



GROVELAND POLICE DEPARTMENT

Shawn Ramsey, Chief of Police

408 W. Orange Street, Groveland, Florida 34736

Phone: (352)-429-4166 Fax: (352)-429-5559



APPLICATION

Thank you for your interest in employment with the Groveland Police Department. This application must be either typed or printed legibly. Non-legible applications will NOT be accepted. Applications MUST be submitted in person to the Groveland Police Department unless otherwise instructed.

COMPLETE THE APPLICATION AS FOLLOWS:

Answer ALL questions - if a question does not apply to you, place an "N/A" in the blank space provided for your answer.

Provide names of former employers along with their complete mailing addresses (including zip code), a good contact phone number, and your dates of employment, your rate of pay, your job title and specific duties.

List complete and correct physical and mailing addresses (including zip code) of your former residences.

This application MUST include certified copies of the following:

1. Birth Certificate
2. High School Diploma
3. Proof of Name Change (if applicable)

This application MUST also include copies of the following:

1. Driver's License
2. Social Security Card
3. DD 214 Form – Military Service Discharge Documents (if applicable)
4. Sealed College Transcripts (if applicable)
5. Police Academy Certificate (if applicable)
6. State Officer Certification Examination Test Results (CJSTC 516) or State Law Enforcement Certification (if applicable).

Note: Any falsification of information on your application will automatically disqualify you from consideration for employment with Groveland Police Department.

ACKNOWLEDGMENT:

You are hereby informed that a thorough background investigation, including information regarding your character, general reputation, personal characteristics, and mode of living will be part of the application process. This information is solely for the purpose of evaluating your qualifications and eligibility for employment with The Groveland Police Department. The submission of this application carries the understanding that you are authorizing The Groveland Police Department to contact any and all available sources for the purpose of obtaining information regarding your qualifications.

EXAMINATIONS:

Prior to making a final recommendation for hire, applicants being considered for employment / placement will be required to undergo a thorough background investigation in addition to the following selection process examinations:

1. Oral Board Interview
2. Polygraph
3. Psychological
4. Physical / Drug Screen
5. Written Examination
6. Physical Assessment Test (P.A.T.)

NOTE: The City of Groveland and its Police Department provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws. This applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, and transfer, leaves of absence, compensation and training.



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An Equal Opportunity Employer

APPLICATION



Position: _____

Applicant Name: _____
(Last) (First) (Middle)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Alternate Phone #: _____ Social Security #: _____

Email: _____ Social Media Addresses: _____

Do you have a valid Florida driver license? Yes / No License Class: _____
Driver License #: _____
Expiration Date: _____

Are you at least 18 years of age for civilian employment or 19 years of age for sworn employment? Yes / No

Are you legally authorized to work in the United States? Yes / No

(Note: Employment is subject to verification of minimum legal age and the provision of documentation to confirm U.S. work authorization.)

Have you ever served in the US Armed Forces? Yes / No If yes, complete following information:
Branch: _____ Entry Date: _____ Discharge Date: _____

Discharge Type: _____

(Note: Explain a dishonorable discharge, so the underlying circumstances can be weighed individually to avoid an improper disqualification.)

Are you claiming Veteran's employment preference? Yes / No If yes, file documentation with application.

Are you now using or have you ever used illegal controlled substances or illegal drugs? Yes / No
If yes, explain: _____

Have you ever been employed by the City of Groveland? Yes / No If yes, when? _____

Have you ever been dismissed from a job for inefficiency, delinquency, misconduct, or other reason? Yes / No
If yes, when? _____ Describe circumstances: _____



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Have you ever been formally or informally accused of unlawful harassment or discrimination? Yes / No

If yes, when? _____ Describe circumstances: _____

Are you currently under charges for any offense against the law? Yes / No

If yes, describe charges: _____

Have you EVER at any time had adjudication withheld, plead guilty, no contest or been convicted of ANY offense against the law? Yes / No

If yes, describe circumstances: _____

(Note: a conviction is not necessarily a disqualifying factor. Truthfully give all facts so a decision can be made.)

Have you ever been a defendant in a civil action for an intentional tort? Yes / No

If yes, explain: _____

EDUCATION

Level of Education	School Name Street Address City / State / Zip	Course of Study	Years to Complete # of Credits	Degree / Diploma Received?	
				Yes / No	Type
G.E.D.				<input type="checkbox"/> Yes / <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Trade School				<input type="checkbox"/> Yes / <input type="checkbox"/> No	
College / University				<input type="checkbox"/> Yes / <input type="checkbox"/> No	

List other education or special courses taken (include total hours and the training provider / sponsor name.)



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Answer if applicable: Is G.E.D. sanctioned by a State Board of Education? Yes / No

While in school were you ever suspended, expelled, or otherwise disciplined? Yes / No

If yes, please explain: _____

List honors, awards, scholarships, etc.: _____

Extracurricular activities: _____

Foreign language spoken: _____

Foreign language read: _____

Foreign language written: _____

Certification / License Type	Are You Certified or Licensed?	Issued In / By Which State	Date Issued (Mo / Yr)	Expiration Date (Mo / Yr)
Building Inspector	<input type="checkbox"/> Yes / <input type="checkbox"/> No			
Code Enforcement – Level I, II or III	<input type="checkbox"/> Yes / <input type="checkbox"/> No			
Emergency Medical Technician (EMT)	<input type="checkbox"/> Yes / <input type="checkbox"/> No			
Firefighter Minimum Standards	<input type="checkbox"/> Yes / <input type="checkbox"/> No			
Lifeguard	<input type="checkbox"/> Yes / <input type="checkbox"/> No			
Paramedic	<input type="checkbox"/> Yes / <input type="checkbox"/> No			
Police Officer Minimum Standards	<input type="checkbox"/> Yes / <input type="checkbox"/> No			
Wastewater Treatment Operator A, B or C	<input type="checkbox"/> Yes / <input type="checkbox"/> No			
Water Treatment Operator A, B or C	<input type="checkbox"/> Yes / <input type="checkbox"/> No			
Water Safety Instructor (WSI)	<input type="checkbox"/> Yes / <input type="checkbox"/> No			
Other:	<input type="checkbox"/> Yes / <input type="checkbox"/> No			
Other:	<input type="checkbox"/> Yes / <input type="checkbox"/> No			



EMPLOYMENT HISTORY
 (Begin with present employer and list all jobs held since you started working)

1. Company Name: _____ Street: _____ City: _____ State / Zip Code: _____ Telephone #: _____ Supervisor Name: _____ Pay Rate Start: _____ End: _____ Job Title: _____	Employed From: _____ To: _____ Duties: _____ _____ Reason for Leaving: _____ _____ _____
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2. Company Name: _____ Street: _____ City: _____ State / Zip Code: _____ Telephone #: _____ Supervisor Name: _____ Pay Rate Start: _____ End: _____ Job Title: _____	Employed From: _____ To: _____ Duties: _____ _____ Reason for Leaving: _____ _____ _____
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3. Company Name: _____ Street: _____ City: _____ State / Zip Code: _____ Telephone #: _____ Supervisor Name: _____ Pay Rate Start: _____ End: _____ Job Title: _____	Employed From: _____ To: _____ Duties: _____ _____ Reason for Leaving: _____ _____ _____
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4. Company Name: _____ Street: _____ City: _____ State / Zip Code: _____ Telephone #: _____ Supervisor Name: _____ Pay Rate Start: _____ End: _____ Job Title: _____	Employed From: _____ To: _____ Duties: _____ _____ Reason for Leaving: _____ _____ _____
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<p>5. Company Name: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State / Zip Code: _____</p> <p>Telephone #: _____</p> <p>Supervisor Name: _____</p> <p>Pay Rate Start: _____ End: _____</p> <p>Job Title: _____</p>	<p>Employed From: _____ To: _____</p> <p>Duties: _____</p> <p>Reason for Leaving: _____</p>
<p>6. Company Name: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State / Zip Code: _____</p> <p>Telephone #: _____</p> <p>Supervisor Name: _____</p> <p>Pay Rate Start: _____ End: _____</p> <p>Job Title: _____</p>	<p>Employed From: _____ To: _____</p> <p>Duties: _____</p> <p>Reason for Leaving: _____</p>
<p>7. Company Name: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State / Zip Code: _____</p> <p>Telephone #: _____</p> <p>Supervisor Name: _____</p> <p>Pay Rate Start: _____ End: _____</p> <p>Job Title: _____</p>	<p>Employed From: _____ To: _____</p> <p>Duties: _____</p> <p>Reason for Leaving: _____</p>
<p>8. Company Name: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State / Zip Code: _____</p> <p>Telephone #: _____</p> <p>Supervisor Name: _____</p> <p>Pay Rate Start: _____ End: _____</p> <p>Job Title: _____</p>	<p>Employed From: _____ To: _____</p> <p>Duties: _____</p> <p>Reason for Leaving: _____</p>



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PERSONAL DATA

Applicant Name: _____

Maiden Name (if applicable): _____

Have you ever had your name legally changed? Yes / No

If you answered "Yes" to the above question, what was:

1. Your previous name(s): _____

2. Date and location of change: _____

3. Reason for change: _____

Have you ever been known by any other name? Yes / No

If you answered "Yes", list all names (include nicknames and street names): _____

Date of Birth: _____ Place of Birth: _____

Are you eligible to work in the United States? Yes / No

List all social networking addresses: _____

PLACES OF RESIDENCE

(Note: List in chronological order all previous places of residence since elementary school. Begin with your present address and work backwards. If necessary, attach a separate sheet of paper for additional residences.)

From / To (Month / Year)	Street Address	City	State	Zip



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CAREER INTEREST

Names of relatives and friends employed by GPD: _____

Have you ever worked for or applied to GPD before? Yes / No

If yes, explain: _____

Have you ever applied to any other law enforcement agency? Yes / No

If yes, complete the following chart:

Date Applied	Agency Name	Reason for Non-Selection

Are you currently on any employment eligibility list? Yes / No

If yes, state agency name(s): _____

Have you had any law enforcement training by any local, state or federal agency? Yes / No

If yes, complete the following chart:

Date	Location	Training Received	Certificate Title (If Applicable)

If it becomes necessary in the course of performing the duties of a police officer to take a human life, would you have reluctance to do so? Yes / No

If yes, explain: _____



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Have you ever been dismissed, disciplined, and/or asked to resign employment due to misconduct or unsatisfactory service and/or job performance? Yes / No

If "Yes", complete below chart:

Date	Employer Name	Description of Circumstances

DRUG USE

Have you ever used an illegal drug? Yes / No

If "Yes", complete the below chart:

Date(s)	Type of Drug Used	Circumstances Leading to Usage

Have you ever used a prescription drug prescribed for someone else? Yes / No

If "Yes", complete the below chart:

Date(s)	Type of Prescription Medication	Circumstances Leading to Usage



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MILITARY RECORD

If you have NEVER served in the Armed Forces of the United States, please SIGN the below statement:

I, _____, have never served in any branch of the United States Armed Forces.

 Signature of Applicant

If you HAVE served in the Armed Forces of the United States, please complete the following:

Branch of Service: _____ Highest Rank: _____

Service #: _____

Duty Dates: From: _____ To: _____ From: _____ To: _____

Branch of Service: _____ Highest Rank: _____

Service #: _____

Duty Dates: From: _____ To: _____ From: _____ To: _____

Military specialization and duties: _____

Are you now or have you ever been a member of the Reserve Unit of the National Guard? Yes / No
 If "Yes", state the branch of service, name and location of your unit and whether you attended drills, meetings, or camps: _____

Have you ever been tried on charges, or were you the subject of a summary court, court martial, deck court, captain's mast, company punishment, or any other type of disciplinary action while a member of the armed forces?
 Yes / No If "Yes", please provide the following details:

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____



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FOREIGN MILITARY RECORDS

Have you ever served in the Armed Forces of any foreign nation? Yes / No

If "Yes", indicate Nation: _____ Highest Rank Held: _____

Duty Dates: From: _____ To: _____ Type of Separation: _____

RESIDENCE

Own / Buying: _____ Renting: _____ Leasing: _____ Living w/ Relatives / Friends: _____ Other: _____

If "Other", please explain: _____

FINANCIAL HISTORY

Have you ever been a party to a financially related court action? Yes / No

If "Yes", please explain: _____

If you are responsible for making child support payments, has legal action ever been taken against you for either failing to make payments or delaying payments? Yes / No

If "Yes", please explain: _____

Have you ever been bonded? Yes / No

If employed by Groveland PD, do you anticipate any income other than your Yes / No

salary? If "Yes, list sources of income: _____



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CRIMINAL AND JUVENILE RECORD

Have you ever been arrested, charged or received a notice or summons to appear for any criminal violation?

Yes / No

Have you ever been convicted of a felony and/or misdemeanor? Yes / No

Have you ever been detained by any law enforcement officer for investigative purposes OR have you ever been the subject of OR a suspect in any criminal investigation? Yes / No

If you answered “Yes” to the above questions, please complete the following chart even if you were not formally charged, did not appear in court, pled not guilty or nolo contendere, had adjudication withheld or deferred, were found not guilty, or had the matter settled by payment of a fine or forfeiture of collateral. Note: include all matters taking place while you were classified as a juvenile under the law of any state.

Date	Charge	Agency	Court	Disposition

To your knowledge, has any member of your family ever been arrested for any reason other than a traffic violation?

Yes / No If “Yes”, complete below chart:

Relatives Name	Relationship	Date	Charge	Disposition

Have you ever been reported as a missing person? Yes / No

If “Yes”, please explain: _____

Have you (or your spouse if applicable) ever been the plaintiff or defendant in a civil and/or criminal court case?

Yes / No If “Yes”, please explain below:



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GANGS / GROUPS

Have you ever belonged to or been associated with any criminal youth gang such as the Bloods, Crips, Latin Kings, Folk Nation, People Nation, etc. either locally or in another state? Yes / No

If "Yes", please explain: _____

Have you ever belonged to or been associated with any criminal motorcycle gang such as the Hell's Angels, Pagans, Outlaws, etc. either locally or in another state? Yes / No

If "Yes", please explain: _____

Have you ever been the member of any local or national group that advocates hatred against another race?
 Yes / No

If "Yes", please explain: _____

Have you belonged to or associated with any local or national group which advocates the overthrow of the government of the United States? Yes / No

If "Yes", please explain: _____



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MOTOR VEHICLE OPERATING RECORD

Can you operate a motor vehicle? Yes / No

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

If "Yes", please complete the below chart:

Date	Location	Charges	Final Disposition

Have you ever been refused a driver license by any state? Yes / No

If "Yes", please explain: _____

Have you ever received a traffic citation other than parking? Yes / No

Date	Agency	State	Charge	Final Disposition

Do you have any unpaid or outstanding summonses against you for any parking violation? Yes / No

If "Yes", please explain: _____

Have you ever been declined an automobile insurance policy or had a policy cancelled? Yes / No

If "Yes", please explain: _____



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REFERENCES

Fill in the names of persons NOT RELATED TO YOU and NOT FORMER EMPLOYERS who have known you for at least five (5) years. All persons listed may be contacted and asked to appraise your character, ability, experience, personality, and other qualities. Make certain their contact information is current and accurate.

1. Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Years Known: _____

2. Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Years Known: _____

3. Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Years Known: _____



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LOYALTY

Have you ever, by word of mouth or in writing, advocated, advised, or taught the doctrine that the Government of the United States of America, or any political subdivision thereof, should be overthrown by force, violence, or any unlawful means? Yes / No

POLYGRAPH EXAMINATION

Are you willing to take a polygraph examination to verify all information supplied in this application and all other information supplied by you to the Groveland Police Department? Yes / No

Applicant's Signature

If "No", state your reason: _____

TRAINING STATUTE

Be in enacted by the Legislature of the United States of Florida: Section 1, Section 943-16, Florida Statutes, is amended to read:

943-16: Payment of tuition or officer certification examination fee by employing agency; reimbursement of Tuition, other course expenses, wages and benefits.

- (1) An employing agency is authorized to pay any cost of tuition of a trainee in attendance at an approved basic recruit training program.
- (2) A trainee who attends such approved training program at the expense of any employing agency must remain in the employment or appointment of such employing agency for a period of not less than two (2) years after graduation from the basic recruit training program. If employment or appointment is terminated on the trainee's Own initiative within two (2) years, he or she shall reimburse the employing agency for the full cost of his or her Tuition and other course expenses.
- (3) An employing agency may institute a civil action to collect such cost of tuition and other course expenses as provided in this section if it is not reimbursed, provided that the employing agency gave written notification to the trainee of the two-year employment commitment during the employment screening process. The trainee shall return signed acknowledgement of receipt of such notification.
- (4) For purposes of this section, the term "other course expenses" include the cost of meals.
- (5) This section does not apply to trainees who terminate employment with the employing agency and resign their certification upon termination in order to obtain employment for which certification under this chapter is not required. Further, this section does not apply to trainees attending auxiliary officer training.

I, _____, have read and agree to the contents of the aforementioned Statute.

Applicant's Signature



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An Equal Opportunity Employer

READ THIS APPLICATION AND YOUR ANSWERS CAREFULLY BEFORE SIGNING BELOW

I, _____, affirm that all statements made by me on this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that if I make any misstatements or omissions of fact, I am subject to disqualification or dismissal and to such other penalties prescribed by law, personnel policy or regulations. I am aware that statements made by me in this application are subject to later investigation. I am further aware that should any investigation disclose any misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected. If already appointed, I may be dismissed. I voluntarily give The Groveland Police Department, or its duly authorized representative, the right to make a thorough investigation of my past employment and activities. I agree to cooperate in such investigation and I further release from all liability and responsibility any and all persons, companies or corporations supplying such information.

Please sign below in the presence of a Notary.

Applicant's Signature: _____ Date: _____

State of Florida
 County of _____

Sworn to before me this _____ day of _____, 20 _____

 Signature of Notary

(Notary Seal)

DO NOT WRITE IN THIS SECTION
 (For Human Resources – Office Use Only)



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An Equal Opportunity Employer

**FCRA NOTICE AND CONSENT
 CITY OF GROVELAND**

PLEASE READ THIS NOTICE AND CONSENT FORM CAREFULLY

This notice and consent form is provided to you in compliance with the Fair Credit Reporting Act (“FCRA”). The FCRA is a federal law governing the provision of certain data to employers by third-party providers called “consumer reporting agencies.”

In connection with your application and/or employment, and provided that you give written consent below, The Groveland Police Department may obtain a consumer report containing information about you. A consumer report is defined as a written, oral, or other communication of any information by a consumer reporting agency bearing on your creditworthiness, credit standing, credit capacity, character, general reputation, general personal characteristics, or mode of living (including criminal history and background), which will be used or will be expected to be used or collected whole or in part for the purpose of serving as a factor in establishing your eligibility for employment. Please be informed and understand that you may obtain a copy of any such report, and that you may dispute the accuracy or completeness of the information report to the City of Groveland Police Department by writing or calling the consumer reporting agency directly.

I hereby agree and consent that the City of Groveland conduct security consumer report(s) on me, and using the consumer report(s) in whole or in part in arriving at a decision regarding my employment.

Applicant’s Signature: _____ Date: _____



A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - o a person has taken adverse action against you because of information in your credit report;
 - o you are the victim of identity theft and place a fraud alert in your file;
 - o your file contains inaccurate information as a result of fraud;
 - o you are on public assistance or
 - o you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

(continued on next page)



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- You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.
- Enforcement and other rights. States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

The information requested below is used for EEO (Equal Employment Opportunity) purposes only and NOT to evaluate your application for employment with The Groveland Police Department. Completion of this form by you is strictly voluntary. You are NOT legally required to supply this information; however, your Assistance in doing so is appreciated. Thank you.

Date: _____ Position Applied For: _____

Gender: Male / Female

Age Group: 16 - 22
 23 - 39
 40 - 70
 Over 70

Race / Ethnic Origin: White, Non-Hispanic or Latino
 Black or Black and White, Non-Hispanic or Latino
 Hispanic or Latino
 Asian or Asian and White, Non-Hispanic or Latino
 American Indian / Alaskan Native, Non-Hispanic or Latino
 Native Hawaiian – Other Pacific Islander, Non-Hispanic or Latino
 2+ Races, Non-Hispanic or Latino

Disabled: Yes / No If “Yes”, describe disability: _____

Military Status: Non-Veteran
 Veteran
 Disabled Veteran

Actively Served During Which (Check Applicable): WWII / Korea Persian Gulf
 Iraq / Afghanistan
 Operation Enduring Freedom
 Other: _____

How did you hear about the position to which you are applying?

Walk-In / General Job Search News Chief
 Search Firm or Employment Agency The Ledger
 Civic / Professional Organization Other Newspaper
 Internet / City Website Magazine / Publication
 City of Groveland Employee Word of Mouth
 College or University Other: _____



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: _____

ADDRESS: _____

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 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 _____

AFFIDAVIT OF APPLICANT
Incorporated by Reference in Rule 11B-27.002(1)(f), F.A.C.



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

Social Security Number: _____

Applicant's Legal Name: _____
Last First MI

Employing agency: _____

Use this form to verify your compliance with the employment requirements of Section 943.13, F.S. I fully understand that to qualify for employment as a law enforcement, correctional, or correctional probation officer, I shall comply with the following provisions of Section 943.13, F.S.:

- Be at least 19 years of age.
- Be a citizen of the United States.
- Be a high school graduate or equivalent.
- Not have been convicted of any felony or of a misdemeanor involving perjury or false statement. Any person who, after July 1, 1981, pleads guilty or nolo contendere to or is found guilty of a felony or of a misdemeanor involving perjury or a false statement shall not be eligible for employment or appointment as an officer, notwithstanding suspension of a sentence or withholding of adjudication.
- Have been fingerprinted by the employing agency.
- Have passed a physical examination by a licensed medical specialist approved in Rule 11B-27.002(1)(d), F.A.C..
- Be of good moral character.
- Have not received a dishonorable discharge from the U.S. Military.

True False NA In addition, I attest to the following statements: Each statement shall be checked "True" "False" or "NA"

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. I completed my employment application and it is true and correct, and all other information I furnished in conjunction with my application is true and correct.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. I provided documentation of proof of my qualifications to the above listed employing agency.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. I meet the qualifications as specified above.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. I had a criminal record sealed pursuant to Section 943.059(4)(a), F.S. , or expunged pursuant to Section 943.0585(4)(a), F.S.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. I am under investigation by a local, state, or federal agency or entity for criminal, civil, or administrative wrongdoing to the best of my knowledge and belief.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. I separated or resigned from a previous criminal justice employment while under investigation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. I am currently serving in good standing in the U.S. Military.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. I previously served in the U.S. Military.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. I received a dishonorable discharge from my previous U.S. Military service.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. I am currently certified as a Florida criminal justice officer in the following area(s): Please check the appropriate box(es). <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Correctional Probation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. I authorize the employing agency listed above to apply for my certification. Please check the appropriate box(es). <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Correctional Probation

NOTICE: This document shall constitute as an official statement within the purview of Section 837.06, F.S., and is subject to verification by the employing agency and the Criminal Justice Standards and Training Commission. Any intentional omission when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify the officer for employment as an officer.

PLEASE READ CAREFULLY BEFORE SIGNING. You must complete the remainder of this affidavit in the presence of a notary public. Upon witnessing your signing of this affidavit, a notary public shall complete the notary block by entering the same date the affidavit is signed. I hereby certify that to the best of my knowledge and belief, the information that I've entered on this form is true.

12. _____ Applicant's Signature
13. _____ Date Signed

14. OATH

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

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me 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 _____

*NOTE: Private Correctional facilities must submit original and shall forward the completed affidavit stapled to the Registration of Employment, Affidavit of Compliance Form CJSTC-60 to FDLE, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section



Groveland Police Department



Communications Officer Pre-Employment Acknowledgement

Applicant's Name: _____

Date: _____

Experience has shown that many applicants for the Communications Operator position consider only certain aspects of the position, while ignoring less appealing features. As a result, when new employees encounter undesirable job features, they sometimes react by leaving the position before training is completed or within a few months of release from the training program.

While there are many satisfying and rewarding aspects of the Communications Operator position, there is no question that they make significant contributions to the welfare and safety of our fellow citizens and law enforcement officers; however, it is important for applicants to carefully consider **BOTH** the negative and positive features of a new career **BEFORE** considering the position.

Below is a list detailing various aspects of the Communications Operator position that many applicants are often unaware of. This information is being provided as part of the application process, so that applicants may have a descriptive overview of topics that may be encountered in this type of position.

This information should be carefully considered when applying for the Communications Officer position. Applicants may consider discussing these topics with their families to determine the personal impacts of each item listed. This acknowledgement will become part of the applicant's permanent personnel file, should an employment offer be made and accepted.

SECTION I – WORKING ENVIRONMENT:

1. You must have regular and predictable attendance.
2. You must arrive for work on time with all issued equipment, and be immediately prepared for work.
3. You may be required to work different shifts in a 24 hour/day – 7 days/week work environment.
4. You may have no choice about which shift you are assigned to work.
5. You may have no choice about which days you work.
6. You may be required to work all shifts, including during the training period.
7. You may be required to work weekends on a regular basis.
8. You must be prepared to work any and all Federal, State and religious holidays on the recognized and/or actual date.
9. You must be prepared to work on personally important or special days; i.e. birthdays, anniversaries, sporting events, etc.
10. You must be able to obtain childcare for all types of shifts on a regular basis.
11. You must be able to obtain childcare for weekends and holidays on a regular basis.
12. You must be able to obtain childcare on short notice for shift coverage and other events.
13. You must be able to work voluntary overtime, before or after a shift, sometimes with little or no notices.
14. You may be asked to work mandatory overtime, before or after a shift, sometimes with little or no notice.
15. You must have reliable means for getting to your assigned shift that is also available for 24/7 call-out.
16. You must be willing to respond back to work with little to no notice.

17. Communications Officer must often be at their workstation for extended periods of time, including regularly eating meals at your workstation. Leaving the building is often restricted or prohibited during your shift; depending on work load, unscheduled breaks (i.e. to walk around, get coffee, etc.) are sometimes restricted.
18. You must be able to work within an organization structured on the military model; specifically, you must be willing to:
 - a. Work through a highly structured chain of command,
 - b. Have all phone and radio activities recorded,
 - c. Work in accordance with departmental policies,
 - d. Work in a restricted access area.
19. You must be able to work at a radio console and computer terminals for an entire shift.
20. You must be able to work at a console with three computer monitors, numerous radios and ringing telephones, while multi-tasking seamlessly between the computers (accurate typing required), telephone and radios.
21. You must be able to work in a confined room with low lighting.
22. You must be able to work in a high stress environment.
23. You must be able to get along with and assist your co-workers.
24. You must be able to receive criticism from co-workers, supervisors, law enforcement officers and civilians.
25. During the training period, you will receive daily observation reports, which will rate your job performance and provide feedback for specific areas in need of improvement.
26. You must be able to retain caller information so that it may be entered accurately into your computer in real time.
27. You must be able to work at a rapid pace.
28. You must be able to maintain concentration and attention for extended periods of time, often under intense conditions.

SECTION II – TYPES OF CALLS:

1. You must be able to answer calls and maintain composure under the following possible scenarios –
 - a. Caller is screaming at you,
 - b. Caller directs obscene language at you,
 - c. Caller is hysterical, intoxicated, irrational and/or confused,
 - d. Caller is difficult to understand or speaks another language,
 - e. Caller is suicidal; must be prepared to handle a call where the subject may commit suicide while on the phone with you,
 - f. Caller is involved in a violent crime in progress.
2. You must be able to answer and respond to law enforcement calls quickly and accurately.
3. You must be able to make quick decisions that may directly affect the safety of one or more persons.
4. You must be able to prioritize calls to be dispatched, to determine which will receive immediate response.
5. You must be able to maintain the safety of law enforcement officers at all times.

By signing below, I acknowledge that I have read, considered and understand each topic as described herein.

Signature

Date

Name – Printed