



2. Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
 Eye Color: \_\_\_\_\_ \*Race: \_\_\_\_\_ \*Sex: \_\_\_\_\_

3. Other: List all names you have used including circumstances and the time periods you used them. (For example: maiden name, former name(s), or nickname(s).

Name	Circumstances	Dates From Mo/Yr	Dates To Mo/Yr

4. Date and Place of Birth:

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
 Date of Birth City County State Country if not the United States

5. Are you a United States Citizen?  Yes  No

If you are naturalized, please provide: \_\_\_\_\_  
 Date Place

\_\_\_\_\_ Court Naturalization Number

6. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

7. Marital Status:  Married  Divorced  Separated  Widowed

8. Do you have or have you ever applied for a passport?  Yes  No

Passport No. \_\_\_\_\_

### EDUCATION/TRAINING

9.

High School Name/Address	Dates Attended Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
	From	To			

10.

*College/University Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	To	Sem.	Qtr.		

\*Attach diploma or official transcript from last institution of higher education attended.

Major \_\_\_\_\_ Minor: \_\_\_\_\_

11. Other Schools (Trade, Vocational, Business or Military):

Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree Or Certificate
	From	To				

12. Describe any awards, honors, citations, positions held in school organizations, any other special recognition you received while attending school:

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13. Indicate any foreign languages you can- Speak: \_\_\_\_\_

Read: \_\_\_\_\_

Write: \_\_\_\_\_

14. Indicate any law enforcement education/training:

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15. Did you receive a certificate for this training?  Yes  No

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

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

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

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19. Have you had any training/education with K-9's?  Yes  No

If yes, provide details: \_\_\_\_\_

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20. Would you be willing to be transferred to a K-9 unit, if necessary?  Yes  No

## EMPLOYMENT HISTORY

21. List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address Of Employer	Dates Worked Mo./Yr.		Salary	Title Of Position	Name Of Supervisor	Reason For Leaving
	From	To				
Name				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Address						
City, State, Zip						
Area Code & Phone Number						
Name				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Address						
City, State, Zip						
Area Code & Phone Number						
Name				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Address						
City, State, Zip						
Area Code & Phone Number						
Name				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Address						
City, State, Zip						
Area Code & Phone Number						

22. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have had?  Yes  No

23. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?  Yes  No If yes to question 22 or 23, please provide details:

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24. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer?  Yes  No If yes, please provide name of agency and date of application or service.

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25. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer?  Yes  No If yes, please provide name and address of business, corporation or organization and describe your relationship or position:

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### RESIDENCES

26. Actual place of residence for past 10 years – list chronologically all addresses, including addresses while at school and in military. For college campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

Dates Mo./Yr.		Apt. No.	Street Address	City	County	State
From	To					

### ARREST HISTORY/COURT DATA

27. Have you ever been arrested, charged or received a notice or summons to appear for any criminal violation?  Yes  No

28. Have you ever received a ticket or been charged with a traffic violation (excluding parking tickets)?  Yes  No

29. To your knowledge, has any member of your family ever been arrested for other than traffic violations?  Yes  No

If yes to question 27, 28, or 29, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. (Include your juvenile record and records of your arrest(s) which have been sealed, if any.)

Date	Place & Department	Charge	Court & Place	Disposition
Relative's Name	Place & Department	Charge	Court & Place	Disposition

Provide details for each response to question 27, 28, or 29:

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30. Have you or your spouse ever been plaintiff or defendant in a court action?

Yes  No

31. Have you ever been detained by any law enforcement officer for investigation purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation?  Yes  No

32. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)?

Yes  No

If yes to questions 30, 31, or 32, please provide details:

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## DRIVING HISTORY

33. Are you a licensed Florida automobile operator or chauffeur?  Yes  No

License No.: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Restrictions: \_\_\_\_\_

34. Do you hold or have you ever held an operator or chauffeur license in another state?

Yes  No

If yes, please provide state(s), name used and approximate date(s) license(s) was/were held:

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35. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?  Yes  No

If yes, please provide complete details including why license was suspended or revoked:

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### MILITARY HISTORY

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

Yes  No

Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Serial #: \_\_\_\_\_ Duty Dates: From \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

From \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

37. Date and type of discharge:

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38. Are you now or have you ever been a member of a reserve unit or the National Guard?

Yes  No

39. If yes state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

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40. Was any type of disciplinary action taken against you in the service?  Yes  No

If yes, please provide:

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Nature of Offense: \_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_

41. Have you ever served in the Armed Forces of a foreign country?  Yes  No

If yes, please specify the country and dates:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PERSONAL REFERENCES & ACQUAINTANCES

42. Personal References: Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Complete Name _____ (Last, First, Middle)		Home Address: _____ City, State & Zip: _____ Home Phone: (    ) _____
Yrs. Known	Occupation	Business Address: _____ City, State & Zip _____ Business Phone: (    ) _____
Complete Name _____ (Last, First, Middle)		Home Address: _____ City, State & Zip: _____ Home Phone: (    ) _____
Yrs. Known	Occupation	Business Address: _____ City, State & Zip _____ Business Phone: (    ) _____
Complete Name _____ (Last, First, Middle)		Home Address: _____ City, State & Zip: _____ Home Phone: (    ) _____
Yrs. Known	Occupation	Business Address: _____ City, State & Zip _____ Business Phone: (    ) _____

43. Social Acquaintances: Give three (3) social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years.

Complete Name _____ (Last, First, Middle)		Home Address: _____ City, State & Zip: _____ Home Phone: (    ) _____
Yrs. Known	Occupation	Business Address: _____ City, State & Zip _____ Business Phone: (    ) _____
Complete Name _____ (Last, First, Middle)		Home Address: _____ City, State & Zip: _____ Home Phone: (    ) _____
Yrs. Known	Occupation	Business Address: _____ City, State & Zip _____ Business Phone: (    ) _____
Complete Name _____ (Last, First, Middle)		Home Address: _____ City, State & Zip: _____ Home Phone: (    ) _____
Yrs. Known	Occupation	Business Address: _____ City, State & Zip _____ Business Phone: (    ) _____

### ORGANIZATION MEMBERSHIP

44. List all clubs, societies of which you are or have been a member:

Name	City & State	Former	Present (list position held & describe activity)

45. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?  Yes  No

46. Have you ever made a financial contribution or other material contribution to any organization of the type described in question 45 above?  Yes  No  
If yes to questions 45 or 46, answer questions 47 and 48 also.

47. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?  Yes  No

48. Did you intend to promote any unlawful aims of the organization?  Yes  No

If yes to question 45, 46, 47, or 48, please explain including name of organization and location:

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## BUSINESS INTERESTS & LICENSES

49. Do you, or have you, ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages?  Yes  No

50. Are you now issued or have you ever been issued a license to engage in a business or profession?  Yes  No

51. If you have or had a license, was your license ever cancelled, suspended or revoked?  Yes  No

If yes to question 49, 50, or 51, please provide details including the type of license or certificate, the agency that issued the license, effective date of license and license number.

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## CREDIT DATA

52. Do you have any sources of income other than your salary or the salary of your spouse?  Yes  No

If yes, specify each with an estimated amount:

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53. Are you or your spouse indebted to anyone?  Yes  No If yes, please list all debts over \$500. Be sure to include student loans and charge accounts. Also, list any debt where payment is **past due**, regardless of amount.

Creditor	Address	Amount	Loan or Account Number

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54. Have you, or your spouse, or a company controlled by you filed for bankruptcy?  
 Yes  No, or declared bankruptcy?  Yes  No, or had a legal judgment rendered against you for a debt?  Yes  No If yes to any of these questions, please provide details.

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### HABITS

55. Do you use alcoholic beverages?  Yes  No

If yes, in what quantities\_\_\_\_\_

56. Any illegal use of a controlled substance (indicate type and last date used)

- Marijuana**\_\_\_\_\_  **Cocaine**\_\_\_\_\_  **Opiates**\_\_\_\_\_
- (Date) (Date) (Date)
- Other**\_\_\_\_\_  **None**
- (Date)

**You have been asked to provide your social security number (SSN). The decision to provide your SSN is at your option, but failure to provide your SSN may result in a delay in processing your application or request. The Florida Department of Law Enforcement (FDLE) uses your SSN to track your certification and training. If you provide your SSN, FDLE will use it for purposes of identification, and may share the information with other agencies for the same purpose. FDLE's request for your SSN is authorized by state law because it is imperative for the performance of FDLE's duties and responsibilities pursuant to Section 119.071(5)(a)2.a.II, F.S.**

## APPLICANT'S CERTIFICATION

I understand that my appointment or employment with any Bay County law enforcement agency will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from employment if already hired. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge.

I understand that this employment application shall be retained in the files of the Gulf Coast Criminal Justice Selection Center for period of two (2) years or until such time as I become employed by a Bay County law enforcement agency, whichever happens first. I understand that if I become employed by a Bay County law enforcement agency this application shall become the property of that agency and that it and the information received in response to the background investigation are public records. I also understand that if I do not become employed within two (2) years of filing this application with the Gulf Coast Criminal Justice Selection Center, the application will be destroyed and I will have to complete a new application.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

STATE OF FLORIDA  
COUNTY OF BAY

The foregoing instrument was signed before me on the \_\_\_\_ day of \_\_\_\_\_  
by \_\_\_\_\_ who is personally known to me or produced  
\_\_\_\_\_ as identification.

SEAL

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name of Notary