



LEE COUNTY PORT AUTHORITY

Police Department

11000 Terminal Access Road, Suite 8671, Fort Myers, Florida 33913 | 239-590-4810

Applicant Background Questionnaire Officer Position

Instructions

All candidates must personally complete this background questionnaire. Although you may be under consideration for a position by a law enforcement agency and may have completed their application package, you must still complete this and all of the Lee County Port Authority Police Department's (LCPAPD) paperwork.

The submission of this background questionnaire implies you are authorizing the LCPAPD to contact and investigate any and all sources of information for the purpose of obtaining facts regarding your qualifications for the position being filled.

The information you are required to provide must be true, accurate, complete and without omission of any kind. Failure to maintain these standards, for any reason, may result in your not being selected for the position, or other sanctions may be indicated.

- Read all instructions carefully before you begin completing the questionnaire.
- Print all entries clearly in BLACK or BLUE ink only.
- Answer every question and do not leave any areas blank.
- If a question does not apply to you, indicate with "N/A."
- If more space is needed than is available in the explanation section, use the Add-In Sheet that is provided at the end of the package, which may be copied.
- Complete addresses are required, including city, state and zip codes.
- Complete telephone numbers are required, including area codes.
- You may use common acceptable abbreviations such as St., Ave., Sr. and Jr.
- DO NOT SIGN ANY FORMS REQUIRING NOTARIZATION IN ADVANCE! All affirmations must be signed and EXECUTED in front of a Notary Public.
- All required documents are due at the time you submit your package.
- If you do not understand a question, do not try to answer it. Seek guidance from a LCPAPD background investigator by calling 239-590-4810.
- If you answered "Yes" to any question, then write the question number, along with your explanation, in the space provided or on the Add-In Sheet.



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PERSONAL INFORMATION

Last Name		First Name		Full Middle Name	
Alias, Maiden, Nicknames, any other names used					
Physical Street Address				City, State, Zip Code	
Mailing Address (only if different)					
Telephones: Residence		Work	Cell	Other	
List all Email Accounts					
List all social networking web pages (Facebook, Twitter, etc.)					
Scars/Marks/Tattoos/Piercings				Weight:	
Social Security #		DOB	Gender	Driver's License	
Class	Restrictions	Other states (DL was issued in)		Other names (DL was issued in)	
U.S. Citizen?	Naturalized U.S. Citizen?		Naturalization Certificate #		Date
Port of Entry				Date	

- 1. Have you ever applied to, been denied entry to, or failed to complete a basic law enforcement recruit training class?
- 2. Have you ever applied to or been denied employment with a law enforcement agency?
- 3. Have you ever been released, fired, or terminated from a law enforcement agency for any reason?
- 4. Have you ever been disciplined by the Police Standards and Training of any state? If yes, provide documentation.
- 5. Have you ever been the subject of, or witness in, an Internal Affairs Investigation, civilian complaint investigation, or any other type of administrative investigation?
- 6. Have you ever lied under oath, or made false affirmation?
- 7. Have you ever been associated with any gang or organization that engages in violence in order to accomplish its objectives?
- 8. Have you ever been associated with any group that advocates the overthrow of the Federal or State government through the use of force?
- 9. Have you ever failed or refused to cooperate in any official matter?

PERSONAL INFORMATION EXPLANATION

(Copy and use Add-In Sheet if more space is necessary)

HOUSEHOLD INFORMATION

List all adult persons, other than your spouse and children (under the age of 18), who live with you at your current home address. Use Add-In Sheet if more space is necessary.

1. Name (Last, First, Middle)	Relationship to You
Complete Mailing Address	Complete Telephone Number
2. Name (Last, First, Middle)	Relationship to You
Complete Mailing Address	Complete Telephone Number
3. Name (Last, First, Middle)	Relationship to You
Complete Mailing Address	Complete Telephone Number
4. Name (Last, First, Middle)	Relationship to You
Complete Mailing Address	Complete Telephone Number

MARITAL INFORMATION

* If you are single and have never been married, mark the appropriate box, answer the child support questions and proceed to the next section.

* Provide court documents for any divorce and child custody/alimony decrees.

Single Married Widowed Separated Annulled Divorced

Full name of spouse			
Maiden name of spouse			
Other names used by spouse			
DOB	Place of birth		
Date Married	Place Married (City, County, State, Country)		
Spouse's Employer			
Work Phone	Occupation	How long employed	
Current address of spouse if living apart			
Home Phone	Cell Phone		

DIVORCE, SEPARATION OR ANNULMENT

Full name of ex-spouse			
Address			
Jurisdiction of Divorce (city, county and state)			
Case Number	Date of filing	Date final	
Full name of ex-spouse			
Address			
Jurisdiction of Divorce (city, county and state)			
Case Number	Date of filing	Date final	

CHILDREN

Name of child		DOB		Name of child		DOB	
Name of child		DOB		Name of child		DOB	
Name of child		DOB		Name of child		DOB	
Name of child		DOB		Name of child		DOB	

CHILD SUPPORT

1. Do you have a child support obligation?
2. Is your child support current?
3. Have you ever been held in contempt of court?

MARITAL INFORMATION EXPLANATION

(Copy and use Add-In Sheet if more space is necessary)

RESIDENTIAL HISTORY

* Beginning with the most recent and working backward, list ALL residences you have had during the past ten (10) years. Include all foreign and military residences for all periods of time to produce an unbroken chain.

* Provide identifying information on ALL roommates you have lived with for more than three (3) months.

1. From To Own or Rent

Street Address			
City, County, State and Zip Code			
Landlord	<input type="text"/>	Street Address, City, State Zip Code	<input type="text"/>
Roommate?	<input type="text"/>	If so, who?	<input type="text"/>

2. From To Own or Rent

Street Address			
City, County, State and Zip Code			
Landlord	<input type="text"/>	Street Address, City, State Zip Code	<input type="text"/>
Roommate?	<input type="text"/>	If so, who?	<input type="text"/>

3. From To Own or Rent

Street Address			
City, County, State and Zip Code			
Landlord	<input type="text"/>	Street Address, City, State Zip Code	<input type="text"/>
Roommate?	<input type="text"/>	If so, who?	<input type="text"/>

4. From To Own or Rent

Street Address			
City, County, State and Zip Code			
Landlord	<input type="text"/>	Street Address, City, State Zip Code	<input type="text"/>
Roommate?	<input type="text"/>	If so, who?	<input type="text"/>

OTHER AGENCY APPLICATIONS

Have you ever applied for a job with a federal, state or local law enforcement agency?

* If yes, list every agency, starting with the most recent, providing complete addresses.

* All agencies must be listed regardless of the outcome of current status.

* Use Add-In sheet (last page), if more space is needed.

1. Agency Name		Application Date	
Street, City, State, Zip		Position	
Background Investigator's Name/Phone Number			
Your status			

2. Agency Name		Application Date	
Street, City, State, Zip		Position	
Background Investigator's Name/Phone Number			
Your status			

3. Agency Name		Application Date	
Street, City, State, Zip		Position	
Background Investigator's Name/Phone Number			
Your status			

4. Agency Name		Application Date	
Street, City, State, Zip		Position	
Background Investigator's Name/Phone Number			
Your status			

CRIMINAL HISTORY

* For the purpose of criminal justice employment, an arrest or conviction, sealed or expunged in any jurisdiction, may not be denied under Florida law. You must provide court documents and law enforcement reports when responding "Yes" to any question that involves the police, the courts or the prosecutor's office.

1. In your lifetime, have you ever been arrested, received a notice to appear, been charged, convicted, pled nolo contendere, or pled guilty to any criminal violation, regardless of whether the record was sealed or expunged?
2. In your lifetime, have you ever had a criminal prosecution plea bargained, nolle prosequi, prosecution deferred or charges dropped?
3. In your lifetime, have you ever served community service, pretrial diversion or probation in lieu of a criminal conviction?
4. Do you have any criminal wants, warrants, or court processes of any other type pending?
5. In your lifetime, has a law enforcement agency ever been called to any activity in which you were present, involved or a participant?
6. In your lifetime, have you ever been involved in, or present during any incident that involved the use of any item as a weapon including, but not limited to, a firearm, bat, rock or bottle?
7. Are you currently living with, or associated with any individual who has a history of criminal behavior and/or arrests?

Name	Relationship	Criminal Activity, City, County, and State of criminal acts, dates, etc.

8. In your lifetime, have you ever been involved in any of the following criminal acts?

	Statute	Violation	Yes	No
a	F.S. 409	Welfare Fraud	<input type="checkbox"/>	<input type="checkbox"/>
b	F.S. 784	Stalking	<input type="checkbox"/>	<input type="checkbox"/>
c	F.S. 720	Possession/Sale of a Firearm with altered serial number	<input type="checkbox"/>	<input type="checkbox"/>
d	F.S. 796	Prostitution of Lewdness	<input type="checkbox"/>	<input type="checkbox"/>
e	F.S. 800	Unnatural or Lascivious Act	<input type="checkbox"/>	<input type="checkbox"/>
f	F.S. 800	Exposure of Sexual Organs	<input type="checkbox"/>	<input type="checkbox"/>
g	F.S. 806	False Report of a Fire	<input type="checkbox"/>	<input type="checkbox"/>
h	F.S. 817	False Report of a Crime	<input type="checkbox"/>	<input type="checkbox"/>
i	F.S. 817	Sale of Counterfeit Controlled Substance(s)	<input type="checkbox"/>	<input type="checkbox"/>
j	F.S. 817	Fraudulent Drug Test	<input type="checkbox"/>	<input type="checkbox"/>
k	F.S. 817	Child Abuse, Neglect, Delinquency or Dependence	<input type="checkbox"/>	<input type="checkbox"/>
l	F.S. 827	Prescription Fraud	<input type="checkbox"/>	<input type="checkbox"/>
m	F.S. 831	Manufacture of a Counterfeit Controlled Substance(s)	<input type="checkbox"/>	<input type="checkbox"/>
n	F.S. 837	Perjury not in an Official Proceeding	<input type="checkbox"/>	<input type="checkbox"/>
o	F.S. 812	Retail Theft	<input type="checkbox"/>	<input type="checkbox"/>
p	F.S. 837	False Report to Law Enforcement Officer	<input type="checkbox"/>	<input type="checkbox"/>
q	F.S. 837	False Official Statement	<input type="checkbox"/>	<input type="checkbox"/>
r	F.S. 843	Resisting an Officer	<input type="checkbox"/>	<input type="checkbox"/>
s	F.S. 843	Obstruction by Disguise	<input type="checkbox"/>	<input type="checkbox"/>
t	F.S. 843	Refusal to Aid A Law Enforcement Officer	<input type="checkbox"/>	<input type="checkbox"/>
u	F.S. 847	Pornography and Related Offenses	<input type="checkbox"/>	<input type="checkbox"/>
v	F.S. 843	Impersonating a Police Officer	<input type="checkbox"/>	<input type="checkbox"/>
w	F.S. 914	Witness Tampering	<input type="checkbox"/>	<input type="checkbox"/>
x	F.S. 893	Possession/Sale/Delivery of a Controlled Substance	<input type="checkbox"/>	<input type="checkbox"/>
y	F.S. 741	Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>
z	F.S. 832	Passing Bad or Worthless Check/Credit Card	<input type="checkbox"/>	<input type="checkbox"/>
aa	F.S. 831	Uttering/Forgery	<input type="checkbox"/>	<input type="checkbox"/>
bb	F.S. 784	Violation of an Injunction for Protection	<input type="checkbox"/>	<input type="checkbox"/>
cc	F.S. 794	Sexual Battery	<input type="checkbox"/>	<input type="checkbox"/>

9. In your lifetime, have you ever been the subject of a field interview by a police officer? A field interview occurs when you are stopped for some reason and interrogated to determine why and what you are doing.
10. In your lifetime, have you ever been interviewed or interrogated by a law enforcement officer as a suspect in an investigation of any type?
11. In your lifetime, have you ever been arrested for Battery or Domestic Violence?
12. In your lifetime, have you ever been charged with, or convicted of, Domestic Violence/Battery?
13. In your lifetime, have you ever physically abused another person?
14. In your lifetime, have you ever taken a polygraph examination?
15. In your lifetime, have you ever committed perjury or made a false statement or affirmation of any type?
16. In your lifetime, have you ever sexually abused a child, or any other person?
17. Have you ever stolen anything in your life?
18. Is there anything in your background that would embarrass any employing agency?
19. Have you ever committed any serious undetected crimes?
20. Are you withholding any information about your involvement in a serious undetected crime?

CRIMINAL HISTORY EXPLANATION

(Copy and use Add-In Sheet if more space is necessary)

SUBSTANCE USE

1. Have you possessed any illegal or controlled substance(s) within the past two years?
2. In your lifetime, have you ever possessed, used, purchased, sold, or delivered what you knew, or believed to be any of the following substances?

Statute	Violation	Yes	No
Cannabis/Marijuana	Hashish, Hash, THC, DIG, Weed, Grass, Green Bud, Sinne, Sinsemillia, Gold, Jamaican, Gainesville Green, Greenbud, Rosemary, Stick, Colombian, Tai, Spice	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	Black, Tar, Smack, Codeine, Boy, Methadone, Horse	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	Coke, Blow, Snow, Powder, Flake, Rock, Girl, White, Roxanne, Bolo, Crack, Cookie Weasel, C, Stardust	<input type="checkbox"/>	<input type="checkbox"/>
LSD	Acid, Suga, Dot, Microdot, Blotter, Blotter Acid, Big D, Cubes, Trips, Rainbow, Sparkle	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP, PCPY, PEC, Angel Dust, Dust	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine Mushrooms	Tea, Shrooms, Bull	<input type="checkbox"/>	<input type="checkbox"/>

Methaqualone	Ludes, 747's, Lemons, Quaaludes, Captain, Quaalude	<input type="checkbox"/>	<input type="checkbox"/>
Hydromorphone	Dilaudid, D, Big D	<input type="checkbox"/>	<input type="checkbox"/>
Diazepam	Valium	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	Percodan, Percocet	<input type="checkbox"/>	<input type="checkbox"/>
Rohyphnol	Roofies	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine	Special K, K	<input type="checkbox"/>	<input type="checkbox"/>
Methylenedioxy-methamphetamine	Ecstasy, MDMA, MDA	<input type="checkbox"/>	<input type="checkbox"/>
Gamma-Hydroxy Butyrate	GHB, Super-G, Liquid-G, Liquid Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturate	Goofballs, Goofies, Goofers, Barbs, Yellows, Yellow Jackets, Blues, Bluebirds, Reds, Red Devils, Tues, Rainbows, Tuinal, Butbarbital, Phenobarbital, Nembutal, Seconal, or Mytal	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine/ Methamphetamine Biphphetamine	Bennies, Dixies, Speed, Wake-ups, UPS, Pep Pills, Meth, Crystal, Crystal Meth, Benzedrine, Dexe, Drine, Dexedrine, Desoxyn, Medrine, Phen-Di-Metrzine	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous Other Substances	Nitrous, Oxide, Blue, Gasoline, Freon, Pam, Whippets, or any other inhalants/ propellants, i.e. Whipped Cream	<input type="checkbox"/>	<input type="checkbox"/>
Designer Drugs by Other Names	ICE, GHB, GBL, NEXUS, FANTS-I, EVE, Double Stack, PMA, DXM, CAT, YABA, China White	<input type="checkbox"/>	<input type="checkbox"/>
Steroids	Anabolic, Androgenic, Testosterone, Roids, Juice	<input type="checkbox"/>	<input type="checkbox"/>
Antihistamines or other over-the-counter medica- tions except as directed for symptoms of illness	Nitrous, Oxide, Blue, Gasoline, Freon, Pam, Whippets, or any other inhalants/ propellants, i.e. Whipped Cream	<input type="checkbox"/>	<input type="checkbox"/>

3. In your lifetime, have you ever possessed or used any steroids or performance-enhancing drugs other than by prescription from a licensed physician?

4. In your lifetime, have you ever possessed or used what you thought any other controlled substance, prescriptions, or illegal drug not identified above?

5. In your lifetime, have you ever used a prescription medication that as not prescribed for you? If yes:

Name of Medication	Last Time Used

6. On average, how many alcoholic drinks do you consume in a week?
On average, how many alcoholic drinks do you consume in a month?

SUBSTANCE USE EXPLANATION

(Copy and use Add-In Sheet if more space is necessary)

TRAFFIC CRASH HISTORY

If you have ever been involved in a traffic accident, list all the dates of the incident and the location (city, county, state). Indicate whether or not there were injuries (I) or deaths (D), and if you were determined to be at fault (AF), or not at fault (NAF). The determination of fault is not your opinion, but that of the law enforcement agency investigating the traffic crash. If found at fault, provide additional information in the Driving Explanation below.

Date	Location	Injury/Death	Disposition (AF or NAF)

DRIVING EXPLANATION

(Copy and use Add-In Sheet if more space is necessary)

EDUCATION HISTORY

1. Were you ever suspended from school?

2. Do you read, write or understand any foreign language?
If yes, what language(s)?

3. Can you operate a computer?

4. Are you currently enrolled in school?

Check the highest level of education you have completed?

HIGH SCHOOL

Diploma

GED

COLLEGE

Associate's

Bachelor's

Master's

Doctorate

EDUCATIONAL INSTITUTIONS ATTENDED

* List all educational institutions you have attended.

* Begin with the most recent and work backward to include high school.

Dates Attended	Certificate or Degree	School Name	Address	GPA

EMPLOYMENT HISTORY

- * Beginning with the most recent or current employment, list all jobs for the last ten (10) years, providing an unbroken time line.
- * List ALL work whether military, paid or volunteer.
- * Explain the reasons for any separation from employment, including any firing, termination, retirement, voluntary or involuntary separation, extended leave or leave of absence from any paid or non-paid position.
- * Note: For Criminal Justice employers (Law Enforcement, Corrections, or Probation) you must provide the name of the Agency Head and your immediate supervisor.
- * If you have ever been disciplined, counseled, or the subject of a complaint while employed, provide an explanation in the Employment Explanation Section.

1. From To Full- or Part-Time

Employer		Job Title		Phone #	
Street, City, County, State and Zip Code					
Duties		Agency Head		Supervisor	
Reason for Leaving					
Were you ever disciplined, counseled, or the subject of a complaint, officially or unofficially, while employed?					

2. From To Full- or Part-Time

Employer		Job Title		Phone #	
Street, City, County, State and Zip Code					
Duties		Agency Head		Supervisor	
Reason for Leaving					
Were you ever disciplined, counseled, or the subject of a complaint, officially or unofficially, while employed?					

3. From To Full- or Part-Time

Employer		Job Title		Phone #	
Street, City, County, State and Zip Code					
Duties		Agency Head		Supervisor	
Reason for Leaving					
Were you ever disciplined, counseled, or the subject of a complaint, officially or unofficially, while employed?					

4. From To Full- or Part-Time

Employer		Job Title		Phone #	
Street, City, County, State and Zip Code					
Duties		Agency Head		Supervisor	
Reason for Leaving					
Were you ever disciplined, counseled, or the subject of a complaint, officially or unofficially, while employed?					

5. From To Full- or Part-Time

Employer		Job Title		Phone #	
Street, City, County, State and Zip Code					
Duties		Agency Head		Supervisor	
Reason for Leaving					
Were you ever disciplined, counseled, or the subject of a complaint, officially or unofficially, while employed?					

6. From To Full- or Part-Time

Employer	<input type="text"/>	Job Title	<input type="text"/>	Phone #	<input type="text"/>
Street, City, County, State and Zip Code					
Duties	<input type="text"/>	Agency Head	<input type="text"/>	Supervisor	<input type="text"/>
Reason for Leaving					
Were you ever disciplined, counseled, or the subject of a complaint, officially or unofficially, while employed?					

- 1. Were you ever disciplined, counseled, or the subject of a complaint, officially or unofficially, while employed?
- 2. While employed, did you ever have a problem with a co-worker?
- 3. Have you ever had an accident of any type (with or without injury)?
- 4. Have you ever been fired, asked to resign, or have you resigned to avoid being disciplined by an employer?
- 5. Have you ever received a sustained disciplinary or a sustained sexual harassment complaint while employed?
- 6. Were you ever employed by the government of any foreign nation?

EMPLOYMENT EXPLANATION

(Copy and use Add-In Sheet if more space is necessary)

LICENSING HISTORY

- 1. Have you ever been issued a state license or permit of any kind?
- 2. Have you ever been denied any license or permit?

LICENSING EXPLANATION

(Copy and use Add-In Sheet if more space is necessary)

MILITARY SERVICE HISTORY

- 1. Have you ever applied for or served in the Armed Forces of any nation?

If so, for whom, where, and in what branch of the Armed Forces have you served?

2. Are you on active duty or stand-by at this time?
3. Were you ever tried, punished, reprimanded, the subject of a Non-Judicial Punishment, Article 15, Code of Military Justice, Captain's Mast, Court Martial, counseled, fined or reduced in rank for an infraction of any rule, regulation, order, procedure, or violation of law, no matter what type or style or jurisdiction, while in the Armed Forces?
4. If you have served in the Armed Forces, have you received a discharge other than an Honorable Discharge?
5. Has your separation or discharge ever been amended or changed?
6. Have you ever served in the Armed Forces of another country?
7. Has your separation or discharge ever been amended or changed?
- If so, the date and location of registration?
- Your Selective Service Number:

PERSONAL REFERENCES

- * Candidates are required to provide three (3) personal references.
- * List individuals you have known for at least (5) five years.
- * Do not list relative, neighbors or former employees.

1. Name			
Occupation			Years Known
Complete Business Address			
Work Phone		Home or Cell Phone	

2. Name			
Occupation			Years Known
Complete Business Address			
Work Phone		Home or Cell Phone	

3. Name			
Occupation			Years Known
Complete Business Address			
Work Phone		Home or Cell Phone	



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State of Florida
County of Lee

Background Affirmation

I, _____ **do hereby swear or affirm** that all the information I have provided in this Application Background Questionnaire is true, correct and complete.

Furthermore, I swear or affirm that it contains no omissions, misrepresentations, inaccuracies, mis-truths or errors of any kind.

I understand that to make a False Affirmation is a violation of Florida State Statute 837.012, and could subject me to criminal prosecution. I also recognize that any False Affirmation made by me is a violation of the Florida Administrative Code, Rule 11B-27, and could place me in violation of the Moral Character requirements for future certification as a law enforcement officer in the State of Florida.

Furthermore, I understand and agree that any omission, inaccuracy, mis-truth, misrepresentation, or incomplete information provided by me may result in my immediate suspension from further processing, and not being selected for the employment position being sought.

I agree to hold harmless the Director and the entire staff of the Lee County Port Authority Police Department and its staff, from any liability for any torts or claims arising out of the course of my background screening with the LCPAPD.

Signature of Applicant

Applicant's Printed Name

The foregoing instrument was acknowledged before me this _____ day, of _____ 20_____
by _____, who is known to me, or has provided _____
as identification.

Signature of Notary



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Add-In Sheet

Place Add-In Sheet(s) in front of the Background Affirmation Form, filed in order by section.