



CITY OF WILLISTON POLICE DEPARTMENT

EMPLOYMENT APPLICATION SUPPORT STAFF

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

SIGNIFICANT JOB REQUIREMENTS

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.

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". 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.

POSITION APPLIED FOR:

- Auxiliary Officer**
- School Crossing**
- Cleaning**
- Other:** _____

PERSONAL HISTORY

**PLACE RECENT
PHOTOGRAPH
HERE**

Date of Photo: _____

PERSONAL HISTORY

1. List all other names you have used including circumstances and time periods you used them. (For example: maiden name. Former name(s), alias(es), or nickname(s)).

Name	Circumstances	Dates From Month/Year	Dates To Month/Year

2. Marital Status: Married Divorced Separated Widowed Never Married

3. Have you ever filed an application with us before? Yes No Date(s) _____

4. Have you ever used, possessed, supplied, given away, or sold any narcotic or controlled substance such as, but not limited to marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroids, or any illegal drugs of a similar nature? Yes No

If yes, please complete the following:

- a. Drug(s): _____
- b. Circumstances: _____
- c. Number of times used, possessed, supplied, given away, or sold: _____
- d. First time used, possessed, supplied, given away, or sold: _____
- e. Last time used, possessed, supplied, given away, or sold: _____

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. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example; two-way radio communications, breathalyzer, speed detection equipment, firearms, computers):

EMPLOYMENT HISTORY

1. List chronologically all employment beginning with present employment, for the past five years, 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			<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Telephone Number						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Telephone Number						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Telephone Number						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
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.
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RESIDENCES

1. Actual places of residence for the past 5 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 MONTH/YEAR		APT NO.	STREET ADDRESS	CITY	COUNTY	STATE
FROM	TO					

ARREST HISTORY/COURT DATA

- Have you ever been arrested, charged or received a notice or summons to appear for any criminal violation as a defendant?
 Yes No
- Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)?
 Yes No
- 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
- Have you ever been fingerprinted for any reason (arrest, job application, military, security clearance, etc)?
 Yes No

If yes to question #4, #5, or #6, please provide details.

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

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 style="text-align: center;">(Last, First, Middle)</small>		Home Address: _____ City, State & Zip: _____	
Years Acquainted: _____	Occupation: _____	Home Telephone: (____) _____ Work Telephone: (____) _____	
Complete Name: _____ <small style="text-align: center;">(Last, First, Middle)</small>		Home Address: _____ City, State & Zip: _____	
Years Acquainted: _____	Occupation: _____	Home Telephone: (____) _____ Work Telephone: (____) _____	
Complete Name: _____ <small style="text-align: center;">(Last, First, Middle)</small>		Home Address: _____ City, State & Zip: _____	
Years Acquainted: _____	Occupation: _____	Home Telephone: (____) _____ Work Telephone: (____) _____	

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

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 will 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 _____

WPD REV 03/00

NOTARY PUBLIC