

Position Applied For: _____ **Date:** _____

Certified Law Enforcement Officer ____ Non Certified ____

City of Lauderhill Police Department



Pre-Employment Application/Personal History Statement

Lauderhill Police Department
6279 West Oakland Park Boulevard
Lauderhill, Fl 33313
www.Lauderhill-fl.gov
954-497-4700

CITY OF LAUDERHILL, FLORIDA
POLICE DEPARTMENT
(An Equal Opportunity Employer)

Submit Application To:
City of Lauderhill
Human Resources Department
5581 W. Oakland Park Blvd., #338
Lauderhill, FL 33313

Name: _____
(Please Print)

Date: _____

Read each question carefully and answer each question accurately and truthfully. An applicant may be disqualified from further processing if the applicant makes a false statement in this application. All entries except signature must be printed legibly in black ink in your own handwriting or typed. If space provided is not sufficient for complete answers or you wish to furnish additional information, do so on the supplemental sheets or by attaching sheets of the same size as this application and number your answers to correspond with the questions. Applicants must sign each page. If any question does not apply to you, so state with N/A. It is your responsibility to have all six (6) forms at the end of this application notarized prior to submission.

A COPY OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THE APPLICATION BY ALL APPLICANTS (ORIGINALS DUE UPON REQUEST).

- ____ 1. Annual Social Security Statement
- ____ 2. Birth Certificate
- ____ 3. High School Diploma or GED (Transcripts Required if Submitting GED)
- ____ 4. College Degree(s), if applicable
- ____ 5. College Transcripts (Certified/Sealed Only)
- ____ 6. All Marriage Certificates (Issued by State or County, NOT Church Documents)
- ____ 7. All Divorce Documents (Original Petition and Final Decrees)
- ____ 8. Adoption or Legal Name Change, if applicable
- ____ 9. DD-214 Form (Each Branch Served)
- ____ 10. Driver's License
- ____ 11. Copy of Passport
- ____ 12. Social Security Card
- ____ 13. Naturalization Papers
- ____ 14. Current Auto Insurance Card
- ____ 15. Complete Driver's History (Obtained from the Courthouse Traffic Division)
- ____ 16. Basic Training Certificate from DJSTC or State of Florida Certification, Certified
- ____ 17. Police In-Service Certificate, Certified
- ____ 18. Bankruptcy Papers (Copy of Original and Final Decree, if applicable)
- ____ 19. Complete Tax Returns for the Last Year
- ____ 20. Swim Test Results, non-certified only
- ____ 21. Current CJBAT Results, non-certified only
- ____ 22. Agility Test, non-certified only

*******10 Year Detailed Social Security Report (Form SSA-7050-F4/Request For SS Earnings*****
Information located on the Social Security Website) will be required should the applicant meet the
criteria for background investigation.**

ALL DOCUMENTS MUST BE SUBMITTED WITH YOUR APPLICATION.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
IF YOU HAVE ANY QUESTIONS, PLEASE CALL (954) 714-4803 FOR CLARIFICATION.

SECTION 1: PERSONAL HISTORY

Answer all questions accurately and truthfully. Indicate with "N/A" if a question does not apply to you.

1. Name: _____
(Last) (First) (Middle)
2. List all other names you have used, including nicknames, maiden name or aliases: _____

3. Home Address: _____ Apt. Number: _____
City: _____ County: _____ State: _____ Zip Code _____
4. Telephone Number: _____ Cell Phone Number: _____
(Include Area Code) (Include Area Code)
5. E-Mail Address: _____
6. Date of Birth: _____ Age: _____ Place of Birth: _____
(Month, Date, Year) (County, City, State)
7. Social Security Number: _____ Sex: _____ Height: _____ Weight: _____
8. Driver's License Number: _____ State of Issuance: _____
9. List any scars, marks or tattoos (describe type and location); _____

10. Are you a United States Citizen? () Yes () No
If you are a Naturalized Citizen please provide: Date: _____
Certificate Number: _____
Location: _____
11. Race/Nationality: () White – () African-American – () Hispanic/Asian – () American Indian
() Other Specify: _____
12. Marital Status: () Married – () Divorced – () Separated – () Widowed – () Never Married

Applicant Signature: _____

14. List all residences for the last ten (10) years, excluding your present address. Begin listing the next most recent address where you lived. If additional space is required, use supplemental sheets as needed.

Month/Year To / From	Street Address	City	State	Zip Code
With whom did you reside? Full Legal Name(s):		Relationship(s)		

Month/Year To / From	Street Address	City	State	Zip Code
With whom did you reside? Full Legal Name(s):		Relationship(s)		

Month/Year To / From	Street Address	City	State	Zip Code
With whom did you reside? Full Legal Name(s):		Relationship(s)		

Month/Year To / From	Street Address	City	State	Zip Code
With whom did you reside? Full Legal Name(s):		Relationship(s)		

Month/Year To / From	Street Address	City	State	Zip Code
With whom did you reside? Full Legal Name(s):		Relationship(s)		

Month/Year To / From	Street Address	City	State	Zip Code
With whom did you reside? Full Legal Name(s):		Relationship(s)		

Month/Year To / From	Street Address	City	State	Zip Code
With whom did you reside? Full Legal Name(s):		Relationship(s)		

15. Have you ever been evicted from any residence? ()Yes ()No If yes, please provide details:

Applicant Signature: _____

SECTION 2: EMPLOYMENT HISTORY

1. List below your complete work history, beginning with your present position and working backwards to your very first employment. List any period of unemployment. Include all part-time employment. All phone numbers and contact information is essential. Please use additional pages if necessary.

	Dates Worked: Month / Year	Salary	Your Position and Duties	Name of Supervisor	Reason For Leaving
Name:	From: To:				
Address:					
City:	Full-Time ()				
State & Zip:	Part-Time ()				
Phone #:	Hours Per Week:				

	Dates Worked: Month / Year	Salary	Your Position and Duties	Name of Supervisor	Reason For Leaving
Name:	From: To:				
Address:					
City:	Full-Time ()				
State & Zip:	Part-Time ()				
Phone #:	Hours Per Week:				

	Dates Worked: Month / Year	Salary	Your Position and Duties	Name of Supervisor	Reason For Leaving
Name:	From: To:				
Address:					
City:	Full-Time ()				
State & Zip:	Part-Time ()				
Phone #:	Hours Per Week:				

Applicant Signature: _____

	Dates Worked: Month / Year	Salary	Your Position and Duties	Name of Supervisor	Reason For Leaving
Name:	From: To:				
Address:					
City:	Full-Time ()				
State & Zip:	Part-Time ()				
Phone #:	Hours Per Week:				

	Dates Worked: Month / Year	Salary	Your Position and Duties	Name of Supervisor	Reason For Leaving
Name:	From: To:				
Address:					
City:	Full-Time ()				
State & Zip:	Part-Time ()				
Phone #:	Hours Per Week:				

	Dates Worked: Month / Year	Salary	Your Position and Duties	Name of Supervisor	Reason For Leaving
Name:	From: To:				
Address:					
City:	Full-Time ()				
State & Zip:	Part-Time ()				
Phone #:	Hours Per Week:				

Applicant Signature: _____

	Dates Worked: Month / Year	Salary	Your Position and Duties	Name of Supervisor	Reason For Leaving
Name:	From: To:				
Address:					
City:	Full-Time ()				
State & Zip:	Part-Time ()				
Phone #:	Hours Per Week:				

	Dates Worked: Month / Year	Salary	Your Position and Duties	Name of Supervisor	Reason For Leaving
Name:	From: To:				
Address:					
City:	Full-Time ()				
State & Zip:	Part-Time ()				
Phone #:	Hours Per Week:				

	Dates Worked: Month / Year	Salary	Your Position and Duties	Name of Supervisor	Reason For Leaving
Name:	From: To:				
Address:					
City:	Full-Time ()				
State & Zip:	Part-Time ()				
Phone #:	Hours Per Week:				

Applicant Signature: _____

	Dates Worked: Month / Year	Salary	Your Position and Duties	Name of Supervisor	Reason For Leaving
Name:	From: To:				
Address:					
City:	Full-Time ()				
State & Zip:	Part-Time ()				
Phone #:	Hours Per Week:				

2. What is your present occupation? _____
3. Are you now engaged in any business as an owner or partner (active or silent)? ()Yes ()No
If yes, give details. _____

4. Have you ever applied for employment with this department, any other policy department, public safety department, or any other government agency? ()Yes ()No If yes, give details, position(s) sought, dates, agencies and status. _____

5. If previously employed by a law enforcement agency, did you fail to pass probation or resign prior to the end of the probationary period? ()Yes ()No. If yes, give details using supplements sheets if needed: _____

6. Have you previously been employed by a law enforcement agency? ()Yes ()No
If yes, what agencies and what positions have you held? _____

7. Have you ever been:
 - a). Dismissed by an employer? ()Yes ()No
 - b). Asked to resign by an employer? ()Yes ()No
 - c). Employed or held a position where disciplinary action was taken against you?
()Yes ()No
 If yes to any of the above, explain in detail, using supplemental sheets as needed: _____

8. Have you resigned or left a job by:
 - a.) Mutual agreement? ()Yes ()No
 - b.) Following allegations of misconduct? ()Yes ()No
 - c.) Unsatisfactory job performance? ()Yes ()No
 If yes to any of the above, explain in detail, using supplemental sheets as needed: _____

Applicant Signature: _____

SECTION 3: EDUCATIONAL HISTORY

Attach transcripts and/or diplomas from each school attended.

1.

Colleges/Universities Names/Address	Dates Attended Month /Year		Years Completed	Did you Graduate?	Type of Degree or Certificate
	From:	To:			

Major:

Minor:

GPA:

2.

High School(s) Names/Address	Dates Attended Month /Year		Years Completed	Did you Graduate?	Type of Diploma
	From:	To:			

3.

Other Schools: Trade or Vocational	Military,	Dates Attended Month /Year		Years Completed	Did you Graduate?	Type of Diploma
		From:	To:			

Applicant Signature: _____

4. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition or awards that you received while attending school: _____

5. Were you ever dismissed from school or college, or was any other disciplinary action including academic probation, ever taken against you? ()Yes ()No
 If yes, please indicate below:

Name of School	Date	Type of Action	Reason

6. Indicate any language, other than English, you can:
 a.) Speak _____
 b.) Read _____
 c.) Write _____

7. Describe any special abilities, interests and hobbies including the degree of proficiency:

8. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

9. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms): _____

10. Have you used computers or computer terminals in your prior or current position?
 ()Yes ()No
 If yes, list programs and software used: _____

11. What is your typing speed? _____ Shorthand speed? _____

Applicant Signature: _____

SECTION 4: PERSONAL REFERENCES

Provide five (5) references (not relatives, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities; such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Complete, full legal name:	Phone Numbers: Home () Cell () Work ()
Mailing Address:	Occupation
E-Mail:	Years Acquainted:

Complete, full legal name:	Phone Numbers: Home () Cell () Work ()
Mailing Address:	Occupation
E-Mail:	Years Acquainted:

Complete, full legal name:	Phone Numbers: Home () Cell () Work ()
Mailing Address:	Occupation
E-Mail:	Years Acquainted:

Complete, full legal name:	Phone Numbers: Home () Cell () Work ()
Mailing Address:	Occupation
E-Mail:	Years Acquainted:

Complete, full legal name:	Phone Numbers: Home () Cell () Work ()
Mailing Address:	Occupation
E-Mail:	Years Acquainted:

Applicant Signature: _____

SECTION 5: FAMILY AND PERSONAL RELATIONSHIPS

List in order give, showing relationships (parents, guardians, step-parents, brothers, sisters, children, step-children) even if deceased:

Complete, full legal name:	Phone Numbers: Home ()
Relationship:	Cell () Work ()
Mailing Address:	Occupation:
E-Mail:	Date of Birth:

Complete, full legal name:	Phone Numbers: Home ()
Relationship:	Cell () Work ()
Mailing Address:	Occupation:
E-Mail:	Date of Birth:

Complete, full legal name:	Phone Numbers: Home ()
Relationship:	Cell () Work ()
Mailing Address:	Occupation:
E-Mail:	Date of Birth:

Complete, full legal name:	Phone Numbers: Home ()
Relationship:	Cell () Work ()
Mailing Address:	Occupation:
E-Mail:	Date of Birth:

Complete, full legal name:	Phone Numbers: Home ()
Relationship:	Cell () Work ()
Mailing Address:	Occupation:
E-Mail:	Date of Birth:

Complete, full legal name:	Phone Numbers: Home ()
Relationship:	Cell () Work ()
Mailing Address:	Occupation:
E-Mail:	Date of Birth:

Applicant Signature: _____

Complete, full legal name:	Phone Numbers: Home ()
Relationship:	Cell () Work ()
Mailing Address:	Occupation:
E-Mail:	Date of Birth:

Complete, full legal name:	Phone Numbers: Home ()
Relationship:	Cell () Work ()
Mailing Address:	Occupation:
E-Mail:	Date of Birth:

Complete, full legal name:	Phone Numbers: Home ()
Relationship:	Cell () Work ()
Mailing Address:	Occupation:
E-Mail:	Date of Birth:

Complete, full legal name:	Phone Numbers: Home ()
Relationship:	Cell () Work ()
Mailing Address:	Occupation:
E-Mail:	Date of Birth:

Complete, full legal name:	Phone Numbers: Home ()
Relationship:	Cell () Work ()
Mailing Address:	Occupation:
E-Mail:	Date of Birth:

Complete, full legal name:	Phone Numbers: Home ()
Relationship:	Cell () Work ()
Mailing Address:	Occupation:
E-Mail:	Date of Birth:

Complete, full legal name:	Phone Numbers: Home ()
Relationship:	Cell () Work ()
Mailing Address:	Occupation:
E-Mail:	Date of Birth:

Applicant Signature: _____

SECTION 6: ARREST / COURT HISTORY

AS AN APPLICANT YOU MUST LIST ANY AND ALL ARRESTS EVEN IF RECORDS WERE SEALED, EXPUNGED OR OTHERWISE CLOSED TO PUBLIC INSPECTION, PURSUANT TO F.S.S 943.058.

1. Have you ever been arrested, charged, convicted, or pled guilty to any criminal matters or have you had any criminal matters expunged from your record as either a juvenile or as an adult? ()Yes ()No
If yes, explain in detail using supplemental sheets if necessary: _____

2. Have you ever been placed on probation for a criminal matter by a federal, state or local court in the U.S. or any other country? ()Yes ()No. If yes, explain in detail, listing charge, court location and disposition. _____

3. Have you ever been detained in, incarcerated in or served a sentence in any youth home, jail, prison, penitentiary or other detention facility? ()Yes ()No. If yes, explain in detail. _____

4. Have you ever been questioned by the police or any other law enforcement agency, anywhere, anytime? ()Yes ()No. If yes, explain in detail. _____

5. Have you ever been fingerprinted for any reason (arrest, job application, military, concealed weapon permit, etc.). ()Yes ()No. If yes, explain in detail. _____

6. Have you ever been reported or listed as a missing person? ()Yes ()No.
If yes, explain in detail. _____

7. Were you ever summoned or subpoenaed to court in a civil proceeding; or were you ever a party (plaintiff or defendant) in a civil action in this state or elsewhere? ()Yes ()No.
If yes, explain in detail. _____

Applicant Signature: _____

SECTION 7: DRIVING HISTORY

1. Do you possess a Florida:
- a.) Operator's License: ()Yes ()No
 License Number: _____ Expiration Date: _____
 Restrictions: _____ Endorsements: _____
- b.) Chauffeur's License: ()Yes ()No
 License Number: _____ Expiration Date: _____
 Restrictions: _____ Endorsements: _____
- c.) Commercial Driver's License (CDL): ()Yes ()No Type: _____
 License Number: _____ Expiration Date: _____
 Restrictions: _____ Endorsements: _____

2. Do you now or have you ever possessed an operator, chauffeur or commercial driver's license issued by any state other than Florida? ()Yes ()No
 If yes, specify state, number and expiration date: _____

3. How many years have you operated a motor vehicle? _____

4. Has your operator, chauffeur or commercial driver's license ever been suspended or revoked?
 ()Yes ()No
 If yes, explain in detail: _____

5. Have you ever been refused automobile insurance? ()Yes ()No

6. Indicate below every traffic ticket received in this state or elsewhere (excluding parking violations), using supplemental sheets if necessary..

Date	Offense	Location	Age	Issuing Agency

Applicant Signature: _____

9. List all accident (including fatalities), using supplemental sheets if necessary.

Date	At Fault?	Injuries Involved	Estimated Total Damage	Investigating Agency

SECTION 8: SELECTIVE SERVICE

1. Are you a registered with Selective Service? ()Yes ()No
 If yes, give date registered:_____ Board Location:_____

SECTION 9: MILITARY HISTORY

1. Have you ever served in active duty in the Armed Forces? ()Yes ()No
 Branch of Service:_____ Highest Rank:_____
 Serial Number:_____ Duty Dates:_____
 Date and type of discharge:_____
 General Discharge: ()Yes ()No Medical Discharge: ()Yes ()No
 If medical discharge, have you been given any impairment ratings and restrictions?
 ()Yes ()No
 If yes, explain:_____

2. Are you now or have you ever been a member of any military reserve or National Guard Organization?
 If yes, provide details:_____

3. Are you required to attend military training meetings? ()Yes ()No
 If yes, explain in detail and include date obligation is will be completed:_____

4. List any specialized schools you attended while in the armed forces:_____

5. List all commendations and citations awarded to you as a member of the armed forces:_____

6. Have you ever served in a military or paramilitary organization of any foreign government?
 If yes, provide details including type of discharge:_____

Applicant Signature:_____

7. Were you ever court-martialed, tried on charges, or subject of a summary court, Captain's Mast, Article 15., company punishment, Page 7, or any other disciplinary action? ()Yes ()No
 If yes, explain in detail including date, reason, charge, type of disciplinary action, and final disposition:

SECTION 10: FINANCIAL HISTORY

1. Are you or your spouse indebted to anyone? ()Yes ()No
 If yes, please list all debts over \$250.00 (include student loans and charge accounts). Also, list any debt where payment has been past due, regardless of the amount.

Creditor	Address	Balance
		Total:

2. What are your total average monthly payments for the following?

Type	Amount Paid	Type	Amount Paid
Mortgage/Rent		Auto Payment(s)	
Electric/Gas		Auto Insurance	
Telephone/Cellular		Credit Card(s)	
Water		Loans	
Child Care		Food	
Child Support		Other (specify)	
Alimony		Total Monthly Payments:	

3. Have you, your spouse or a company controlled by you ever declared bankruptcy, filed for bankruptcy or had a legal judgment rendered against you for a debt? ()Yes ()No
 If yes to any of the above referenced, explain in detail:_____

4. Have you ever been denied credit? ()Yes ()No
 If yes, explain in detail:_____

5. Have your accounts ever been placed in control of a collection agency or reported as a "bad debt"?
 ()Yes ()No
 If yes, explain in detail:_____

6. If you are responsible for child support, has legal action ever been taken against you for failing to make or delaying payments? ()Yes ()No
 If yes, explain in detail:_____

Applicant Signature:_____

7. If applicable, how are your child support payments made? ()Court ()Payroll Deduction

8. Have you ever had any personal property repossessed? ()Yes ()No

If yes, explain in detail: _____

9. Have you ever failed to file city, state or federal income tax returns? ()Yes ()No

If yes, explain in detail: _____

SECTION 11: DRUG HISTORY

1. Have you ever sold any type of illegal drug (e.g. marijuana, prescription narcotics or non-prescription narcotics)? ()Yes ()No

If yes, explain in detail: _____

2. Have you ever possessed illegal drugs? ()Yes ()No

If yes, explain in detail: _____

3. List ***ALL*** illegal drugs used within the past five (5) years?

Name/Type of Drug Used	Date (Month/Year) From:	To:	Total Number of Times Used During Listed Time Frame

4. Do you use alcoholic beverages? ()Yes ()No

If yes, describe and explain your usage frequency and quantities: _____

SECTION 12: MISCELLANEOUS

1. Do you presently live with your spouse? ()Yes ()No

If yes, please provide spouse's name: _____

2. Does your spouse support your decision to become a police officer? ()Yes ()No

3. Have you ever been separated/divorced? ()Yes ()No

If yes, please provide name of previous spouse and reason: _____

4. Number of children you are a parent to: _____

5. Number of children that you have to pay child support to that do not reside with you? _____

6. Do you have a concealed weapons permit? ()Yes ()No

If yes, what state and provide permit number: _____

Applicant Signature: _____

AFFIDAVIT

APPLICANT MUST SIGN THE FOLLOWING IN THE PRESENCE OF A NOTARY PUBLIC.

I hereby certify that there are no material omissions, misrepresentation in or falsifications of the above statements and answers to questions in this application. I am aware that should any subsequent inquiry reveal material omissions, misrepresentations and/or falsifications, my applications may be rejected and any possibility for future employment with the City of Lauderdale will be jeopardized. If after my acceptance for employment, material omissions, misrepresentations and/or falsifications in my application are discovered, I understand that I may be subject to discipline up to and including termination.

Applicant Signature: _____

Print Name: _____

Date: _____

State of Florida }

County of Broward }

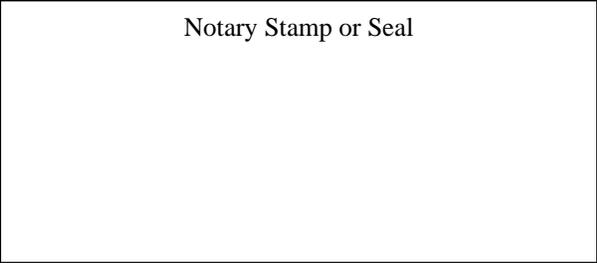
On this _____ day of _____ 20_____, before me, an officer authorized to administer oaths, personally appeared _____, who is personally known to me or who has produced _____(type of identification) and who is the same person described in and who executed the forgoing document, who having been duly sworn (or affirmed before me), stated that to the best of _____ knowledge and belief, the statements and answers to questions in the foregoing questionnaire contained, whether in writing or print, are true.

Signature of Notary: _____

Name of Notary (please print): _____

Commission Number: _____

Commission Expiration Date: _____



Applicant Signature: _____

EQUAL EMPLOYMENT OPPORTUNITY

TO ALL APPLICANTS:

The following information is being gathered by the City of Lauderdale for research and Federal EEO reporting requirements. If you choose not to answer any of the items, you will not be subject to adverse treatment; however, we urge you to do so and assure you that this information will not be used to evaluate your application and will be kept confidential.

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

Date: _____

Position for which you are applying? _____

Sex: () Male () Female Date of Birth: _____
(Month) (Day) (Year)

RACIAL/ETHNIC DATA (CHECK ONE):

- _____ **Black** (African decent, Jamaican, Trinidadian and West Indian).
- _____ **Asian** (Asian-Americans, Japanese, Chinese, Korean, Filipino descent and Pacific Islanders)
- _____ **Hispanic** (Mexican, Chicanos, Mexican-Americans, Latinos, Puerto Rican, Cuban, Latin American and Spanish descent.
- _____ **American Indian** (Persons who identify themselves or are known as such by virtue of tribal association)
- _____ **White** (Whites, Anglo-Saxons, Europeans, Indo-European decent, Pakistani and East Indian)
- _____ **Other** (Aleuts, Eskimos, Malaysians, Thais and others not covered by a specific category)
Specify: _____

Applicant Signature: _____

TO ALL APPLICANTS:

This section refers to applicants who have a disability. Information you might provide is strictly voluntary on your part and is only requested to allow the City to identify reasonable accommodations that could be made to allow you to safely and properly perform the essential functions of the job, should you be hired:

1. Do you consider yourself to be an individual with a disability? ()Yes ()No
2. If so, what is the nature of your disability? *Complete on next page (page 26).*
3. Please list any special skills you might possess which would allow you to perform a job that you might not otherwise be able to do because of your disability? *Complete on next page (page 26)*
4. What reasonable accommodations would you require in order to perform properly and safely the essential functions of the job for which you are applying? *Complete on next page (page 26)*

VETERANS:

Have you claimed and been employed through Veteran's Preference since October 1, 1987?

()Yes ()No If yes, provide name of employer:_____

You need not provide any information relating to any physical condition or other impairment arising from your military experience. If your DD-214 has medical information, it will not be used to evaluate your application.

1. Are you a veteran entitled to disability compensation under the laws administered by the U.S. Veteran's Administration for a disability of 30% or more? ()Yes ()No
2. Are you 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. Veteran's Administration and the Department of Defense? ()Yes ()No
3. Are you 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 forcibly detained by a foreign power? ()Yes ()No
4. If a veteran and any was, as defined in Section 55A07.003 (11) of the rules, did you serve on active duty for 181 consecutive days or more, or serve 180 consecutive days or more since January 21, 1995, and was discharged or separated there from with an honorable discharge from our U.S. Armed Forces if any part of such active duty was performed during the wartime era. Active duty for training shall not be allowable. Did you serve on active duty one (1) day during the Persian Gulf war between August 2, 1990 and February 27, 1991? ()Yes ()No
5. Are you the unmarried widow or widower of a veteran who died of a service-connected disability? ()Yes ()No

Applicant Signature:_____



LAUDERHILL POLICE DEPARTMENT
6279 W. Oakland Park Blvd.
Lauderhill, Florida 33313

WAIVER OF CONFIDENTIAL RECORDS

Permission is hereby given to any agency of the government of the United States, any municipal corporation of political subdivision of this state or any other state or agency or department thereof, and any other agency, person, firm, or corporation holding records considered confidential concerning me, to furnish the Lauderhill Police Department all information and copies thereof desired involving me in any way, upon request. Included in this grant of authority is my permission to former employers and other persons acquainted with me or in the possession of information concerning me, to supply such information to the Lauderhill Police Department.

Such records, I understand, may include reasons for termination of employment, reasons for discharge from military service, criminal history, on the job performance, complete history of injuries suffered, including disability remaining, education records or any other personal information which may not otherwise be obtained without any prior agreement.

Applicant Signature: _____

Print Name: _____

Date: _____

If a veteran, provide grade, service number and branch of service, or name of other Federal Agency. _____

AFFIDAVIT

State of Florida }

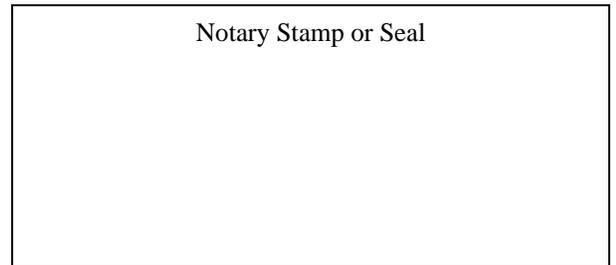
County of Broward }

Sworn to or affirmed and signed before me this _____ day of _____, 20__ by _____.

_____ Personally known to me OR
_____ Produced identification
Type of identification produced _____.

Notary Signature: _____

My Commission Expires: _____



Applicant Signature: _____

Lauderhill Police Department
6279 W. Oakland Park Blvd.
Lauderhill, Florida 33313

I, _____, am being considered for employment for the position of _____. I understand that the attached personal history booklet is considered part of my official application for the above position. By signing this document, I hereby certify that all information contained in the attached personal history booklet and all accompanying documents submitted are true, accurate and complete to the best of my knowledge and that there is no material falsification, misrepresentation, omission or other unfavorable information developed during any phase of the background investigative process or anytime thereafter, is sufficient cause for immediate disqualification, immediate dismissal from City service and/or subject to prosecution for the criminal violation of perjury as specified in Section 837.012, Florida Statutes.

I consent to submitting the following background investigative procedures which may include, but not limited to: truth verification, medical evaluation, drug detection, psychological evaluation, finger print processing, job interview and other means as deemed necessary and proper by the City of Lauderhill Police Department to complete its investigation as to my fitness and suitability for the position for which I have applied. I thoroughly understand that I must successfully complete the above-mentioned processes.

I understand that the City of Lauderhill/Lauderhill Police Department will not reimburse any expenses I might incur in seeking this position. I recognize that the time required to process and select employees for this position is lengthy and time consuming. No promises or commitments are expected by me as to a time when a hiring decision and/or actual hiring might take place.

Applicant Signature: _____

Print Name: _____

Date: _____

AFFIDAVIT

State of Florida }

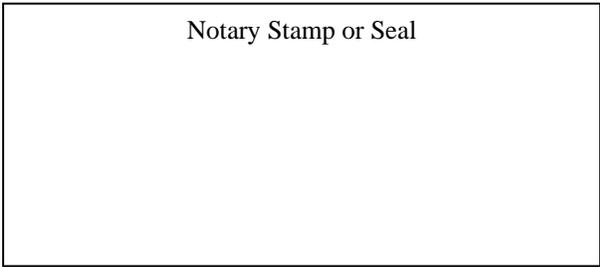
County of Broward }

Sworn to or affirmed and signed before me this _____ day of _____, 20__ by _____.

_____ Personally known to me OR
_____ Produced identification
Type of identification produced _____.

Notary Signature: _____

My Commission Expires: _____



Applicant Signature: _____

AFFIDAVIT

APPLICANT MUST SIGN THE FOLLOWING IN THE PRESENCE OF A NOTARY PUBLIC.

I hereby certify that there are no material omissions, misrepresentation in or falsifications of the above statements and answers to questions in this application. I am aware that should any subsequent inquiry reveal material omissions, misrepresentations and/or falsifications, my applications may be rejected and any possibility for future employment with the City of Lauderdale will be jeopardized. If after my acceptance for employment, material omissions, misrepresentations and/or falsifications in my application are discovered, I understand that I may be subject to discipline up to and including termination.

Applicant Signature: _____

Print Name: _____

Date: _____

State of Florida }

County of Broward }

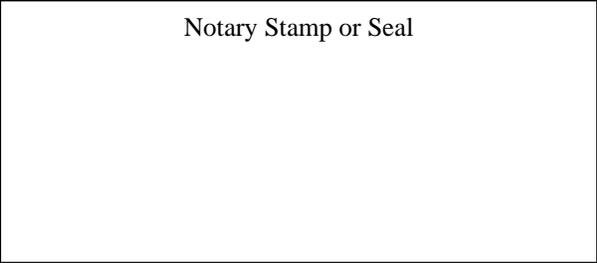
On this _____ day of _____ 20_____, before me, an officer authorized to administer oaths, personally appeared _____, who is personally known to me or who has produced _____(type of identification) and who is the same person described in and who executed the forgoing document, who having been duly sworn (or affirmed before me), stated that to the best of _____ knowledge and belief, the statements and answers to questions in the foregoing questionnaire contained, whether in writing or print, are true.

Signature of Notary: _____

Name of Notary (please print): _____

Commission Number: _____

Commission Expiration Date: _____



Applicant Signature: _____



LAUDERHILL POLICE DEPARTMENT
6279 W. Oakland Park Blvd.
Lauderhill, Florida 33313

AN EQUAL OPPORTUNITY EMPLOYER
AFFIDAVIT OF NON-SMOKER

I _____, an applicant for employment with the City of
Lauderhill (the "City") do hereby swear or affirm that, at no time in the year preceding the date
of this Affidavit, have I smoked any tobacco or any tobacco products, which include but are
not limited to cigars and cigarettes.

I understand that failure to truthfully complete this Affidavit may result in the rejection of my
application for employment or, if I am employed, may result in disciplinary action up to and
including termination from employment.

APPLICANT'S SIGNATURE

DATE

AFFIDAVIT

State of Florida }

County of Broward }

Sworn to or affirmed and signed before me this _____ day of _____, 20__ by

_____ Personally known to me OR
_____ Produced identification
Type of identification produced _____.

Notary Signature: _____

My Commission Expires: _____

Notary Stamp or Seal



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

**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 _____

**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 _____