Miami Shores Police Department

9990 N.E. 2ND Avenue

Miami Shores, Florida 33138

"Dedicated To Your Safety"

EMPLOYMENT APPLICATION

AND

PERSONAL HISTORY QUESTIONNAIRE

Important Instructions

Please print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. Eligibility for hire may be based on a rating of this application and questionnaire; therefore, completeness and accuracy are of the utmost importance. *Please include additional pages as needed.* If there is enough space under the questions to explain your YES answers, then do so. If not, explain on a separate page. Please footnote your answers using the section and question number. **YOU MUST ANSWER EVERY QUESTION: LEAVE NO BLANK SPACES.** Failure to fully explain your answers, intentionally making a false statement on any material fact or practices, or attempting any deception or fraud may disqualify you from the selection process immediately.

Position Applied For:		Social Security Number:
Last Name:	First:	Middle
Current Home Address:		
City:	State:	Zip Code:
Home Phone:	Work/Cell Phone:	E-Mail:

Personal History/General Background Information

Applicant Information

1. Full Legal Name (Last, First, Middle):
   _____
2. For the purposes of identification, provide the following information:
   Height _____ Weight _____ Eye Color _____ Hair Color _____
3. Do you have any distinguishing scars, marks, or tattoos? ☐ Yes ☐ No
   If Yes, describe them and state their location on your body:
   _____
   _____
4. Have you ever used a different name? ☐ Yes ☐ No
5. List all other names you have used (aliases, maiden, nicknames):
   _____
   _____
6. Have you ever legally changed your name? ☐ Yes ☐ No
   Name changed from _____
   Name changed to _____
   Date and location of change _____
   Reason for change _____
7. Social Security Number: _____
8. Have you ever used a different Social Security Number? ☐ Yes ☐ No
9. Date of Birth: _____ Gender: ☐ Male ☐ Female

10. Have you ever used a different date of birth? ☐ Yes ☐ No

11. Place of Birth _____
City/Town State/Country Zip Code

12. If adopted, parent's Certificate Number: _____
Parent's name on certificate: _____
Court: _____ Date: _____
Location: _____

13. Are you a U.S. Citizen? ☐ Yes ☐ No
Native? ☐ Yes ☐ No
If Naturalized, Certificate #: _____
Issued to: ☐ Self ☐ Parent ☐ Spouse
Court _____Date _____
Location _____

14. If no, are you authorized by Immigration and Naturalization to work in the U.S.?
☐ Yes ☐ No
Alien #A: _____
Admission #: _____

15. Do you have or have you ever applied for a passport?
☐ Yes ☐ No Passport Number _____

16. Do you have a permit to carry a firearm? ☐ Yes ☐ No
Permit# _____

17. Have you ever been denied a firearms permit by any agency?
☐ Yes ☐ No If Yes, list agency or agencies _____

18. Do you currently have any personal profile (social media) accounts or any other such type of internet sites? ☐ Yes ☐ No If Yes, please list: _____
_____

19. Have you worked for Miami Shores Village before? ☐ Yes ☐ No If yes, when?
_____

20. Are you related to a current Miami Shores Village employee?
☐ Yes ☐ No If yes, please provide the person's
Name: _____ Relationship: _____
Department: _____

21. Are you willing to work?: ☐ Nights ☐ Weekends ☐ Overtime

Education and Special Training

1. Do you have a High School Diploma? ☐ Yes ☐ No

   _____
   Name of High School City/State Yr. Graduated

2. If No, do you have a GED? ☐ Yes ☐ No
   Date GED obtained: _____
   If No, highest grade completed: _____

3. _____
   Name of College City/State Yr. Graduated

4. Degree Received/Field of Study (major) _____

5. _____
   Name of Graduate School City/State Yr. Graduated

6. Degree Received/Field of Study (major) _____

7. Specialty Training not listed above: _____
   _____

Experience and Employment

1. Beginning with your most current employment list all jobs FULL-TIME, PART-TIME, TEMPORARY AND VOLUNTARY POSITIONS, you have held. If you had intervening periods of military service or unemployment, list those periods in sequence in the spaces provided. Attach additional pages if needed.

   ******ALL TIME MUST BE ACCOUNTED FOR******

   Name of Employer: _____
   Address: _____
   Telephone: _____
   Dates of Employment: From _____ To _____
   Job Title: _____
   Full-Time ☐ Part-Time ☐ Temporary ☐ Voluntary ☐
   Name of Supervisor: _____
   Reason for Leaving: _____

   Name of Employer: _____
   Address: _____
   Telephone: _____

Dates of Employment: From __________ To __________
Job Title: ____
Full-Time ☐ Part-Time ☐ Temporary ☐ Voluntary ☐
Name of Supervisor: ____
Reason for Leaving: ____

Name of Employer: ____
Address: ____
Telephone: ____
Dates of Employment: From __________ To __________
Job Title: ____
Full-Time ☐ Part-Time ☐ Temporary ☐ Voluntary ☐
Name of Supervisor: ____
Reason for Leaving: ____

Name of Employer: ____
Address: ____
Telephone: ____
Dates of Employment: From __________ To __________
Job Title: ____
Full-Time ☐ Part-Time ☐ Temporary ☐ Voluntary ☐
Name of Supervisor: ____
Reason for Leaving: ____

Name of Employer: ____
Address: ____
Telephone: ____
Dates of Employment: From __________ To __________
Job Title: ____
Full-Time ☐ Part-Time ☐ Temporary ☐ Voluntary ☐
Name of Supervisor: ____
Reason for Leaving: ____

Name of Employer: ____
Address: ____
Telephone: ____
Dates of Employment: From __________ To __________
Job Title: ____
Full-Time ☐ Part-Time ☐ Temporary ☐ Voluntary ☐
Name of Supervisor: ____
Reason for Leaving: ____

2. Have you ever been disciplined by a current or past employer(s)? ☐ Yes ☐ No
If Yes, list each type of disciple, the employer, and date(s): __________________
____
____

3. Have you ever been fired, asked to resign, or forced to leave a job? ☐ Yes ☐ No
   If Yes, list the employer and reason: _____
   _____
   _____

4. Have you ever resigned from a position to avoid termination? ☐ Yes ☐ No
   If Yes, list the employer and reason: _____
   _____
   _____

5. Have you ever been the subject of an allegation charging you with racial or ethnic bias or sexual harassment? ☐ Yes ☐ No

6. Have you ever received unemployment compensation while working at any job?
   ☐ Yes ☐ No

7. Have you ever received unemployment compensation or unemployment compensation while working at any job that you were not entitled to?
   ☐ Yes ☐ No

8. Have you ever worked and gotten paid "under the table" or "off the books"?
   ☐ Yes ☐ No

9. Have you ever been disciplined (e.g., oral/written reprimand, docked pay, suspension, demoted, etc.) for excessive absences, tardiness, poor judgment, unbecoming conduct, work performance or other work related reasons?
   ☐ Yes ☐ No If Yes, explain and from which employer: _____
   _____
   _____

10. Have you ever kept an overage (more money than the final accounting showed)?
    ☐ Yes ☐ No

11. What is the most valuable thing you ever took from an employer? _____
    _____

12. Ever aware of any fellow employees taking from your employer? ☐ Yes ☐ No
    If Yes, what did you do about it? _____
    _____
    _____

13. List any other pending applications for other police positions: _____
    _____
    _____

14. Have you ever not been selected for a police position? ☐ Yes ☐ No

If Yes, why? _____

_____

_____

15. Have you ever taken a psychological examination? ☐ Yes ☐ No If Yes:

When Where Performed By Reason

_____

_____

_____

16. Have you ever taken a polygraph or other type of truth verification or honesty test? ☐ Yes ☐ No If Yes:

When Where Reason or Purpose

_____

_____

_____

17. Did you intentionally misrepresent any information during this or any prior police selection process? ☐ Yes ☐ No

18. Did you have any unauthorized material or information to benefit yourself in this or any prior police selection process? ☐ Yes ☐ No

19. During this or any prior selection process, did you "cheat" in any way? ☐ Yes ☐ No

20. Describe any specialized training, experience or technical skills you have:

_____

_____

Military Record

1. Are you registered with Selective Service? ☐ Yes ☐ No
   If Yes, date registered: _____
   Selective Service Number: _____

2. Have you ever served on active duty in the United States Armed Forces?
   ☐ Yes ☐ No
   Branch _____ Date(s) of Service _____
   Serial Number _____ Type of Discharge _____
   Location of Separation Center: _____
   Location of Induction Center: _____
   Basis for Discharge: _____

3. Are you currently, or have you ever been, a member of the U. S. Reserves or National Guard? ☐ Yes ☐ No
   Branch _____ Date(s) of Service _____
   Reserve Status _____
   If you are in a pay status, where do you attend drills, meetings, or camps? Give the name of the unit and locations, the name of the supervisor and phone number:
   _____
   _____

4. Were you ever tried, punished, reprimanded or reduced in rank for infraction(s) of military rules and regulations? ☐ Yes ☐ No If Yes, provide the following information:
   Date: _____
   Charges: _____
   Type of Proceedings: _____
   Disposition: _____

5. Has your discharge or separation ever been corrected or changed? ☐ Yes ☐ No
   If Yes, list details below:
   Changed from: _____
   Changed to: _____
   Authority: _____
   Date of Change: _____

VETERANS' PREFERENCE: Check the appropriate block if you are claiming veteran's preference. **Documentation substantiating your claim must be furnished at the time of 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 ofVeterans Affairs and the Department of Defense.

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

3. ☐ A veteran of any war 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.

4. ☐ The un-married widow or widower of a veteran who died of a service – connected disability.

5. ☐ The Armed Forces Expeditionary Medal, as well as the Global War on Terrorism Expeditionary Medal are qualifying for Veteran's Preference, provided the individual is otherwise eligible.

6. Have you ever claimed and been employed using veteran's preference?
   ☐ Yes ☐ No If Yes, please give the name of employer: _____

NOTE: Under Florida law FS 295, preference in appointment shall be given first to those persons included in #1 and #2 above, and second to those persons included in #3 and #4 above. If an applicant claiming veteran's preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Florida Department of Veteran's Affairs, Mary Grizzle Office Bldg, 11351Ulmerton Road, Room 311-K, Largo, FL 33778 or www.FloridaVets.org.

Relatives, References, and Acquaintances

During the course of the background investigation persons who know you will be asked to comment upon your suitability for the position you have applied for. Inquiries will be confined to job-related matters.

1. PRESENT MARITAL STATUS
   Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐

2. MARRIAGE INFORMATION
   Marriage Date:_____ Where Performed:_____ Spouse's Name/Wife's Maiden Name:_____ Spouse's D.O.B.: _____

3. EX-SPOUSE INFORMATION: (if separated or divorced)
   Name: _____ Telephone: _____
   Address: _____
   Separated ☐ Marriage Annulled ☐ Divorced ☐
   Date of: _____ Order/Decree: _____
   Granted by: _____
   Court, City, and State where issued: _____

4. CHILDREN
   List all of your children, including step-children and adopted children. Give the following information. (Attach additional pages if necessary)

   _____
   Full Name Date of Birth

   _____
   Address Phone

   _____
   Full Name Date of Birth

   _____
   Address Phone

   _____
   Full Name Date of Birth

   _____
   Address Phone

   _____
   Full Name Date of Birth

   _____
   Full Name Date of Birth

5. FAMILY MEMBERS
   List the FULL NAME of your Father, Mother (maiden and current surname), Step-Father, Step-Mother (including maiden name) ALL Brothers, Sisters, Step-Brothers, and Step-Sisters and any person(s) residing in your home whether related to you or not.

Full Name Date of Birth Relationship

Address Telephone

Full Name Date of Birth Relationship

Address Telephone

Full Name Date of Birth Relationship

Address Telephone

Full Name Date of Birth Relationship

Address Telephone

6. EX-SPOUSE INFORMATION: (if separated or divorced)
   Name: _____ Telephone: _____
   Address: _____
   Separated ☐ Marriage Annulled ☐ Divorced ☐
   Date of: _____ Order/Decree: _____
   Granted by: _____
   Court, City, and State where issued: _____

7. CHILDREN
   List all of your children, including step-children and adopted children. Give the following information. (Attach additional pages if necessary)

Full Name Date of Birth

Address Phone

Full Name Date of Birth

Address Phone

Full Name Date of Birth

Address Phone

Full Name Date of Birth

Address Phone

8. FAMILY MEMBERS
   List the FULL NAME of your Father, Mother (maiden and current surname), Step-Father, Step-Mother (including maiden name) ALL Brothers, Sisters, Step-

Brothers, and Step-Sisters and any person(s) residing in your home whether related to you or not.

Full Name	Date of Birth	Relationship
Address		Telephone
Full Name	Date of Birth	Relationship
Address		Telephone
Full Name	Date of Birth	Relationship
Address		Telephone
Full Name	Date of Birth	Relationship
Address		Telephone
Full Name	Date of Birth	Relationship
Address		Telephone

9. ROOMMATES
List those individuals with whom you have resided. EXCLUDE family members. DO NOT list information before your 15th birthday.

Name	Address	Telephone
Location lived at		Dates(from/to)
Name	Address	Telephone
Location lived at		Dates(from/to)
Name	Address	Telephone
Location lived at		Dates(from/to)

10. ACQUAINTANCES
List 3 to 5 individuals who are social acquaintances (i.e. people you have seen frequently during the past year) and who have knowledge of you and your qualifications. EXCLUDE relatives and former employers.

Name	Address	Telephone
Name	Address	Telephone

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

Residences

1. Persons who have become acquainted with you by reason of your residing in different locations are often helpful in providing useful information for the background investigation. List ALL ADDRESSES, beginning with your present address.

Address Apartment/Floor

City State Zip Code
Dates of Residence: from _____ to _____
Landlord (information):
Name: _____ Telephone: _____
Address (of landlord)

Address Apartment/Floor

City State Zip Code
Dates of Residence: from _____ to _____
Landlord (information):
Name: _____ Telephone: _____
Address (of landlord)

Address Apartment/Floor

City State Zip Code
Dates of Residence: from _____ to _____
Landlord (information):
Name: _____ Telephone: _____
Address (of landlord)

Address Apartment/Floor

City State Zip Code

Dates of Residence: from _____ to _____

Landlord (information):

Name: _____ Telephone: _____

Address (of landlord)

Address Apartment/Floor

City State Zip Code

Dates of Residence: from _____ to _____

Landlord (information):

Name: _____ Telephone: _____

Address (of landlord)

Address Apartment/Floor

City State Zip Code

Dates of Residence: from _____ to _____

Landlord (information):

Name: _____ Telephone: _____

Address (of landlord)

Address Apartment/Floor

City State Zip Code

Dates of Residence: from _____ to _____

Landlord (information):

Name: _____ Telephone: _____

Address (of landlord)

Address Apartment/Floor

City State Zip Code

Dates of Residence: from _____ to _____
Landlord (information):
Name: _____ Telephone: _____
_____
Address (of landlord)

Financial Status

The management of personal finances is relevant to an individual's qualifications for the position of Police Officer/Communications Officer. Fill in the required information in this section. BE COMPLETE AND ACCURATE. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

1. Do you receive income from sources other than your principal occupation?
   ☐ Yes ☐ No
   What is the source? _____ Amount per month? _____

2. Do you have a bank account? ☐ Yes ☐ No
   Name and location of bank: _____
   Name and location of bank: _____

3. Do you have a checking account? ☐ Yes ☐ No
   Name and location of bank: _____
   Name and location of bank: _____

4. Are you responsible for making alimony payments? ☐ Yes ☐ No
   If Yes, indicate amount of payment: $ _____ per: _____

5. Are you responsible for making child support payments? ☐ Yes ☐ No
   If Yes, indicate amount of payment: $ _____ per: _____

6. If you are responsible for making alimony or child support payments, has legal action ever been taken against you for either failing to make payments or delaying payments? ☐ Yes ☐ No If Yes, explain details: _____
   _____++_____
   _____

7. Have you or your spouse ever filed for or declared bankruptcy? ☐ Yes ☐ No
   If Yes, give details when, where and reasons: _____
   _____
   _____

8. Are you more than 3 months behind on any bills? ☐ Yes ☐ No If Yes, explain.
_____
_____

9. Are any creditors pursuing you for outstanding debts? ☐ Yes ☐ No If Yes, explain.
_____
_____

10. Have any of your bills ever been turned over to a collection agency? ☐ Yes ☐ No
If Yes, give details, including date(s), firm(s) involved, and circumstances. _____
_____
_____

11. Have you **ever** had anything repossessed? ☐ Yes ☐ No If Yes, give details,
including dates, firms involved, and circumstances: _____
_____
_____

12. Are there any financial obligations or bills that you have refused to pay or feel that
you are not responsible for? ☐ Yes ☐ No If Yes, explain. _____
_____
_____

13. Have you **ever** written a check that "bounced" or written a check when you knew
there were no funds to cover the value of the check? ☐ Yes ☐ No
If Yes, give details. _____
_____
_____

14. Have you **ever** written a check using another person's name? ☐ Yes ☐ No
If Yes, give details. _____
_____
_____

15. Have you **ever** used a fraudulent document or credit card to obtain money, goods, or
services? ☐ Yes ☐ No If Yes, give details. _____
_____
_____

16. Have you **ever** been involved in any civil lawsuit actions? ☐ Yes ☐ No
If Yes, explain. _____
_____
_____

17. Have you ever been a plaintiff or defendant in a court proceeding? Include divorces,
small claims, evictions foreclosures, child support, Judgments, etc. ☐ Yes ☐ No

If Yes, give details. _____

_____

_____

18. Have your wages ever been attached or garnished? ☐ Yes ☐ No
If Yes, give dates, reason, who attached the wages, etc. _____

_____

_____

19. Have you ever been delinquent on federal income tax, state, local, or other taxes?
☐ Yes ☐ No If Yes, explain giving details including date, where, and reason why.

_____

_____

20. Do you now, or have you ever had, any illegal gambling debts? ☐ Yes ☐ No
If Yes, explain by giving date(s) and details. _____

_____

_____

21. Have you ever not paid a debt, just skipped out on it? ☐ Yes ☐ No

22. Have you ever been evicted? ☐ Yes ☐ No

23. Ever have a credit card recalled? ☐ Yes ☐ No

24. Ever not financially support someone you were obligated to? ☐ Yes ☐ No

25. Ever issue a check or other debt instrument knowing you did not have the funds to cover it? ☐ Yes ☐ No

26. Are you presently experiencing any financial problems? ☐ Yes ☐ No

_____

27. Have you ever had automobile insurance refused, withdrawn, or revoked?
☐ Yes ☐ No If Yes, explain, including reasons for refusals, names of insurance companies, and dates. _____

_____

_____

28. Do you currently have any financial obligation to any of the following?

			AMOUNT OWED
Doctor/Dentist	☐ Yes	☐ No	_____
Hospital/Clinic	☐ Yes	☐ No	_____
Mortgage	☐ Yes	☐ No	_____
Financial Company	☐ Yes	☐ No	_____

Auto Loan	☐ Yes	☐ No	_____
Fed/State/Local Taxes	☐ Yes	☐ No	_____
Credit Union	☐ Yes	☐ No	_____
Student Loan	☐ Yes	☐ No	_____
Court Judgment	☐ Yes	☐ No	_____
Child Support	☐ Yes	☐ No	_____
Alimony	☐ Yes	☐ No	_____
Rent	☐ Yes	☐ No	_____
Utilities	☐ Yes	☐ No	_____
Bank Loans	☐ Yes	☐ No	_____
Loans From Others	☐ Yes	☐ No	_____
Credit Cards	☐ Yes	☐ No	_____
Other Creditors Not Listed	☐ Yes	☐ No	_____

29. List ALL your present loans and any debt, garnishes, wage assignments or judgement pending against you. Include all Credit Card accounts. If none, so state.

Date Made	Original Amount	Monthly Payment	Reason For Loan	Name & Mailing Address of Person or Organization Debt is Owed to

Legal/Criminal Activity

1. Have you ever been **arrested OR convicted** of any crime, ordinance violation, or have you received an infraction, summons, ticket, or citation for criminal activity?
   ☐ Yes ☐ No If Yes, explain below:
   Date _____ Offense/Crime Charged _____
   ☐ Felonly ☐ Misdemeanor Police Agency _____
   Court Agency _____ Final Disposition _____

   Date _____ Offense/Crime Charged _____
   ☐ Felonly ☐ Misdemeanor Police Agency _____
   Court Agency _____ Final Disposition _____

Date _____ Offense/Crime Charged _____
☐ Felonly ☐ Misdemeanor Police Agency _____
Court Agency _____ Final Disposition _____

Date _____ Offense/Crime Charged _____
☐ Felonly ☐ Misdemeanor Police Agency _____
Court Agency _____ Final Disposition _____

2. Has your **spouse** ever been arrested or convicted of any crime, ordinance violation or have you received an infraction, summons, ticket or citation for criminal activity? ☐ Yes ☐ No If Yes, explain below:

Date _____ Offense/Crime Charged _____
☐ Felonly ☐ Misdemeanor Police Agency _____
Court Agency _____ Final Disposition _____

Date _____ Offense/Crime Charged _____
☐ Felonly ☐ Misdemeanor Police Agency _____
Court Agency _____ Final Disposition _____

Date _____ Offense/Crime Charged _____
☐ Felonly ☐ Misdemeanor Police Agency _____
Court Agency _____ Final Disposition _____

Date _____ Offense/Crime Charged _____
☐ Felonly ☐ Misdemeanor Police Agency _____
Court Agency _____ Final Disposition _____

3. Have you or your spouse ever been involved as a plaintiff or defendant in any CIVIL COURT action? ☐ Yes ☐ No If Yes, list the date, place and full details of each incident below: _____
_____
_____

4. Have you ever been reported to a Law Enforcement Agency as a Missing Person or as a Runaway? ☐ Yes ☐ No If Yes, list the date, place and full details of each incident below: _____
_____
_____

5. Were you ever required to appear before a juvenile court for an act that would have been a crime if committed by an adult? ☐ Yes ☐ No If Yes, list the date, place and complete details of each incident below: _____
_____
_____

6. Have you ever been involved in any of the following in any way (participated in, conspired with or assisted anyone, regardless of whether or not you were caught)?

Caused a person's death/person to be hospitalized	☐ Yes ☐ No
Taken items from a store as a child/as an adult	☐ Yes ☐ No
Take any property or money without the owner's permission	☐ Yes ☐ No
Take a motor vehicle without the owner's permission	☐ Yes ☐ No
Falsely report a fire or other emergency situation	☐ Yes ☐ No
Falsely report a crime	☐ Yes ☐ No
Use a phony identification	☐ Yes ☐ No
Use a credit card or ATM card illegally	☐ Yes ☐ No
Use or display a weapon during an altercation	☐ Yes ☐ No
Make a threatening or obscene communication anonymously (via telephone, mail, fax, email, online, social media, etc.)	☐ Yes ☐ No
Receive or distribute any item you knew to be stolen	☐ Yes ☐ No
Intentionally damage property of someone else	☐ Yes ☐ No
Were you ever in illegal possession of a weapon	☐ Yes ☐ No
Make a false or inflated insurance claim	☐ Yes ☐ No
Take something from someone by force	☐ Yes ☐ No
Break into a motor vehicle	☐ Yes ☐ No
Break into a building (home, business, etc.)	☐ Yes ☐ No
Set fire to anything	☐ Yes ☐ No
Kidnap or otherwise keep someone against their will	☐ Yes ☐ No
Counterfeit anything	☐ Yes ☐ No
Commit blackmail/any form of extortion	☐ Yes ☐ No
Tamper with a witness or evidence	☐ Yes ☐ No
Use a computer to commit a crime	☐ Yes ☐ No
Make a false statement to the police	☐ Yes ☐ No
Harass or stalk someone	☐ Yes ☐ No
Interfere with a police officer	☐ Yes ☐ No
Deliberately hurt an animal	☐ Yes ☐ No
Make or take an illegal bet	☐ Yes ☐ No
Impersonate a police officer	☐ Yes ☐ No
Ever use physical force with your spouse or significant other (strike, push, slap, shake, etc.)	☐ Yes ☐ No
Ever use physical force with a parent	☐ Yes ☐ No
Ever use physical force with a child	☐ Yes ☐ No
Ever been the subject of a restraining/protective order	☐ Yes ☐ No
Ever been convicted of a criminal offense	☐ Yes ☐ No
Ever have a criminal charge reduced in court	☐ Yes ☐ No
Do you have a permit to carry a gun (pistol, revolver, etc.)?	☐ Yes ☐ No
Did you ever have a weapon permit denied or revoked?	☐ Yes ☐ No

Have any of your friends, family, or close acquaintances ever been involved in any criminal activity? ☐ Yes ☐ No
If yes, did you assist them in any way? ☐ Yes ☐ No
Ever been involved in organized crime ☐ Yes ☐ No

Motor Vehicle Operation

Operation of a motor vehicle is an integral part of the position of Police Officer. An investigation of your driving history will be made through record checks. To expedite this procedure, supply the following information.

1. **Florida** Driver's License Number: _____
   License Type: _____ Expiration Date: _____
   Name under which license was issued: _____
   License Restrictions: _____
2. List all other states where you have been licensed to operate a motor vehicle:

   State: _____ License Number: _____ License Type: _____
   Name under which license was issued: _____
   Restrictions: _____
   State: _____ License Number: _____ License Type: _____
   Name under which license was issued: _____
   Restrictions: _____

   State: _____ License Number: _____ License Type: _____
   Name under which license was issued: _____
   Restrictions: _____

3. Have you ever been denied a driver's license by any state? ☐ Yes ☐ No
   If Yes, explain below. Include when, where, and reason why.
   _____
   _____

4. Have any of your driver's licenses ever been suspended or revoked?
   ☐ Yes ☐ No If Yes, explain below. Include when, where, and reason why.
   _____
   _____

5. Have you ever attended a Driver Improvement School? ☐ Yes ☐ No
   If Yes, explain below. Include when, where, and reason why.
   _____
   _____

6. Have you ever been charged with driving under the influence of alcohol or drugs?
   ☐ Yes ☐ No If Yes, explain below. Include when, where, and reason why.

_____

_____

7. Have you ever been charged with Reckless Driving? ☐ Yes ☐ No
If Yes, explain below. Include when, where, and reason why. _____

_____

_____

8. Have you ever been charged with Dangerous Excessive Speeding?
☐ Yes ☐ No If Yes, explain below. Include when, where, and reason why.

_____

_____

9. Have you ever been charged with Vehicular Homicide? ☐ Yes ☐ No
If Yes, explain below. Include when, where, and reason why.

_____

_____

10. List each and every traffic ticket or summons you have ever received in chronological order, starting with the most recent. DO NOT INCLUDE PARKING VIOLATIONS. (Attach additional pages if necessary)

Month/Year: _____ Charge: _____
City/State: _____ Disposition: _____

Month/Year: _____ Charge: _____
City/State: _____ Disposition: _____

Month/Year: _____ Charge: _____
City/State: _____ Disposition: _____

Month/Year: _____ Charge: _____
City/State: _____ Disposition: _____

Month/Year: _____ Charge: _____
City/State: _____ Disposition: _____

Month/Year: _____ Charge: _____
City/State: _____ Disposition: _____

11. Have you ever been involved as a **driver** in a motor vehicle accident, whether or not the police investigated it? ☐ Yes ☐ No
If Yes, give details below. (Attach additional pages if necessary)

Police Investigation: ☐ Yes ☐ No Police Agency: _____
Date: _____ ☐ Injury ☐ Non-Injury ☐ Fatalities
Location: _____

Police Investigation: ☐ Yes ☐ No Police Agency: _____
Date: _____ ☐ Injury ☐ Non-Injury ☐ Fatalities
Location: _____

Police Investigation: ☐ Yes ☐ No Police Agency: _____
Date: _____ ☐ Injury ☐ Non-Injury ☐ Fatalitie(s)
Location: _____

Police Investigation: ☐ Yes ☐ No Police Agency: _____
Date: _____ ☐ Injury ☐ Non-Injury ☐ Fatalitie(s)
Location: _____

12. Were alcohol or drugs ever a factor in an accident? ☐ Yes ☐ No

13. Have you ever had automobile insurance refused, withdrawn, or revoked?
☐ Yes ☐ No If Yes, explain. Include reasons for refusals, names of insurance companies, and dates. _____
_____
_____

14. Have you ever driven a car that was improperly registered or insured?
☐ Yes ☐ No

15. Do you have any outstanding (unpaid) parking tickets? ☐ Yes ☐ No

16. Within the last 12 months, have you driven a motor vehicle while under the influence of alcohol, drugs, or both? ☐ Yes ☐ No

17. Give the following information regarding automobile insurance on any vehicles registered to you and/or your spouse:

Insurance Company: _____
Address: _____
Policy Number: _____

Insurance Company: _____
Address: _____
Policy Number: _____

Insurance Company: _____
Address: _____
Policy Number: _____

18. Have you ever had a driver's license from more than one state at the same time?
☐ Yes ☐ No

19. Have you ever altered a license or given false information to obtain a license?
☐ Yes ☐ No

20. Have you ever knowingly driven an unregistered or uninsured motor vehicle?
☐ Yes ☐ No

21. Have you ever knowingly damaged another's property with a vehicle and not report it? ☐ Yes ☐ No

22. Do you currently owe any fines for traffic or parking violations? ☐ Yes ☐ No

23. Have you ever had traffic or parking tickets "fixed"? ☐ Yes ☐ No

24. Have you ever been subject to a Breathalyzer or sobriety test? ☐ Yes ☐ No

25. Have you ever been involved in a motor vehicle accident where you left the scene without identifying yourself (hit & run)? ☐ Yes ☐ No

Use of Alcohol

1. How much alcohol have you consumed in the past 24 hours? _____
2. In the past week? _____
3. When was the last time you drank too much? _____
4. When was the last time you operated a motor vehicle after you had consumed alcohol? _____
5. Did you ever drink more heavily than you do now? ☐ Yes ☐ No
6. Have you ever missed work because of alcohol consumption? ☐ Yes ☐ No
7. Have you ever been treated for, counseled for, or sought self-help for a drinking problem? (AA, etc.) ☐ Yes ☐ No If Yes, explain: _____
   _____
8. Has drinking ever caused you a problem in your personal life or any of your employments? ☐ Yes ☐ No If Yes, explain: _____
   _____
9. Have you ever consumed alcohol while you were working? ☐ Yes ☐ No
10. How many times have you been drunk in the past 12 months? _____

11. Have you ever been told by someone that they felt you had a drinking problem?
☐ Ye s ☐ No

12. Have you ever felt you had a drinking problem? ☐ Yes ☐ No

13. Have you ever woken up in the morning, after a night of drinking, and were unable to remember the night before? ☐ Yes ☐ No If Yes, explain. _____
_____

14. Do you consider yourself to be a: ☐ Non-drinker ☐ Light drinker
☐ Moderate drinker ☐ Heavy drinker ☐ Other (explain)
_____

Sexual Misconduct

Have you ever been involved in any of the following (that is, have you committed, participated in, or conspired with anyone, regardless of whether or not you were caught)?

1. Have you ever forced someone to have sexual relations/contact with you? (including a spouse/partner) ☐ Yes ☐ No
2. Have you ever been sexually involved with a minor? (under 18 yrs. of age) ☐ Yes ☐ No
3. Have you ever been sexually aroused by a child? ☐ Yes ☐ No
4. Have you ever masturbated to fantasies of children? ☐ Yes ☐ No
5. Have you ever had sexual relations/contact with a relative? ☐ Yes ☐ No
6. Have you ever had sexual relations/contact with an animal? ☐ Yes ☐ No
7. Have you ever had sexual relations/contact with a corpse? ☐ Yes ☐ No
8. Have you ever been sexual aroused by a fire? ☐ Yes ☐ No
9. Have you ever paid for sex, been paid for sex, or had a third party pay for sex you received? ☐ Yes ☐ No
10. Have you ever had sexual relations/contact (including masturbation) while at work? ☐ Yes ☐ No
11. Have you ever possessed, sold, purchased, produced, downloaded,

viewed, or distributed any child pornographic material (or assisted anyone)? ☐ Yes ☐ No

12. Have you ever intentionally exposed yourself in public? ☐ Yes ☐ No

13. Have you ever exposed yourself to a child? ☐ Yes ☐ No

14. Have you ever physically or sexually abused a child? ☐ Yes ☐ No

15. Have you ever touched a child in a sexual way? ☐ Yes ☐ No

16. Have you ever had sexual relations/contact with someone not able to give consent (ability to consent or diminished due to unconsciousness, drugs, alcohol, or mentally incompetent)? ☐ Yes ☐ No

17. Have you ever been involved in any illegal sexual activity? ☐ Yes ☐ No

18. Have you ever been involved in what you consider to be an unusual sex act? ☐ Yes ☐ No

Subversive or Gang Activity

Have you ever been ***associated*** with (that is, you were a member or associate member, attended meetings, provided financial or any other type of assistance, volunteered for, or were in any way affiliated with) any group organization, gang or movement that:

1. Advocates or uses violence to further its goal? ☐ Yes ☐ No
2. Requires the commission of a crime to become a member or to retain membership? ☐ Yes ☐ No
3. Engages in criminal activity? ☐ Yes ☐ No
4. Espouses hatred for any racial, ethnic, or religious groups? ☐ Yes ☐ No
5. Advocates any subversive activity, such as altering the government by unconstitutional means? ☐ Yes ☐ No
6. Espouses hatred or advocates violence against Americans? ☐ Yes ☐ No
7. Have you ever been asked to join, or have you ever attempted to join, any group/organizations that have been mentioned? ☐ Yes ☐ No

8. Do you have any friends, relatives, or close acquaintances that have any ties with any of the groups/organizations that have been mentioned? ☐ Yes ☐ No

9. Is any member of your immediate or extended family involved in a street gang? ☐ Yes ☐ No

Dugs/Narcotics

1. Do you now, or have you ever, used any tobacco products? ☐ Yes ☐ No
   If Yes, explain: _____
   _____
   _____

2. Do you now, or have you ever, used marijuana? ☐ Yes ☐ No
   If Yes, when did you first use marijuana? _____ Last use? _____

3. Estimate the total number of ***USAGES***: _____
   Periods of heavier ***USAGE***: _____

4. Have you ever purchased, sold, or distributed marijuana, or assisted anyone?
   ☐ Yes ☐ No

5. Have you ever USED marijuana while at work? ☐ Yes ☐ No

6. Do you now, or have you ever, used Cocaine? ☐ Yes ☐ No
   If yes, when did you first use Cocaine? _____ Last use? _____

7. Estimate total ***USAGE*** of Cocaine? _____
   Most used in a 24-hour period? _____

8. Have you ever purchased, sold, manufactured, or distributed Cocaine, or assisted anyone? ☐ Yes ☐ No

9. Other drugs tried:

	FIRST TIME	LAST TIME	TOTAL TIMES
Hashish	_____	_____	_____
Heroin	_____	_____	_____
Quaaludes	_____	_____	_____
Downers	_____	_____	_____
Speed/Meth	_____	_____	_____
LSD/Acid	_____	_____	_____
Mescaline	_____	_____	_____
Peyote	_____	_____	_____
Mushrooms	_____	_____	_____

THC	_____	_____	_____
PCP/angel dust	_____	_____	_____
Ecstasy	_____	_____	_____
Steroids	_____	_____	_____
Illy	_____	_____	_____
Nitrous Oxide	_____	_____	_____
Rush (amyl nitrate)	_____	_____	_____

10. Have you ever ***USED*** any other illegal narcotic substances that have not been mentioned? ☐ Yes ☐ No If yes, explain. _____
_____

11. Have you ever ***USED*** any other person's prescription medication? ☐ Yes ☐ No

12. Are any close friends, relatives, or significant others (examples: spouse/fiancé, live-in) involved in the use, sale, manufacture, or distribution of any illegal substance? ☐ Yes ☐ No

Medical

1. Please list your primary care physician:
   Physician name: _____
   Address: _____
   Phone: _____
   Current Medical Insurance provider: _____

2. Have you ever been admitted to the hospital as a patient? ☐ Yes ☐ No
   If Yes, explain below:

Name of Hospital	Dates	Nature of Illness
Name of Hospital	Dates	Nature of Illness
Name of Hospital	Dates	Nature of Illness

3. List all hospital and medical centers where you have been treated:
   _____
   _____
   _____

4. Do you have any conditions that would require frequent absence from work?
   ☐ Yes ☐ No If Yes, explain: _____
   _____

5. Do you have any physical limitations, injuries, psychological or psychiatric problems that would have an impact on your duties as a police officer or communications officer? ☐ Yes ☐ No If Yes, explain: _____

_____

_____

6. Have you ever been counseled for or treated for any psychological or emotional conditions, or institutionalized for such a problem? ☐ Yes ☐ No If Yes, explain:

_____

_____

7. Have you undergone rehabilitative treatment for injuries, illnesses, or addictions? ☐ Yes ☐ No If Yes, explain: _____

_____

8. Do you have a disability that would require a reasonable accommodation to do the job? ☐ Yes ☐ No If Yes, explain: _____

_____

9. Are you currently using any medication, over the counter or prescription? ☐ Yes ☐ No If Yes, explain: _____

_____

10. Have you ever undergone a surgical procedure of any type? ☐ Yes ☐ No

11. Have you ever had an illness or injury which resulted in a permanent impairment or loss of mobility to any body part or permanent disability? ☐ Yes ☐ No

12. Are you currently being treated for a chronic condition of any type? ☐ Yes ☐ No

13. Have you ever been counseled or treated for an addiction to any illegal drugs? ☐ Yes ☐ No

14. Have you ever intentionally tried to harm yourself physically? ☐ Yes ☐ No

15. Have you ever been treated for high blood pressure or hypertension, or been told that you have either condition? ☐ Yes ☐ No

16. List any prescription medication you have taken within the last 6 months (even if it was not yours):

_____

Medication Purpose

_____

Medication Purpose

_____

Medication Purpose

17. When, where, and why did you last seek professional medical treatment for any reason?

_____

When Location Purpose

Full Disclosure

You are being asked to fully appraise the department of your background to prevent the possibility of being compromised in the future.

Is there anything in your past or present, not specifically asked for in this Application and Personal History Questionnaire, which, if it becomes known, would embarrass you or the Miami Shores Police Department, which would cause you to be compromised in the discharge of your duties (Examples: a family member convicted of a crime, relationships with persons of questionable character, excessive gambling, etc.)? Unless it is directly related to your ability to do police work, your answer to this question will not affect your application.

☐ Yes ☐ No If Yes, explain below in detail:

_____
_____
_____
_____

It is the responsibility of each applicant to notify the Miami Shores Police Department of any changes in your address or phone numbers. Failure to do so may result in your elimination from the testing process.

How did you hear about our employment opportunity? _____

_____
_____

NOTICE:

"A person is guilty of false statement when he intentionally makes a false written statement under oath or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable, which he does not believe to be true and/or which statement is intended to mislead a public servant in the performance of his official function".

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision.

I understand that this questionnaire is but one element of the selection process for Police Officer and that an acceptable background investigation does not guarantee my selection as an Officer.

In the event of employment, I understand that false or misleading information given herein or during interview(s) will result in my being disqualified from future consideration and/or termination from employment by the Miami Shores Police Department.
I, _____, being duly sworn, depose and say that I am the above named person. I have read and answered each and every preceding question and I do solemnly swear that each and every answer is full, true and correct to the best of my knowledge and belief.

I further agree that should any investigation disclose any misrepresentation, falsification or omission, my application may be rejected and my name removed from the eligible lists. If already appointed, I may be discharged.

Date _____ Applicant's Signature _____

Subscribed and sworn to me this _____ day of _____, 20____.

_____
Notary Public

Miami Shores Police Department
9990 N.E. 2ND Avenue
Miami Shores, Florida 33138

"Dedicated To Your Safety"

WAIVER OF CONFIDENTIALITY

I hereby waive the privilege of confidentiality to which I otherwise may be entitled, and authorize the release of those records about or concerning me as may be in the possession of others, which are required as a condition of my employment with the **MIAMI SHORES POLICE DEPARTMENT**, and will assist in determining my suitability for employment with such Department. Among those records, the release of which I hereby authorize, shall include my medical history or treatment records, education records, financial and/or credit records, military records, psychiatric history and mental health records, psychological exams and their results, arrest convictions and fingerprint records, police reports, including background investigations, polygraph exams and their results, and employment records. I hereby agree that copies of all such records requested may be released to the **MIAMI SHORES POLICE DEPARTMENT** for the purpose of my employment application.

(Print or type full name)

Signature: _____
Date: _____

Witness printed or typed named: _____

Witness signature: _____

Date: _____
(Print or type witness name)

Please read this statement carefully before signing below:

Miami Shores Village is an Equal Opportunity Employer.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with Miami Shores Village is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time.

Copies of Education Documents, Birth Certificate, Photo Identification, and Social Security Card must be submitted prior to employment. All information is subject to investigation and verification.

Miami Shores Village requests social security numbers for the following purposes: track employment application records; pre-employment background checks; verify eligibility for employment; withhold federal and state taxes; comply with state new-hire reporting requirements; enrollment in pension and benefits plans.

Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of urine which may be tested for use of drugs and/or controlled substances.

My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact may result in disqualification or dismissal.

SIGN YOUR NAME HERE	DATE

MUST BE SIGNED AND WITNESSED

Witnessed by: _____

Signature: _____ Print Name: _____

NOTICE TO APPLICANT OF INTENT TO OBTAIN A CONSUMER REPORT

Dear Applicant,

In connection with your application for employment, we would like to procure certain background information concerning you which is contained in a consumer report. A consumer report may contain information regarding your driving record and/or criminal background.

Before we procure a consumer report, you must authorize such procurement in writing. You have the right to decline authorization for us to procure a consumer report. However, we will not consider you further for employment if you so decline. On the bottom of this form, you will find a release which will allow us to obtain a consumer report. Please read the release carefully before signing it and indicating your choice regarding disclosure.

RELEASE TO PROCURE A CONSUMER REPORT

I have read the "Notice to Applicant of Intent to Obtain Consumer Report."

I understand that I have the right to decline authorization for Miami Shores Village to procure a consumer report concerning me.

Understanding these rights,

☐ I authorize the Miami Shores Village to procure a consumer report concerning me.

☐ I do not authorize the Miami Shores Village to procure a consumer report concerning me.

NAME (please print) _____

SOCIAL SECURITY NUMBER _____

SIGNATURE _____

DATE _____

Miami Shores Village

MSV USE ONLY

DOCUMENTS CHECKLIST

Name: _____

_____ **Birth Certificate (Must bear Official Seal)**
_____ **Birth / Death Certificate of Spouse if ever married**
_____ **Certificate of Naturalization (Original only)**
_____ **High School Diploma / GED Certificate and Scores (Original only)**
_____ **College Diploma/s (Original only)**
_____ **DD214 (Complete original only)**
_____ **Current Driver's License**
_____ **Certified Driving History from *all states* where a DL has been issued**
_____ **Social Security Card**
_____ **Social Security Earnings Report**
_____ **Documentation of all legal change of name**
_____ **Other personal papers (Resume, Curriculum Vitae, Divorce, Commendations, and Training Certificates)**
_____ **Professional / Occupational Licenses**
_____ **Firearms / Weapons Licenses**

REMINDER: Copies are acceptable; however, the original document must be presented for review. *These documents are required on the date provided to you by the background investigator.* As such, processing may stop until all of these documents are submitted.