



**SPRINGFIELD POLICE DEPARTMENT**  
**408 SCHOOL AVENUE**  
**SPRINGFIELD, FLORIDA 32401**  
**(850) 872-7545 (850) 872-7527 FAX**

## Employment Application

Full Time Dispatch  Part Time Dispatch  Administrative

The Springfield Police Department is an Equal Opportunity Employer and Drug Free Workplace. We consider applicants for all positions without regard to race, color, national origin, age, handicap, marital status, religion, or any other legally protected status.

### INSTRUCTIONS

This application must be type written or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If the space is no sufficient for complete answers, or if you wish to furnish additional information, attach additional sheets of paper and number the answers to correspond to the questions.

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_  
First Middle Last Suffix

Address: \_\_\_\_\_  
Address City County State Zip

\_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ (For EEO Purposes Only)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth

Are you a United States Citizen?  Yes  No

If you are naturalized, please provide: \_\_\_\_\_  
Date Place

\_\_\_\_\_  
Court Naturalization Number

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

You have been asked to provide your social security number (SSN). The decision to provide your SSN is optional, but failure to provide your SSN may result in a delay in processing your application or request. The Florida Department of Law Enforcement (FDLE) uses your SSN to track your certification and training. If you provide your SSN, FDLE will use it for purposes of identification, and may share the information with other agencies for the same purpose. FDLE's request for your SSN is authorized by state law because it is imperative for the performance of FDLE's duties and responsibilities pursuant to F.S.S. 119.07(5)(a)(2)a)(II).

Marital Status:  Single  Married  Divorced  Separated  Widowed

List all names you have used including circumstances and the time periods you used them. (For example: maiden names, former names or nicknames.)

\_\_\_\_\_  
Name Circumstance Dates Used

\_\_\_\_\_  
Name Circumstance Dates Used

\_\_\_\_\_  
Name Circumstance Dates Used

\_\_\_\_\_  
Name Circumstance Dates Used

## EDUCATION/TRAINING

### High School

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High School	City/State	Dates Attended	Did You Graduate?	Diploma Type
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High School	City/State	Dates Attended	Did You Graduate?	Diploma Type
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High School	City/State	Dates Attended	Did You Graduate?	Diploma Type
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### University/College

(Attach a diploma or official transcript from the last institution of higher education attended)

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University/College	City/State
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Major/Minor	Did You Graduate?	Type of Diploma
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University/College	City/State
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Major	Did You Graduate?	Type of Diploma
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University/College	City/State
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Major	Did You Graduate?	Type of Diploma
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### Other Schools (Trade, Vocational, Business, or Military)

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University/College	City/State
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Major	Did You Graduate?	Type of Diploma/Certificate
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University/College \_\_\_\_\_ City/State \_\_\_\_\_

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Major \_\_\_\_\_ Did You Graduate? \_\_\_\_\_ Type of Diploma/Certificate \_\_\_\_\_

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University/College \_\_\_\_\_ City/State \_\_\_\_\_

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Major \_\_\_\_\_ Did You Graduate? \_\_\_\_\_ Type of Diploma/Certificate \_\_\_\_\_

Describe any awards, honors, citations, positions held in school organizations, or any other special recognition you received while in school:

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Indication any foreign language you can: Speak: \_\_\_\_\_

Read: \_\_\_\_\_

Write: \_\_\_\_\_

Did you receive a certificate for this training:  Yes  No

Describe any special abilities, interests, and hobbies (including your degree of proficiency):

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Indicate any types of special licenses such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires:

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## EMPLOYMENT HISTORY

List chronologically, beginning with the most recent, all law enforcement employment and all employment for the last ten years. If unemployed for a period of time in the last ten years, set forth dates of unemployment.

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Employer Name	Phone Number
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Address	City	State	Zip
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Position	Supervisor	Dates Employed
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Reason for Leaving

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Employer Name	Phone Number
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Address	City	State	Zip
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Position	Supervisor	Dates Employed
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Reason for Leaving

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Employer Name	Phone Number
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Address	City	State	Zip
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Position	Supervisor	Dates Employed
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Reason for Leaving

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Employer Name Phone Number

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Address City State Zip

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Position Supervisor Dates Employed

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Reason for Leaving

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Employer Name Phone Number

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Address City State Zip

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Position Supervisor Dates Employed

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Reason for Leaving

Have you ever been dismissed, asked to resign, or had any other disciplinary action taken against you from any employment or position you have held?

Yes  No

Have you resigned, or left by mutual agreement, from a job following allegations of misconduct or unsatisfactory job performance?  Yes  No

If you to questions the two above questions, please provide details:

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**ARREST HISTORY/COURT DATA**

Have you ever been arrested, charged, or received a notice to appear/summons for any criminal violation?  Yes  No

Have you ever received a traffic citation, or been charged with a traffic violation (excluding parking citations)?  Yes  No

To your knowledge, has any member of your immediate family been arrested for a criminal violation?  Yes  No

Have you ever been detained by any law enforcement officer for investigative purposes, or to your knowledge have you ever been the subject or suspect of any criminal investigation?  Yes  No

Have you or your spouse ever been plaintiff or defendant in a court action?  
 Yes  No

Have you ever been fingerprinted for any reason?  Yes  No

If you answered yes to any of the above six questions, please provide details. You should list all matters even if not formally charged, found not guilty, or pled nolo contendere. Include your juvenile records and records of any of your arrests which have been sealed, if any.

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**DRIVING HISTORY**

Do you hold a Florida driver license?  Yes  No

License Number: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Class: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Have you ever been issued a driver license in another state?  Yes  No

Have you ever been denied insurance or has your driver license ever been suspended or revoked?  Yes  No

If you answered yes to either of the two above questions, please provide details:

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**MILITARY SERVICE**

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

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Branch of Service Highest Rank

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Serial # Duty Dates

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Type of Discharge Date of Discharge

Are you now, or have you ever been, a member of a reserve unit or the National Guard?  Yes  No

If yes, state the branch of service, name and location of your unit, and whether you attend drills, meetings, or camps:

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Was any type of disciplinary action taken against you in the service?  
 Yes  No

Nature of Offense: \_\_\_\_\_

Action Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **PERSONAL REFERENCES**

Give five references (not relatives or present/former employers) who are responsible adults of respectable standing in their communities who have known you well for the past three years. If retired, provide former occupation.

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Years Known Occupation

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Years Known Occupation

\_\_\_\_\_  
Name Phone Number

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Address City State Zip

\_\_\_\_\_  
Years Known Occupation

\_\_\_\_\_  
Name Phone Number

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Address City State Zip

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Years Known Occupation

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Years Known Occupation

## **SUBSTANCE USE**

**Have you ever used any of the following:**

Alcohol \_\_\_\_\_  
Last Date Used Frequency

Marijuana \_\_\_\_\_  
Last Date Used Frequency

Cocaine \_\_\_\_\_  
Last Date Used Frequency

Opiates \_\_\_\_\_  
Last Date Used Frequency

Amphetamines \_\_\_\_\_  
Last Date Used Frequency

Prescription (Not Prescribed) \_\_\_\_\_  
Last Date Used Frequency

Other \_\_\_\_\_  
Last Date Used Type Frequency



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I, \_\_\_\_\_, have applied for a position with the Springfield Police Department. I am fully aware a representative from the Springfield Police Department will conducting a thorough investigation and officers will be making inquires of medical, school, and certain other records.

I hereby give my permission for any physician or other person who has attended me, any school official, court, police agency, credit bureau, employer, firm or person with pertinent information to disclose any information requested by the Springfield Police Department, and also waive all provisions of law forbidding the disclosure of such information.

I recognize the right of the Springfield Police Department to treat, at its discretion, certain sources as confidential, and its right to withhold from me or my agent the names of such confidential sources and information obtained therefrom.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Affidavit

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me personally appeared, \_\_\_\_\_, who is personally known or produced identification \_\_\_\_\_, who says he/she executed the above instrument on his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed this \_\_\_\_\_ day of \_\_\_\_\_

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

Commission Expires: \_\_\_\_\_



## SPRINGFIELD POLICE DEPARTMENT

408 School Avenue  
Springfield, Florida 32401  
(850) 872-7545

I hereby authorize the Springfield Police Department to process a set of my fingerprints for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me to determine eligibility for employment or licensure.

I understand the following:

- My fingerprints will be retained at the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI) for the purposes of providing notice to any subsequent modifications to my criminal history record.
- If requested, the Springfield Police Department will provide me with a copy of my FBI criminal history records for review and possible challenge.
- A copy of any national criminal history record that may pertain to me can be obtained directly from the FBI.
- I am entitled to challenge the accuracy and completeness of any information contained in any such criminal history records pursuant to F.S.S. 943.056 and Title 28, CFR, Section 16.30-34.
- I am entitled, within a reasonable amount of time, to a determination as to the validity of my challenge before a final decision is made regarding my status as an employee, volunteer, contractor, or subcontractor if it is the sole factor precluding my employment or unescorted access to the secure facility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

SERVICE

PROFESSIONALISM

DEDICATION