

**CITY OF ZEPHYRHILLS**  
**ZEPHYRHILLS POLICE DEPARTMENT**

**LAW ENFORCEMENT OFFICER**  
**EMPLOYMENT APPLICATION FORM**

The Police Department is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, veteran/military status, religion or any other legally protected status. The use of tobacco products, either on the job or off the job, is prohibited.

Our System can not accept any files by email larger than 5MB. You may contact Human Resources if file exceeds limit.

**NOTICE:** The following additional documents need to be attached to this application:

1. A certified copy of birth certificate
2. A certified copy of high school diploma or Florida Police Standards approved G.E.D.
3. A copy of military discharge(s).
4. Documentation for any name changes, i.e., marriage license.

Application Date: \_\_\_\_\_

Position Applying For:

Police Officer

Reserve Officer

**INSTRUCTIONS**

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

**PERSONAL HISTORY**

1. Full Name:

Last Name	First	Middle	Abbr.
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Residence Address
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City	County	State	Zip Code
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Mailing Address (If Different)	City	State	Zip Code
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( Telephone Number (Home)	( (Other)		
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Email Address
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2. List all other names you have used, include circumstances and time periods you used them and documents verifying same. For example: former name(s), alias(es), and/or nicknames(s).

Name	Circumstance	Dates From Mo. / Yr.	Dates To Mo. / Yr.

3. Date and Place of Birth:

Date of Birth	City	County	State	Country (if not the United States)

4. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (See attached Disclosure)

5. Are you a United States citizen?  Yes  No

6. If naturalized, please provide: \_\_\_\_\_

Date	Place
Court	Naturalization No.

7. Do you have or have you ever applied for a passport?  Yes  No

8. If yes, please provide your Passport No.

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9. Martial Status:  Married  Divorced  Separated  Widowed  Never Married

10. Do you have any medical conditions that would prevent you from safely performing the essential functions of a certified law enforcement officer, with or without accommodation?

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## EDUCATION / TRAINING

1.	High School Name/Address	Dates Attended Mo./Yr.		Year 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.		

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

Major \_\_\_\_\_ Minor \_\_\_\_\_

3.	Other Schools (i.e., Trade, Vocational, 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, positions held in school organizations, and any other special recognition you received while attending school:


5. Indicate any foreign languages you

	Fluent	Good	Fair
Speak:			
Read:			
Write:			

6. Indicate law enforcement education/training:


7. Did you receive a certificate for this training?  Yes  No

If so, please provide the Certificate Number: \_\_\_\_\_

8. Describe any special abilities, interests, and hobbies, including your degree of proficiency:


9. Indicate any type of special license, such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

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

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## EMPLOYMENT HISTORY

1. List, chronologically all employment beginning with present employment, including summer and part-time employment while attending school. Please account for all time. If unemployed for a period, indicate dates.

Name & Address of Employer(s)	Dates Worked Mo./Yr.		Salary	Title or Position	Name of Supervisor	Reason for Leaving
	From	To				
Name				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code, Phone No. & email						
Name				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code, Phone No. & email						
Name				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code, Phone No. & email						
Name				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code, Phone No. & email						

2. Have you ever been dismissed or asked to resign from any employment or position with any organization?  Yes  No

3. Have you ever had any disciplinary action taken against you in any employment or position with any organization? (Response to this inquiry should include, but not limited to, discipline in the form of reprimands, suspensions, demotions, probation, placement on a last chance agreement, or any combination of these forms of discipline).  Yes  No

4. Have you resigned, or left a job by mutual agreement?  Yes  No

5. Have you ever been accused of misconduct or unsatisfactory job performance?  Yes  No

6. If yes to question #2, #3, or #4, please provide the following details as to each instance: 1). Employer Name; 2). Employer Address and Phone Number; 3). Name of Immediate Supervisor; and 4). Details of the incident:

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7. Have you ever: (a) applied to; and/or (b) performed paid or unpaid services, for a law enforcement agency not listed as an employer?  Yes  No  
If yes, please provide name of agency and date of application or service.

8. 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 the business and your relationship or position.

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## RESIDENCES

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1. List actual places of residence for the past ten (10) years in chronological order. Include residence while in school and military. Give dormitory name, city and state for college campus residences. If residences in military service cannot be shown as a street address, indicate complete military unit designation and location by city and state. If post office box, give location of Post Office.

Dates Mo./Yr.		Apt. No.	Street Address	City	County	State
From	To					

## ARREST HISTORY/COURT DATA

1. Have you ever been charged or arrested, received a notice to appear or summons to appear for any criminal violation, been charged, been convicted, pled nolo contendere (no contest) or pled guilty to any criminal violation or alleged violation, regardless if the record was sealed or expunged and regardless if adjudication was withheld?  Yes  No
2. Have you ever received a ticket or been charged with a traffic violation (excluding parking tickets)?  Yes  No
3. Has any member of your family ever been arrested for anything other than traffic violations?  Yes  No
4. If yes to questions #1, #2, or #3, list all such matter 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

5. Provide details for each response to questions: #1, #2, or #3.
 

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6. Have you or your spouse ever been a plaintiff or defendant in a court action?  Yes  No
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 (i.e., arrest, job application, military, etc.)?  Yes  No

If yes to questions #6, or #7, please provide details:

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## DRIVING HISTORY

1. Are you a licensed Florida automobile operator or chauffeur?  Yes  No

License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Restrictions: \_\_\_\_\_

2. Do you hold or have you ever held an operator or chauffeur license in another state?  Yes  No

3. If yes, provide state(s), name used and approximate date license(s) was/were held in space proved below.

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4. Have you ever been denied issuance of a license or have you ever has a license suspended or revoked?  Yes  No

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

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## MILITARY HISTORY

1. Have you ever served in the Armed Forces of the United States?  Yes  No

Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Serial #: \_\_\_\_\_ Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

2. Date of discharge: \_\_\_\_\_

3. Have you ever been discharged from the military, a reserve unit or the National Guard with less than honorable status?  Yes  No

4. Have you ever served in the Armed Forces of a foreign country?  Yes  No

If yes, please specify countries and dates.

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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. Would you wish to claim Veteran's Preference for this position?  Yes  No  
If yes, please see City Clerk for proper form to complete.

### PERSONAL REFERENCES & ACQUAINTANCES

**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 three (3) years. If retired, give former occupation.

Complete Name			Home Address _____
Last	First	Middle	City, State, Zip: _____
Yrs. Acquainted	Occupation		Home Phone: (        ) _____
			Business Address: _____
			City, State, Zip: _____
			Business Phone: (        ) _____
			Email: _____
Complete Name			Home Address _____
Last	First	Middle	City, State, Zip: _____
Yrs. Acquainted	Occupation		Home Phone: (        ) _____
			Business Address: _____
			City, State, Zip: _____
			Business Phone: (        ) _____
			Email: _____
Complete Name			Home Address _____
Last	First	Middle	City, State, Zip: _____
Yrs. Acquainted	Occupation		Home Phone: (        ) _____
			Business Address: _____
			City, State, Zip: _____
			Business Phone: (        ) _____
			Email: _____

**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			Home Address _____
			City, State, Zip: _____
Last	First	Middle	Home Phone: (        ) _____
Yrs. Acquainted	Occupation		Business Address: _____
			City, State, Zip: _____
			Business Phone: (        ) _____
			Email: _____
Complete Name			Home Address _____
			City, State, Zip: _____
Last	First	Middle	Home Phone: (        ) _____
Yrs. Acquainted	Occupation		Business Address: _____
			City, State, Zip: _____
			Business Phone: (        ) _____
			Email: _____
Complete Name			Home Address _____
			City, State, Zip: _____
Last	First	Middle	Home Phone: (        ) _____
Yrs. Acquainted	Occupation		Business Address: _____
			City, State, Zip: _____
			Business Phone: (        ) _____
			Email: _____

## ORGANIZATION MEMBERSHIP

1. List all professional, trade businesses or civil activities and offices held:

Organization Name	City & State	Former	Present (list position held & describe activity)

2. Are you now, 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 the organization?  Yes  No

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

6. If yes to questions #2, #3, #4, or #5, explain including name of organization and location:

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### 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 license ever canceled, suspended or revoked?  Yes  No

4. 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.

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### CREDIT DATA

1. Do you have any sources of income other than your salary or the salary of your spouse?  Yes  No  
Specify each with an estimated annual amount.

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2. Are you or your spouse indebted to anyone?  Yes  No

If yes, please list all debts over \$500. Be sure to include student loan and charge accounts. Also, list any debt where payment is **past due**, regardless of amount.

Creditor	Address	Amount	Loan or Account Number

3. Have you, your spouse, or a company controlled by you, filed for bankruptcy?  Yes  No

...Or declared bankruptcy?  Yes  No

...Or had a legal judgment rendered against you for a debt?  Yes  No

4. If yes to any of the questions in #3, please provide details.

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## APPLICANT'S CERTIFICATION

I understand that my 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 Zephyrhills 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 also understand that I may be fingerprinted. I understand that this employment application will become the property of the Zephyrhills 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 Zephyrhills 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 will be contingent upon the results of a complete drug test and that I may be required to take drug tests during the term of my employment or appointment with the Zephyrhills Police Department.

I understand that the use, distribution, possession, manufacture, cultivation, sale or attempt to sell or distribute illegal drugs or controlled substances at any time, whether on or off duty or whether on or off City property is prohibited. I understand that the unauthorized use, distribution, possession, manufacture, cultivation, sale or attempt to sell or distribute prescription medication is prohibited by the City. I understand that the use or possession of, or being under the influence of, alcohol at any time while on duty, driving or riding in a City vehicle, or operating City equipment is prohibited. The use or abuse of alcohol at any time which adversely affects the operations or business of the City is also prohibited.

I understand all government buildings are designated as smoke-free and the designation of any area with a government building as a smoking area is prohibited. Smoking is permitted on the grounds of public government buildings. Smoking is prohibited in City vehicles.

I understand that and agree that my continued employment or appointment may be contingent upon the results of a 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 Zephyrhills Police Department.

I authorize any of the persons or organizations referenced in this application, as well as any other person or entity, to furnish information, personal or otherwise, regarding my character, reputation and ability and fitness for employment with the Zephyrhills 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 Zephyrhills Police Department.

If employed by the Zephyrhills Police Department, I agree to abide by all legal directives from my supervisors, as well as all City and Department policies, practices, procedures, standard operating procedures and general orders, as they may be amended from time to time in the sole discretion of the City and with or without notice to me.

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Applicant Signature (as usually written)

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Date

Witnessed by: \_\_\_\_\_

## EMPLOYEE HISTORY

1. Applicant's Current Address:

**Address**

**City**

**County**

**State**

**Zip Code**

( )

**Telephone Number**

2. Spouse's Name and Address (if different):

**Name**

**Address**

**City**

**County**

**State**

**Zip Code**

3. Children's Names and Ages:

<b>Name</b>	<b>Age</b>	<b>Address (if different)</b>

4. Former Spouse's Name and Address:

**Name**

**Address**

**City**

**County**

**State**

**Zip Code**

5. Are you now able to participate 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 of which you applied?  Yes  No

6. 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 without an accommodation?  Yes  No

7. If no to questions #5 or #6 explain what accommodation(s) you would need to perform these tasks or take the test or examination.

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8. Do you now, or have you used/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?  Yes  No

9. If yes, please complete the following:

a. Drug: \_\_\_\_\_

b. Circumstances: \_\_\_\_\_

c. Number of times used/possessed/supplied/sold: \_\_\_\_\_

d. First time used/possessed/supplied/sold: \_\_\_\_\_

e. Last time used/possessed/supplied/sold: \_\_\_\_\_

10. Do you currently use any narcotic or controlled substance, such as those listed in question #8 or have you used such a narcotic or controlled substance within the last year?  Yes  No

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

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Name

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Address

City

State

Zip Code

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(        )  
Home Phone

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(        )  
Business Phone

:

## **DOCUMENTS TO BE ATTACHED TO APPLICATION**

1. Attach a certified copy of your birth certificate.
2. Attach a certified copy of your high school diploma or Florida Police Standards approved G.E.D.
3. Attach a copy of your military discharge(s).
4. Attach a copy of driver's license.
5. Attach a copy of Social Security Card. (see attached documentation)
6. Attach a certified copy of documentation as to any changes in name from what is reflected on birth certificate, such as marriage license.

## OTHER REQUIREMENTS

When ordered by the Chief of Police, the applicant will be fingerprinted and will submit to complete physical and psychological examinations, if desired.

## REMARKS

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

Incorporated by Reference in Rule 11B-27.0022, F.A.C.

**CJSTC****58**

**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:** \_\_\_\_\_

**AGENCY REQUESTING BACKGROUND INFORMATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. 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 copy 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 copies from my military personnel and related medical records, including a copy 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:

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. **Pursuant to Sections 943.134(2)(a) and (4), 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 \_\_\_\_\_

**OATH**

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of Physical Presence  OR Online Notarization  this \_\_\_\_\_

day of \_\_\_\_\_, year \_\_\_\_\_, By \_\_\_\_\_

Signature of Notary Public – State of Florida \_\_\_\_\_

Print, Type, or Stamp Commissioned name of Notary Public \_\_\_\_\_

Personally Known  OR Produced Identification 

Type of Identification Produced \_\_\_\_\_

## AFFIDAVIT OF APPLICANT

Incorporated by Reference in Rule 11B-27.002, F.A.C.



CJSTC

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Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses

Last Four Digits of Applicant's Social Security Number: \_\_\_\_\_

Applicant's Legal Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Employing agency: \_\_\_\_\_

Use this form to verify your compliance with the employment requirements of Section 943.13, F.S. I fully understand that to qualify for employment as a law enforcement, correctional, or correctional probation officer, I shall comply with the following provisions of Section 943.13, F.S.:

- Be at least 18 years of age for correctional officer or 19 years of age for all others.
- Be a citizen of the United States.
- Be a high school graduate or equivalent.
- Not have been convicted of any felony or of a misdemeanor involving perjury or false statement. Any person who, after July 1, 1981, pleads guilty or nolo contendere to or is found guilty of a felony or of a misdemeanor involving perjury or a false statement

shall not be eligible for employment or appointment as an officer, notwithstanding suspension of a sentence or withholding of adjudication.

- Have been fingerprinted by the employing agency.
- Have passed a physical examination by a licensed medical specialist approved in Rule 11B-27.002(1)(d), F.A.C.
- Be of good moral character.
- Have not received a dishonorable discharge from the U.S. Military.

True   False   NA   In addition, I attest to the following statements: Each statement shall be checked "True" "False" or "NA"

<input type="checkbox"/>	<input type="checkbox"/>	1. I completed my employment application and it is true and correct, and all other information I furnished in conjunction with my application is true and correct.
<input type="checkbox"/>	<input type="checkbox"/>	2. I provided documentation of proof of my qualifications to the above listed employing agency.
<input type="checkbox"/>	<input type="checkbox"/>	3. I meet the qualifications as specified above.
<input type="checkbox"/>	<input type="checkbox"/>	4. I had a criminal record sealed or expunged.
<input type="checkbox"/>	<input type="checkbox"/>	5. I am under investigation by a local, state, or federal agency or entity for criminal, civil, or administrative wrongdoing to the best of my knowledge and belief.
<input type="checkbox"/>	<input type="checkbox"/>	6. I separated or resigned from a previous criminal justice employment while under investigation.
<input type="checkbox"/>	<input type="checkbox"/>	7. I am currently serving in good standing in the U.S. Military.
<input type="checkbox"/>	<input type="checkbox"/>	8. I previously served in the U.S. Military.
<input type="checkbox"/>	<input type="checkbox"/>	9. I received a dishonorable discharge from my previous U.S. Military service.
<input type="checkbox"/>	<input type="checkbox"/>	10. I am currently certified as a Florida criminal justice officer in the following area(s): Please check the appropriate box(es).
<input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Correctional Probation		
<input type="checkbox"/>	<input type="checkbox"/>	11. I authorize the employing agency listed above to apply for my certification. Please check the appropriate box(es).
<input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Correctional Probation		

**NOTICE:** This document shall constitute as an official statement within the purview of Section 837.06, F.S., and is subject to verification by the employing agency and the Criminal Justice Standards and Training Commission. Any intentional omission when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify the officer for employment as an officer.

**PLEASE READ CAREFULLY BEFORE SIGNING.** You must complete the remainder of this affidavit in the presence of a notary public. Upon witnessing your signing of this affidavit, a notary public shall complete the notary block by entering the same date the affidavit is signed. **I hereby certify that to the best of my knowledge and belief, the information that I've entered on this form is true.**

12. \_\_\_\_\_

Applicant's Signature

13. \_\_\_\_\_

Date Signed

## 14. OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of Physical Presence  OR Online Notarization  this \_\_\_\_\_

day of \_\_\_\_\_, year \_\_\_\_\_, By \_\_\_\_\_

Signature of Notary Public – State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known  OR Produced Identification 

Type of Identification Produced \_\_\_\_\_

## **AFFIRMATIVE ACTION VOLUNTARY INFORMATION**

**Completion of information below is voluntary**

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print  
Position(s) applied for: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

### **Referral Source**

Walk-in  Government Employment Agency  Private Employment Agency  
 Employee  Relative  School  
 Advertisement – Source \_\_\_\_\_  Other \_\_\_\_\_

Name of person who referred you (if applicable) \_\_\_\_\_

### **Applicant Information**

Name \_\_\_\_\_ Telephone (      ) \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Male  Female

### **Please check one of the following Equal Employment Opportunity Identification Groups:**

White (not of Hispanic Origin)  Black (not of Hispanic Origin)  Hispanic  
 American Indian/Alaskan Native  Asian/Pacific Islander  Multiracial (having parents of different races)

### **For Administrative Use Only**

Position(s) applied for  Available  Not Available

Other positions considered for \_\_\_\_\_ Hired  Yes  No

Position hired for \_\_\_\_\_

From the EEO job classification listed below, which one best describes the position filled?

Officials and Managers  Sales Worker  Operatives (semi-skilled)  
 Professionals  Office and Clerical Workers  Laborers (unskilled)  
 Technicians  Craft Workers (skilled)  Service Workers

Notes: \_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Revised July 2002

**CITY OF ZEPHYRHILLS**  
**5335 8<sup>th</sup> Street**  
**Zephyrhills, Florida 33542**  
**(813) 780-0000**

**ATTENTION – THIS STATEMENT MUST BE READ**

Please be advised that Florida State Statute regulates the collection and use of your social security number as defined in Chapter 119. This serves as written notification to the collection and purpose thereof:

This office has requested your social security number for the specific purpose and for no other purpose as listed below:

- To process and report wages pursuant to the Social Security Administration Act
- To report income pursuant to the Federal Department of Internal Revenue Service
- To initiate and process applicant or employee background checks to include consumer reports, educational institutions, government agencies, companies, corporations, and credit reporting agencies in compliance with the Fair credit Reporting Act
- For Drug Screening Test Identification
- To process your Employment Benefits

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Applicant's Signature

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Date

# City of Zephyrhills

## Drug-Free Workplace

### Acknowledgement & Testing Consent Form

The City Of Zephyrhills is committed to creating and maintaining a workplace free of substance abuse without jeopardizing the job security of a valued employee. To address this problem, the City of Zephyrhills has developed a policy regarding the illegal use of drugs and the abuse of alcohol that we believe best serves the interest of all employees. My initials below indicate acknowledgement and agreement to the following:

#### **Initial**

I have received a written copy of the city's Drug-Free Workplace Policy

I agree that Lab Corp may collect these specimens for these tests and may test them, if qualified, or forward them to a licensed laboratory designated by the City of Zephyrhills for analysis. I further agree to hereby authorize the release of the test results to the City of Zephyrhills.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I understand that my current or future use of illegal drugs may prohibit me from being employed at the City of Zephyrhills.

The US Constitution Fourth Amendment provides certain protections regarding unreasonable search and seizures. However, I freely and voluntarily consent to the following types of drug-testing for the purposes of determining the drug and/or alcohol content thereof:

Pre-employment: As a part of the new-hire process.

Post Accident: After causing, contributing to, or being involved in a workplace accident.

Random: As a part of an unbiased and periodic testing program.

Fitness for Duty: Applicable if a medical physical is necessary to meet job demands.

I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

#### **APPLICANT**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

#### **WITNESS**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## PERSONAL INQUIRY WAIVER

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I respectfully request and authorize you to furnish to the City of Zephyrhills, information that you have concerning my work record, school record, driving record, military record, and a nationwide criminal background check. This information is to be used to assist the City of Zephyrhills in determining my qualifications for the position I am seeking with the City of Zephyrhills.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested above, and I execute this document of my own free will and accord with full knowledge of the purpose thereof.

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Applicant's Signature

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Date

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Address

STATE OF FLORIDA  
COUNTY OF PASCO

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_,  
by \_\_\_\_\_, who is personally known to me or  
produced \_\_\_\_\_ as identification and who did/did not take an oath.

(SEAL)

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Notary Public

## VETERANS' PREFERENCE CERTIFICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Section 295.07(1), Florida Statutes, provides for Veterans' Preference in employment appointment and retention, if qualified under one of the following categories and not exempt under Section 295.07(4), Florida Statutes. Section 295.09, Florida Statutes, also provides Veterans' Preference for reinstatement, reemployment, and promotion. If you seek Veterans' Preference, please "check" the appropriate box, and provide this form and documentation of your status along with your employment application, no later than the position advertisement closing date.

**I certify that I am qualified to claim Veterans' Preference under the category checked below:**



**(a)** A disabled veteran:

1. Who has served on active duty in any branch of the United States Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veterans Affairs; or
2. Who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the United States Department of Veterans Affairs and the United States Department of Defense.



**(b)** The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.



**(c)** A wartime veteran as defined in s. 1.01(14), who has served at least 1 day during a wartime period. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.



**(d)** The unremarried widow or widower of a veteran who died of a service-connected disability.



**(e)** The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense.



**(f)** A veteran as defined in s. 1.01(14), F.S. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.



**(g)** A current member of any reserve component of the United States Armed Forces or the Florida National Guard. If so, please attach FDVA form VP2, signed by your immediate military supervisor, to document your status.

Please submit this certification with your application, or as soon as possible, prior to the date that the position advertisement closes. **In order to receive Veterans' Preference and to complete your application, this form and documentation to prove your status must be returned to the Human Resources ("HR") office in accordance with Rule 55A-7.013, Florida Administrative Code.** Please contact HR at \_\_\_\_\_@\_\_\_\_\_ or \_\_\_\_\_, if you have any questions.

This statement is true to the best of my knowledge and belief.

By \_\_\_\_\_

Printed Name \_\_\_\_\_

**Certification of Current Member of  
Reserve Component of the United States Armed Forces  
or The Florida National Guard**

To be completed by your IMMEDIATE MILITARY SUPERVISOR:

I certify that \_\_\_\_\_ is a current member of  
\_\_\_\_\_ (branch) Reserve Component of the United States Armed  
Forces or The Florida National Guard (circle one) and is in "Honorable" standing as of this date.

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Signature of Immediate Military Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

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Supervisor's Printed Name and Rank

Date: \_\_\_\_\_

To be completed by APPLICANT:

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**Military Supervisor's Telephone Number**

**To be completed by APPLICANT:**

Section 295.07(1)(g), Florida Statutes, provides for Veterans' Preference in appointment and retention for a Current member of any Reserve Component of the United States Armed Forces or The Florida National Guard, serving honorably.

In order to receive Veterans' Preference in employment appointment and retention, this form documenting my current service must be returned to the Human Resources office along with Veterans' Preference Certification, FDVA form VP-1, in order to complete the application packet.

I certify that I am a Current member of \_\_\_\_\_, honorably serving, that I intend to continue my military service, and that the following information is accurate:

**Address:** \_\_\_\_\_

Home/mobile telephone(s): \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

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**Signature of Current Member**

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Printed name



## Certification of Unremarried Widow or Widower

Section 295.07(1)(d), Florida Statutes, provides Veterans' Preference in appointment and retention for an unremarried widow or widower of a Veteran who died of a service-connected disability and

Section 295.07(1)(e), Florida Statutes, provides Veterans' Preference in appointment and retention for an unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions.

In order to receive Veterans' Preference in employment appointment and retention, this form documenting the fact that I have not remarried, must be returned to the Human Resources office along with Veterans' Preference Certification, FDVA form VP-1, in order to complete the application packet.

**To be completed by Unremarried Widow or Widower:**

I certify that I, \_\_\_\_\_, was married to \_\_\_\_\_,  
a member of \_\_\_\_\_ (branch) of the United States Armed Forces.

I further certify that I have not remarried since the date of his/her death.

\_\_\_\_\_  
**Signature of Widow or Widower** \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Home/mobile telephone(s): \_\_\_\_\_

Address: \_\_\_\_\_

**Witness:** \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Address: \_\_\_\_\_