Investigation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CJST Interviews and Interrogations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CJST Stress Awareness and Resolution	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CJST Field Training Officer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CJST Crisis Intervention	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CJST Organized Crime	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CJST Radar Operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CJST Hostage Negotiation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CJST Instructor Techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CJST Domestic Intervention	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CJST School Resource Officer Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Weapons of Mass Destruction (WMD).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Incident Command (ICS or NIMS 700).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CJST Computer Applications in Criminal Justice	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CJST Drug Abuse Awareness and Education	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CJST Community and Human Relations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CJST Breath Examiner Specialist	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Police Mountain Bike Training Course	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYMENT HISTORY

1. List chronologically all employment beginning with present employment, include summer and part-time employment while attending school. **All time must be accounted for.** If unemployed for a period, set forth dates of unemployment. If you don't know the addresses and phone numbers of past employers, research them. This burden is totally on you, the applicant.

Name and Address of Employer	Dates Worked Month/Year		Salary	Title or Position	Name of Supervisor	Reason for Leaving
	From	To				
Name	To Present					
Address						
City, State, Zip						
Area Code & Telephone Number						
Name						
Address						
City, State, Zip						
Area Code & Telephone Number						
Name						
Address						
City, State, Zip						
Area Code & Telephone Number						
Name						
Address						
City, State, Zip						
Area Code & Telephone Number						
Name						
Address						
City, State, Zip						
Area Code & Telephone Number						

2. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? Yes No If yes, please provide dates and all details.

3. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No If yes, please provide details.

4. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? Yes No If yes, please provide details, to include time period, type of service or application, status of application, supervisor's name and telephone, etc..

5. Have you ever been denied employment by a law enforcement agency? If yes, please list the name of the agency, the date applied, and reason for denial.

6. If you have been a previous law enforcement or correctional officer, have you ever been the subject of an internal investigation? Yes No If yes, provide details.

RESIDENCES

1. Actual places of residence for the past 10 years – 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, include complete military unit designation and location by city and state.

Do not give post office box addresses.

DATES		APT NO.	STREET ADDRESS	CITY	COUNTY	STATE
MONTH/YEAR FROM	TO					

ARREST HISTORY/COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear for any criminal violation as a defendant?
 Yes No

2. Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)?
 Yes No

3. To your knowledge, has any member of your family ever been arrested for other than traffic violations?
 Yes No

If yes to question #1, #2, or #3, list 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(s) which have been sealed, if any.)

DATE	PLACE & DEPARTMENT	CHARGE	COURT & PLACE	DISPOSITION
RELATIVE'S NAME	PLACE & DEPARTMENT	CHARGE	COURT & PLACE	DISPOSITION

Provide details for each response to question #1, #2, or #3: _____

4. Have you or your spouse even been a plaintiff or defendant in court action? Yes No

5. List any arrest of your spouse or children: _____

6. List any arrest of your parents brothers and/or sisters: _____

7. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation?

Yes No

8. Have you ever been fingerprinted for any reason (arrest, job application, military, security clearance, etc)? Yes No

If yes to question #4 through #8 please provide details.

9. How would you describe your credit status?

_____ Good

_____ Fair

_____ Poor

_____ Non-Existent

10. What is your credit score? _____

11. Have your wages ever been garnished or attached by court order? _____

If yes, explain. _____

DRIVING HISTORY

1. Do you have a Florida drivers license? Yes No

Class A Class B Class C Class D Class E Number: _____

2. Have you ever been licensed in another state? Yes No

STATE	LICENSE NUMBER	TYPE LICENSE	YEAR OF LICENSE

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?

Yes No

If yes, please provide complete details including why license was suspended or revoked.

4. List all motor vehicle collisions you have ever been involved with:

MILITARY HISTORY

1. Have you ever served on active duty in the Armed Forces of the United States of America?

Yes No

Branch of Service: _____ Highest Rank: _____

Serial Number: _____

2. Type of Discharge: Honorable General Dishonorable Other: _____

3. Date of Discharge: _____ Place of Discharge: _____

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

Yes No

If yes, state the branch of service name and location of your unit and whether you attend drills, meetings, or camps: _____

5. What is your remaining military obligation:

6. Was any type of disciplinary action taken against you in the service? Yes No

If yes, please provide: Nature of Offense: _____

Date: _____ Place: _____ Action Taken: _____

7. Have you ever served in the Armed Forces of a foreign country? Yes No If yes, specify dates & country: _____

8. Are you designated as disabled because of any military service? Yes No

BUSINESS INTERESTS & LICENSES

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? Yes No

2. Are you now issued or have you ever been issued a license to engage in a business or profession?

Yes No

3. Was the license ever canceled, suspended, or revoked? Yes No

If yes to question #1, #2, or #3, please provide details including the type of license or certificate, the agency that issued the license, effective date of license and license number.

PERSONAL REFERENCES & ACQUAINTANCES

1. **Personal References:** Give three (3) references (not relatives, former or present employers, fellow employees, 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. If retired, give former occupation.

Complete Name: _____ <small>(Last, First, Middle)</small>		Home Address: _____
Years Acquainted: _____		City, State & Zip: _____
Occupation: _____		Home Telephone: (____) _____
		Work Telephone: (____) _____
Complete Name: _____ <small>(Last, First, Middle)</small>		Home Address: _____
Years Acquainted: _____		City, State & Zip: _____
Occupation: _____		Home Telephone: (____) _____
		Work Telephone: (____) _____
Complete Name: _____ <small>(Last, First, Middle)</small>		Home Address: _____
Years Acquainted: _____		City, State & Zip: _____
Occupation: _____		Home Telephone: (____) _____
		Work Telephone: (____) _____

2. **Social Acquaintances:** Give three (3) social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years.

Complete Name: _____ <small>(Last, First, Middle)</small>		Home Address: _____
Years Acquainted: _____		City, State & Zip: _____
Occupation: _____		Home Telephone: (____) _____
		Work Telephone: (____) _____
Complete Name: _____ <small>(Last, First, Middle)</small>		Home Address: _____
Years Acquainted: _____		City, State & Zip: _____
Occupation: _____		Home Telephone: (____) _____
		Work Telephone: (____) _____
Complete Name: _____ <small>(Last, First, Middle)</small>		Home Address: _____
Years Acquainted: _____		City, State & Zip: _____
Occupation: _____		Home Telephone: (____) _____
		Work Telephone: (____) _____

ORGANIZATION MEMBERSHIP

1. List all clubs, societies of which you are or have been a member:

NAME	CITY & STATE	DATE OF MEMBERSHIP	STATUS	POSITION
			<input type="checkbox"/> Current Member <input type="checkbox"/> Former Member	
			<input type="checkbox"/> Current Member <input type="checkbox"/> Former Member	
			<input type="checkbox"/> Current Member <input type="checkbox"/> Former Member	
			<input type="checkbox"/> Current Member <input type="checkbox"/> Former Member	
			<input type="checkbox"/> Current Member <input type="checkbox"/> Former Member	

2. Are you or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? Yes No

3. Have you ever made a financial or other material contribution to any organization of the type described in question #2 above? Yes No If yes, to question #2 or #3, answer questions #4 and #5 also.

4. At the time of your membership, participation, or contribution, did you know of any unlawful aims of organization? Yes No

5. Did you intend to promote any unlawful aims of the organization? Yes No

6. If yes to question #2, #3, #4, or #5, explain include name of organization and location.

CREDIT DATA

1. Do you have any sources of income other than your salary or the salary of your spouse?

Yes No _____

2. Are you or your spouse indebted to anyone? Yes No If yes, please list all debts over \$500.00. Be sure to include student loans and charge accounts. Also, list any debt where payment is **past due**, regardless of amount.

CREDITOR	TELEPHONE NUMBER	LOAN OR ACCOUNT NUMBER	AMOUNT OWED	ACCOUNT STATUS
				<input type="checkbox"/> Current <input type="checkbox"/> Past Due
				<input type="checkbox"/> Current <input type="checkbox"/> Past Due
				<input type="checkbox"/> Current <input type="checkbox"/> Past Due
				<input type="checkbox"/> Current <input type="checkbox"/> Past Due
				<input type="checkbox"/> Current <input type="checkbox"/> Past Due

3. Have you, your spouse, or a company controlled by you filed for or declared bankruptcy?

Yes No

4. Have you, your spouse, or a company controlled by you had a legal judgement rendered against you for a debt? Yes No When: _____

If yes to questions #3 or #4 please provide details: _____

APPLICATION'S CERTIFICATION

APPLICANT: PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION. IF YOU HAVE ANY QUESTIONS REGARDING THE FOLLOWING STATEMENT OR ANY QUESTIONS CONTAINED IN THIS APPLICATION, PLEASE CONTACT THE PERSONNEL SECTION OF THE WILLISTON POLICE DEPARTMENT, BEFORE SIGNING.

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Williston Police Department.

I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I agree to inform the Williston Police Department of any additional information relating to questions raised on this application which may occur or come to my attention subsequent to the completion of this application may be cause for disqualification as an applicant or my dismissal from the Williston Police Department.

I further fully understand and consent to a polygraph or voice stress examination concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I will be fingerprinted.

I understand that this employment application is the property of the Williston Police Department and that it and the information received in response to the background examination are public records.

I also understand that I may be required to furnish the Williston Police Department with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment.

I further understand and agree that my employment or appointment will be contingent upon the results of a completed drug tests and that I will be required to take drug tests during the term of my employment or appointment with the Williston Police Department.

I understand that the presence of any illegal drugs within my system will be grounds for termination. I also understand that the presence of alcohol within my system during work hours will also be grounds for termination.

I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment, and the maintenance of personal physical fitness, to the degree necessary to satisfactorily perform the duties of my position or assignment with the Williston Police Department is mandatory.

I authorize any of the persons or organization referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Williston Police Department and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Williston Police Department .

I agree to conform to the rules, regulations and orders of the Williston Police Department and Acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Williston Police Department, at its discretion, at any time and without any prior notice to me.

SIGNATURE: _____ DATE: _____

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF LEVY**

Before me personally appeared the said _____ who says that he/she executed the above instrument of his/her own free will accord with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence this _____ day of _____ 20 _____

My Commission Expires _____

NOTARY PUBLIC

Personally Known _____ or Produced Identification _____

Type of Identification Produced: _____

DOCUMENTS TO BE ATTACHED TO APPLICATION

Please check your application, including all forms to assure that all questions have been completely answered and all forms signed.

If any of the below listed documents apply to you, please be sure to submit copies of the documents. Copies should be submitted on 8 ½” x 11” paper.

YOUR APPLICATION WILL NOT BE PROCESSED UNTIL COPIES OF ALL REQUIRED DOCUMENTS HAVE BEEN SUBMITTED.

Attached

- 1. Birth Certificate
- 2. High School Diploma/Transcript or G.E.D. with score
- 3. Driver’s License, if applicable, or State issued Identification Card
- 4. Social Security Card
- 5. Recent Photograph
- 6. College Degree
- 7. College Transcript (Original)
- 8. DD Form 214/Military Discharge (submit a separate DD Form 214 for each tour)
- 9. Police Standards Certificate
- 10. Florida Police Standards Test Results
- 11. Marriage License(s) and/or Divorce Order(s)
- 12. Legal Name Change Order(s)
- 13. Naturalization Certificate (Present for verification)
- 14. Any other documents which reflect your qualification for a position with the Williston Police Department.

The City of Williston is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.

DRUG CERTIFICATION FORM

I, _____, an applicant with the Williston Police Department, hereby certify that I am not currently using taking or injecting any drug, narcotic, marijuana, or other habit forming substance being legally prescribed by and under the direction of a licensed doctor.

I understand and agree that any falsification or misrepresentation with respect to this certification will disqualify me from consideration for employment with the Williston Police Department.

WITNESS SIGNATURE

DATE

APPLICANT SIGNATURE

[] Applicant refused to sign consent form

WITNESS

THIS DOCUMENT MUST BE RETURNED WITH APPLICATION

APPLICANT DRUG TESTING CONSENT FORM

I understand that as part of the employment process, the WILLISTON POLICE DEPARTMENT will conduct an in depth background investigation in an effort to determine my suitability to fill the position for which I have applied.

In keeping with the efforts of the WILLISTON POLICE DEPARTMENT to identify the most qualified individuals for the law enforcement profession, I do hereby voluntarily consent to the sampling and subsequent testing of my body fluids, including urine and blood.

I understand that refusal to supply the necessary samples may be grounds for rejection of my application. I further understand, that the results of the testing may be utilized in conjunction with any other information developed during the pre-employment process to determine my eligibility for the position for which I have applied, and that written confirmatory laboratory reports may be subject to disclosure under Florida's Public Records Act.

WITNESS SIGNATURE

DATE

APPLICANT SIGNATURE

[] Applicant refused to sign consent form

WITNESS

PERSONAL INQUIRY WAIVER
Authority for Release of Information

APPLICANT NAME: _____

POSITION APPLIED FOR: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

Permission is hereby given any agency of the government of the United States, and/or any other agency, person, firm, or corporation holding records concerning me, to furnish to the Williston Police Department all information desired involving me in any way, upon request. Included in this release of information is my permission to former employers and other persons acquainted with me or in possession of information concerning me to supply such information to the Williston Police Department. This further includes furnishing copies of pertinent documents about my background, as required.

Such records, I understand, may include reasons for termination of employment, reasons for discharge from military service, criminal history, on the job performance, educational records, complete history of injuries suffered, including disability remaining after the conditional offer of employment is issued or any other personal information which may not otherwise without prior agreement.

I further understand some of the information which may be obtained about me will be obtained upon an assurance of confidentiality by the Williston Police Department to the person or persons supplying such information. I understand that this information will become privileged to the Williston Police Department.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

APPLICANT'S SIGNATURE

DATE

ADDRESS

CITY, STATE, ZIP CODE

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF LEVY

Before me personally appeared the said _____
who says that he/she executed the above instrument of his/her own free will accord with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence this _____ day of _____ 20 _____

My Commission Expires _____

NOTARY PUBLIC

Personally Known _____ or Produced Identification _____

Type of Identification Produced: _____

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

Applicant's Name: _____

Date of Birth: _____

Social Security #: _____

Employing agency requesting background information: **Williston 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 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 DD214, Report of Separation, to:

Florida State Statute 768.095 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 purpose 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 Section 943.13 (4), (5) and (7) 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 FLORIDA
COUNTY OF LEVY

Before me personally appeared the said _____ who says that he/she executed the above instrument of his/her own free will accord with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence this _____ day of _____ 20 _____

My Commission Expires _____

NOTARY PUBLIC

Personally Known _____ or Produced Identification _____

Type of Identification Produced: _____

**EMPLOYMENT HISTORY RELEASE
SOCIAL SECURITY DEQY**

Social Security Administration
2002 NW 13 ST
Gainesville, FL 32609

Applicant's Name: _____
Date of Birth: _____
Social Security #: _____

To Whom It May Concern:

I, _____ authorize the Social Security Administration to release a DEQY report on me to the Williston Police Department. Please release the following information: employers, employer's addresses, self-employment records, non-covered earnings, and regular wages to cover the last _____ years of my employment.

I want this information released because I am applying for a public safety position. I am the individual to whom the information/records applies to or the parent or legal guardian of that person. I am aware that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Please return this information in the enclosed postage-paid, self addressed envelope from the Williston Police Department.

Signature of Requestor

Date of Signature

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF LEVY

Before me personally appeared the said _____ who says that he/she executed the above instrument of his/her own free will accord with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence this _____ day of _____ 20 _____

My Commission Expires _____

NOTARY PUBLIC

Personally Known _____ or Produced Identification _____

Type of Identification Produced: _____