



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: \$29,300

Special Requirements: Applicant must reside within a 30 mile radius from the Havana Police Department, and possess an Operators/Class "E", State of Florida driver's license at the time of appointment.

Work Schedule: Patrol officers work 12-hour shifts; 0600-1800 and 1800-0600 with every other weekend off.

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

To apply for this position please do the following:

1. Download the Town application in (PDF) or (Word) or stop by the Havana Police Department and pick up an application.
2. Download the Personal History Statement in PDF format or stop by the Havana 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:

Havana Police Department
ATTN: Chief of Police
121 East Seventh Avenue
Havana, Florida 32333

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. Polygraph Examination
5. Oral Board Interview
6. Medical examination & Drug Screening
7. Psychological Interview and Evaluation (MMPI/CPI included)
8. Physical Agility

**TOWN OF HAVANA
HAVANA POLICE DEPARTMENT**

An Equal Opportunity Employer
121 East Seventh Avenue - Havana, Florida 32333
(850) 539-2802

OFFICIAL USE ONLY

Position Applied For:

Date Received:

Applicant Tracking Code:

Closing Date:



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.

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 Town of Havana? Yes No If yes, please name: _____

Have you ever worked for the Town of Havana? 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 language(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 <input type="checkbox"/> No <input type="checkbox"/> 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 Town of Havana Police Department? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Have you ever applied to another Law Enforcement Agency? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 _____				
Have you ever been involved in an internal investigation while assigned to any of the above agencies? Yes <input type="checkbox"/> No <input type="checkbox"/>				
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 _____

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

**TOWN OF HAVANA
711 NORTH MAIN STREET
HAVANA, FLORIDA 32333**

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: _____

TOWN OF HAVANA
HAVANA POLICE DEPARTMENT
121 E. 7th. AVENUE
HAVANA, FLORIDA 32333

AUTHORITY FOR RELEASE OF INFORMATION
(Background Investigation Waiver)

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

APPLICANT'S NAME: _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER (Optional): _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: Havana Police Department

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information you 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. 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 likability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

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

Havana Police Department ATTN: Employment Application 121 E 7th. Ave. Havana, Florida, FL 32333

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 fro 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 Section 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: _____ Notary Public Seal: _____