

LAKE PLACID POLICE DEPARTMENT

8 North Oak Street
Lake Placid, Florida 33852- 5591

Phone: (863) 699-3757
Website • www.lppd.com
Fax: (863) 699-3760

APPLICATION FOR EMPLOYMENT

POSITION DESIRED _____ **DATE** _____

This application must be submitted to the Lake Placid Police Department together with all documentation described on page 11 of this application packet. All documentation must be present for a background investigation to begin. The Lake Placid Police Department conducts polygraph interviews prior to hire, and a background investigation.

INSTRUCTIONS

Applications must be typewritten or printed legibly in black ink. All questions must be answered. If space provided is not sufficient for complete answer or you wish to furnish additional information, attach sheets of the same size to this application and number answers to correspond with questions.

PERSONAL HISTORY

1. FULL NAME:

LAST NAME FIRST MIDDLE

RESIDENCE ADDRESS MAILING ADDRESS

CITY COUNTY STATE ZIP

TELEPHONE NUMBER HOME OTHER

2. SOCIAL SECURITY NUMBER: _____

3. DRIVERS LICENSE NUMBER: _____ STATE ISSUED: _____

4. OTHER: LIST ALL OTHER NAMES YOU HAVE USED INCLUDING CIRCUMSTANCES AND TIME PERIODS YOU USED THEM. FOR EXAMPLE; FORMER NAME(S), MAIDEN NAME(S), ALIAS(S), AND NICKNAME(S):

NAMES	CIRCUMSTANCE	DATES FROM - MO. / YR-	DATES TO - MO. / YR.

5. Date of Birth: _____

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

6. Are you a United States citizen? Yes No Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

OFFICE USE ONLY
DATE SUBMITTED _____

If naturalized, please provide _____
DATE _____ PLACE _____
COURT _____ NATURALIZATION NUMBER _____

7. Have you ever filed an application with us before? Yes No Dates _____
8. Have you ever been employed by us before? Yes No Dates _____

EDUCATION / TRAINING

1.

High School Name / Address	Dates Attended - Mo. / Yr.		Years Completed	Did You Graduate?	Type of Diploma
	From	- To			

2.

College / University Name / Address	Dates Attended - Mo. / Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	To	Qtr.	Sem.		

Major _____ Minor _____

3. Other Schools (Trade, Vocational, Business, Police Academies or Military):

Name / Address	Dates Attended - Mo. / Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate
	From	To				

4. Describe any awards, honors, citations or other special recognition you received while attending school and positions held in school organizations:

5. Indicate any law enforcement education / training:

6. Did you receive a certificate for this training? Yes No
 Certificate number _____

6A. Are you currently certified as a Florida Law Enforcement Officer? Yes
 No

7. Indicate any special skills you possess and equipment you can use which may be related to the position for which you are applying: (i.e., breathalyzer, speed detection equipment, firearms, computers):

8. Describe any word processing or computer skills and list all software you are able to use:

9. State approximate number of words per minute: Typing _____ Shorthand _____

10. On what date are you available for work? _____

11. Are you available to work? Full Time Part Time

12. Are you available to work rotating shifts? Yes No

EMPLOYMENT HISTORY

1. List chronologically all employment including current employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment

Name & Address of Employer	Dates Worked Mo. / Yr.		Salary	Your Title or Position	Name Of Supervisor	Reason for Leaving
	From	To				
NAME						
Address Phone						
City State ZIP						
Name						
Address Phone						
City State ZIP						
Name						
Address Phone						
City State ZIP						
Name						
Address Phone						
City State ZIP						
Name						
Address Phone						
City State ZIP						

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? If yes, please explain in detail. Yes No

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. May we contact your present employer? Yes No

5. Have you ever had to manage money routinely as a part of your job description ? _____
 Yes No If yes, please provide name of employer and date of service.

6. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? Yes No If yes, please provide name and address of business, corporation or organization and describe your relationship or position.

ORGANIZATION MEMBERSHIP

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

Name	City & State	Former Member	Present Member List position held (describe activity)

ARREST HISTORY / COURT DATA

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

2. Have you ever been convicted of a felony? Yes No
 If yes to question #1, 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 charges and charges which have been sealed, if any.)

Under name	Place & Department	Charge	Court & Place	Date of Charge	Disposition

Provide details on an attached narrative of any past experiences you have had with law enforcement or any investigative agency where you have been investigated, suspected regarding any crime, or where police have been called due to an incident you were involved in. Provide jurisdiction where the event occurred and an approximate date.

DRIVING HISTORY

Answer if you will be required to operate a vehicle as part of your job duties.

1. Are you a licensed Florida automobile operator or chauffeur? Yes No License No.: _____
Date Of Expiration: _____ Restrictions: _____

2. Do you hold or have you ever held an operator or chauffeur license in another state? Yes No If yes, please provide state(s), name used and approximate dates license(s) was/were held.

3. Have you ever received a ticket or been charged with a traffic violation? Yes No
Give details including dates as best known, locations, and agency.

4. 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 reason.

MILITARY HISTORY

1. Have you ever served on active duty in the Armed Forces Of the United States? Yes No

Branch of Service _____ Highest Rank _____

Service # _____ Duty Dates: From: _____ To: _____ From: _____ To: _____

From: _____ To: _____ From: _____ To: _____

2. Date and type of discharge: _____

3. Are you now or have you ever been a member of the Reserve Unit or the National Guard? Yes No

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

5. Was any type Of disciplinary action taken against you in the service? Yes No If yes, please provide:

Date: _____ Place: _____

Nature Of Offense: _____

Action Taken: _____

6. Additional room for Military Information:

Pertaining to military records- if you were in the military please obtain a copy of form 180 at website: <http://members.aol.com/forvets/htomr.htm#180>

Completed 180 Military Request Form required prior to background investigation initiation.

PERSONAL REFERENCES & ACQUAINTANCES

1. Personal References: Give three (5) references (not relatives, former or present employer, 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		Home Address: _____
		City, State & Zip: _____
Yrs. Acq.		Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____
Complete Name		Home Address: _____
		City, State & Zip: _____
Yrs. Acq.		Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____
Complete Name		Home Address: _____
		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____
Complete Name		Home Address: _____
		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____
Complete Name		Home Address: _____
		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____

Occasionally the format of an employment application makes it difficult for an individual to adequately summarize one's complete background. Use the space below to provide any additional information necessary to describe your full qualifications for the position applied. ATTENTION IT IS YOUR RESPONSIBILITY TO MAKE SURE THE POLICE DEPARTMENT CAN CONTACT YOUR REFERENCES WHEN THE BACKGROUND INVESTIGATION IS ACCOMPLISHED.

APPLICANT'S CERTIFICATION

I understand that, in submitting this application for employment or appointment, I agree to abide by the following terms and conditions :

My appointment or employment will be contingent upon the results of a complete background investigation. Any omission, falsification, omission or misrepresentation may disqualify me as an applicant or cause my dismissal from the Lake Placid Police Department. All statements made by me on this application are true, correct and, complete, to the best of my knowledge.

I consent to a pre-employment 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 Lake Placid Police Department.

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

I understand that this employment application shall become the property of the Lake Placid Police Department. The application and information received in response to the background investigation are public records.

If employed by, or appointed to, the Lake Placid Police Department, I accept and agree to abide by the following conditions:

I will obey and abide by all directives, procedures, rules, regulations and General Orders issued by the Lake Placid Police Department and its official representatives.

In the event that I am eligible for, and accumulate, overtime work hours, the Lake Placid Police Department may, at its option, adjust my work schedule, grant me compensation time or reimburse me monetarily.

Applicants Signature

Date

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

The information requested in this section is needed to satisfy federal equal employment reporting and research requirements. This information is separate from the employment application, is filed separately, and is not used by Lake Placid Police Department in assessing job qualifications. Read each and every Race/Ethnic Identification below and **CIRCLE THE ONE CATEGORY TO WHICH YOU APPEAR TO BELONG - CIRCLE ONLY ONE CATEGORY.**

RACE / ETHNIC CODE	RACE / ETHNIC IDENTIFICATION CATEGORIES
WHITE	All persons having origins in any of the original peoples of Europe, North Africa, the Middle East or India.
BLACK	All persons having origin in any of the Black racial groups.
HISPANIC	All persons of Mexican, Puerto Rico', Cuban, Central or South American or any other Spanish culture or origin.
ASIAN / PACIFIC ISLANDER	All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands.
AMERICAN INDIAN	All persons having origins in any of the original peoples of North America.

COMPLETE THE FOLLOWING INFORMATION:

NAME: _____ SEX: MALE FEMALE
LAST FIRST MIDDLE

DATE OF BIRTH SOCIAL SECURITY NUMBER _____
Month Day Year

How were you referred to the Lake Placid Police Department? Please check me.

- Florida State Employment Service _____
- Newspaper Advertisement _____
- County Employment - Name _____
- Other - Specify _____



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

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: _____

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

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

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 purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.

Pursuant to 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 _____

COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above Instrument of his/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_____.

Notary Public

Personally Known _____ - or - Produced Identification _____

Type of Identification Produce &

LAKE PLACID POLICE DEPARTMENT DOCUMENTS NEEDED TO ACCOMPANY APPLICATION

Applicant Name: _____

- _____ 1. **Certified copy of Birth Certificate**
Must be official birth certificate, not "Birth Certificate" given to mother at hospital with the doctors signature and signature of hospital administrator.
- _____ 2. High School Diploma or Florida approved G.E.D. "Copy"
Transcripts or Diploma. Out-of-State G.E.D. requires transcripts.
- _____ 3. College Degree "Copy" and/or transcripts - copy of degree.
Transcripts must accompany application whether or not a degree has been obtained.
- _____ 4. DD 214 "Copy"
If you have served in the Military, you should have a copy of your military discharge. NO LESS THAN HONORABLE WILL BE ACCEPTED.
- _____ 5. TWO copies of Social Security Card
- _____ 6. Valid Drivers License Copy
Must have a current Florida License at time of hire.
- _____ 7. All Past/Present Marriage License Copies
- _____ 8. All Divorce Judgments (Copy)
- _____ 9. Adoption or legal name change "Copy"
- _____ 10. Naturalization Certificate (if applicable)
- _____ 11. Three (3) Letter of Recommendation
Must be current and must contain return address and phone number. Not immediate family.
- _____ 12. Basic Training Certificate
From CJSTC or from State of Certification (if applicable).
- _____ 13. Include a copy of FDLE exam scores for those certified since 07101/93.

The order of applicant processing is as follows:

	Application
	Pre-screen interview
	Polygraph examination
	Background Investigation
	Urinalysis
	Physical Examination
	Post background Interview if necessary

The documents required herein must be in your Lake Placid Police Department file prior to the background investigation.

CREDIT REPORT

I, _____ APPLICANT, HEREBY AUTHORIZE THE
LAKE PLACID POLICE DEPARTMENT TO PROCURE MY CONSUMER
CREDIT REPORT FOR EMPLOYMENT PURPOSES.

Applicant

DATE: _____

ATTESTMENT OF NON-SERVICE IN THE MILITARY

I, _____, SS# _____
understand that by executing this document I am attesting that I have never served in
the any branch of the Armed Forces of the United States of America.

I also acknowledge that this document is to be considered as an official statement, and
is subject to verification by this agency and/or the Criminal Justice Standards and
Training Commission-

Date

Signature

STATE OF FLORIDA, COUNTY OF _____ The
foregoing instrument was acknowledged before me this _____
(date) by _____ who is personally known to me or who
has produced _____ (type of identification) as
identification and who did (did not) take an oath.

Notary's Signature

Notary's Name

Notary's Title or Rank

Seal

**LAKE PLACID POLICE DEPARTMENT
INSERT BY CONFIDENTIAL EMPLOYEE HISTORY
CONSIDER A PART OF THE EMPLOYMENT APPLICATION**

EXPLANATION OF DRUG QUESTION:

Do you now, or have you possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of similar nature?

This question is sometimes misinterpreted as meaning experimentation does not constitute possession. However, the purpose of the question is to determine if you have ever touched, held, used, or been in contact with narcotics or controlled substances of any nature at any time in your life. If you have ever touched, held, used, or been in contact with narcotics or controlled substances of any nature (not just those included in the examples) at any time in your life, the answer to the question should be yes. Please read your response again and determine if you answered the question truthfully.

Any falsification discovered on the application during the background investigation or polygraph exam will disqualify you from employment.

I hereby acknowledge that I understand the explanation of this question:

This form must be signed prior to your application being processed.

Applicant's signature

Witness

Date

Message from Chief:

Thank you for taking the time to reach this point in our application process. Employees at our department are proud to be a part of an agency that carefully evaluates incoming employees. When you are one day depending on the courage and integrity of a fellow officer in the force you will appreciate that the department took the time to design such extensive applicant screening and insist upon the accuracy and completeness of the information provided herein. We sincerely thank you for your interest in the Lake Placid Police Department and wish you the best in our hiring process.

Chief of Police Phil Williams