



SPRINGFIELD POLICE DEPARTMENT

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

Application for Employment

Full Time Sworn Part Time Sworn

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. If a question does not apply you should write "N/A", do not leave it blank. Applications which are not complete will not be considered. If the space is not 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.

Please attach the following documentation to your application:

- Proof of US Citizenship
 - Birth Certificate or
 - Naturalization Papers or
 - US Passport
- Driver License
- Social Security Card
- High School Diploma/GED
- DD214, if applicable
- Name Change Documents (Marriage License, Divorce Decree, Etc.), if applicable.
- CJSTC Form 58 (Authority for Release of Information)
- Any applicable certifications you wish to provide.

Prior to submitting your application, you should contact the Bay County Sheriff's Office at (850) 872-7545 or the Gulf Coast State College North Bay Center at (850) 747-3233 to have your fingerprints processed. If needed, our ORI is FL0030500.

PERSONAL INFORMATION

Full Name: _____
First Middle Last Suffix

Address: _____
Address City County State Zip

Home Phone Work Phone Cell Phone

Date of Birth Place of Birth

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Race: American Indian/Alaska Native Asian Black or African American
 Hispanic/Latin Native Hawaiian/Other Pacific Islander White Two or More Races

Gender: Male Female

We request you provide your race and gender to allow us to provide the information to the U.S. Equal Employment Opportunity Commission (EEOC) in accordance with federal guidelines.

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

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

University/College

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

University/College	City/State	
Major/Minor	Did You Graduate?	Type of Diploma
University/College	City/State	
Major	Did You Graduate?	Type of Diploma
University/College	City/State	
Major	Did You Graduate?	Type of Diploma

Other Schools (Trade, Vocational, Business, or Military)

University/College City/State

Major Did You Graduate? Type of Diploma/Certificate

University/College City/State

Major Did You Graduate? Type of Diploma/Certificate

University/College City/State

Major Did You Graduate? Type of Diploma/Certificate

Law Enforcement Training

Training Center City/State

Program Contact Phone Number Graduation Date

Training Center City/State

Program Contact Phone Number Graduation Date

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

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):

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:

Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (Ex: Two-way radios, breathalyzer, speed measurement equipment, firearms, etc.)

Do you have any special training with K-9s? Yes No

If yes, provide details: _____

Would you be willing to transfer to a K-9 unit? Yes No

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.

Employer Name Phone Number

Address City State Zip

Position Supervisor Dates Employed

Reason for Leaving

Employer Name Phone Number

Address City State Zip

Position Supervisor Dates Employed

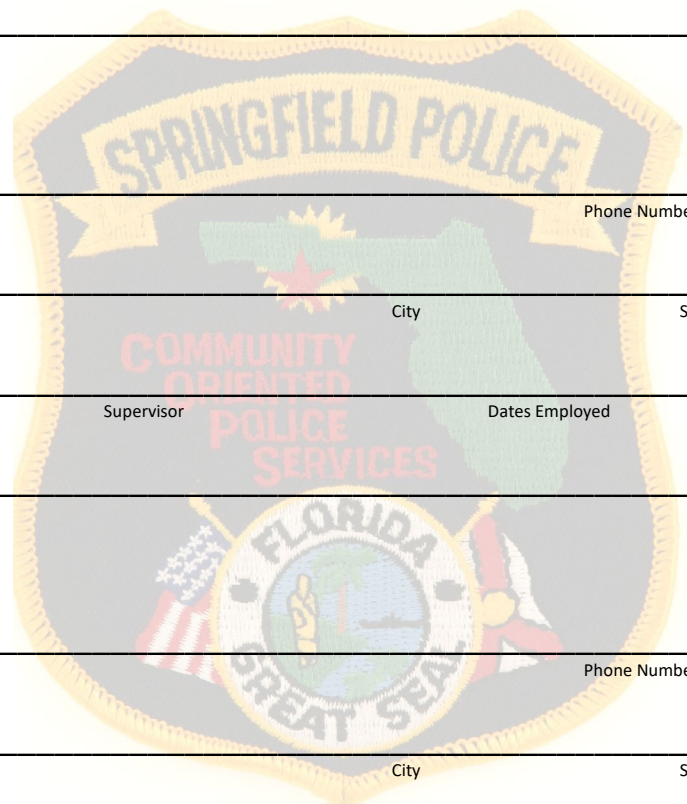
Reason for Leaving

Employer Name Phone Number

Address City State Zip

Position Supervisor Dates Employed

Reason for Leaving



Employer Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Position _____ Supervisor _____ Dates Employed _____

Reason for Leaving _____

Employer Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Position _____ Supervisor _____ Dates Employed _____

Reason for Leaving _____

Employer Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Position _____ Supervisor _____ Dates Employed _____

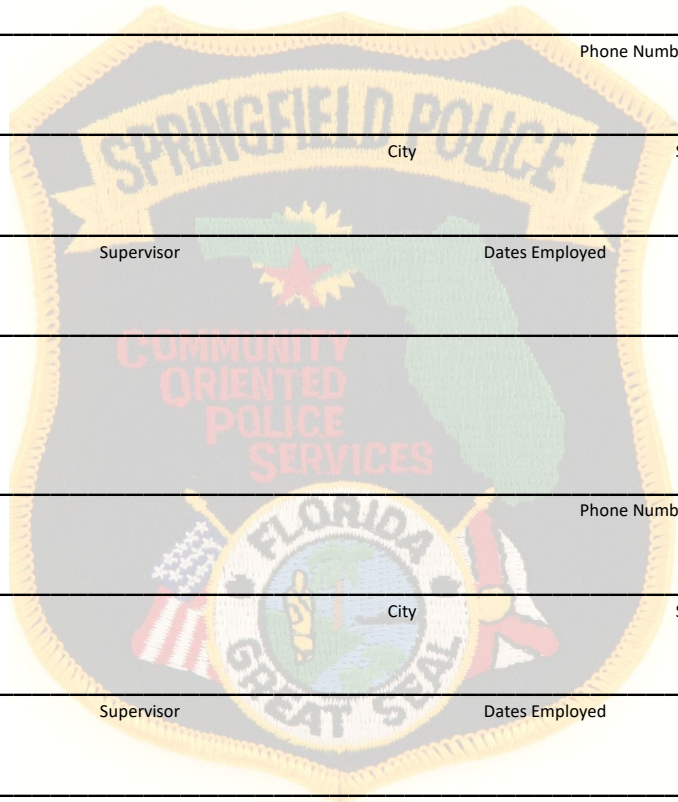
Reason for Leaving _____

Employer Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Position _____ Supervisor _____ Dates Employed _____

Reason for Leaving _____



List any law enforcement agencies you have applied to in the past five years, or performed any paid or unpaid work for:

Agency Address Date

Agency Address Date

Agency Address Date

Agency Address Date

Agency Address Date

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

Have you ever been the subject of an Internal or Administrative Investigation by a law enforcement agency? Yes No

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

Do you own a business, or are you a partner or corporate officer, in any business/organization not listed as an employer? Yes No

If yes please provide details:

RESIDENCES

List chronologically, beginning with the most recent, all addresses in the last ten years, including addresses while at school and in the military. For college campus residences, give dormitory name, city, and state. If residences in military service cannot be shown as a street address, indicate complete military unit designation and location by city and state.

Dates of Residence _____ Address _____

City _____ County _____ State _____ Zip _____

Dates of Residence _____ Address _____

City _____ County _____ State _____ Zip _____

Dates of Residence _____ Address _____

City _____ County _____ State _____ Zip _____

Dates of Residence _____ Address _____

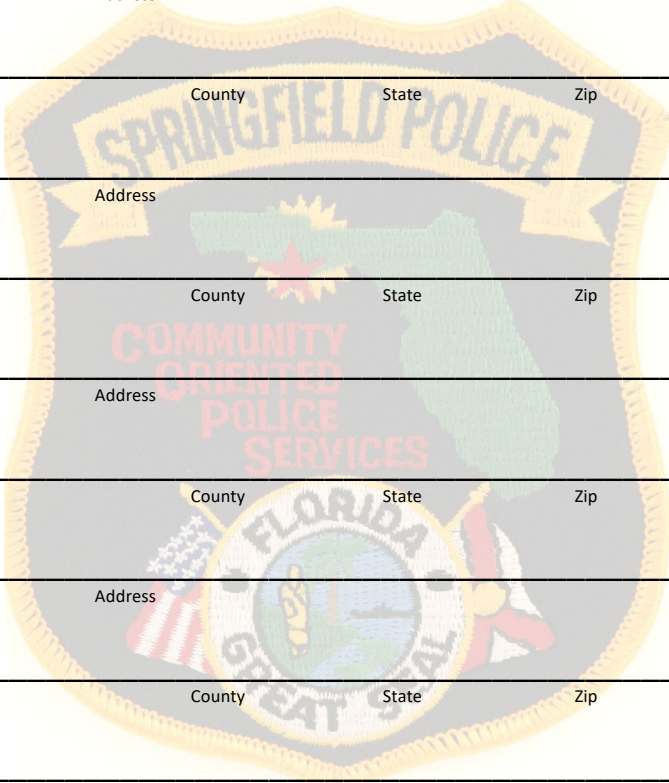
City _____ County _____ State _____ Zip _____

Dates of Residence _____ Address _____

City _____ County _____ State _____ Zip _____

Dates of Residence _____ Address _____

City _____ County _____ State _____ Zip _____



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.

A large, semi-transparent watermark logo for the Springfield Police Community Services is centered on the page. The logo features a shield with the text "SPRINGFIELD POLICE" at the top, "COMMUNITY SERVICES" in the middle, and "FLORIDA GREAT SEAL" at the bottom. The shield also contains symbols of a sun, a palm tree, a globe, and a scale of justice.

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:

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

MILITARY SERVICE

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

Branch of Service _____ Highest Rank _____

Serial # _____ Duty Dates _____

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:

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

Address City State Zip

Years Known Occupation

Name Phone Number

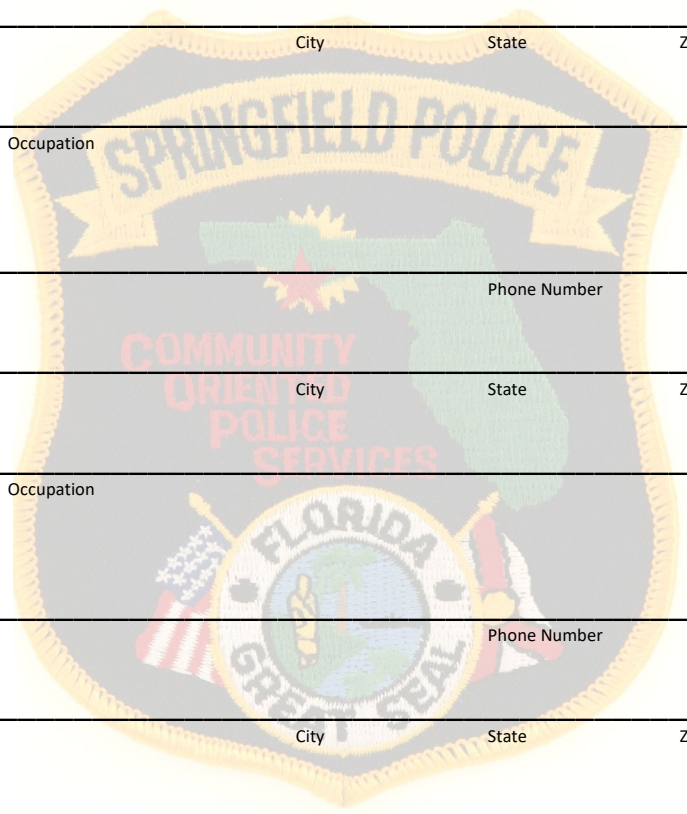
Address City State Zip

Years Known Occupation

Name Phone Number

Address City State Zip

Years Known Occupation



ORGANIZATION MEMBERSHIP

List all clubs and societies of which you are or have been a member:

Organization Name	City/State	Position	Present or Former
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Organization Name	City/State	Position	Present or Former
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Organization Name	City/State	Position	Present or Former
-------------------	------------	----------	-------------------

Organization Name	City/State	Position	Present or Former
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Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group, or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence, deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? Yes No

Have you ever made a financial contribution or other material contribution to any organization of the type described above? Yes No

At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? Yes No N/A

Did you intend to promote any unlawful aims of the organization? Yes No N/A

If you answered yes to any of the above four questions, please provide details:

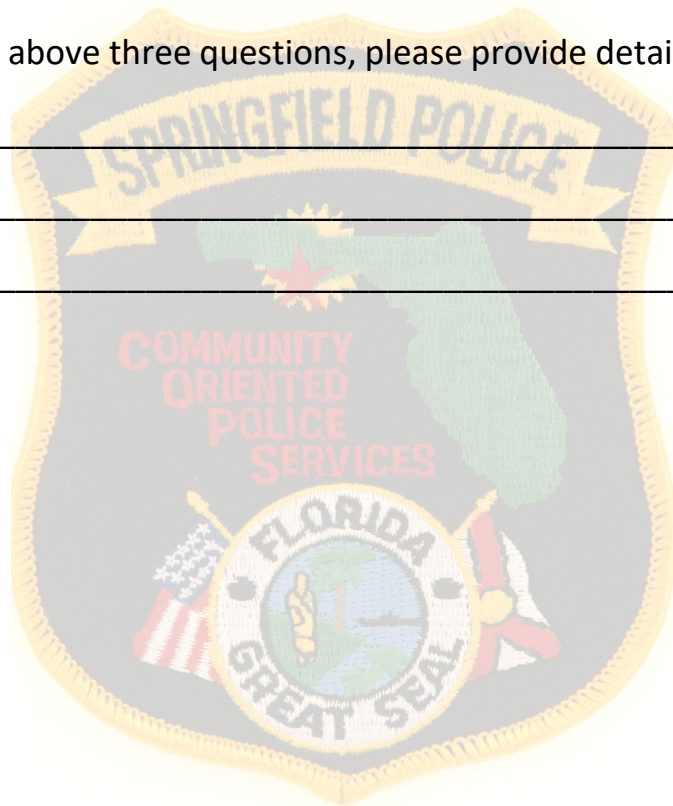
BUSINESS INTERESTS AND LICENSES

Do you own, or have you have owned, any stock or interest in any firm, partnership, or cooperation dealing wholly or partly in the sale or distribution of alcoholic beverages? Yes No

Have you ever been issued a license to engage in a business or profession? Yes No

If you have had a licensed issued, was it ever suspended, revoked, or involuntarily cancelled? Yes No

If yes to any of the above three questions, please provide details:





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



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

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



CJSTC 58

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:

AGENCY REQUESTING BACKGROUND INFORMATION: Springfield Police Department

ADDRESS: 408 School Avenue Springfield, Florida 32401

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. 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 copy 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 copies from my military personnel and related medical records, including a copy 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

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF COUNTY OF

Sworn to (or affirmed) and subscribed before me by means of Physical Presence OR Online Notarization this day of year, By

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced