

# Fellsmere Police Department Pre-Application Request Form

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Position Applying For:    Law Enforcement [  ]            Non-Sworn [  ]

College Credit Hours or Degree: \_\_\_\_\_ Years in Military: \_\_\_\_\_

Florida Certified: Yes [  ]    No [  ]

Are You At least 19 years of age:    Yes [  ]    No [  ]

Are You a citizen of the United States:    Yes [  ]    No [  ]

Are You a High School Graduate or Its equivalent:    Yes [  ]    No [  ]

Have You Ever Been convicted of any Felony or of a Misdemeanor involving perjury or false statement: Yes [  ]    No [  ]

Have You Been Dishonorably Discharged from any of the Armed Forces of the United States:  
Yes [  ]    No [  ]

Phone Number: (    )    -

Fax Number:    (    )    -

E-Mail Address: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Signature: \_\_\_\_\_

CITY OF FELLSMERE  
POLICE DEPARTMENT  
25 South Cypress Street  
Fellsmere, Florida 32948  
(772) 571-1360

APPLICANT NAME: \_\_\_\_\_ SWORN QUESTIONNAIRE

**Applicant:**

Please complete this background questionnaire using black ink. Upon completion, please double check that you have answered all questions fully, and that you have given complete addresses, including zip codes. Write detailed answers on the reverse side of question sheet starting at the bottom. If any type of question or requested information does not apply, place "N/A" across the response area.

Return this questionnaire to the Fellsmere Police Department within seven (7) days. Also, attach copies of any documents listed below, that pertain to you.

The City of Fellsmere is an Equal Opportunity Employer. Any and all inquiries that appear to be of a personal nature are necessary in order that full background checks can be made. This is essential due to the nature, scope, and confidentiality of this profession.

You must sign the last page of the background questionnaire and all releases, but do so **ONLY IN THE PRESENCE OF A NOTARY**. If you cannot locate a notary, bring the packet to us, **UNSIGNED**, and we will arrange for notarization. **INCOMPLETE BACKGROUND PACKETS MAY NOT BE CONSIDERED FOR REVIEW**, which could adversely affect your opportunity with this agency.

**IF APPLICABLE, SUBMIT COPIES OF THE FOLLOWING:**

1. Birth Certificate
2. Naturalization Papers
3. Educational Certificates
  - a. High School diploma
  - b. High School transcript
  - c. High School equivalency
  - d. College diploma
  - e. Other school and/or training certificates
- 4 Current Valid Florida Driver's License (Original for copying)
5. Proof of registration for Selective Service
6. Military service discharge or release papers (DD-21 4)
7. Marriage certificate(s)
8. Divorce Papers
9. Official documentation of any name change
10. Current valid vehicle insurance card
11. Social Security Card (Original for copying)
12. Recent photo, passport type in size.

If you have any questions regarding the above, contact the Fellsmere Police Department at (772) 571-1360.

## **APPLICANT: READ THIS FIRST**

The Fellsmere Police Department is requiring you to fill out this employment questionnaire. No other document, which you will prepare during your application process for a position with City of Fellsmere, is so important as this questionnaire, and it is in your best interest to follow these instructions. There are many more applicants for employment than there are available positions, investigators and administrative aides do not have the time to correct your questionnaire or conduct inquiries to complete your responses.

APPLICATIONS MUST BE HAND WRITTEN BY THE APPLICANT IN BLACK INK. After thoroughly completing the document, you **MUST HAVE IT NOTARIZED** on the appropriate pages. If you fail to follow these instructions, the interview will be terminated and may not be re-scheduled for a significant length of time due to the number of applicants who must be processed.

Before completing this document, closely read the instructions, which are written throughout. There are a number of copies of official documents, which you are required to obtain, and some of these documents will be necessary. The Fellsmere Police Department understands that some documents may have to be requested and mailed to you. In that case a written explanation of why the document is missing and what you are doing to obtain the document will be required with the application.

When mentioning persons, be sure to fully identify the individual by his or her full correct name. Further, give complete address; DO NOT ASSUME that the investigator will attempt to determine street numbers, correct street spellings, apartment numbers, telephone numbers or zip codes. If your questionnaire is not complete and notarized at the time of your initial review, the process will be terminated.

When completing the residence portion of this questionnaire, be sure that you provide every address where you have lived for the last ten (10) years, in order from your present address backwards. If necessary, call the appropriate person to find out the exact address and the time period during which you resided at that address.

When completing the employment portion of this questionnaire be sure you provide each employer for the past ten (10) years, in order from your present employer backwards. If you have ever had a previous law enforcement/corrections employment you must list it, even if it was more than ten (10) years ago. If there was a period of unemployment, enter it in the employment section in the same sequence and manner as if this were another employer by indicating "from" and "to" and printing "UNEMPLOYED" in the block headed "Employer Name." Further, if you worked more than one job at one time, place the major job first and enter the part-time or secondary job in the block immediately after the primary position.

If you need to use the continuation pages in this questionnaire clearly mark what section you are continuing. Be as thorough as possible.

**Again, answer each question as completely and honestly as possible. Many more people are not accepted because of omission and concealment than because of previous behavior. Any such omission or concealment will be considered deception. While indiscretions or other situations in your life history may or may not be condoned, deception will absolutely not be tolerated.**

**BIOGRAPHIC INFORMATION**

NAME: \_\_\_\_\_  
                    LAST                                    FIRST                                    MIDDLE

CURRENT ADDRESS: (STREET ADDRESS, NOT POST OFFICE BOX)  
\_\_\_\_\_  
\_\_\_\_\_

HOW MANY YEARS AT THIS ADDRESS? \_\_\_\_\_

HOME PHONE: (    ) \_\_\_\_\_ WORK PHONE: (    ) \_\_\_\_\_

SCARS, MARKS, TATTOOS: \_\_\_\_\_

SOC SEC #: \_\_\_\_\_ DRIVER LICENSE VALID? YES [ ] NO [ ]

DRIVER LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

ALIAS: \_\_\_\_\_  
(NICKNAMES, MAIDEN NAME, OR OTHER NAME CHANGES)

FOR STATISTICAL AND BACKGROUND CHECK PURPOSES ONLY:

MARITAL STATUS: (CHECK ONE)

SINGLE [ ] MARRIED [ ] ENGAGED [ ] SEPARATED [ ] DIVORCED [ ]

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE/PLACE OF BIRTH: \_\_\_\_\_

IF YOU ARE MARRIED, PLEASE PROVIDE THE FOLLOWING INFORMATION ON YOUR SPOUSE:

SPOUSE'S NAME: \_\_\_\_\_  
                                    LAST                                    FIRST                                    MIDDLE                                    MAIDEN

Race: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE/PLACE OF BIRTH: \_\_\_\_\_





Addresses (Continued)

From: \_\_\_\_\_ Month/Year To: \_\_\_\_\_ Month/Year  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Own  Rent   
Landlords Name: \_\_\_\_\_  
Landlord's Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ Month/Year To: \_\_\_\_\_ Month/Year  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Own  Rent   
Landlords Name: \_\_\_\_\_  
Landlord's Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ Month/Year To: \_\_\_\_\_ Month/Year  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Own  Rent   
Landlords Name: \_\_\_\_\_  
Landlord's Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ Month/Year To: \_\_\_\_\_ Month/Year  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Own  Rent   
Landlords Name: \_\_\_\_\_  
Landlord's Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Addresses (Continued)

From: \_\_\_\_\_ Month/Year To: \_\_\_\_\_ Month/Year  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Own  Rent   
Landlords Name: \_\_\_\_\_  
Landlord's Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ Month/Year To: \_\_\_\_\_ Month/Year  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Own  Rent   
Landlords Name: \_\_\_\_\_  
Landlord's Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ Month/Year To: \_\_\_\_\_ Month/Year  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Own  Rent   
Landlords Name: \_\_\_\_\_  
Landlord's Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ Month/Year To: \_\_\_\_\_ Month/Year  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Own  Rent   
Landlords Name: \_\_\_\_\_  
Landlord's Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

QUESTIONNAIRE  
GENERAL INFORMATION

If you answer “no” to any of the below three questions, list the question number and details on the reverse side of this page.

YES NO

1. \_\_\_\_ \_\_\_\_ Are you at least 19 years of age?
  
2. \_\_\_\_ \_\_\_\_ Are you a citizen of the United States?
  
3. \_\_\_\_ \_\_\_\_ Are you a high school graduate or its equivalent?

If you answer “yes” to the following questions, list the question number and details on the reverse side of this page.

4. \_\_\_\_ \_\_\_\_ Have you ever been convicted of any felony or of a misdemeanor involving perjury or false statement, or have you ever received a dishonorable discharge from any of the Armed Forces of the United States?
  
5. \_\_\_\_ \_\_\_\_ Have you completed a course of basic training as established by the Florida Police Standards?
  
6. \_\_\_\_ \_\_\_\_ Have you passed all phases of the State Police Exam?
  
7. \_\_\_\_ \_\_\_\_ Do you consume alcoholic beverages?
  
- 8., \_\_\_\_ \_\_\_\_ Do you smoke cigarettes, cigars, pipe or chew tobacco?
  
9. \_\_\_\_ \_\_\_\_ Have you ever applied with any other law enforcement agencies?  
If so, please list which ones and when.

QUESTIONNAIRE  
GENERAL INFORMATION

The following information is being requested in order to aid us in detecting illegal drug use. If you answer "yes" to any of the following questions, list question number and details on the reverse side of this page.

Drug tests are conducted on all applicants for positions in the City of Fellsmere Police Department.

Have you ever used, sold, transported, delivered, or possessed any of the following substances, other than as allowed by law?

- | YES       | NO    |   |
|-----------|-------|---|
| 1. _____  | _____ | Hallucinogenic Drugs                                      |
| 2. _____  | _____ | Amphetamines  |
| 3. _____  | _____ | Cocaine   |
| 4. _____  | _____ | Marijuana   |
| 5. _____  | _____ | Barbiturates  |
| 6. _____  | _____ | Tranquilizers   |
| 7. _____  | _____ | Crack   |
| 8. _____  | _____ | Crank   |
| 9. _____  | _____ | Heroin  |
| 10. _____ | _____ | Any other illegal drug, or narcotic                       |
| 11. _____ | _____ | Have you ever misused a prescription drug?                |
| 12. _____ | _____ | Have you ever obtained a prescription drug through fraud? |
| 13. _____ | _____ | Have you ever used steroids?                              |



**QUESTIONNAIRE  
EDUCATION HISTORY**

If you answer “yes” to any of the following questions, list the question number and provide details on the reverse side of this page.

YES NO

- 1. \_\_\_\_ \_\_\_\_ Were you ever suspended or expelled from school?
- 2. \_\_\_\_ \_\_\_\_ Were you ever subject to disciplinary action while in school?
- 3. \_\_\_\_ \_\_\_\_ Were you ever held back a school year?
- 4. \_\_\_\_ \_\_\_\_ Did you ever receive any awards or honors in school?
- 5. \_\_\_\_ \_\_\_\_ Do you speak, read, write or understand any foreign languages?
- 6. \_\_\_\_ \_\_\_\_ Have you had any specialized training or courses?
- 7. \_\_\_\_ \_\_\_\_ Do you have any special skills?
- 8. \_\_\_\_ \_\_\_\_ Can you operate any special equipment?
- 9. \_\_\_\_ \_\_\_\_ Can you type? How many words per minute? \_\_\_\_
- 10. \_\_\_\_ \_\_\_\_ Are you currently enrolled in school?

11. How many years of school have you completed at this time? \_\_\_\_\_

12. List specific educational goals below:

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## PERSONAL REFERENCES

List the names of five (5) people who have know you for at least five(5) years. Do **not** list people residing at your address, who are related to you, or who are former/current employers. Also, do not list persons who are related to each other. All the people you list will be contacted by the Department to appraise your character, ability, experiences, personality, and other qualities.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth or Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_ May we contact at work? Yes  No   
How many years have you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth or Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_ May we contact at work? Yes  No   
How many years have you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth or Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_ May we contact at work? Yes  No   
How many years have you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth or Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_ May we contact at work? Yes  No   
How many years have you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth or Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_ May we contact at work? Yes  No   
How many years have you know this person? \_\_\_\_\_

## QUESTIONNAIRE CRIMINAL HISTORY

If you answer yes to any of the below questions, list question number and details on the reverse side starting at the bottom of the page.

YES NO

1. \_\_\_\_ \_\_\_\_ Have you ever been questioned, arrested or detained by ANY law enforcement agency?
2. \_\_\_\_ \_\_\_\_ Have you ever been placed on probation?
3. \_\_\_\_ \_\_\_\_ Have you ever been required to pay a fine?
4. \_\_\_\_ \_\_\_\_ Have you ever been reported as a missing person?
5. \_\_\_\_ \_\_\_\_ Have you ever been fingerprinted by a law enforcement agency?
6. \_\_\_\_ \_\_\_\_ Have you ever been questioned as a suspect for any crime?
7. \_\_\_\_ \_\_\_\_ Have you ever been advised of your MIRANDA RIGHTS?
8. \_\_\_\_ \_\_\_\_ Have you ever been the subject of a police investigation?
9. \_\_\_\_ \_\_\_\_ Have you ever had a polygraph examination?
10. \_\_\_\_ \_\_\_\_ Has any member of your family ever been arrested or convicted of a criminal offense?
11. \_\_\_\_ \_\_\_\_ Have you or any member of your family ever been the victim of a crime?
12. \_\_\_\_ \_\_\_\_ Do you know of anyone who is an enemy or who might try to harm you in any way?
13. \_\_\_\_ \_\_\_\_ Have you or your spouse ever sued anyone?
14. \_\_\_\_ \_\_\_\_ Are you currently involved in any civil litigation (lawsuits) of any kind?
15. \_\_\_\_ \_\_\_\_ Have you ever had any records sealed or expunged?



QUESTIONNAIRE  
DRIVING HISTORY

The purposes of the following questions are to determine general driving ability and illegal behavior while driving in the past. If you answer "yes" to any of the following questions, list the question number and details on the reverse side of this page, unless specifically instructed otherwise.

YES NO

1. \_\_\_\_ \_\_\_\_           Have you ever been refused a driver's license by any state?
2. \_\_\_\_ \_\_\_\_           Has your driver's license ever been revoked or suspended?
3. \_\_\_\_ \_\_\_\_           If "Yes" to 2, was your driver's license ever restored?
4. \_\_\_\_ \_\_\_\_           Have you ever received a traffic citation? (List on next page)
5. \_\_\_\_ \_\_\_\_           Have you ever been involved in a motor vehicle accident? (List on next page)
6. \_\_\_\_ \_\_\_\_           Have you ever had any accident while operating an emergency vehicle? (List on next page)
7. \_\_\_\_ \_\_\_\_           Do you have any traffic citations which you failed to pay? (List on next page)
8. \_\_\_\_ \_\_\_\_           Do you have any parking tickets you failed to pay? (List on next page)
9. \_\_\_\_ \_\_\_\_           Have you ever had automobile insurance withdrawn or revoked, or have you ever been refused automobile insurance?
10. \_\_\_\_ \_\_\_\_           Have you ever been charged with any offense relative to the operation of a motor vehicle?
11. \_\_\_\_ \_\_\_\_           Have you ever refused to submit to a breath, blood, or urine test to determine the influence of alcoholic beverages, chemical substances, or controlled substances?
12. \_\_\_\_ \_\_\_\_           Have you ever been licensed to drive in another state?

**DRIVING HISTORY**

List below all traffic citations and parking tickets that you have ever received.

DATE      LOCATION OCCURRED      VIOLATION TYPE      PENALTY/DISPOSITION

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**ACCIDENTS**

List all accidents in which you have been involved.

DATE      LOCATION OCCURRED      INJURY/DEATH      WHOSE FAULT

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## MILITARY HISTORY

If you answer "yes" to any of the following questions, list question number and details on the reverse side of this page. In this section, Armed Forces is defined as any and all military, paramilitary or Coast Guard organization of any nation, including R.O.T.C., or any Reserve component thereof, or any National Guard component.

YES NO

1. \_\_\_\_ \_\_\_\_ Have you ever served in a military or naval organization of the U.S. including ROTC?
2. \_\_\_\_ \_\_\_\_ Have you ever served in the Armed Forces of another country?
3. \_\_\_\_ \_\_\_\_ Are you now, or have you ever been a member of the National Guard of any State?
4. \_\_\_\_ \_\_\_\_ Were you ever tried, punished, reprimanded, or reduced in rank for any infraction, rule, or regulation while in the Armed Forces?
5. \_\_\_\_ \_\_\_\_ Has your separation or discharge ever been changed?
6. \_\_\_\_ \_\_\_\_ Did you ever receive any medals, awards, or decorations?
7. \_\_\_\_ \_\_\_\_ Are you on active duty at this time?
8. \_\_\_\_ \_\_\_\_ Have you received information from the Selective Service System indicating that you may be inducted into the Armed Forces in the near future?
9. \_\_\_\_ \_\_\_\_ Have you ever asked for or received a deferment from military service? If so, why?
10. \_\_\_\_ \_\_\_\_ Were you ever employed by the Government of a foreign nation?
11. \_\_\_\_ \_\_\_\_ Are you registered with the Selective Service System?  
If so, date and location registered: \_\_\_\_\_  
Current Selective Service classification No. \_\_\_\_\_
12. \_\_\_\_ \_\_\_\_ If you served in the service, have you received other than an honorable discharge?
13. In what branch(s) of the Armed Forces did you serve? \_\_\_\_\_  
Your highest rank? \_\_\_\_\_ Service # \_\_\_\_\_
14. What was your organizational unit(s)? \_\_\_\_\_  
\_\_\_\_\_
15. How many periods of active service have you had? \_\_\_\_\_

**AFFIDAVIT  
NO MILITARY SERVICE**

State of Florida  
County of Indian River

**AFFIDAVIT**

I, \_\_\_\_\_, do hereby swear (or affirm)  
that I have never served in any branch of the Armed Forces of the United States of America.

\_\_\_\_\_  
Signature

Sworn to and subscribed before me,  
This \_\_\_\_\_ Day of \_\_\_\_\_  
20\_\_\_\_.

\_\_\_\_\_  
Notary Public      State of Florida

Commission Number: \_\_\_\_\_

QUESTIONNAIRE  
EMPLOYMENT HISTORY

If you answer “yes” to any of the below listed questions, list the question number and details on the reverse side of this page.

YES NO

1. \_\_\_\_ \_\_\_\_ Do you object to your present employer being contacted?
2. \_\_\_\_ \_\_\_\_ Were you ever discharged, terminated, fired or forced to resign?
3. \_\_\_\_ \_\_\_\_ Have you ever been suspended by an employer?
4. \_\_\_\_ \_\_\_\_ Have you ever had your pay garnished by your employer?
5. \_\_\_\_ \_\_\_\_ Have you ever been sued by an employer?
6. \_\_\_\_ \_\_\_\_ Has an employer ever taken disciplinary action against you?
7. \_\_\_\_ \_\_\_\_ Do you object to wearing a uniform?
8. \_\_\_\_ \_\_\_\_ Do you object to working nights, weekends, or holidays?
9. \_\_\_\_ \_\_\_\_ Do you object to working shift work?
10. \_\_\_\_ \_\_\_\_ Have you ever had experience with shift work?
11. \_\_\_\_ \_\_\_\_ Have you ever received unemployment insurance or other Federal, State or local benefits or assistance, not including Workers’ Compensation?
12. \_\_\_\_ \_\_\_\_ Have you ever taken an anger management course of any kind?

If you answer “no” to the following question, please list the details on the reverse side starting at the bottom of the page.

13. \_\_\_\_ \_\_\_\_ Can you perform the essential functions of this job with or without a reasonable accommodation?

EMPLOYMENT HISTORY

LIST ANY AND ALL JOBS YOU HAVE EVER HAD, STARTING WITH YOUR MOST RECENT.

FROM DATE	NAME OF EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE #	DESCRIPTION OF DUTIES	
BEGIN SALARY	CITY, STATE	ZIP	NAME OF SUPERVISOR	
ENDING SALARY	WHY DID YOU LEAVE?	NAME & ADDRESS OF A CO-WORKER		
FROM DATE	NAME OF EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE #	DESCRIPTION OF DUTIES	
BEGIN SALARY	CITY, STATE	ZIP	NAME OF SUPERVISOR	
ENDING SALARY	WHY DID YOU LEAVE?	NAME & ADDRESS OF A CO-WORKER		
FROM DATE	NAME OF EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE #	DESCRIPTION OF DUTIES	
BEGIN SALARY	CITY, STATE	ZIP	NAME OF SUPERVISOR	
ENDING SALARY	WHY DID YOU LEAVE?	NAME & ADDRESS OF A CO-WORKER		
FROM DATE	NAME OF EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE #	DESCRIPTION OF DUTIES	
BEGIN SALARY	CITY, STATE	ZIP	NAME OF SUPERVISOR	
ENDING SALARY	WHY DID YOU LEAVE?	NAME & ADDRESS OF A CO-WORKER		

EMPLOYMENT HISTORY  
CONTINUATION

FROM DATE	NAME OF EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE #	DESCRIPTION OF DUTIES	
BEGIN SALARY	CITY, STATE	ZIP	NAME OF SUPERVISOR	
ENDING SALARY	WHY DID YOU LEAVE?	NAME & ADDRESS OF A CO-WORKER		
FROM DATE	NAME OF EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE #	DESCRIPTION OF DUTIES	
BEGIN SALARY	CITY, STATE	ZIP	NAME OF SUPERVISOR	
ENDING SALARY	WHY DID YOU LEAVE?	NAME & ADDRESS OF A CO-WORKER		
FROM DATE	NAME OF EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE #	DESCRIPTION OF DUTIES	
BEGIN SALARY	CITY, STATE	ZIP	NAME OF SUPERVISOR	
ENDING SALARY	WHY DID YOU LEAVE?	NAME & ADDRESS OF A CO-WORKER		
FROM DATE	NAME OF EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE #	DESCRIPTION OF DUTIES	
BEGIN SALARY	CITY, STATE	ZIP	NAME OF SUPERVISOR	
ENDING SALARY	WHY DID YOU LEAVE?	NAME & ADDRESS OF A CO-WORKER		

EMPLOYMENT HISTORY  
CONTINUATION

FROM DATE	NAME OF EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE #	DESCRIPTION OF DUTIES	
BEGIN SALARY	CITY, STATE	ZIP	NAME OF SUPERVISOR	
ENDING SALARY	WHY DID YOU LEAVE?	NAME & ADDRESS OF A CO-WORKER		
FROM DATE	NAME OF EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE #	DESCRIPTION OF DUTIES	
BEGIN SALARY	CITY, STATE	ZIP	NAME OF SUPERVISOR	
ENDING SALARY	WHY DID YOU LEAVE?	NAME & ADDRESS OF A CO-WORKER		
FROM DATE	NAME OF EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE #	DESCRIPTION OF DUTIES	
BEGIN SALARY	CITY, STATE	ZIP	NAME OF SUPERVISOR	
ENDING SALARY	WHY DID YOU LEAVE?	NAME & ADDRESS OF A CO-WORKER		
FROM DATE	NAME OF EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE #	DESCRIPTION OF DUTIES	
BEGIN SALARY	CITY, STATE	ZIP	NAME OF SUPERVISOR	
ENDING SALARY	WHY DID YOU LEAVE?	NAME & ADDRESS OF A CO-WORKER		

## CREDIT HISTORY

If you answer “yes” to any of the following questions, list the number and details on the reverse side of this page, unless specifically instructed to do otherwise.

YES NO

1. \_\_\_\_ \_\_\_\_ Have you ever been denied credit?
2. \_\_\_\_ \_\_\_\_ Have you ever been refused a surety bond?
3. \_\_\_\_ \_\_\_\_ Do you anticipate any income other than from the City of Fellsmere?
4. \_\_\_\_ \_\_\_\_ Do you have any investments (stocks, bonds, etc.)?
5. \_\_\_\_ \_\_\_\_ Do you own a home?
6. \_\_\_\_ \_\_\_\_ Do you own an automobile?
7. \_\_\_\_ \_\_\_\_ Do you have any overdue bills?
8. \_\_\_\_ \_\_\_\_ Have you ever been a party to any civil action (lawsuit)?
9. \_\_\_\_ \_\_\_\_ Have you ever had any accounts placed in the hands of a collection agency?
10. \_\_\_\_ \_\_\_\_ Have you ever filed for bankruptcy?
11. \_\_\_\_ \_\_\_\_ Do you pay child support? If so, how much? \$ \_\_\_\_\_. \_\_\_\_  
Court: \_\_\_\_\_ Case No. \_\_\_\_\_  
Date of last payment: \_\_\_\_\_
12. \_\_\_\_ \_\_\_\_ How much money do you owe at this time? \$ \_\_\_\_\_. \_\_\_\_\_
13. \_\_\_\_ \_\_\_\_ Do you have a checking account?

## CREDIT HISTORY

List firms from which you have, or have had, charge accounts. List firms from whom you have borrowed money for any purpose.

Name of Firm \_\_\_\_\_ Type of Business \_\_\_\_\_

Street Address \_\_\_\_\_ Date Closed \_\_\_\_\_

Original Amount Owed \_\_\_\_\_ Remaining Balance \_\_\_\_\_

Purpose \_\_\_\_\_

Name of Firm \_\_\_\_\_ Type of Business \_\_\_\_\_

Street Address \_\_\_\_\_ Date Closed \_\_\_\_\_

Original Amount Owed \_\_\_\_\_ Remaining Balance \_\_\_\_\_

Purpose \_\_\_\_\_

Name of Firm \_\_\_\_\_ Type of Business \_\_\_\_\_

Street Address \_\_\_\_\_ Date Closed \_\_\_\_\_

Original Amount Owed \_\_\_\_\_ Remaining Balance \_\_\_\_\_

Purpose \_\_\_\_\_

Name of Firm \_\_\_\_\_ Type of Business \_\_\_\_\_

Street Address \_\_\_\_\_ Date Closed \_\_\_\_\_

Original Amount Owed \_\_\_\_\_ Remaining Balance \_\_\_\_\_

Purpose \_\_\_\_\_

## CREDIT HISTORY

List firms from which you have, or have had, charge accounts. List firms from whom you have borrowed money for any purpose.

Name of Firm \_\_\_\_\_ Type of Business \_\_\_\_\_

Street Address \_\_\_\_\_ Date Closed \_\_\_\_\_

Original Amount Owed \_\_\_\_\_ Remaining Balance \_\_\_\_\_

Purpose \_\_\_\_\_

Name of Firm \_\_\_\_\_ Type of Business \_\_\_\_\_

Street Address \_\_\_\_\_ Date Closed \_\_\_\_\_

Original Amount Owed \_\_\_\_\_ Remaining Balance \_\_\_\_\_

Purpose \_\_\_\_\_

Name of Firm \_\_\_\_\_ Type of Business \_\_\_\_\_

Street Address \_\_\_\_\_ Date Closed \_\_\_\_\_

Original Amount Owed \_\_\_\_\_ Remaining Balance \_\_\_\_\_

Purpose \_\_\_\_\_

Name of Firm \_\_\_\_\_ Type of Business \_\_\_\_\_

Street Address \_\_\_\_\_ Date Closed \_\_\_\_\_

Original Amount Owed \_\_\_\_\_ Remaining Balance \_\_\_\_\_

Purpose \_\_\_\_\_

## CREDIT HISTORY

List firms from which you have, or have had, charge accounts. List firms from whom you have borrowed money for any purpose.

Name of Firm \_\_\_\_\_ Type of Business \_\_\_\_\_  
Street Address \_\_\_\_\_ Date Closed \_\_\_\_\_  
Original Amount Owed \_\_\_\_\_ Remaining Balance \_\_\_\_\_  
Purpose \_\_\_\_\_

Name of Firm \_\_\_\_\_ Type of Business \_\_\_\_\_  
Street Address \_\_\_\_\_ Date Closed \_\_\_\_\_  
Original Amount Owed \_\_\_\_\_ Remaining Balance \_\_\_\_\_  
Purpose \_\_\_\_\_

Name of Firm \_\_\_\_\_ Type of Business \_\_\_\_\_  
Street Address \_\_\_\_\_ Date Closed \_\_\_\_\_  
Original Amount Owed \_\_\_\_\_ Remaining Balance \_\_\_\_\_  
Purpose \_\_\_\_\_

Name of Firm \_\_\_\_\_ Type of Business \_\_\_\_\_  
Street Address \_\_\_\_\_ Date Closed \_\_\_\_\_  
Original Amount Owed \_\_\_\_\_ Remaining Balance \_\_\_\_\_  
Purpose \_\_\_\_\_

## QUESTIONNAIRE LOYALTY

If you answer “yes” to any of the following questions, list the question number and give details on the back of this form.

The term “subversive organization,” as used here, means any group or organization which supports, follows, or sympathizes with the principles to overthrow the United States Government with violence.

YES NO

1. \_\_\_\_ \_\_\_\_ Have you ever, by word of mouth or in writing, advocated, advised, or taught the doctrine that the government of the United States of America, or any other states or political subdivision thereof should be overthrown by force, violence, or other unlawful means in any way?
2. \_\_\_\_ \_\_\_\_ Do you hold any belief which would prevent you from vowing allegiance to the flag and Constitution of the United States of America or from taking a life in carrying out your duties when such action is lawful and necessary?
3. \_\_\_\_ \_\_\_\_ Have you ever participated in any parade, picket line, delegation, or demonstration sponsored by any subversive organization?
4. \_\_\_\_ \_\_\_\_ Have you ever been a member of or attended any school, camp, class or forum sponsored by any subversive organization?
5. \_\_\_\_ \_\_\_\_ Have you ever signed or solicited others to sign any petition sponsored or issued by any subversive organization, or any petition which, as its sole purpose, endorses the aiding and abetting of any person, cause, or program connected with any subversive organization?
6. \_\_\_\_ \_\_\_\_ Do you have any belief or loyalty which would place you in conflict with the law, or the position for which you are applying?



## INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

**1. Information needed to locate records.** Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can.

**2. Restrictions on release of information.** Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. An authorization signature, of the service member or the member's legal guardian, is needed in Section III of the SF180. Others requesting information from military personnel/health records must have the release authorization in Section III of the SF 180 signed by the member or legal guardian, but if the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the public. The next of kin may be any of the following: unremarried surviving spouse, father, mother, son, daughter, sister, or brother. Employers and others needing proof of military service are expected to accept the information shown on documents issued by the military service departments at the time a service member is separated.

**3. Where reply may be sent.** The reply may be sent to the member or any other address designated by the member or other authorized requester.

**4. Charges for service.** There is no charge for most services provided to members or their surviving next of kin. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified as soon as that determination is made.

**5. Health and personnel records.** Health records of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veterans Affairs a week or two after the last day of active duty. (See page 2 of SF180 for record locations/addresses.)

**6. Records at the National Personnel Records Center.** Note that it takes at least three months, and often up to seven, for the file to reach the National Personnel Records Center in St. Louis after the military obligation has ended (such as by discharge). If only a short time has passed, please send the inquiry to the address shown for active or current reserve members. Also, if the person has only been released from active duty but is still in a reserve status, the personnel record will stay at the location specified for reservists. A person can retain a reserve obligation for several years, even without attending meetings or receiving annual training. (See page 2 of SF180 for record locations/addresses.)

**7. Definitions and abbreviations.** DISCHARGED -- the individual has no current military status; HEALTH -- Records of physical examinations, dental treatment, and outpatient medical treatment received while in a duty status (does not include records of treatment while hospitalized); TDRL – Temporary Disability Retired List.

**8. Service completed before World War I.** National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from [inquire@nara.gov](mailto:inquire@nara.gov) or write to the Code 6 address on page 2 of the SF 180.

### PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then filed in the requested military service record as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

### PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per response, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.**

# REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type. If you need more space, use plain paper.

## SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH	
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)				
BRANCH OF SERVICE	DATES OF SERVICE		CHECK ONE	SERVICE NUMBER DURING THIS PERIOD (If unknown, write "unknown")
	DATE ENTERED	DATE RELEASED	OFFICER	
a. ACTIVE SERVICE				
b. RESERVE SERVICE				
c. NATIONAL GUARD				
6. IS THIS PERSON DECEASED? If "YES" enter the date of death.		7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?		
NO YES _____		NO YES _____		

## SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

**1. REPORT OF SEPARATION** (DD Form 214 or equivalent). This contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year that a Report of Separation was issued, for which you need a copy.

An **UNDELETED** Report of Separation is requested for the year(s) \_\_\_\_\_

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

A **DELETED** Report of Separation is requested for the year(s) \_\_\_\_\_

The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

**2. OTHER INFORMATION AND/OR DOCUMENTS REQUESTED** \_\_\_\_\_

**3. PURPOSE** (Optional - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) \_\_\_\_\_

## SECTION III - RETURN ADDRESS AND SIGNATURE

**1. REQUESTER IS:**

Military service member or veteran identified in Section I, above  
 Next of kin of deceased veteran \_\_\_\_\_ (relation)

Legal guardian (must submit copy of court appointment)  
 Other (specify) \_\_\_\_\_

**2. SEND INFORMATION/DOCUMENTS TO:**  
 (Please print or type. See item 3 on accompanying instructions.)

**3. AUTHORIZATION SIGNATURE REQUIRED** (See item 2 on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Name \_\_\_\_\_  
 Street \_\_\_\_\_ Apt. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature (Please do not print.) \_\_\_\_\_  
 Date of this request \_\_\_\_\_ Daytime phone \_\_\_\_\_  
 Email address \_\_\_\_\_

## LOCATION OF MILITARY RECORDS

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	ADDRESS CODE	
		Personnel Record	Health Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired on or after 10/1/2004	1	11
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, retired reserve in nonpay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	13	
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired on or after 4/1/1998	14	11
	Active, reserve, or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1905	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired on or after 1/1/1999	4	11
	Individual Ready Reserve or Fleet Marine Corps Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	14
	Discharged, deceased, or retired 10/16/1992 – 9/30/2002	14	11
	Discharged, deceased, or retired on or after 10/1/2002	7	11
	Reserve; or active duty records of current National Guard members who performed service in the U.S. Army before 7/1/1972	7	
	Active enlisted (including National Guard on active duty in the U.S. Army) or TDRL enlisted	9	
	Active officers (including National Guard on active duty in the U.S. Army) or TDRL officers	8	
	Current National Guard enlisted not on active duty in Army (including records of Army active duty performed after 6/30/1972)	13	
	Current National Guard officers not on active duty in Army (including records of Army active duty performed after 6/30/1972)	12	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired on or after 1/1/1995	10	11
	Active, reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	15	

### ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

<b>1</b>	Air Force Personnel Center HQ AFPC/DPSRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	<b>6</b>	National Archives & Records Administration Old Military and Civil Records (NWCTB-Military) Textual Services Division 700 Pennsylvania Ave., N.W. Washington, DC 20408-0001	<b>11</b>	Department of Veterans Affairs Records Management Center P.O. Box 5020 St. Louis, MO 63115-5020
<b>2</b>	Air Reserve Personnel Center /DSMR HQ ARPC/DPSSA/B 6760 E. Irvington Place, Suite 4600 Denver, CO 80280-4600	<b>7</b>	U.S. Army Human Resources Command ATTN: AHRC-PAV-V 1 Reserve Way St. Louis, MO 63132-5200	<b>12</b>	Army National Guard Readiness Center NGB-ARP 111 S. George Mason Dr. Arlington, VA 22204-1382
<b>3</b>	Commander, CGPC-adm-3 USCG Personnel Command 4200 Wilson Blvd., Suite 1100 Arlington, VA 22203-1804	<b>8</b>	U.S. Army Human Resources Command ATTN: AHRC-MSR 200 Stovall Street Alexandria, VA 22332-0444	<b>13</b>	The Adjutant General (of the appropriate state, DC, or Puerto Rico)
<b>4</b>	Headquarters U.S. Marine Corps Personnel Management Support Branch (MMSB-10) 2008 Elliot Road Quantico, VA 22134-5030	<b>9</b>	Commander USAEREC ATTN: PCRE-F 8899 E. 56th St. Indianapolis, IN 46249-5301	<b>14</b>	National Personnel Records Center (Military Personnel Records) 9700 Page Ave. St. Louis, MO 63132-5100
<b>5</b>	Marine Corps Reserve Support Command (Code MMI) 15303 Andrews Road Kansas City, MO 64147-1207	<b>10</b>	Navy Personnel Command (PERS-312) 5720 Integrity Drive Millington, TN 38055-3130	<b>15</b>	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wooton Parkway, Plaza Level, Suite 100 Rockville, MD 20852

## **CONSUMER NOTIFICATION**

This is to inform you that a consumer report is being obtained from a Consumer Reporting Agency for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee.

This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. You may also have a right to request additional disclosures regarding the nature and scope of the investigation.

# CONSUMER AUTHORIZATION

To Whom it May Concern:

I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me, to furnish \_\_\_\_\_ with any and all information in their possession regarding me in connection with an application for employment. A photocopy of this authorization may be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this signed authorization is a part of the \_\_\_\_\_ written employment application that I signed.

I have been given a stand-alone, consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee.

Print Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Previous Address (if above less than 2 years): \_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_

## POLYGRAPH EXAMINATION

Are you willing to take a polygraph examination to verify Information in this application and all other information supplied by you to the Fellsmere Police Department?

YES [ ] NO [ ] If no, state reason(s) \_\_\_\_\_

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## AFFIRMATION

I HEREBY SWEAR OR AFFIRM that this application contains no misrepresentations or falsifications, omissions, or concealment of material fact, and that information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this application are subject to later Investigation. I am further aware that should any investigation disclose any such misrepresentation, falsification, omission or concealment of material fact, my application may be rejected and my name removed from any eligibility list; and if already appointed, I may be dismissed. I also understand that failure to comply with or complete any portion of the testing, examination, or other application process for employment may result in my application being rejected and my name removed from any eligibility list; and if already appointed, I may be dismissed. I further understand that nothing in this application constitutes a promise or commitment, nor has any other promise or commitment been made to me as to a time when hiring will take place, when a decision on hiring will take place, or whether I will even be hired.

I HEREBY UNDERSTAND that certain portions of the background investigation, psychological examination and physical examination may become available for inspection by the public pursuant to Chapter 119, Florida Statutes. I understand and consent to the contents of this statement.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
PRINT FULL NAME

SWORN TO AND SUBSCRIBED before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Commission Number and Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC - STATE OF FLORIDA



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)



CJSTC 58

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

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: \_\_\_\_\_

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: \_\_\_\_\_

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. 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 photocopy 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 photocopies from my military personnel and related medical records, including a photocopy 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 \_\_\_\_\_

AFFIDAVIT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. My Commission expires on \_\_\_\_\_, 20\_\_\_\_\_. Personally Known \_\_\_\_\_ - or -

Produced Identification \_\_\_\_\_ Notary Public: \_\_\_\_\_

Type of identification produced: \_\_\_\_\_