



Police Officer

Minimum Requirements for Employment:

- 1) Be at least 19 years of age.
- 2) Be a citizen of the United States.
- 3) Be a high school graduate or equivalent.
- 4) Not have been convicted of a felony or a misdemeanor that involves perjury or a false statement.
- 5) Not have pled guilty or nolo contendere after July 1, 1981, to a felony or a misdemeanor that involves perjury or a false statement, whether or not adjudication was withheld or sentence suspended.
- 6) Not have received a dishonorable discharge from any of the Armed Forces of the United States.
- 7) Have been fingerprinted and processed by the FDLE and FBI.
- 8) Have passed a physical examination by a licensed physician, to include drug screen.
- 9) Have good moral character as determined by a background investigation.
- 10) Successfully passed a psychological evaluation
- 11) Successfully passed a computer voice stress analysis evaluation
- 12) No more than 3 moving traffic violations within a 5 year period
- 13) Visual ability must fall within normal ranges regarding color distinction and dept perception
Vision correctable to 20/20
- 14) Complete commission-approved basic recruit training.
- 15) Achieve an acceptable score on the Officer Certification exam.
- 16) Comply with continuing training or education requirements.

Minimum Requirements for Maintaining Employment:

- 1) **Complied with mandatory retraining for continuing training or education requirements.**
- 2) **Maintain good moral character status.**
- 3) **Maintain proficiency requirements as identified by the department.**
- 4) **Not have been convicted of any felony or of a misdemeanor involving perjury or false statement.**

Annual Salary Range: \$30,000 - \$45,015

Special Requirements: Applicant must reside within a 23 mile radius from the Quincy Police Department, and possess an Operators/Class "E", State of Florida driver's license at the time of appointment.

Work Schedule: Patrol officers work 10-hour work days and work schedule consist of 4 days on, 3 days off. Special Assignment officers work 8 hour work days and work schedule consist of 5 days on and 2 days off.

Benefits: In addition to the City benefit package, sworn personnel are eligible for uniforms, educational assistance, and salary incentives set forth by the Florida Department of Law Enforcement.

To apply for this position please do the following:

1. Download the City application in (PDF) or (Word) or stop by the Quincy Police Department and pick up an application.
2. Download the Personal History Statement in PDF format or stop by the Quincy Police Department and pick up a Personal History Statement.
3. Completely fill out the Application and Personal History Statement. Note: **Failure to sign or notarize application will void application process.**
4. Birth certificate - a copy of the document must be from the Bureau of Vital Statistics from the state of your birth.
5. Social Security Card - a photocopy of your card.
6. Driver's license - a photocopy of your current driver's license (front and back of driver's license if renewal information is located on the back).
7. Proof of name change (if applicable), (divorce decree).
8. A certified College Transcript reflecting a degree received from an accredited college of university. Official transcripts may be sent directly from the College or may be included with your application in a tamper evident envelope sealed by the College.
9. Download and complete the Florida Department of Law Enforcement Information Wavier. http://www.fdle.state.fl.us/cjst/rules_and_forms/forms/CJSTC-058-5-6-04.pdf
10. Driver's record - a recent copy of your 5 - year driver's history transcript from every state (except Florida) in which you have held a valid driver's license.
11. Military Record - DD214 reflecting character of service for each tour of active duty.
12. Naturalization Papers (if applicable) - **Federal Law prohibits copy of naturalization papers. The actual papers must be presented at the time of application.**
13. Then mail the information to the address listed below:

Quincy Police Department
ATTN: Human Resources
404 West Jefferson Street
Quincy, Florida 32351

NOTE: DO NOT return the above documents until application is completed. The application must be completed in ink or typed. If the question does not apply to you, then write "N/A" in the blank. Many applicants fail to complete the required forms or to bring proper documents such as birth certificates, diplomas, or other support documents. Therefore, in order to give every applicant the best opportunity for employment, a preliminary background investigation will not begin on an applicant until all forms and documents are returned to the Police Department's Personnel and Training section. Applications not containing all documents will be treated as incomplete and will not be processed.

SELECTION PROCESS - POLICE OFFICER

1. Review of application to insure that all minimum requirements are met
2. Review of Criminal, Driving, Military and Credit History
3. Background Investigation
4. CVSA Examination
5. Oral Board Interview
6. Medical examination & Drug Screening
7. Psychological Interview and Evaluation (MMPI/CPI included)



CITY OF QUINCY
 An Equal Opportunity Employer
 404 West Jefferson Street - Quincy, Florida 32351
 (850) 618-0030 ext 6680

POLICE DEPARTMENT EMPLOYMENT HISTORY STATEMENT

PLEASE TYPE OR PRINT CLEARLY

Separate application for each position; Faxed copies accepted through closing date. Hard copy must follow and be postmarked no later than the position's closing date.

OFFICIAL USE ONLY
Position Applied For:
Date Received:
Applicant Tracking Code:
Closing Date:

CURRENT PERSONAL DATA

Position Applying For: _____ Date: _____

Last Name: _____ First Name: _____

Middle Name: _____ Social Security: _____ Date of Birth: _____

Do you have a valid driver's license? (If applicable) Yes No Driver's License #: _____ State: _____

Mailing Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

Home Phone #: (Include Area Code) _____ Work Phone #: (Include Area Code) _____

Do you have any relatives employed by the City of Quincy? Yes No If yes, please name: _____

Have you ever worked for the City of Quincy? Yes No Position/Department: _____ Dates of Employment: _____

Race: _____ Have you ever had your name changed? (example; marriage) Yes No

Gender: _____ 1. Previous Name(s): _____

2. Date and location of change: _____

3. Reason for change: _____

EDUCATION

Your name if different while attending school: _____

High School: _____ Address: _____

Phone #: (Include Area Code) _____ Received: Diploma GED Certificate None

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (Transcripts may be required)

Name of School	Location	Dates of Attendance	Major/Minor Course of Study	Degree Earned

JOB-RELATED TRAINING OR COURSE WORK: (Vocational, Trade, Governmental, Business, Armed Forces, etc.)

Name of School	Location	Dates of Attendance	Major/Minor Course of Study	Degree Earned

List any special skills, knowledge, or abilities that you possess which may be relevant to the position applied for. For example; list equipment operation abilities, bilingual ability, knowledge of computer hardware/software, typing or shorthand, etc. (Used separate sheet if necessary):

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

Training or Specialized Skills

List training or certifications you possess and believe relevant to the position you seek, such as fingerprint classification, narcotics investigation, computer skills, fluency in languages(s) etc. * Attach additional sheets if necessary

Training Type	Date	Experience in Years

CRIMINAL HISTORY INFORMATION

1) Have you ever unlawfully sold, delivered, manufactured, smuggled, trafficked in, or possessed illegal substances or drug paraphernalia? Yes No If yes, when and how often? _____

2) Are you currently engaged in or have you ever engaged in the unlawful use of illegal substances? Yes No If yes, when and how often? _____

3) Have you ever committed a crime, whether arrested or not, that would constitute a felony or first degree misdemeanor? Yes No If yes, what crime (s) did you commit and when? _____

NOTE: Information contained in sealed or expunged records is not exempt for Law Enforcement applicants pursuant to F.S. 119.07. However, some exemptions do apply specifically to law enforcement personnel records.

Have you ever been arrested, detained by Law Enforcement authorities, received a notice to appear, charged, convicted, pled Nolo Contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? Yes No If yes, list below. A misdemeanor arrest or conviction will not necessarily disqualify you from employment.

CHARGE	DATE	DISPOSITION	AGENCY

Have you ever received a domestic violence injunction? Yes No If yes, What jurisdiction?

Note: If you are arrested, detained, cited by a Law Enforcement Agency while undergoing process, it is your responsibility to notify this department. Your failure to do so will result in suspension of your application.

If you are not sure or do not remember what happened in a criminal case(s), contact the appropriate county, state, or federal agency so that you can report accurate information on your criminal history.

Law Enforcement Education/Experience

Law Enforcement Academy _____

Address _____
(Number) (Street) (City) (State) (Zip Code)

Phone Number (____) _____

Certificate Received Yes No Certificate Number _____

Date Certified _____ State _____

If not presently working as a Law Enforcement Officer, date last worked as a certified Law Enforcement Officer
Date _____ State _____

Number of years and months experience as a Law Enforcement Officer:
Years _____ Months _____

Have you ever applied to the Quincy Police Department? Yes No

Have you ever applied to another Law Enforcement Agency? Yes No If yes, what agency? (List below)

Agency Name _____

Address _____
(number) (Street) (City) (State) (Zip Code)

Date Applied ____/____/____/ Status of Application _____

Agency Name _____

Address _____
(number) (Street) (City) (State) (Zip Code)

Date Applied ____/____/____/ Status of Application _____

Agency Name _____

Address _____
(number) (Street) (City) (State) (Zip Code)

Date Applied ____/____/____/ Status of Application _____

Agency Name _____

Address _____
(number) (Street) (City) (State) (Zip Code)

Date Applied ____/____/____/ Status of Application _____

Have you ever been involved in an internal investigation while assigned to any of the above agencies? Yes No

If yes, list circumstances below. _____

* Attach additional sheets if necessary

References

Provide three (3) references (not relatives, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as heads of households, property owners, business or professional men or women, neighbors, who have known you well during the past five (5) years. **References must be listed. Do not leave blank.**

1. _____ (Name) _____ (Home Phone Number)

(Home Address) (City) (State) (Zip Code)

(Occupation) _____ (Business Phone Number)

2. _____ (Name) _____ (Home Phone Number)

(Home Address) (City) (State) (Zip Code)

(Occupation) _____ (Business Phone Number)

3. _____ (Name) _____ (Home Phone Number)

(Home Address) (City) (State) (Zip Code)

(Occupation) _____ (Business Phone Number)

Provide three (3) social acquaintances that have known you well during the past five (5) years. (Must be different from the three references listed above) **Social acquaintances must be listed. Do not leave blank.**

1. _____ (Name) _____ (Home Phone Number)

(Home Address) (City) (State) (Zip Code)

(Occupation) _____ (Business Phone Number)

2. _____ (Name) _____ (Home Phone Number)

(Home Address) (City) (State) (Zip Code)

(Occupation) _____ (Business Phone Number)

3. _____ (Name) _____ (Home Phone Number)

(Home Address) (City) (State) (Zip Code)

(Occupation) _____ (Business Phone Number)

Veteran's Preference Claim

Have you ever claimed and been employed through Veterans' Preference? Yes No

If yes, give the name and address of employer: _____

IF NO, ARE YOU CLAIMING VETERANS; PREFERENCE? (In accordance with chapter 55A -7, Florida Administrative Code, and chapter 295, Florida Statutes.

Yes No If yes, what category are you claiming: (Please indicate number from Veterans' Preference categories below.)

- 1) A veteran with a service connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans; Affairs and the Department of Defense, or
- 2) The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcible detained by a foreign power, or
- 3) A veteran of any war who had served on active duty of one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, or
- 4) The un-remarried widow or widower of a veteran who died of a service connected disability.

HAVE YOU EVER BEEN EMPLOYED BY ANY GOVERNMENTAL ENTITY WITHIN THE STATE OF FLORIDA? Yes No

ARE YOU A RESIDENT OF THE STATE OF FLORIDA? Yes No

NOTE: If you are claiming Veterans' Preference, you must meet the criteria and substantiate your claim by furnishing a DD214 (Certificate of Release or Discharge from Active Duty) or comparable document which serves as a certificate of release or document which serves as a certificate of release or discharge at the time of application. In addition, applicants claiming categories 1,2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55-A7.013, F.A.C. Wartime periods are defined in 1.01, F.S. Veterans' Preference shall expire after an eligible person has been employed by the state to those person in categories 1 and 2 and then those in categories 3 and 4. If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs Post Office Box 31003, St. Petersburg, Florida 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given or received.

Driving History

Have you ever had a driver's license in any state other than the State of Florida? Yes No

If yes, provide the following information from each state where licensed.

State	Month/Year Issued	Driver's License Number	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all moving and non-moving traffic citations, i.e., speeding, running red light, expired registration, etc. that you have received in the past five years, starting with the most recent, exclude parking tickets. (use additional sheets if necessary.)

State	Date	Violation	Disposition

Has your driver's license ever been suspended or revoked? Yes No

If yes, for what reason(s)? _____

Length of suspension(s): _____

Month(s) and Year(s) reinstated: _____

MILITARY HISTORY INFORMATION

Have you ever served in a military organization of the United States? Yes No If yes, give periods of active or inactive military service and other data requested: Service Number: _____

If applicant between the ages of 18-25 list your selective service registration number: _____

From	To	Branch of Service	Rank	Type Discharge	Reason for Discharge

While in any military organization of the United States have you ever been disciplined under the United States Military Code of justice? Yes No If yes, list circumstances below. (*attach additional pages if necessary)

PERIODS OF EMPLOYMENT

All employment information must be filled out in this section. Resumes and other attachments will not be accepted in place of filling out this section, but may be provided as supplemental information.
 Describe your work experience in detail beginning with your present or most recent job, and describe all periods of employment and periods of unemployment if longer than six months Be sure to provide complete information regarding each position. **IMPORTANT** , indicate supervisory responsibility and number of employees supervise. Eligibility determinations are based on dates of employment, hours worked per week, and description of job duties and responsibilities. For the purposes of the City, supervisory responsibility involves having the authority, in the interest of the employer, to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees, or responsibility to direct them or to adjust their grievances, or effectively to recommend such action, where the exercise of such authority requires the use of independent judgment.

May we contact your current employer? Yes No May we contact your former employer? Yes No

1 Name of Present or Last Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name and Title: _____

From: _____ To: _____ Number of Hours Worked Per Week _____ Annual Salary: _____

Supervisory Responsibility (see definition above): Yes No Number of employees supervised: _____

Duties & Responsibilities: _____

Reason for Leaving: _____

2 Name of Present or Last Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name and Title: _____

From: _____ To: _____ Number of Hours Worked Per Week _____ Annual Salary: _____

Supervisory Responsibility (see definition above): Yes No Number of employees supervised: _____

Duties & Responsibilities: _____

Reason for Leaving: _____

PERIODS OF EMPLOYMENT cont.

3 Name of Present or Last Employer: _____
Address: _____ Phone No.: (____) _____
Your Job Title: _____ Supervisor's Name and Title: _____
From: _____ To: _____ Number of Hours Worked Per Week _____ Annual Salary: _____
Supervisory Responsibility (see definition above): Yes No Number of employees supervised: _____
Duties & Responsibilities: _____
Reason for Leaving: _____

4 Name of Present or Last Employer: _____
Address: _____ Phone No.: (____) _____
Your Job Title: _____ Supervisor's Name and Title: _____
From: _____ To: _____ Number of Hours Worked Per Week _____ Annual Salary: _____
Supervisory Responsibility (see definition above): Yes No Number of employees supervised: _____
Duties & Responsibilities: _____
Reason for Leaving: _____

5 Name of Present or Last Employer: _____
Address: _____ Phone No.: (____) _____
Your Job Title: _____ Supervisor's Name and Title: _____
From: _____ To: _____ Number of Hours Worked Per Week _____ Annual Salary: _____
Supervisory Responsibility (see definition above): Yes No Number of employees supervised: _____
Duties & Responsibilities: _____
Reason for Leaving: _____

6 Name of Present or Last Employer: _____
Address: _____ Phone No.: (____) _____
Your Job Title: _____ Supervisor's Name and Title: _____
From: _____ To: _____ Number of Hours Worked Per Week _____ Annual Salary: _____
Supervisory Responsibility (see definition above): Yes No Number of employees supervised: _____
Duties & Responsibilities: _____
Reason for Leaving: _____

* Attach additional sheets if necessary

ITEMS TO BE RETURNED WITH APPLICATION

- 1. Copy of Birth Certificate; verify U.S. Citizenship
- 2. Copy of Driver's License; to obtain traffic history and validate license
- 3. Copy of Social Security Card; verify U.S. Citizenship and employment eligibility
- 4. Copy of High School Diploma or GED Equivalent; verify education requirements
- 5. Copy of College Transcript/Diploma; verify education requirements
- 6. Copy of Military Separation papers (DD 214); verify discharge
- 7. Copy of Marriage Certificate or Divorce Decree; verify legal name
- 8. Copy of Law Enforcement Certificate; verify compliance
- 9. Copy of Resume'; accomplishments and goals

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF _____

Before me this day personally appeared _____ who, being duly sworn, deposes and say I understand that any omissions, falsifications, misstatements, or misrepresentations may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information that I give may be investigated as allowed by law. I hereby certify and affirm to the best of my knowledge and belief, all the statements contained herein and on any attachments are true, correct, and made in good faith.

(Signature of person making affidavit)

Sworn to and subscribed before me this _____ day
of _____ A. D., 20_____ .

May commission expires

Notary Public
State of Florida

Commission Number

**CITY OF QUINCY
404 W. JEFFERSON STREET
QUINCY, FLORIDA 32351**

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

Date: _____

The following information is requested on a voluntary basis to allow us to evaluate the effectiveness of our Equal Employment Opportunity/Affirmative Action programs. The data will be used strictly for research and reporting purposes, and will not be used in any way as part of the hiring process. Please note that the survey is anonymous, you are not required to provide your name or any other information which would specifically identify you. Your application will not be rejected because of your race, color, sex, religion, creed, handicap, national origin, political beliefs or age, except as provided by law. Your cooperation will be greatly appreciated.

Ethnic Background (Please check appropriate line):

_____ Hispanic

_____ Asian or Pacific Islander

_____ African American (not Hispanic origin)

_____ Caucasian (not Hispanic origin)

_____ American Indian/Alaskan Native

_____ Other:

Birth Date: _____ Gender: Male Female

Social Security Number: _____

Will you be able to perform the duties of the job for which you have applied in a manner safe to you and other employees? Yes No

Please check if you are a military veteran:

Referred by:

_____ Florida State Employment Office

_____ Newspaper

_____ Internet

_____ Verbal

_____ Other: _____



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)



CJSTC 58

Incorporated by Reference in Rule 11B-27.0022(2)(b), F.A.C.

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: _____

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, 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 _____

AFFIDAVIT

STATE OF _____

COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his or 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____. Personally Known _____ - or -

Produced Identification _____ Notary Public: _____

Type of identification produced: _____

PHYSICIAN'S ASSESSMENT

Incorporated by Reference in Rules 11B-27.002(1)(d), F.A.C.

**CJSTC
75**1. Applicant's Name: _____
Last First MI

2. Applicant's Home Address: _____

3. Last Four Digits of the Applicant's Social Security Number: _____

4. Hiring Agency: _____

5. The Applicant Is Requesting Employment in one of the Following Disciplines:

Law Enforcement Correctional Correctional Probation **Note:** A position description was provided that describes the job duties the applicant will perform.

6a. To the Examining Physician:

The examination of this applicant is for employment as an officer, and shall include a complete physical examination at a level of specificity sufficient to determine whether there is any medical or physiological reason that would prevent the applicant from performing the essential functions for employment as an officer for the discipline indicated in number 5 above. Disabilities, impairment, or limitations identified by the examination, which would prevent the applicant from performing the essential functions for the officer position, should be reported to the employing agency.

6b. Physician's Attestment:

 I hereby attest that I have examined the above named applicant and find him/her **CAPABLE** of performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment reflected in number 5 above. I hereby attest that I have examined the above named applicant and find him/her **NOT CAPABLE** of performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment reflected in number 5 above.7. **Pre-existing Conditions:** Sections 112.18 and 943.13, F.S., require agency knowledge of the following three pre-existing conditions. However, these outcomes do not statutorily disqualify the applicant from employment.**Please respond to the following "in my professional opinion, this examination":**7a. Did or did not reveal evidence of tuberculosis.7b. Did or did not reveal evidence of heart disease.7c. Did or did not reveal evidence of hypertension.8. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature Printed Name Examination Date9. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number Licensing State10. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Professional Address

INSTRUCTIONS FOR COMPLETING FORM CJSTC-75

Use this form to document and verify the applicant's compliance with the employment requirements of Section 943.13, F.S.

GENERAL INSTRUCTIONS

- This form or an equivalent form, indicating that the officer is capable of performing the essential functions of the law enforcement, correctional, or correctional probation officer duties for which the applicant is seeking employment, **is required** and shall be used in conjunction with the Patient Information form CJSTC-75A or an equivalent form, to assist the physician, certified advanced registered nurse practitioner, or physician assistant, by providing testing guidelines to examine the applicant.
- An employing agency shall provide a position description to the physician, certified advanced registered nurse practitioner, or physician assistant that describes the job duties the applicant will perform. The position description will assist in determining whether the applicant is capable of performing the essential functions of a law enforcement, correctional, or correctional probation officer duties for which the applicant is seeking employment.
- This form or an equivalent form shall be used to satisfy the requirements of Section 943.13(6), F.S., and Rule 11B-27.002(1)(d), F.A.C. The completed form CJSTC-75 or an equivalent form shall be completed for each new employment or appointment of an officer, and shall not be completed more than one year prior to an officer's employment or appointment. A CJSTC-75 form completed for a specific employing agency shall not be used by any other employing agency.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

1. **Applicant's Name:** Enter the applicant's full legal name.
2. **Applicant's Address:** Enter the applicant's home address.
3. **Last Four Digits of the Social Security Number:** Enter the last four digits of the applicant's social security number as in this example: 000-00-1234.
4. **Hiring Agency:** Enter the hiring agency's name.
5. **Request for Employment as an officer:** Place a check mark in the box for one of the following disciplines: Law Enforcement, Correctional, or Correctional Probation.
- 6a. **Examining Physician:** The examining physician shall examine the applicant for any medical or physiological reasons that would prevent the applicant for employment as an officer pursuant to the attached job duties.
- 6b. **Physician's Attestment:** The physician, certified advanced registered nurse practitioner, or physician assistant shall mark the appropriate box attesting that the applicant is capable or not capable of performing the essential functions of the law enforcement, correctional, or correctional probation officer discipline for which the officer/applicant is seeking employment.
7. Sections 112.18 and 943.13, Florida Statutes, require agency knowledge of the following three pre-existing conditions for potential future disability claims. These outcomes are not disqualifying for employment.
 - a. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of tuberculosis.
 - b. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of heart disease.
 - c. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of hypertension.
8. **Signature:** The physician, certified advanced registered nurse, or Physician Assistant shall sign and print his or her name and enter the examination date.
9. **License Number:** Enter the physician, certified advanced registered nurse practitioner, or physician assistant's license number.

Licensing State: Enter the state in which the physician, certified advanced registered nurse practitioner, or physician assistant is licensed.
10. **Professional Address:** Enter the physician, certified advanced registered nurse, or physician assistant's professional address.



Florida Department of Law Enforcement

PATIENT INFORMATION

Incorporated by Reference in Rule 11B-27.002(1)(d), F.A.C.



**CJSTC
75A**

1. Applicant's Name: _____
Last First MI

2. Applicant's Address: _____
Street, Apt. or Post Office Box Number City State Zip Code

3. Last Four Digits of Social Security Number: _____ Phone: _____ Date of Birth: _____
(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary)

4. Hiring Agency: _____ 5. Position Applied For: _____

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

Please note the presence of eyeglasses, contact lenses, hearing aids, or devices such as braces, supports, canes, crutches, or prostheses.

1. Gender: _____ 2. Height (in inches): _____ 3. Weight (pounds): _____ 4. Blood Pressure: _____

5. Resting Pulse: _____ (please note any irregularity) 6. Oral Temperature: _____

7. Resting Respiratory Rate: _____ 8. Corrected Visual Acuity: Right Eye: _____ Left Eye: _____

9. Physical Examination. Please check Normal or Abnormal after each entry and make comments at the bottom of the form.

	Normal	Abnormal
Color Perception	<input type="checkbox"/>	<input type="checkbox"/>
Estimated Field of Vision	<input type="checkbox"/>	<input type="checkbox"/>
Estimated Auditory Acuity	<input type="checkbox"/>	<input type="checkbox"/>
Head, Eyes, Ears, Nose, Throat, Neck, and Thyroid Gland	<input type="checkbox"/>	<input type="checkbox"/>
Thorax and Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Neurologic	<input type="checkbox"/>	<input type="checkbox"/>
Spine	<input type="checkbox"/>	<input type="checkbox"/>
Extremities	<input type="checkbox"/>	<input type="checkbox"/>
Mental Status	<input type="checkbox"/>	<input type="checkbox"/>
Electrocardiogram	<input type="checkbox"/>	<input type="checkbox"/>
Urinalysis	<input type="checkbox"/>	<input type="checkbox"/>
Complete Blood Count	<input type="checkbox"/>	<input type="checkbox"/>
Blood Chemistry Panel	<input type="checkbox"/>	<input type="checkbox"/>

10. Comments: _____

11. Results of tuberculosis skin test: _____

12. Sections 112.18 and 943.13, F.S. requires agency knowledge of the following three pre-existing conditions. However, these outcomes do not statutorily disqualify the applicant from employment. Accordingly, please respond to the following: In my professional opinion, this examination:

A. Did or did not reveal evidence of tuberculosis.

B. Did or did not reveal evidence of heart disease.

C. Did or did not reveal evidence of hypertension.

INSTRUCTIONS FOR COMPLETING FORM CJSTC-75A

Please type or print in black or blue ink and use capital and small letters to write names and addresses.

GENERAL INSTRUCTIONS

This form or an equivalent form is to be provided to the examining physician, certified advanced registered nurse practitioner, or physician assistant to use when conducting a physical examination and shall be used in conjunction with the Physician's Assessment form CJSTC-75 or an equivalent form.

Upon completion of the physical, a completed copy shall be provided to the applicant or employing agency.

Employing Agencies Instructions for Completing Form CJSTC-75A

1. **Applicant's Name:** Enter the applicant's full legal name.
2. **Applicant's Address:** Enter the applicant's home address.
3. **Social Security Number (optional):** Enter the last four digits of the applicant's social security as in this example: 000-00-0000.
4. **Hiring Agency:** Enter the hiring agency's name.
5. **Position Applied For:** Enter one of the following disciplines: Law enforcement, correctional, or correctional probation.

Physician's Instructions for Completing Form CJSTC-75A

Note: Indicate the presence of supportive devices by specifying on the provided lines.

1. **Gender:** Enter the sex of the applicant.
2. **Height:** Enter the height of the applicant in inches.
3. **Weight:** Enter the weight of the applicant in pounds
4. **Blood Pressure:** Enter the applicant's systolic and diastolic blood pressure rate.
5. **Resting Pulse:** Enter the applicant's resting pulse rate. Note any irregularities.
6. **Oral Temperature:** Enter the applicant's oral temperature.
7. **Resting Respiratory Rate:** Enter the applicant's resting respiratory rate.
8. **Corrected Visual Acuity** Enter the applicant's corrected visual acuity of the right and left eye.
9. **Physical Examination.** Enter NORMAL or ABNORMAL in the boxes that details the tests and physical examination of the applicant.
10. **Comments:** Enter any additional comments.
11. **Results of the Tuberculosis Skin Test:** Enter the applicant's results of the Tuberculosis Skin Test.
12. Sections 112.18 and 943.13, Florida Statutes, require agency knowledge of the following three pre-existing conditions for potential future disability claims. These outcomes are not disqualifying for employment.
 - A. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of tuberculosis.
 - B. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of heart disease.
 - C. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of hypertension.



Florida Department of Law Enforcement

NAME CHANGE APPLICATION

Incorporated by Reference in Rule 11B-27.002(2)(b), F.A.C.



CJSTC
79

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

Use this form when an officer's official name changes because an officer marries (include hyphenation, if any), an officer obtains legal name change through court action, or a discrepancy occurs in the officer's name, such as spelling, etc.

1. Last Four Digits of Social Security Number: _____
2. Officer's Previous Name: _____

Last	First	MI
------	-------	----
3. Officer's New Name: _____

Last	First	MI
------	-------	----
4. Agency ORI: FL: _____
Enter the last seven digits of the originating agency's identifier number.
5. Agency Name: _____
6. Attach supporting documentation and maintain on file a copy of marriage license, divorce decree, birth certificate, naturalization certificate, current U.S. passport, or legal name change documents to support the officer's name change.
 - Marriage
 - Divorce
 - Legal name change through court process
 - Name entered incorrectly into ATMS
 - Other

Agency Administrator or Designee's Signature

Date Signed

AGENCY REQUIREMENTS

Submit the completed name change form and attachments to the following address: Florida Department of Law Enforcement, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention: Records Section. Fax Number 850-410-8605.



AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Tallahassee Memorial HealthCare
TMFM - Quincy

Patient's Name: _____
Last First Middle (Maiden)

Patient's Date of Birth: _____ SSN: _____ Phone: _____

PERSON OR ENTITY TO DISCLOSE (RELEASE) INFORMATION:

Name **Tallahassee Memorial Family Medicine, Quincy**
Address **178 LaSalle Lefall Drive Quincy, FL 32351**
City State Zip
(850) 875-3600 1027-2019 fax

PERSON OR ENTITY TO USE (RECEIVE) INFORMATION:

Name City of Quincy
Address _____
City State Zip
Phone: _____ Fax: _____

Specific Information to be disclosed: _____

Dates of service: _____

For the purpose of: _____

This authorization will expire on: _____
If no date is specified, it will expire ninety (90) days after the date it is signed.

I understand that the information in my health record may include information relating to:

- Sexually transmitted disease
- Acquired immunodeficiency syndrome (AIDS) or human immunodeficiency syndrome (HIV)
- Behavioral, mental health or psychiatric conditions
- Drug or alcohol abuse, drug-related and/or alcohol-related treatment

I AGREE TO SUCH RELEASE: INITIAL AND DATE: _____

When my health information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. The use or disclosure of the information identified above is voluntary and I need not sign this form to ensure health care treatment. I have read and understand the nature of this authorization and understand that it may be revoked upon my written request to the TMH Privacy Officer, except to the extent that action has already been taken on this authorization. Releaser and its agents and employees are hereby authorized to obtain, inspect, and reproduce such records and/or information and are hereby relieved of any responsibility or liability that may arise from the release or reproduction of such records and/or information.

Signature of Patient Or Patient's Representative

Witness

Relationship to Patient (if applicable, attach document of guardianship or Power of Attorney)

Date

**INFORMED CONSENT FOR PREEMPLOYMENT PSYCHOLOGICAL EVALUATION
FOR THE QUINCY POLICE DEPARTMENT**

The **Quincy Police Department** (hereinafter referred to as “the Agency”) has requested that you be given a preemployment psychological evaluation by Patrick E. Cook, Ph.D., ABPP. Dr. Cook is a licensed psychologist who practices clinical, forensic, and police psychology; and he conducts preemployment psychological evaluations for local and state public safety agencies.

The evaluation will be based upon an interview, personality testing, and other information in order to provide a professional psychological opinion regarding your suitability for the position for which you are being considered . A report of the evaluation will be provided to the Agency that may include pertinent personal, psychological, and medical information about you, and a recommendation regarding employment which is advisory to the Agency and could result in your not being employed by the Agency. The Agency will be responsible for the final decision about your employment.

You have the right to refuse to participate in this evaluation.

You have the right to refuse to answer any particular question or questions.

If you do not answer questions truthfully it could count against you.

I have read and I understand this “Informed Consent for a Preemployment Psychological Evaluation” and I agree to be evaluated by Dr. Cook. I also agree as follows:

I hereby authorize Patrick E. Cook, Ph.D. to release to the Agency any information (including personal health and mental health information) about me obtained from psychological tests, clinical interviews, and other means.

I am not a client of Dr. Cook. The Agency is his client and will pay for this evaluation. The Agency will receive his written and/or oral report. I will not receive a copy of the report.

I understand that Dr. Cook’s recommendations to the Agency are advisory. I will not hold Dr. Cook liable for any decisions regarding employment or other matters made by the Agency.

signature

date

witness

PATRICK E. COOK, Ph.D.

CLINICAL, FORENSIC, AND POLICE PSYCHOLOGY

DIPLOMATE IN CLINICAL PSYCHOLOGY, ABPP

FLORIDA LICENSE #PY2121

March 5, 2008

Major Richardson
Quincy Police Department.
121 E. Jefferson St.
Quincy, FL 32351

Re: Preemployment psychological evaluations

Dear Major Richardson:

I am sending this letter to all the public safety agencies I provide preemployment psychological evaluations for. In January I attended an excellent seminar on police psychological assessment in San Antonio sponsored by the American Academy of Forensic Psychology. I learned a lot of new information and want to implement a few changes to upgrade the preemployment psychological evaluations I provide to public safety agencies. Emphasis was given to the fact that the *Americans with Disabilities Act* requires that applicants must have a **conditional offer of employment** before any preemployment medical and psychological evaluation takes place.

Enclosed please find a copy of a new form, "Informed Consent for Preemployment Psychological Evaluation." I want to use this in place of the present form ("Important Information for...."). This form should be given to applicants and signed by them before they take the psychological tests if that is done at your agency. If the applicant comes to my office for the interview and testing, they will be asked to sign the form before the evaluation begins.

Obviously the more information I have available when I interview applicants, the more comprehensive and focused I can be in the evaluations. It helps when we receive the tests in sufficient time to have them scored before applicants come to my office (when the tests are administered at your agency). I realize that is not always possible, especially when the applicants are coming from out of town and when the tests administered in my office rather than at your agency. Whenever possible, it is very helpful if I have a summary of information about the applicant, a report of background investigation, application information, or other pertinent information, available when I conduct the interviews.

You may notice that I will be making some minor changes in the format of my reports ,with less general information and more focus on positive and negative factors of relevance to performance of law enforcement and other public safety duties.

I would welcome any suggestions you may have regarding the preemployment evaluations I do for your agency. If you have any questions, please give me a call and we will discuss them.

I appreciate having the opportunity to work with you and your agency.

Sincerely,

A handwritten signature in black ink that reads "Patrick E. Cook Ph.D." in a cursive style.

Patrick E. Cook, Ph.D., ABPP

THE CITY OF QUINCY
POLICE DEPARTMENT

404 West Jefferson Street

Quincy, Florida 32351

Telephone: (850) 618-0030

Fax: (866) 780-7910

Voice Stress Questionnaire

This portion of the selection process with the City of Quincy Police Department will cover your truthfulness and integrity. It is essential that you answer each question truthfully. Holding information back or intentionally lying on this questionnaire or during the examination can result in immediate disqualification from the hiring process. This information will be verified through interviews, background investigations and truth verification testing. If there is any information that has not been previously disclosed during the selection process, now is your opportunity to explain the circumstances of why non-disclosure occurred so that a fair evaluation can be made.

***REMBER, YOU ARE APPLYING WITH A LAW ENFORCEMENT AGENCY. YOUR HONESTY AND INTEGRITY ON THIS QUESTIONNAIRE IS VITAL. THE ANSWERS YOU GIVE HERE ARE FOR OUR USE IN DETERMINING YOUR SUITABILITY FOR EMPLOYMENT WITH THE CITY OF QUINCY POLICE DEPARTMENT.**

I, do hereby voluntarily, without any threat, coercion or promise made to me submit to a Computer Voice Stress Analysis Examination. I further understand that I am free to leave at any time for any reason. I hereby release, absolve and forever hold harmless the City of Quincy, it's servants, agents and anyone acting in it's behalf, from any and all claims, demands, or any damages from any matter or act, arising out of the aforesaid examination. I understand that this examination may be video and/or audio tape recorded. To the best of my knowledge, I have no physical or mental condition that would prevent me from taking this examination.

Signature of person being examined

Signature of examiner

Date

Date

THE CITY OF QUINCY
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Background Questionnaire

You may use the back page of the questionnaire to further explain your answers if necessary. If you have any questions concerning your background or truth verification testing, write them on the back of the last page.

(Note: This is your opportunity to fully explain your history. Please take full advantage of this and be as specific and detailed as possible. If you are not completely honest and up front with your answers, or you intend to be intentionally vague with your responses, the result will be termination from the employment process.)

UNDETECTED CRIMES

1. Have you ever committed and act that you were not caught doing, but if caught, you would have been arrested? Yes____ No____ (If Yes, explain details)

2. Have you ever been involved in any one of the following? (if yes to any, please include when, where and the value on the back of this page)

A.	Switching Price Tags	Yes	No
B.	Car Theft	Yes	No
C.	Theft of Car Parts	Yes	No
D.	Robbery	Yes	No
E.	Burglary (Home/ Business)	Yes	No
F.	Embezzlement	Yes	No
G.	Concealed Weapon	Yes	No
H.	Fires you started	Yes	No
I.	Con Games	Yes	No
J.	Leaving the Scene of an Accident	Yes	No
K.	Counterfeiting	Yes	No
L.	Fire Bombing	Yes	No
M.	Mugging	Yes	No
N.	Assault/Battery	Yes	No
O.	Buy, sell or possess stolen property	Yes	No
P.	Using stolen credit cards	Yes	No
Q.	Failure to pay alimony or child support	Yes	No
R.	Illegally obtaining public assistance, workers	Yes	No
S.	Compensation or unemployment by fraud	Yes	No
T.	Retail Theft	Yes	No
U.	Unnatural and/or lascivious act	Yes	No
V.	Theft of Utilities/cable services	Yes	No

YES ___ NO ___ (If Yes, to any of the above questions, explain details)

THE CITY OF QUINCY
POLICE DEPARTMENT

404 West Jefferson Street Quincy, Florida 32351 Telephone: (850) 618-0030 Fax: (866) 780-7910

3. Have you ever filed an insurance claim that was not accurate (overestimating losses)?
4. When did you last write a check that bounced or when you knew that there were no funds to cover the value of the CHECK? _____,
5. How many in lifetimes? Have you written a check using another person's name?
YES ___ NO ___ (If yes, explain details)
6. Have you ever used a fraudulent document to obtain money?
YES ___ NO ___ (If yes, explain details)
7. Were you ever in a fight in which a weapon was used?
YES ___ NO ___ (If yes, explain details)
8. Have you ever injured or caused the death of another person?
YES ___ NO ___ (If yes, explain details)
9. Have you ever physically abused a spouse, girlfriend, boyfriend or child?
YES ___ NO ___ (If yes, explain details)
10. Have you ever intentionally damaged property belonging to another person?
YES ___ NO ___ (If yes, explain details)
11. Have you ever filed a false police report
YES ___ NO ___ (If yes, explain details)
12. What is the most serious act you have ever done in your life?
YES ___ NO ___ (If yes, explain details)
13. Have you ever participated in a riot or disturbance?
YES ___ NO ___ (If yes, explain details)
14. Since you have been an adult (18 years old), have you ever had any sexual involvement with someone under 18 years of age. If Yes, how old were they?
How old were you? _____ How long ago? _____ (Explain Details)
15. Have you ever participated in any unnatural or lascivious sex acts?
Yes ___ No ___ (If Yes, explain details)
16. Have you ever engaged in prostitution or used the services of a prostitute?
YES ___ NO ___ (If yes, explain details)
17. Have you ever been accused of any misconduct?
YES ___ NO ___ (If yes, explain details)
18. Have you been questioned by a law enforcement agency as a suspect in an investigation? (Do not included situations in which you were a victim or a witness to a crime) YES ___ NO ___ (If yes, explain details)

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19. Other than what has already been covered, have you been involved in anything that you could have been arrested for? YES ___ NO ___ (If yes, explain details)
20. Have you ever belonged to or associated with anyone belonging to any organization, past or present that would place the integrity of the City of Quincy Police Department in question? YES ___ NO ___ (If yes, explain details)
21. Do you now or have you ever had regular associations with persons whom you knew, or should have known, were under criminal investigation, or who had a reputation in the community or with law enforcement agencies for involvement in criminal behavior? YES ___ NO ___ (If yes, explain details)

MILITARY

1. Have you ever served in any military organization of the United States?
YES ___ NO ___ (If yes, explain details)
2. What types of discharge did you received?
Honorable ___ Dishonorable ___ Honorable conditions ___ General ___ Other ___
3. Date of active duty: _____
4. Have you ever received a court martial, tried on charges, or were you the subject of an investigation under Uniform Code of Military Justice?
YES ___ NO ___ (If yes, explain details)
5. Are there any incidents concealing your military career that could possibly affect this examination?

ARREST RECORD

1. Have you ever been arrested, charged, or detained by a law enforcement agency? (Include any arrests in which the charges were dropped, reduced, found not guilty, or in which the records were sealed or expunged. Failed to do so could result in termination of application process. A notice to appear is considered an arrest and must also be listed).
YES ___ NO ___ (If yes, explain details)
2. Have you ever been found guilty, pled no contest, or had the adjudication withheld on a misdemeanor or felony charge?
YES ___ NO ___ (If yes, explain details)
3. What Fines have you been required to pay, and were they paid on time? (This is to include traffic fines? _____ .
4. Have you ever been issued a traffic citation?
YES ___ NO ___ (If yes, explain details)
5. Have you ever been fingerprinted by a law enforcement agency?
YES ___ NO ___ (If yes, explain details)

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DRUG USAGE

1. How many times in your life have you used marijuana? (Please include approximate dates and how many times weekly, monthly) _____
2. When was the last time you used marijuana? _____
3. Have you used any of the following? (If yes, include the total number of times and the date you last used?)

<input type="checkbox"/> Speed	<input type="checkbox"/> Barbiturates (downers)	<input type="checkbox"/> Amphetamines (Uppers)
<input type="checkbox"/> Rush	<input type="checkbox"/> Quaaludes	<input type="checkbox"/> Designer Drugs
<input type="checkbox"/> Hash	<input type="checkbox"/> LSD	<input type="checkbox"/> Ice or Methamphetamine
<input type="checkbox"/> Peyote	<input type="checkbox"/> Ecstasy	<input type="checkbox"/> Crack
<input type="checkbox"/> Mescaline	<input type="checkbox"/> Steroids	<input type="checkbox"/> PCP (angel dust)
<input type="checkbox"/> Cocaine	<input type="checkbox"/> Heroin	<input type="checkbox"/> Mushrooms
<input type="checkbox"/> Other Persons prescription		
4. Have you ever used inhalants, or any other legal substance, to get high? (Paint Thinner, Aerosol, Glue) YES ___ NO ___ (If yes, explain details)

THEFT OF MERCHANDISE

1. Estimate the total amount merchandise, tools and equipment that you have taken:
2. Name of the most expensive item you have taken: Item _____
Amount _____ Date _____
3. Have you ever taken anything or shoplifted anything from a business? (Include personal and employee theft) YES ___ NO ___ (If yes, explain details)
4. Have you ever been with anyone who was stealing any merchandise or equipment? YES ___ NO ___ (If yes, explain details)
5. Have you ever taken anything from a current or form employer?
YES ___ NO ___ (If yes, explain details)
6. Estimate the amount of cash that you have stolen in your entire life and explain each incident: (Include personal cash thefts from family members, friends and cash thefts from employers, along with any other incidents) _____
7. Have you ever purchased, pawned, or sold an item in which you knew or should have known it to have been stolen? YES ___ NO ___ (If yes, explain details)

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EMPLOYMENT HISTORY

1. Have you ever been terminated or asked to resigned from a job?
YES ____ NO ____ (If yes, explain details)

2. Have you ever been disciplined by your current or previous employer? (If discipline was by a law enforcement agency, refer to law enforcement experience questions) YES ____ NO ____ (If yes, explain details)

3. Have you ever resigned or been given the opportunity to resign from a job in which you were under investigation for policy violation or misconduct?
YES ____ NO ____ (If yes, explain details)

I certify that the above information provided is true and correct. I have been completely truthful in my answers to these questions.

Signature: _____

Date: _____

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QUESTIONS FOR CURRENT AND FORMER LAW ENFORCEMENT OFFICERS

If you answer yes to any of the following questions, please explain and provide details to include where you were employed at the time and the date of the occurrence. Use additional paper or the back of this questionnaire if necessary.

1. Have you ever accepted a cash bribe or gratuity?
2. Have you ever taken (stolen) anything from an investigative site?
3. Have you ever stolen from a prisoner or detainee?
4. Have you ever been accused or investigated for excessive use of force?
5. Have you ever used more force than was necessary to subdue another person or have you ever witnessed an excessive use of force situation?
6. Have you ever struck a handcuffed or restrained prisoner?
7. Have you ever handled evidence in an illegal manner?
8. Have you ever falsified any type of office report?
9. Have you ever used your position as a law enforcement officer for personal gain?
10. Have you ever been the subject of an internal investigation? (If yes, list in chronicle order, short synopsis and outcome to include discipline received. **(PLEASE BE SPECIFIC)**)?
11. Do you have any active or pending internal investigations or discipline:
12. As a law enforcement officer, have you ever been disciplined? Please include oral and written reprimands, suspensions, and anything that would currently or have been purged from your personnel file.

I certify that the above information is provided is true and correct. I have been completely truthful in my answers to these questions.

Signature: _____ Date: _____

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QUESTIONS FOR CURRENT OR FORMER CORRECTIONAL OFFICER

If you answer yes to any of the following questions, please explain and provide details to include where you were employed at the time and date of the occurrence. Use additional paper or the back of this questionnaire if necessary.

1. Have you ever introduce contraband into a correctional facility for an inmate or another officer?
2. Since becoming a correctional officer, have you had sexual involvement with an inmate or another officer on duty?
3. Have you ever accepted a bribe from an inmate?
4. Have you ever had or maintained a friendship or relationship with an inmate after they were released?
5. Have you ever kept, used or given away inmates property?

I certify that the above information provided is true or correct. I have been completely truthful in my answers to these questions.

Signature: _____

Date: _____