CITY OF ORMOND BEACH

Human Resources Department • 22 South Beach Street • Ormond Beach, FL 32174 • (386) 676-3228 • Fax (386) 676-3229
www.ormondbeach.org - Employment Opportunities

APPLICATION FOR EMPLOYMENT
"AN EQUAL OPPORTUNITY EMPLOYER"

INSTRUCTIONS: Please fill out this application accurately and completely. Please print clearly or type all information. If an item does not apply, insert N/A (not applicable). Attach any diplomas, certificates, or other documents you feel will help in the evaluation of your application. All materials submitted become property of the City and will not be returned. If you are selected for employment, the City is required by federal law to verify having seen documents which the applicant must provide, that show (1) the applicant's identity; and (2) the applicant's right to work in the United States.

To accommodate any special needs you may have, please contact the Human Resources Department at (386) 676-3228 not less than five (5) working days prior to the exam and/or interview date.

Position Applied for: _____

Date of Application: _____

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

Address: _____
(Street) (City) (State) (Zip Code)

Home Telephone No. _____ **Other Telephone No.** _____

Social Security # _____ **Email Address:** _____

YOUR SOCIAL SECURITY NUMBER IS REQUIRED TO BE DISCLOSED ON THIS APPLICATION FOR EMPLOYMENT BECAUSE, IN THE EVENT YOU ARE HIRED, THE CITY OF ORMOND BEACH MUST COMPLY WITH THE INCOME REPORTING REQUIREMENTS IMPOSED UPON EMPLOYERS BY VARIOUS FEDERAL LAWS, INCLUDING THE SOCIAL SECURITY ACT & THE TAX REFORM ACT OF 1976. IT MAY ALSO BE DISCLOSED FOR PURPOSES OF PRE-EMPLOYMENT BACKGROUND SCREENINGS, EMPLOYEE BENEFITS PROCESSING OR BECAUSE THE CITY MAY BE REQUIRED TO PROVIDE YOUR SOCIAL SECURITY NUMBER TO ANOTHER AGENCY OR GOVERNMENTAL ENTITY IF IT IS NECESSARY FOR THAT AGENCY OR ENTITY TO PERFORM ITS DUTIES AND RESPONSIBILITIES AS REQUIRED BY LAW.

If employed, when will you be available for employment? Check one of the following:

( ) Now ( ) Beginning _____ ( ) Upon ____ week(s) notice to my present employer.

How did you learn of this job vacancy?

_____ Workforce Development Board
_____ Newspaper Advertisement
_____ City Web Site
_____ Professional Trade Journal
_____ City Bulletin Board
_____ Walk-in/Write-in
_____ Friend
_____ Other (Please Specify) _____

Are you interested in: Full Time Only _____ Part Time Only _____ Full or Part Time _____

Would you be willing to work a shift schedule which would include weekends and nights? YES ( ) NO ( )

Do you have a valid Florida Driver's License? YES ( ) NO ( )
Check one: CDL Class A ____ , B ____ , C ____ Other: Class D ____ , E ____ Endorsements: _____
Expiration Date _____

Minimum acceptable starting salary $ _____ / year.

High School Attended: Address:	High School Diploma _____ Yes _____ No	Equivalency _____ Yes _____ No

LIST COLLEGES AND UNIVERSITIES ATTENDED BELOW:

Name and Location of College or University	Dates Attended From Mo.	From Yr.	To Mo.	To Yr.		Qtr.	Grade Point Average	Major/Minor Field or Program of Study	Type of Degree

LIST SPECIAL TRAINING (BUSINESS, TRADE, VOCATIONAL SCHOOLS)

Name and Location	Total Months Completed	Courses Taken	Certificate Earned

EMPLOYMENT: Please list all full and part-time paid work experience. Start with the most recent position and work back. Major changes in duties or job titles with the same employer should be listed as separate positions. Describe job duties in sufficient detail to demonstrate that you meet the minimum requirements of the position. Use additional sheets in the same format as necessary. Resumes will not substitute for any information requested on this application, but may be submitted in addition to a completed application.

(1) Previous Job

From Mo.	From Yr.	To Mo.	To Yr.	Total Time Yrs.	Total Time Mos.

Hours per week_____
Starting Salary $_____ **Per** _____
Last Salary $ _____ **Per** _____

Employer: _____
Address: _____
Telephone No.: _____
Your Job Title: _____
Supervisor's Name and Title: _____
Reason for Leaving Position: _____

Special Duties: _____

(2) Previous Job

From Mo.	From Yr.	To Mo.	To Yr.	Total Time Yrs.	Total Time Mos.

Hours per week_____
Starting Salary $_____ **Per** _____
Last Salary $ _____ **Per** _____

Employer: _____
Address: _____
Telephone No.: _____
Your Job Title: _____
Supervisor's Name and Title: _____
Reason for Leaving Position: _____

Special Duties: _____

(3) Previous Job

From Mo.	From Yr.	To Mo.	To Yr.	Total Time Yrs.	Total Time Mos.

Hours per week_____
Starting Salary $_____ **Per** _____
Last Salary $ _____ **Per** _____

Employer: _____
Address: _____
Telephone No.: _____
Your Job Title: _____
Supervisor's Name and Title: _____
Reason for Leaving Position: _____

Special Duties: _____

(4) Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.

Hours per week _____
Starting Salary $ _____ **Per** _____
Last Salary $ _____ **Per** _____

Employer: _____
Address: _____
Telephone No.: _____
Your Job Title: _____
Supervisor's Name and Title: _____
Reason for Leaving Position: _____

Special Duties: _____

May we contact your present employer regarding your record of employment? ☐ YES ☐ NO
If no, please explain _____

CLERICAL ABILITIES:
The following information must be provided if you are applying for a position requiring typing or shorthand ability.

Number of words per minute: _____ Typing _____ Shorthand

QUALIFICATIONS: In your own words explain how you qualify for the position. Be specific and list any special skills you possess, machines and equipment you can operate, licenses, certificates, and memberships in professional organizations, etc. In addition, please provide information relating to any lapses of time between positions held. Use additional sheets as necessary.

Branch of Service	Date Entered	Date Discharged	Final Rank	Type Discharge

VETERAN'S PREFERENCE
Check the appropriate block if you are claiming veteran's preference. A **DD 214** (Certificate or Release or Discharge from Active Duty) substantiating your claim must be furnished at the time of the application.

☐ 1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veteran s Affairs and the Department of Defense, **or**

☐ 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, **or**

☐ 3. A veteran who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, **or**

☐ 4. The unmarried widow or widower of a veteran who died of a service-related disability.

☐ 5. Any Armed Forces Expeditionary Medal is qualifying for veterans' preference. The Global War on Terrorism Expeditionary Medal is qualifying for veterans' preference, provided the individual is otherwise eligible.

NOTE: Under Florida law, preference in appointment shall be given by the state to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans preference for a vacant position is not selected, he/she may file a complaint with the Department of Veterans' Affairs, P. O. Box 31003, St. Petersburg, Florida, 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

Have you ever been employed by the City of Ormond Beach? YES ( ) NO ( )
If yes, give the dates and department _____

Are you related to any City employee? If yes, give name and relationship: YES ( ) NO ( )
_____
(This information is requested only to avoid conflicts in supervision or assignment)

BACKGROUND INFORMATION

Are you authorized to work in the U.S.? ☐ YES ☐ NO

NOTE: If the answer is "no" you are ineligible for employment with the City of Ormond Beach. The City of Ormond Beach hires only U. S. Citizens and lawfully authorized alien workers.

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR FIRST DEGREE MISDEMEANOR as an Adult or Juvenile? ☐ YES ☐ NO
If yes, what charges? _____
Where convicted? _____ Date of Conviction _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR as an Adult or Juvenile? ☐ YES ☐ NO
If yes, what charges? _____
Where? _____ Date _____

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR as an Adult or Juvenile? ☐ YES ☐ NO
If yes, what charges? _____
Where? _____ Date _____

NOTE: A "yes" answer to the questions will not automatically bar you from employment. The nature, severity, and date of the offense in relation to the position for which you are applying are considered.

Have you ever been discharged or forced to resign from any position? YES ( ) NO ( )
If yes, give details: _____

References: List 3 references, other than relatives, who have knowledge of your qualification for employment.

Name	Address	Phone No.
1.		( )
2.		( )
3.		( )

APPLICATION CERTIFICATION - READ CAREFULLY BEFORE SIGNING: By signing this document, I certify that all of the information on this entire application, including any attachment, is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of this application, removal of my name from employment eligibility, or termination of employment. I understand that the City of Ormond Beach is a Drug-Free Workplace and that employees are subject to drug testing in accordance with federal, state, and local laws. I understand that this application is the property of the City of Ormond Beach and information contained herein is public record unless specifically exempt from disclosure as defined by statute. I authorize and direct any persons or organizations to release and furnish records and information relevant to determine my fitness and suitability for employment in the aforesaid position. I release the custodian of such record, including the City of Ormond Beach and its officials and employees, both elected and appointed, from any liability for damages resulting from any good faith attempts at lawful compliance with this authorization. I further understand that, if hired, any pre-employment physical and/or psychological examination records may be presented to the Pension Board for the limited purpose of determining the existence of any preexisting conditions which may preclude future disability pension benefits, and I consent to such limited disclosure by the City to the Pension Board. I am also attesting that I understand and meet all of the minimum requirements for the position for which I applied.

_____ _____
Signature of Applicant Date

All applicants considered final candidates for a position, to the extent permitted by Florida law, will be tested for the presence of drugs as a part of the application process.

City of Ormond Beach
Employment Application Supplement

To: Applicants for Employment

The Uniform Guidelines on Employee Selection Procedures require records to be kept by sex and the five race/ethnic categories defined by the Equal Employment Opportunity Commission. The Uniform Guidelines on Employee Selection Procedures have been adopted as final rules by the Equal Employment Opportunity Commission, the Office of Personnel Management, the Department of Justice, the Department of Labor and the Treasury Department.

The City of Ormond Beach Human Resources Department has adopted safeguards to insure that the records required are only used for appropriate purposes within the Human Resources Department. The information requested below is needed to satisfy Federal Equal Employment Opportunity reporting and research requirements. This information will **NOT** be used to evaluate your application and will be filed separately.

Although the following is not mandatory, it is requested to aid the City of Ormond Beach in its commitment to Equal Employment Opportunity. It is unlawful for an employer to fail or refuse to hire any individuals or deprive an individual for employment opportunities because of race, color, religion, sex, national origin, age, marital status, or disability. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, Building F, Suite 240, 325 John Knox Road, Tallahassee, FL 32303.

- City of Ormond Beach Human Resources Department

Last Name	First Name	Middle Name
Birth Date	Gender ☐ Male ☐ Female	Veteran ☐ Yes ☐ No
Zip Code	Today's Date	

Please check the box next to the ethnic group to which you belong:

- ☐ **American Indian or Alaskan Native** (the original people of North America, and who maintain cultural identification through tribal affiliation or community recognition)
- ☐ **Asian or Pacific Islander** (the original people of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands)
- ☐ **Hispanic** (all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)
- ☐ **Black** (not of Hispanic origin)
- ☐ **White** (not of Hispanic origin)

City of Ormond Beach
Veterans' Preference Claim Form

Name		Position Applied For		Today's Date
Branch of Service	Date Entered	Date Discharged	Final Rank	Character of Discharge

I am claiming Veterans' Preference based on the following (please check appropriate response):

☐ **1. A disabled Veteran who has served on active duty in any branch of the Armed Forces and who presently has an existing service-connected disability which is compensable under public laws administered by the DVA or is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the DVA and the Department of Defense.** You must attach a DD-214 or military discharge papers listing military status, dates of service and character of discharge AND documentation certifying a service connected disability.

☐ **2. The spouse of a Veteran: a) who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment; or b) who is missing in action, captured in line of duty by a hostile force, or detained or interned in line of duty by a foreign government or power.** You must attach evidence of marriage; AND a statement that you are still married to the Veteran; AND a DD-214 or applicable military discharge papers listing military status, dates of service and character of discharge; AND applicable documentation certifying the Veteran has a service connected disability; AND proof that the disabled Veteran cannot qualify for employment because of the service connected disability; AND IF APPLICABLE, certification that the active duty Veteran is listed as missing in action, captured in the line of duty or forcibly detained or interned in line of duty.

☐ **3. A Veteran of any war, who has served at least one day during that war time period as defined in subsection 1.01 (14) or who has been awarded a campaign or expeditionary medal. Active duty for training shall not be allowed for eligibility under this paragraph.** You must attach a DD-214 or military discharge papers listing military status, dates of service and character of discharge.

Wartime periods include:

World War II: December 7, 1941 to December 31, 1946
Korean Conflict: June 27, 1950 to January 31, 1955
Vietnam Era: February 28, 1961 to May 7, 1975
Persian Gulf War: August 2, 1990 to January 2, 1992
Operation Enduring Freedom: October 7, 2001 to TBD
Operation Iraqi Freedom: March 19, 2003 to TBD
Operation New Dawn: September 1, 2010 to TBD

☐ **4. The unremarried widow or widower of a Veteran who died of a service-connected disability.** You must attach evidence of marriage; AND a statement that you remain unmarried; AND certification from the DOD or VA that your spouse died as the result of a service-connected disability.

☐ **5. The mother, father, legal guardian, or unremarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the U.S. Department of Defense.** You must attach certification of your relationship to the Veteran (AND for widows or widowers: that you remain unmarried); AND that the Veteran died while on duty status under combat-related conditions.

☐ **6. A Veteran as defined in section 1.01m (14) Florida Statutes. "Active Duty for Training" may not be allowed under this paragraph. The term "Veteran" is defined as a person who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions.** You must attach a DD-214 or military discharge papers listing military status, dates of service, and character of discharge.

☐ **7. A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard.** You must attach a letter from your Commanding Officer stating the dates of your military service to establish that you are currently active.

Please submit form and documentation EACH TIME YOU APPLY to: City of Ormond Beach Human Resources; 22 S. Beach Street, Ormond Beach, FL 32174; Fax 386-676-3229; E-mail: hr@ormondbeach.org. NOTE: Under Florida law, preference in appointment shall be given to those persons included in category 1 above, then second to 2-5, and then third to 6-7. If an applicant claiming Veterans' preference for a vacant position is not selected, he/she may file a complaint with the Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, FL 33731. Complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within three months of the date the application is filed with the employer if no notice is given.

FRCA CONSUMER REPORT DISCLOSURES
AND AUTHORIZATION FOR RELEASE OF INFORMATION

As required by the Fair Credit Reporting Act, this is to advise you that a consumer report and/or an investigative consumer report (including information as to your character, general reputation, personal characteristics, and mode of living) may be obtained by the City of Ormond Beach from a consumer reporting agency for employment purposes as part of a pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act.

By signing this form, I HEREBY AUTHORIZE the City of Ormond Beach, or its representative, to obtain consumer reports, investigative consumer reports and/or any other Information pertaining to my employment, credit, education or military service from any and all employers, former employers, credit agencies, educational institutions, law enforcement agencies, governments, consumer reporting agencies and any other individual or entity possessing such information. In addition, I also authorize the City of Ormond Beach to obtain medical information for job-related purposes consistent with business necessity.

I HEREBY RELEASE from all liability any person or entities supplying information pursuant to a request by the City of Ormond Beach, or its representative, as authorized by this release. This authorization and release shall remain in effect during the period of time that the City of Ormond Beach is considering me for employment or for the length of my employment, whichever is later.

Printed Full Name: _____

Other/Maiden Name(s): _____

Current Address: _____

_____

Telephone #: _____

Social Security #: _____

Date of Birth (for ID purposes only): _____

Driver's License #: _____ State of Issue: _____

Signature: _____ Date: _____

PLEASE NOTE: ONLY POLICE OFFICER APPLICANTS NEED TO COMPLETE THIS PAGE

IF YOU ANSWER YES to any of the questions listed below, you **MUST PROVIDE AN EXPLANATION** in the narrative section of your application, on the back of this sheet or on additional sheets.

POLICE OFFICER APPLICATION SUPPLEMENT

1. Have you ever served in or been associated with the United States Armed Forces?
   Yes ❑ No ❑

2. Have you ever had a legal name change?
   Yes ❑ No ❑

3. Have you ever been a defendant in a court martial (excluding proceedings leading to non-judicial punishment)?
   Yes ❑ No ❑

4. Has a judgment ever been issued against you?
   Yes ❑ No ❑

5. Have you ever declared bankruptcy?
   Yes ❑ No ❑

6. Have you ever been arrested or charged with a crime?
   Yes ❑ No ❑

7. Have you ever pled guilty or no contest to a crime or been found guilty of a crime?
   Yes ❑ No ❑

8. Have you ever been involuntarily terminated from employment or asked to resign?
   Yes ❑ No ❑

9. Have you ever used any illegal narcotics in the past (to include marijuana)?
   Yes ❑ No ❑

10. Have you ever sold any illegal narcotics (to include marijuana)?
    Yes ❑ No ❑

11. Have you ever had a certificate, license or privilege revoked or suspended under state, federal or other law?
    Yes ❑ No ❑

AFFIDAVIT

I swear or affirm that I am a citizen of the United States, by birth or naturalization, that I have never been convicted of a felony or misdemeanor involving moral turpitude*, that I have a valid high school diploma or it's equivalent, that my discharge (if any) from the Armed Forces was under honorable conditions, that I am of good moral character, that I have read all of the information and it is correct, and that all other information I will furnish contained in this affidavit and my employment application is correct, and that all other information I will furnish in conjunction with my application is true and correct.

_____ _____
Signature of Applicant Identification Used

Sworn to and subscribed before me this _____ day of _____, 20__ at_____
Florida.

_____
Notary Public

*For the purpose of this application, a finding of guilt or a plea of guilt or no contest after October 1, 1980, is the equivalent of a conviction, even if such sentence is suspended or adjudication of guilt is withheld.

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: City of Ormond Beach Police Department

ADDRESS: 22 S. Beach Street, Ormond Beach, Fl. 32174

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_____

CITY OF ORMOND BEACH

Police Department • 170 West Granada Boulevard • Ormond Beach, FL 32174 • (904) 677-0731 • Fax (904) 676-3559

EMPLOYMENT QUESTIONNAIRE

POSITION APPLIED FOR: _____

INSTRUCTIONS

This questionnaire must be typewritten or printed legibly in ink. All questions must be answered; if a question does not apply, so state by indicating N/A (not applicable). Questionnaires that are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as the questionnaire, and number answers to correspond with questions.

PERSONAL INFORMATION

1. Name in full: _____

2. Social Security Number: _____ - _____ - _____

3. Present address telephone numbers.

   Residence Phone: (____)_____ Business Phone: (____)_____

   Residence Address: _____

   _____

4. Mailing Address, if different from above:

   _____

   _____

LIST OF NEIGHBORS

Give the name, address, and phone number of at least three of your current neighbors.

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: HOME (_____) _____ WORK (_____) _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: HOME (_____) _____ WORK (_____) _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: HOME (_____) _____ WORK (_____) _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: HOME (_____) _____ WORK (_____) _____

5. List chronologically, all of your residences for the past 10 years (include addresses while attending school if away from home).

DATES		
FROM	TO	
Mo./Yr.	Mo./Yr.	Street Address, PO Box, etc. City, State and Zip.

6. Name, address and telephone number of next of kin or other person to be contacted in case of an emergency:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: HOME (_____) _____ WORK (_____) _____

7. Are you a United States Citizen? YES _____ NO _____

8. If a naturalized citizen, furnish, DATE: _____

PLACE: _____

COURT: _____

NATURALIZATION NUMBER: _____

EDUCATION

Attach additional sheets if necessary, and please give name at time of attendance. (Mark "same" if name has not changed.

9. **HIGH SCHOOL**: _____

NAME AT TIME OF ATTENDANCE: _____

ADDRESS: _____

_____

PHONE NUMBER: _____ DATES ATTENDED: _____

HIGHEST GRADE COMPLETED _____ G.P.A. _____

ACTIVITIES: _____
(Sports, Clubs, Organizations)

_____

10. **G.E.D.:**

NAME OF SCHOOL: _____

NAME AT TIME OF ATTENDANCE: _____

ADDRESS: _____

PHONE NUMBER: _____ DATE RECEIVED: _____

11. **COLLEGE OR UNIVERSITY**: _____

NAME AT TIME OF ATTENDANCE: _____

ADDRESS: _____

PHONE NUMBER: _____ DATES ATTENDED: _____

G.P.A. _____ ACTIVITIES: _____
(Sports, Clubs, Organizations)

_____

MAJOR: _____ MINOR: _____

12. **COLLEGE OR UNIVERSITY:** _____

NAME AT TIME OF ATTENDANCE: _____

ADDRESS: _____

PHONE NUMBER: _____ DATES ATTENDED: _____

G.P.A. _____ ACTIVITIES: _____
(Sports, Clubs, Organizations)

_____

MAJOR: _____ MINOR: _____

13. **NAME OF SPECIALIZED SCHOOL:** _____

NAME AT TIME OF ATTENDANCE: _____

ADDRESS: _____

_____

PHONE NUMBER: _____ DATES ATTENDED: _____

ACTIVITIES: _____
(Sports, Clubs, Organizations)

_____

LICENSES OR CERTIFICATES RECEIVED: _____

_____

14. SPECIAL AWARDS, HONORS, CITATIONS, POSITIONS HELD IN SCHOOL ORGANIZATIONS, AND ANY OTHER SPECIAL RECOGNITION YOU RECEIVED WHILE ATTENDING SCHOOL:

_____

_____

DRIVING HISTORY

15. Are you a licensed driver in the State of Florida? YES _____ NO _____

License Number _____ Expires: _____

16. Have you ever been licensed to drive in another state? YES _____ NO _____
If yes, list the state and indicate any license that was suspended or revoked and why.

_____

_____

SPECIAL SKILLS, ABILITIES, INTERESTS

17. List any special abilities or licenses, such as pilot, radio operator, radar operator that you possess that you feel may be related the position for which you applied:

_____

_____

_____

_____

_____

_____

18. Approximate number of words per minute: TYPING _____ SHORTHAND ____

19. Do you speak any foreign languages? NO _____ YES _____ (list below)

_____

_____

_____

_____

EMPLOYMENT

List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, indicate, setting forth dates of unemployment. List all employment for the past 10 years. List any employment with a Law Enforcement Agency, even if beyond the 10-year period. Attach additional sheets if necessary. List any employment from which you have been involuntarily terminated, even if beyond the 10-year period.

20. NAME OF EMPLOYER: _____

Address: _____

City, State, Zip: _____

Area Code, Telephone Number and Ext.: (_____) _____

Name of Supervisor: _____

Dates: From _____ to _____

Position / Title: _____

Description of Work: _____

_____

_____

21. NAME OF EMPLOYER: _____

Address: _____

City, State, Zip: _____

Area Code, Telephone Number and Ext.: (_____) _____

Name of Supervisor: _____

Dates: From _____ to _____

Position / Title: _____

Description of Work: _____

_____

EMPLOYMENT CONT.

22. NAME OF EMPLOYER: _____

Address: _____

City, State, Zip: _____

Area Code, Telephone Number and Ext.: (_____) _____

Name of Supervisor: _____

Dates: From _____ to _____

Position / Title: _____

Description of Work: _____

_____

23. NAME OF EMPLOYER: _____

Address: _____

City, State, Zip: _____

Area Code, Telephone Number and Ext.: (_____) _____

Name of Supervisor: _____

Dates: From _____ to _____

Position / Title: _____

Description of Work: _____

_____

EMPLOYMENT CONT.

24. NAME OF EMPLOYER: _____

Address: _____

City, State, Zip: _____

Area Code, Telephone Number and Ext.: (_____) _____

Name of Supervisor: _____

Dates: From _____ to _____

Position / Title: _____

Description of Work: _____

_____

25. NAME OF EMPLOYER: _____

Address: _____

City, State, Zip: _____

Area Code, Telephone Number and Ext.: (_____) _____

Name of Supervisor: _____

Dates: From _____ to _____

Position / Title: _____

Description of Work: _____

_____

EMPLOYMENT CONT.

26. NAME OF EMPLOYER: _____

Address: _____

City, State, Zip: _____

Area Code, Telephone Number and Ext.: (_____) _____

Name of Supervisor: _____

Dates: From _____ to _____

Position / Title: _____

Description of Work: _____

_____

27. NAME OF EMPLOYER: _____

Address: _____

City, State, Zip: _____

Area Code, Telephone Number and Ext.: (_____) _____

Name of Supervisor: _____

Dates: From _____ to _____

Position / Title: _____

Description of Work: _____

_____

28. Have you ever been dismissed from any employment or position you have held?

YES _____ NO _____

29 Have you ever been asked to resign from any employment or position you have held?

YES _____ NO _____

30. Have you ever had any disciplinary action taken against you from any employment or position you have held?

YES _____ NO _____

If yes, list the name of the employer, type of discipline received, (counseling, oral reprimand, written reprimand, suspension, demotion, etc.) date of each discipline, number of days suspended, if applicable, reason for discipline, etc. Explain in detail including a synopsis of the event that resulted in the discipline.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

31. Have you ever been arrested or charged, even as a juvenile, with any criminal violation? YES _____ NO _____. If yes, in addition to providing the information in the boxes below, write a detailed account of each event and attach to questionnaire.

32. Have you ever been arrested or charged with a criminal violation even if such violation has been expunged? YES _____ NO _____
(List all such matters even if not formally charged, or no court appearance, or found not guilty, or pled guilty or nolo contendere to any charge for which adjudication has been withheld, or matter settled if by payment of fine or forfeiture of collateral.)

Date	Location	Agency	Charge	Disposition

33. List all traffic citations, but not parking tickets. If none, so state.

Date	Location	Agency	Charge	Disposition

34. Has you driving privilege ever been canceled, suspended, or revoked?

YES _____ NO _____

If yes, explain fully.

_____

_____

_____

_____

35. Has any member of your immediate family ever been convicted of a crime excluding traffic violations? YES _____ NO _____ If yes, list all such matters and include the name, date of birth, relation, charge, and agency.

_____

_____

_____

_____

36. Has you or your spouse ever been a plaintiff or respondent in a civil court action? YES _____ NO _____ If yes, give date, place court, names of parties involved, nature of action, and final disposition.

_____

_____

_____

_____

MILITARY DATA

37. Have you ever served on active duty in the Armed Forces of the United States?

YES _____ NO _____

Highest rank attained in military service :_____

Were you permanently disabled because of such service? YES _____ NO _____

Branch of military service: _____

Serial number: _____

Dates of active duty: _____

Discharge type: _____ Basis for discharge: _____

Separation center: _____

Are you a member or former member of the Armed Forces Reserve or National Guard? If yes provide Service Branch, name of unit and location.

_____

Was any disciplinary action taken against you in the service? YES ____ NO ____
If yes, fill out below. Attach additional sheets if necessary. Provide a synopsis of the type of discipline, explanation, etc.

Date: _____ Place: _____

Nature of offense: _____

Action taken: _____

Have you ever served in the Armed Forces of a foreign country?

YES _____ NO _____ (specify country and dates)

_____

_____

38. List all clubs, societies or organizations of which you are or have been a member.

_____

_____

_____

39. Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving of the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

YES _____ NO _____ If yes, explain, including name of organization and location.

_____

_____

_____

PERSONAL REFERENCES

40. Name: _____

Residence address: _____

City, State & Zip: _____

Telephone: Residence (____)_____ Business (____)_____

Years acquainted: _____ Occupation _____

41. Name: _____

Residence address: _____

City, State & Zip: _____

Telephone: Residence (____)_____ Business (____)_____

Years acquainted: _____ Occupation _____

42. Name: _____

Residence address: _____

City, State & Zip: _____

Telephone: Residence (____)_____ Business (____)_____

Years acquainted: _____ Occupation _____

43. Name: _____

Residence address: _____

City, State & Zip: _____

Telephone: Residence (____)_____ Business (____)_____

Years acquainted: _____ Occupation _____

FOREIGN TRAVEL

44. Have you ever visited or resided in any foreign country (including travel in the Armed Forces of the U.S.)

YES _____ NO _____

Date passport issued | Passport Number | Place issued

Counties Visited	Dates From	Dates To	Reason

BUSINESS INTERESTS AND LICENSES

45. Do you or have you ever owned any stock or interest in any firm, partnership, or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages?

YES _____ NO _____ If yes, Give details below

_____

_____

_____

46. Are you now, or have you ever been licensed to engage in a business or profession which license was canceled, suspended or revoked?

YES _____ NO _____ If yes, give details below

_____

_____

_____

APPLICANT'S CERTIFICATION

I UNDERSTAND THAT ANY EMPLOYMENT OFFERED TO ME WILL BE CONTINGENT UPON THE RESULTS OF A COMPLETE CHARACTER AND FITNESS INVESTIGATION, AND I AM AWARE THAT WILLFULLY WITHHOLDING INFORMATION OR MAKING FALSE STATEMENTS ON THIS QUESTIONNAIRE WILL BE THE BASIS FOR DISMISSAL FROM THE CITY OF ORMOND BEACH AND THE ORMOND BEACH POLICE DEPARTMENT. I AGREE TO THESE CONDITIONS, AND I HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS QUESTIONNAIRE ARE TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND AND AGREE THAT THIS EMPLOYMENT QUESTIONNAIRE SHALL BE THE PROPERTY OF THE CITY OF ORMOND BEACH AND THE ORMOND BEACH POLICE DEPARTMENT.

I HEREBY CERTIFY THAT EACH ANSWER TO ANY QUESTION HEREIN AND ALL OTHER INFORMATION OTHERWISE FURNISHED IS TRUE AND CORRECT. I FURTHER CERTIFY THAT ALL SUCH ANSWERS AND INFORMATION CONSTITUTE FULL AND COMPLETE DISCLOSURE OF MY KNOWLEDGE WITH RESPECT TO THE QUESTIONS OR SUBJECT MATTER. I UNDERSTAND THAT ANY INCORRECT, INCOMPLETE, OR FALSE INFORMATION FURNISHED BY ME MAY SUBJECT ME TO DISQUALIFICATION OR TO DISCHARGE AT ANY TIME.

SIGNATURE OF APPLICANT **DATE**

WITNESSED BY **DATE**

DOCUMENTS TO BE ATTACHED TO QUESTIONNAIRE

a) Attach certified copy of birth certificate
b) Attach certified copy of high school diploma or Florida Police Sandards approved G.E.D.
c) Attach a copy of military discharge(s)
d) Attach photocopy of drivers license
e) Attach photocopy of social security card

OTHER REQUIREMENTS

After a conditional offer of employment has been given, applicant will be required to be fingerprinted and complete a physical examination (to include urinalysis), psychological examination, and a background investigation.

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

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, DC 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:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be 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 a 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.

• **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 1-888-567-8688.

• **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.

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. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	**Federal Trade Commission: Consumer Response Center - FCRA** Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	**Office of the Comptroller of the Currency** Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	**Federal Reserve Board Division of Consumer & Community Affairs** Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	**Office of Thrift Supervision** Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	**National Credit Union Administration** 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	**Federal Deposit Insurance Corporation** Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	**Department of Transportation** Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	**Department of Agriculture** Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051