

# HOLLY HILL POLICE DEPARTMENT

## SUPPLEMENTAL APPLICATION FOR EMPLOYMENT



### INSTRUCTIONS

This form will be used by the Holly Hill Police Department in conducting background investigations and suitability evaluations of persons seeking employment as sworn law enforcement officers or for appointment to sensitive non-sworn positions within the agency.

**Knowingly providing false, misleading, or willfully inaccurate information regarding material facts may subject you to criminal prosecution which may result in fines and/or imprisonment. You will have adequate opportunity to explain any information you provide in this form and to make your comments part of the record.**

Please print or type all information in ink. If this application is not legible it will not be accepted. This application must be completed accurately and completely. If no response is necessary or applicable, indicate this on the form with "N/A" unless otherwise noted. Any changes that you make to this document after you sign it must be initialed and dated by you. All dates provided in this form must be in Month/Day/Year format. If you are unable to report an exact date, approximate or estimate the date to the best of your ability and indicate "Approximate" in the field. If additional space is required for an explanation or to list your residences, employment, or education, you should use a blank sheet of white paper and include it and the back of the completed application.

READ THE FOLLOWING INFORMATION CAREFULLY  
BEFORE COMPLETING AND SUBMITTING THIS APPLICATION

## BACKGROUND INVESTIGATION

Background investigations for sworn law enforcement positions are mandated by the Florida Department of Law Enforcement's Criminal Justice Standards and Training Commission. This investigation will gather information to determine whether you are reliable, trustworthy, of good conduct and moral character, and that you are eligible to hold public office under the Constitution of the State of Florida.

The information that you provide will be confirmed during the background investigation. This investigation may be conducted by sworn law enforcement officers of the Holly Hill Police Department and/or by licensed private investigators, and the scope of the inquiry may extend beyond areas or questions covered in this application.

Your current and former employers will be contacted during the course of this investigation, even if you have previously indicated on applications or other forms that you do not want your current employer contacted.

Your consumer credit report will be accessed and analyzed during this investigation. This will include an examination of credit scores, delinquent loans, late payments or tax issues, bankruptcies, judgments, liens, fines, or other financial obligations, business relationships, and agreements involving child custody, support, divorce, alimony, or property settlements.

Investigators will interview your current and previous neighbors, associates, family members, cohabitants, business associates, employers, and other persons associated with you now and in the past.

In addition to the questions on this form, inquiry will also be made about your honesty, integrity, vulnerability to exploitation, corruption or coercion, falsification, misrepresentation, and any other behavior, activities, and associations that tend to demonstrate that a person is not reliable, trustworthy, honest or of sound moral character. This will include a review of your internet activities and social networking history.

During the course of this investigation, your personal identifiers will be entered into criminal justice information systems, to include automated criminal history, driver license, fingerprint and criminal/civil court records, for the purpose of determining your suitability for employment. Even records which may have previously been sealed or expunged may be accessed during this investigation. These include, but are not limited to, arrests, convictions, citations, probation, community control, law enforcement contacts or investigations, pre-trial agreements, probation, parole and/or other matters described in court, military, government, or criminal justice agency records.

This form, and the report of the investigation into your background, is a permanent record that may be used as the basis for future investigations, eligibility determinations, and suitability to hold employment or gain promotion or assignment. Your responses on this form may be compared with your responses to past or future applications, forms, and questionnaires.

Information regarding your employment application and background investigation may be subject to Florida's Public Records Law.

## PERSONAL INTERVIEW AND POLYGRAPH EXAMINATION

This application will include an interview with you as a routine part of the investigative process. The investigator may ask you to explain your answers to any question on this form. This provides you with the opportunity to update, clarify, and explain information on your application more completely, which often assists with expediting the background investigation.

The interview will include a polygraph examination or voice stress analysis for the purpose of confirming the veracity of your verbal and written responses.

For the interview you will be required to provide photographic identification, such as a valid driver's license. You may also be asked to provide other documents to verify your identity, as instructed by the investigator and/or examiner. These documents may include certification of any legal name change, Social Security card, passport, and/or your birth certificate.

You may also be asked to provide documents relating to information provided in this application. These may include alien registration or naturalization documents, military service and discharge documentation, diplomas, education transcripts, certificates, etc.

It is imperative that the interview be conducted at the time and location set by the investigator. Postponements will delay the processing of your application and declining an interview will result in your background investigation being cancelled and your application removed from consideration.

## PHYSICAL AND MENTAL HEALTH EVALUATION

The City of Holly Hill requires that law enforcement applicants successfully complete a medical examination and mental health evaluation as a condition of employment. Physical disabilities or prior mental health treatment are not, in and of themselves, a reason to deny or revoke eligibility for employment.

In addition, your medical examination will include a test for the use of certain drugs and controlled substances. Your current or past use of illicit drugs and/or controlled substances may be grounds to deny or revoke eligibility for employment with this agency.

You will also be required to successfully complete a physical agility test designed to evaluate your physical fitness and ability to perform job-related tasks. The testing will consist of a series of physical abilities evaluations conducted at our training site. The battery of job-related field tests will require maximum effort and strenuous physical exertion. These tests are designed to measure balance, muscular endurance, strength, flexibility, and anaerobic power. Ultimately, the testing will determine whether the applicant is physically capable of performing minimum standards appropriate to the rigors of law enforcement.

Tests may include a 220 yard run, dragging a 150 pound object for 100', jumping over obstacles, climbing over a wall (40" in height), two 50' sprints, and movement around a series of pylons.

You will be required to obtain a physician's clearance prior to participation in the physical agility test.

## CITY OF HOLLY HILL POLICE DEPARTMENT AUTHORIZATION FOR RELEASE OF INFORMATION

(Carefully read this authorization to release information about you, then sign and date the form in ink.)

I authorize any investigator, officer, or other duly authorized representative of the City of Holly Hill, Florida, conducting my background investigation to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, internet sources, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history, driving history, and financial and/or credit information.

I hereby authorize the City of Holly Hill, Florida, and any of its agents, officers, or contractors bearing this release (or copy thereof) to obtain any and all information in your files pertaining to my employment records, including but not limited to, achievement, attendance, personal history, military records, disciplinary records, medical records, credit records, financial and payroll records, criminal history records, driver history, residence status, and personal or professional associations. I hereby direct you to release such information immediately upon the verbal or written request of the bearer.

This release is executed with the 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 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, staff, 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, facsimile, or other reproduction of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214 Report of Separation, to the City of Holly Hill, Florida, 1065 Ridgewood Avenue, Holly Hill, Florida, 32117.

I authorize the Social Security Administration (SSA) to verify my Social Security Number, to match my name, Social Security Number, and date of birth with information in SSA records, and to provide the results of the match to the City of Holly Hill, Florida, for the purposes outlined above.

*Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.*

Pursuant to Section 943.13 (4), (5) and (7) F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

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Signature of Applicant

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Date

CITY OF HOLLY HILL POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION  
PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT  
(HIPAA)

This is a release authorizing the City of Holly Hill, Florida, through its duly authorized investigators or agents, to ask your health care practitioner(s) the questions below concerning your physical and/or mental health consultations. Your signature below will allow the practitioner(s) to answer only these questions.

AUTHORIZATION

I am seeking employment or retention with the City of Holly Hill, Florida, Police Department. As part of the background investigation process, I hereby authorize the investigator, officer, or authorized agent of the City of Holly Hill, Florida conducting my background investigation to obtain the following information relating to my medical treatment and consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to the City of Holly Hill, Florida Human Resources Department. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand that the information disclosed pursuant to this release is for use by the City of Holly Hill, Florida Police Department only for purposes provided in the employment process and that it may be disclosed by the City of Holly Hill, Florida only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

Photocopies, facsimiles and other reproductions of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the City of Holly Hill, Florida, whichever comes first.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

FOR USE BY PRACTITIONER

Does the person under investigation have a condition that could impair his or her judgment, reliability, or ability to properly perform the rigorous duties of a law enforcement officer?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

\_\_\_\_\_  
Practitioners Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Investigator

\_\_\_\_\_  
Date

CITY OF HOLLY HILL POLICE DEPARTMENT

AUTHORIZATION TO PROCURE A CONSUMER REPORT

NOTICE TO APPLICANT TO PROCURE A CONSUMER REPORT

In connection with your background investigation, the City of Holly Hill will obtain certain information regarding your financial and credit history that is contained in a consumer report. A consumer report may also contain information regarding your driving record and criminal history. In order for us to obtain your consumer credit report, you must authorize such procurement in writing. You have the right to decline authorization for us to procure a consumer report. However, if you elect to decline this authorization you will not be considered for employment with this agency.

Please read this release carefully before signing it and indicating your choice regarding disclosure.

RELEASE TO PROCURE A CONSUMER REPORT

I have read the "Notice to Applicant of Intent to Procure a Consumer Report.

I understand that I have the right to decline authorization for the City of Holly Hill to procure a consumer report concerning me.

Understanding these rights:

\_\_\_\_\_ I authorize the City of Holly Hill directly or via its agents to procure a consumer report concerning me.

\_\_\_\_\_ I do not authorize the City of Holly Hill to procure a consumer report concerning me.

Name: (Please Print) \_\_\_\_\_

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

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

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

AFFIDAVIT

STATE OF FLORIDA  
COUNTY OF VOLUSIA

Before me personally appeared \_\_\_\_\_ who says that he/she executed the following authorizations for release and procurement of information of his/her own free will and accord, with full knowledge of the purpose therefore:

Authorization for Release of Information – Pre-Employment Investigation  
Authorization for Release of Medical Information Pursuant to HIPAA  
Authorization for Procurement of Consumer Credit Report

Sworn and Subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires on \_\_\_\_\_, 20\_\_\_\_\_.

Personally Known \_\_\_\_\_

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

\_\_\_\_\_  
Notary Public

**SUPPLEMENTAL EMPLOYMENT APPLICATION – LAW ENFORCEMENT APPLICANT  
BACKGROUND INVESTIGATION QUESTIONNAIRE**

**1. Full Legal Name:**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

**2. Date and Place of Birth:**

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Place of Birth \_\_\_\_\_

**3. Social Security Number:**

U. S. Social Security Number \_\_\_\_\_

**4. Other Names Used:**

Have you used any other names? Yes \_\_\_\_\_ No \_\_\_\_\_

If you responded "Yes" to having used other names:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

From (Month/Year) \_\_\_\_\_ to \_\_\_\_\_

Reason: \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

From (Month/Year) \_\_\_\_\_ to \_\_\_\_\_

Reason: \_\_\_\_\_

**5. Personal Identifiers:**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eye Color \_\_\_\_\_ Sex \_\_\_\_\_

**6. Contact Information:**

Current Residential Address \_\_\_\_\_  
Street City State Zip Code

Home E-Mail Address \_\_\_\_\_ Work E-Mail Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_

Cellular Telephone Number \_\_\_\_\_ Work Cellular Number \_\_\_\_\_

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_



**7. Citizenship:**

\_\_\_\_\_ I am a United States Citizen or National by birth in the U.S. or U.S. Territory/Commonwealth

\_\_\_\_\_ I am a naturalized United States Citizen

\_\_\_\_\_ I am not a United States Citizen

If you are a naturalized United States Citizen:

Date of Initial Entry into the United States \_\_\_\_\_

Location of Entry into the United States: City \_\_\_\_\_ State \_\_\_\_\_

Country of Prior Citizenship \_\_\_\_\_

Did/do you have a U.S. Alien Registration Number: Yes \_\_\_\_\_ No \_\_\_\_\_ (Number: \_\_\_\_\_)

Provide your citizenship certificate number \_\_\_\_\_ Date \_\_\_\_\_

Provide the name of the court that issued the citizenship certificate \_\_\_\_\_

Do you now or have you ever held dual/multiple citizenships: Yes \_\_\_\_\_ No \_\_\_\_\_

**8. Residence Information:**

List the places you have lived beginning with your present address and working back 10 years. Residences for the entire period must be covered with no breaks. Indicate the actual physical location of the residence, not a Post Office Box or permanent address when you were not physically located there. You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Owned \_\_\_\_\_ Rental \_\_\_\_\_  
Street Address City State Zip Code

From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Owned \_\_\_\_\_ Rental \_\_\_\_\_  
Street Address City State Zip Code

From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Owned \_\_\_\_\_ Rental \_\_\_\_\_  
Street Address City State Zip Code

From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Owned \_\_\_\_\_ Rental \_\_\_\_\_  
Street Address City State Zip Code

**9. Education:** (Check all that apply)

\_\_\_\_\_ I have a High School Diploma

\_\_\_\_\_ I have a General Education Certificate or Equivalency Diploma (GED)

\_\_\_\_\_ I have a Degree from an Accredited College or University

High School:

\_\_\_\_\_ Dates of Attendance \_\_\_\_\_ to \_\_\_\_\_  
Name of School City State

Date of High School Graduation \_\_\_\_\_ Diploma Received Yes \_\_\_\_\_ No \_\_\_\_\_

College/University/Military College: (If more than one degree or institution, use separate sheet)

\_\_\_\_\_ Dates of Attendance \_\_\_\_\_ to \_\_\_\_\_  
Name City State

Degree Conferred \_\_\_\_\_ Honors Received \_\_\_\_\_

Technical/Vocational/Trade School: (List Name and Location of Basic Law Enforcement Recruit Training)

\_\_\_\_\_ Dates of Attendance \_\_\_\_\_ to \_\_\_\_\_  
Name of School City State

Certificate/Degree Conferred \_\_\_\_\_ Date \_\_\_\_\_

**10. Military Service:**

Have you ever served in the Armed Forces of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Branch of Service: \_\_\_\_\_ Dates of Service \_\_\_\_\_ to \_\_\_\_\_

Provide your current status: Active Duty \_\_\_\_\_ Active Reserve \_\_\_\_\_ Inactive Reserve \_\_\_\_\_ Discharged \_\_\_\_\_

If National Guard, State of Service: \_\_\_\_\_

Provide the type of discharge you received: \_\_\_\_\_ Honorable \_\_\_\_\_ Dishonorable  
\_\_\_\_\_ General \_\_\_\_\_ Other Than Honorable  
\_\_\_\_\_ Bad Conduct \_\_\_\_\_ Other (Type: \_\_\_\_\_)

Provide reason if discharge is other than honorable \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide the date of discharge listed \_\_\_\_\_ Reenlistment Code \_\_\_\_\_

Provide your Military Occupational Specialty (MOS) \_\_\_\_\_

Please list your military duty stations and deployments:

From \_\_\_\_\_ to \_\_\_\_\_ Post/Deployment \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ Post/Deployment \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ Post/Deployment \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ Post/Deployment \_\_\_\_\_

Please list significant military schools, training, and qualifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list awards, decorations and commendations received: (Must be verified by DD 214)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you ever subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's Mast, Article 135 Court of Inquiry, etc.?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide date of the Court Martial or disciplinary procedure \_\_\_\_\_

Provide a description of the UCMJ or other offense(s) for which you were charged \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Provide the location of the disciplinary action \_\_\_\_\_  
Post/Duty Station Country if Overseas

Provide a description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, company level discipline, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever served as a private/civilian military contractor or private security contractor?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Company and Location \_\_\_\_\_

Have you ever served as a civilian or military member in a foreign country's military, intelligence, law enforcement, diplomatic, security forces, militia, or other defense force or government agency?

Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Foreign Organization \_\_\_\_\_

Period of Service: From \_\_\_\_\_ to \_\_\_\_\_ Location \_\_\_\_\_

Provide the Division/Department/Office in which you served \_\_\_\_\_

Provide the highest rank/position held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

### 11. Employment Activities

List all of your employment activities, including unemployment and self-employment, beginning with the present and working back ten (10) years. The entire period must be accounted for without breaks. If the employment was active military duty, list "See Section 10" for changes in duty station/assignment. Do not list employment before your 16<sup>th</sup> birthday unless the length of employment was over two years.

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Position/Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Telephone Number \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Position/Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Position/Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Position/Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Position/Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Have you ever received unemployment compensation or other federal, state or local unemployment benefits or assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list reason and applicable dates \_\_\_\_\_

Have you ever been party to any civil employment action or law suit against a current or former employer?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain the details of the employment action and outcome \_\_\_\_\_

\_\_\_\_\_

Have you ever had your employment terminated or been asked to resign your position for any reason?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details of the adverse employment action \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever left a job by mutual agreement with your employer following allegations of misconduct?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever left a job by mutual agreement with your employer following allegation of substandard performance?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever quit a job after being told you would be fired?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any financial interest in any business or for-profit organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list name and describe your affiliation \_\_\_\_\_

Are you now or have you ever been employed by the City of Holly Hill, Florida? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list dates of employment: From \_\_\_\_\_ to \_\_\_\_\_ Department \_\_\_\_\_

Do you currently have a family member – by either blood or marriage – who is employed by the City of Holly Hill, Florida?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide name and department \_\_\_\_\_

Have you ever been employed as a sworn law enforcement officer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the agency and dates of employment \_\_\_\_\_

Reason for separation \_\_\_\_\_ Highest Rank/Position \_\_\_\_\_

If you have previously served as a sworn law enforcement officer, please list any specialized training and/or certifications \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If previously employed as a law enforcement officer, has adverse action ever been taken against your certification (list Florida and any other State/Federal law enforcement certification)? Yes \_\_\_\_\_ No \_\_\_\_\_

If employed by the Holly Hill Police Department, do you intend to maintain a secondary occupation or regular off-duty employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list type of secondary employment \_\_\_\_\_

Do you currently hold any specialized technical skills, proficiencies, or certifications? (i.e certificated pilot, scuba, language skills, teaching certificate, EMT/Paramedic, vocational skills, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 12. People Who Know You Well

Provide the names and contact information for three people who know you well and who preferably live in the area. They should be friends, colleagues, peers, roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school or neighborhood, and whose combined association with you covers at least the past seven (7) years. Do not list your spouse, former spouse, other relatives, or anyone listed elsewhere in this questionnaire.

Provide dates known: From \_\_\_\_\_ to \_\_\_\_\_ Relationship \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_  
Street City State

E-Mail Address \_\_\_\_\_ Cellular Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Title/Rank \_\_\_\_\_

Provide dates known: From \_\_\_\_\_ to \_\_\_\_\_ Relationship \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_  
Street City State

E-Mail Address \_\_\_\_\_ Cellular Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Title/Rank \_\_\_\_\_



Have you ever attempted or seriously contemplated suicide? Yes \_\_\_\_\_ No \_\_\_\_\_

Has a court or administrative agency ever declared you mentally incompetent? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you now or have you ever taken psychotropic medication for the treatment of an acute psychiatric condition?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name of medication \_\_\_\_\_ Date of last dosage \_\_\_\_\_

How frequently, if ever, do you drink alcoholic beverages? \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Socially  
\_\_\_\_\_ I do not drink alcoholic beverages

When was the last time you drank alcoholic beverages to the point of impairment/intoxication?

Date \_\_\_\_\_ Location \_\_\_\_\_ Occasion \_\_\_\_\_

Have you ever been court ordered to seek treatment for alcohol, substance abuse, or anger? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the jurisdiction, court, and final disposition \_\_\_\_\_

\_\_\_\_\_

## 15. Criminal History

For this section, report information regardless of whether the record in your case has been sealed, expunged, or otherwise stricken from the court record, or the charge was dismissed. Be sure to include all incidents whether occurring in the United States or abroad.

Have any of the following happened?

(If you answer yes to any of the following, provide a detailed description, along with any supporting documents, on a separate sheet of paper and attach it to this application.)

Have you ever been arrested, questioned, or detained by any police officer, sheriff, marshal, special agent, game warden or any other type of federal, state or local law enforcement official?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been issued a summons, citation, ticket, or notice to appear in any court in an administrative, traffic, or criminal proceeding against you?

Yes \_\_\_\_\_ No \_\_\_\_\_

To your knowledge, have you ever been listed as, or considered, a suspect or defendant in any criminal investigation, information, affidavit or report conducted or prepared by a law enforcement agency?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been charged, convicted, plead no contest, required to pay a fine, entered into a pre-trial agreement in lieu of prosecution, or been sentenced for a crime in any court? (Include all qualifying charges, convictions, or sentences in any federal, state, local, military or non-U.S. court, even if previously listed on this form.)

Yes \_\_\_\_\_ No \_\_\_\_\_



Have you ever been, or are you currently, on probation, parole, community control, or other court ordered supervision or pre-trial release status?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently on trial or awaiting trial on criminal charges?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you now, or have you ever been, required to register as a sexual offender in any jurisdiction?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been reported as a missing or endangered person to any law enforcement agency?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been booked into, incarcerated, or held in any jail, penitentiary or correctional facility for any length of time?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever committed, been accused, or charged with an offense involving domestic violence (such as battery or assault) against your spouse, child, dependent, cohabitant, former spouse, or someone with whom you have a child in common?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been the subject of an application or affidavit for a domestic violence protection order, injunction, or restraining order – or has a protective injunction or restraining order ever been issued against you?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever committed or been charged with an offense involving weapons, explosives, or firearms?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever committed or been charged with an offense involving alcohol or illicit drugs?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you now or have you ever been associated in any way with any criminal organization, 1% motorcycle gang, or any other association, group or club having a notorious or criminal reputation?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you involved directly or indirectly in any crime or criminal activity that has yet to be detected?

Yes \_\_\_\_\_ No \_\_\_\_\_

**16. Illegal Use of Drugs and Drug Activity**

In the last seven (7) years, have you illegally used, tried, experimented with, sold, purchased, trafficked in, or possessed any drugs or controlled substances? Use of a drug or controlled substance includes injecting, snorting, smoking, inhaling, swallowing, experimenting, chewing, ingesting or otherwise consuming any drug or controlled substance not lawfully prescribed by a physician, dentist or authorized healthcare provider.

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever illegally used, sold, purchased, trafficked in, or possessed any of the following substances:

- \_\_\_\_\_ Cocaine or "Crack"                      \_\_\_\_\_ THC (Such as marijuana, cannabis, weed, pot, hashish, etc.)
- \_\_\_\_\_ Hallucinogens                              \_\_\_\_\_ Depressants
- \_\_\_\_\_ Stimulants                                      \_\_\_\_\_ Narcotics (Such as heroin, opium, codeine, prescription analgesics, etc.)
- \_\_\_\_\_ Methamphetamine                              \_\_\_\_\_ Inhalants
- \_\_\_\_\_ Synthetic Marijuana                              \_\_\_\_\_ Bath Salts
- \_\_\_\_\_ Ketamine    \_\_\_\_\_ Diverted Pharmaceuticals (Prescription medication not your own)
- \_\_\_\_\_ Designer Drugs                                      \_\_\_\_\_ Other (Provide explanation)

In the past seven (7) years, have you intentionally engaged in the misuse, sale, diversion, or possession of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered 'yes' to any of the questions above, provide an estimate of the month and year of first involvement and the month and year of most recent involvement:

First Involvement:                      Month \_\_\_\_\_ Year \_\_\_\_\_

Most Recent Involvement:                      Month \_\_\_\_\_ Year \_\_\_\_\_

Provide an estimate of the number of times you used and/or were involved with illicit drugs or controlled substances:  
Number of Uses \_\_\_\_\_

Provide a description of the nature and frequency of your involvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you answered 'yes' to the questions above, was your use while you were employed as a law enforcement officer or while in any position directly and immediately affecting the public safety?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?

Yes \_\_\_\_\_ No \_\_\_\_\_

In the past seven (7) years, has your use of alcohol, drugs, or controlled substances had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement, social services or public safety personnel?

Yes \_\_\_\_\_ No \_\_\_\_\_

### **17. Previous Background Investigations**

Has a governmental or law enforcement agency ever investigated your background?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please name the agency and purpose \_\_\_\_\_

Have you had a security clearance denied, suspended, or revoked by the United States Government?

Yes \_\_\_\_\_ No \_\_\_\_\_

### **18. Financial Background**

In the last seven (7) years, have you filed a petition under any chapter of the bankruptcy code?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe circumstances \_\_\_\_\_

\_\_\_\_\_

Have you ever experienced financial problems due to gambling?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever failed to file or pay federal, state, or other taxes when required by law or ordinance?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been counseled, warned, or disciplined for violating the terms of agreement for a travel, credit, or purchasing card provided by your employer?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently utilizing or seeking assistance from any credit counseling or other similar resource to resolve financial difficulties?

Yes \_\_\_\_\_ No \_\_\_\_\_

In the past seven (7) years, have you been delinquent on alimony or child support payments?

Yes \_\_\_\_\_ No \_\_\_\_\_

In the past seven (7) years, have you had a judgment entered against you? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor.)

Yes \_\_\_\_\_ No \_\_\_\_\_

In the past seven (7) years, have you had a lien placed against your property for failing to pay taxes or other debts?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently delinquent on any student loan?

Yes \_\_\_\_\_ No \_\_\_\_\_

In the past seven (7) years, have you had any personal property or possession voluntarily or involuntarily repossessed or foreclosed?

Yes \_\_\_\_\_ No \_\_\_\_\_

In the past seven (7) years, have you defaulted on any type of loan?

Yes \_\_\_\_\_ No \_\_\_\_\_

In the past seven (7) years, have you had any debts turned over to a collection agency?

Yes \_\_\_\_\_ No \_\_\_\_\_

In the past seven (7) years, have you had any credit card suspended, charged off, or cancelled for failing to pay as agreed?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list card(s) \_\_\_\_\_

In the past seven (7) years, have you been evicted?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list address and name of property owner/manager \_\_\_\_\_  
\_\_\_\_\_

In the past seven (7) years, have you had your wages, benefits, or assets garnished or attached for any reason?

Yes \_\_\_\_\_ No \_\_\_\_\_

In the past seven (7) years, have you been over 120 days delinquent on any debt not previously listed?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list \_\_\_\_\_

### 19. Use of Information Technology

We note, with reference to this section, that neither your truthful responses nor information derived from your responses will be used as evidence against you in a subsequent criminal proceeding. The following questions ask about your use of information technology systems.

In the past seven (7) years, have you illegally or without proper authorization accessed or attempted to access any information technology system?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a description of the incident \_\_\_\_\_

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In the past seven (7) years, have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a description of the incident(s) \_\_\_\_\_

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Have you ever used a computer or any hardware, software, or media to facilitate any criminal offense in violation of federal, state, or local laws or ordinances, whether or not detected?

Yes \_\_\_\_\_ No \_\_\_\_\_

### 20. Involvement in Non-Criminal Court Actions

In the past ten (10) years, have you been party to any public record civil court action not listed elsewhere on this form?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide a description of the action \_\_\_\_\_

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Have you ever had an unemployment compensation claim challenged in any administrative hearing or action?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe \_\_\_\_\_

**21. Association Record**

The following questions pertain to your personal and professional associations. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for rejection of your application or other adverse employment action. If you answer 'yes' to any of the following questions, you will be required to provide a detailed continuation narrative on a separate sheet of paper.

Are you now or have you ever been a member of any organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide full name of organization \_\_\_\_\_

Have you ever been a member of any organization dedicated to the use of violence or force to overthrow the United States Government?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide full name of organization \_\_\_\_\_

Have you ever been a member of any organization, group, or association that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide full name of organization \_\_\_\_\_

Are you now or have you ever been a member of the Communist Party?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide dates of affiliation: From \_\_\_\_\_ to \_\_\_\_\_

Are you now or have you ever been an associate, probationary member, full member, patch holder, or in any way personally connected with any motorcycle group, gang, club, or association that has been identified by law enforcement as a "1%" group? (i.e. Outlaws, Hells Angles, Warlocks, Pagans, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide name of group and dates of affiliation \_\_\_\_\_

Are you now or have you ever been personally associated with any group, club, association or organization that has been identified by law enforcement as a criminal street gang? (i.e. Crips, Bloods, Folk Nation, Latin Kings, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide name of group and dates of affiliation \_\_\_\_\_

Are you now or have you ever been associated with any group, organization, or association that has been identified by law enforcement as a traditional organized crime family or other national/international group involved in racketeering, drug trafficking, or continuing criminal activity? (i.e. Mafia, Cosa Nostra, Travelers, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide name of group and dates of affiliation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you now or have you ever been a member of any club, organization, or association that practices, advocates, or believes in racial, ethnic, or religious hatred or discrimination?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide name of group and dates of affiliation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently have a family member or a close personal association with anyone having a direct connection or affiliation with any criminal organization, 1% motorcycle club, traditional organized crime family, terrorist organization, or any other group with a notorious or criminal reputation?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 22. Driving History

Do you have a valid Florida Driver's License?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide DL number \_\_\_\_\_

Have you ever held a driver's license issued by any other state, country or the U.S. military?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide issuing authority and date \_\_\_\_\_

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had your driver's license suspended or revoked? (Include all states and military licenses held)

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever received a citation, ticket, or summons issued by a law enforcement officer or traffic enforcement officer in any jurisdiction? (Please include Red Light Camera citations)

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, list all citations on a separate sheet of paper and attach to this form)

Have you ever been involved in a motor vehicle crash, whether or not charged or found at-fault?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with a criminal traffic offense? (i.e. reckless driving, traffic homicide, DWI, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide court and disposition \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been denied insurance coverage due to your driving history?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does your driver's license contain any restrictions? (i.e. corrective lenses, business purposes only, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever held a Commercial Driver's License in any State?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list type and class \_\_\_\_\_

If you have previously held a Commercial Driver's License, have you ever been cited for any violation of the Federal Motor Carrier Compliance Regulations or comparable State law or regulation?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify the violation(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all applicable classes/types of motor vehicle that you are currently licensed and proficient to operate:

Sedan/Passenger Car Yes \_\_\_\_\_ No \_\_\_\_\_

Motorcycle Yes \_\_\_\_\_ No \_\_\_\_\_

Light Truck Yes \_\_\_\_\_ No \_\_\_\_\_

School Bus/Passenger Bus Yes \_\_\_\_\_ No \_\_\_\_\_

Semi-Truck/Tractor Trailer Yes \_\_\_\_\_ No \_\_\_\_\_

Hazardous Materials/Tanker Yes \_\_\_\_\_ No \_\_\_\_\_

Do you hold a valid U.S. Coast Guard Marine Operators License? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you hold a Florida Boaters Safety Education Identification Card? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have experience operating a boat or watercraft of 10hp or more? Yes \_\_\_\_\_ No \_\_\_\_\_



## CERTIFICATION

**AFTER COMPLETING THIS FORM AND ANY ATTACHMENTS, YOU SHOULD CAREFULLY REVIEW YOUR ANSWERS TO ALL QUESTIONS TO MAKE SURE THE FORM IS COMPLETE AND ACCURATE AND THEN SIGN AND DATE THE CERTIFICATION AND ALL ATTACHED RELEASE(S).**

The City of Holly Hill, Florida and the Holly Hill Police Department is an Equal Opportunity Employer.

I hereby certify that each response on this application and questionnaire, and all other materials and information I have furnished in applying for employment with the City of Holly Hill Police Department, is true and correct to the best of my knowledge and belief. I understand that any incorrect, incomplete, omission, false statement or misinformation I have furnished may subject me to disqualification, discharge, and possible criminal prosecution, now or at any time in the future.

If hired, I agree to be bound by the terms and conditions of the agency's General Order's Manual and all applicable rules, regulations, protocols, directives and orders.

I understand that copies of my education documents, Birth Certificate, photographic identification, and Social Security number must be submitted prior to commencement of employment, if hired. I fully understand, agree and authorize that all information contained in my employment application and background questionnaire will be fully and completely investigated and verified.

I give my voluntary consent to be medically examined and to provide a sample of my urine, blood and/or hair which may be tested for use of drugs and/or controlled substances at a qualified laboratory or facility of the City's choosing. I understand that should I be offered employment, at any time during my employment with the City of Holly Hill I may be tested as permitted by law to determine whether I am working under the influence of alcohol, drugs or a controlled substance, and that my refusal shall be grounds for immediate termination.

I understand that any offer of employment will be contingent on the satisfactory completion of a medical examination, drug testing, mental health evaluation, physical agility testing, background investigation and polygraph examination, and any other test or examination required to determine my suitability and eligibility for employment as a law enforcement officer.

My signature below swears and affirms that all material and information in my application, background questionnaire, and supplemental documentation which I have supplied is true, correct and accurate to the best of my knowledge and belief. I acknowledge having read the above statement and all authorizations for release of information, which I understand, and I agree to be bound by all the terms and conditions contained therein.

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Signature of Applicant

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Date

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Printed Name of Applicant

## ATTACHMENTS

PLEASE SUBMIT ALL OF THE DOCUMENTS REQUESTED BELOW WITH THIS QUESTIONNAIRE

1. Copy of your Birth Certificate
2. Copy of your Social Security Card
3. Copy of your Florida Driver's License
4. Copy of all Diplomas, Transcripts, and Proof of Education
5. Proof of Military Discharge and DD-214 (Applies to Prior Military)
6. Copy of FDLE Certificate of Completion or Compliance
7. Fully completed employment application and background questionnaire
8. Have your signature notarized on all release forms
9. Fingerprint Cards
10. All supplemental narratives and documents related to background questionnaire responses

## DURATION OF PROCESS

The average duration of the selection and vetting process is eight to ten weeks.

Please be aware that the length of the selection and background investigation process is dependent upon multiple variables such as the applicant's responsiveness to requests for information, the extensiveness of the background investigation, and pending results of the pre-employment examinations and assessments. It is important that you submit clear, concise and comprehensive answers and documentation to all questions listed in the employment application and supplemental background questionnaire.

Discrepancies between the investigative findings and a candidate's self-reporting is the primary reason many applications are rejected. Remember that any or all of your responses may be vetted by polygraph examination. Candidates who intentionally misrepresent their educational achievements or military record may be subject to criminal prosecution under applicable federal and state laws.

If you are unsure of how to answer a question, please ask the Human Resources Department for clarification.

If you make application or obtain employment with another law enforcement agency during the background investigation your application with the Holly Hill Police Department may be rejected for further consideration. Re-applications are considered on a case-by-case basis.

