



**APPLICATION FOR EMPLOYMENT  
POLICE DEPARTMENT**

**CITY OF TEMPLE TERRACE**  
11250 North 56th Street  
Temple Terrace, FL 33617  
Phone (813) 506-6430 www.templeterrace.com

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_

Date Returned \_\_\_\_\_

Position _____	Position # _____	Date _____
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**PERSONAL INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

REFERRED BY (Self, Newspaper, Internet, City Employee – Indicate Name) \_\_\_\_\_

**Previous or Current Officer Florida: YES \_\_\_\_\_ NO \_\_\_\_\_**

**Previous or Current Out of State Officer: YES \_\_\_\_\_ NO \_\_\_\_\_**

**NOTICE:** Please read and follow these instructions exactly. Your ability to complete this document as requested will be evaluated and used as one basis for an employment decision. This document will be used by the Temple Terrace Police Department as an investigative aid for a background investigation as required by Florida Statute 943.13.

**INSTRUCTIONS:**

1. Hand print clearly in **Blue** ink in your own handwriting.
2. Answer every question. If a question does not apply to you, state N/A.
3. If the space available is not sufficient, use a separate sheet of 8.5 x 11 paper.
4. Do not misstate or omit any material fact since the statements made herein are subject to verification to determine your qualifications for employment.
5. Answer all questions accurately and completely. Do not make false or misleading statements, as they may cause your rejection or dismissal.
6. Each and every question has a purpose. Do not fail to answer each question completely even if you feel it is “not important.”
7. **Applicant must sign a three (3) year contract.**

I have read and understand all the above instructions. I also understand that I may be required to take a polygraph (lie detector) examination to determine the authenticity of the information provided in this application.

**I UNDERSTAND AND AGREE \_\_\_\_\_ . (Initial Here)**

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**ATTENTION- PLEASE READ & SIGN/DATE THIS STATEMENT**

Please be advised that Florida State Statute regulates the collection and use of your social security number as defined in Chapter 119. This statement serves as written notification to the collection and purpose thereof.

Your social security number is requested by the City of Temple Terrace Human Resources solely for the purposes of payroll eligibility verification, processing employment benefits, applicant and employee background checks, and income reporting.

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Print Full Name

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(Applicant Signature)

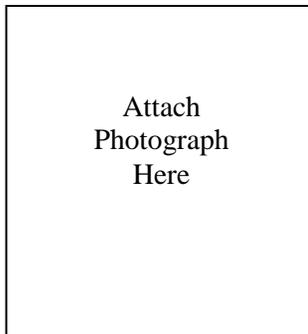
(Date)

## SECTION 2 Required Documents Checklist

- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Marriage Certificate(s) (if applicable)
- \_\_\_\_\_ Divorce Decree(s) (if applicable)
- \_\_\_\_\_ Certificate of Naturalization (Official copy ONLY, if applicable)
- \_\_\_\_\_ High School Diploma/ G.E.D.
- \_\_\_\_\_ College Transcripts (Official copy ONLY)
- \_\_\_\_\_ DD214 or comparable documents
- \_\_\_\_\_ Copy of Driver's License
- \_\_\_\_\_ Certified Driving History from *all states* where a DL has ever been issued, excluding Florida
- \_\_\_\_\_ Documentation of all legal changes of name
- \_\_\_\_\_ Professional / Occupational Licenses
- \_\_\_\_\_ ALL Business and/or Professional Licenses including documentation on all corporations with which you have ANY affiliation
- \_\_\_\_\_ Police Academy Certificate with overall grade (excluding prior Florida law enforcement)
- \_\_\_\_\_ Florida Law Enforcement State Test Results (excluding prior Florida law enforcement)
- \_\_\_\_\_ FDLE/CJSTC #76: Equivalency of Training (out-of-state)
- \_\_\_\_\_ Firearms / Weapons Licenses
- \_\_\_\_\_ Last Internal Revenue Service Return Statement (Photocopy)
- \_\_\_\_\_ Social Security Earnings Report (Photocopy)
- \_\_\_\_\_ Credit Report (No older than six (6) months)
- \_\_\_\_\_ Other personal papers (Resume, Commendations, Training Certificates, or any personal litigation involving the applicant)
- \_\_\_\_\_ Any Previous Disciplinary Actions or Police Internal Affairs Reports (Photocopy)
- \_\_\_\_\_ Passport Type Photograph (no older than six (6) months)

**NOTE:** Copies are acceptable; however, the original document must be presented for review. These documents are required at the time of your oral panel interview. It is your responsibility to obtain these documents for presentation. As such, processing will not begin until all of these documents are submitted.

**THERE ARE NO EXCEPTIONS**



## **SECTION 3**

### **Biographic History**

All candidates desiring to enter the applicant pool must complete this information package.

**There are no exceptions.**

The submission of this Biographic Information Packet carries with it the understanding that you are authorizing the Temple Terrace Police Department to contact any and all available sources of information for the purpose of obtaining information regarding your qualifications to be a certified law enforcement officer in the State of Florida, and to ensure that you meet the Minimum Standards of the Temple Terrace Police Department. Furthermore, you agree to hold harmless the Temple Terrace Police Department and its staff from any and all liability attached to that effort.

**The information that you are required to provide in this document must be true, accurate, complete, and without omission of any kind. It is your responsibility to do so, and you must realize that failure to do so, for any reason, will result in your immediate Disqualification from the Temple Terrace Police Department application process.**

**AN OMISSION WILL BE CONSIDERED AN UNTRUTHFUL ANSWER.**

**I UNDERSTAND AND AGREE \_\_\_\_\_ . (Initial Here)**

Correct dates, addresses, zip codes, and telephone numbers are required and **it is your responsibility to provide them at the time of submission of this packet.** Zip code information may be obtained from any U.S. Post Office, the telephone company directory, directory assistance, or through any public library. The internet should also be considered a valuable source of information for virtually any information that you might need. Search engines such as Google, White Pages, Yellow Pages, and People Search are available to assist you in obtaining information. If you do not own a computer with internet access, you may utilize a computer at any county public library.

This document will become part of your permanent record and is considered an employment document. This document is to be **hand printed and in blue ink**. All entries must be clear and legible. Incomplete, sloppy, or packets not complying with these instructions will be rejected.

I have read and understand all the instructions provided. \_\_\_\_\_ (Initial Here)

## Personal Qualifications

**I FULLY UNDERSTAND** that in order to qualify as a law enforcement officer, I must comply with the provisions of Section 943.13 of the Florida State Statutes. If you can not answer “**True**” to any of the questions number 1 - 12 , **Do Not Proceed**; you do not meet the minimum standards and/or will not be considered for hire. **Indicate:** True, False, or N/A only.

- \_\_\_\_\_ 1. I am at least 19 years of age.
- \_\_\_\_\_ 2. I am a citizen of the United States.
- \_\_\_\_\_ 3. I am a high school graduate or equivalent.
- \_\_\_\_\_ 4. I have not been convicted of any felony, or misdemeanor involving perjury or false statement, nor any other similar offense in which a determination of guilt which was the result of a trial, the entry of a plea of guilty or nolo contendere, regardless of whether adjudication was withheld.
- \_\_\_\_\_ 5. I have not received a dishonorable discharge from any of the Armed Forces of the United States.
- \_\_\_\_\_ 6. I agree to be fingerprinted and have them checked through the FDLE and the FBI.
- \_\_\_\_\_ 7. I understand that I must pass a physical, psychological, polygraph, and drug screen examinations by licensed physicians and/or professionals.
- \_\_\_\_\_ 8. I have not used **any** illegal drug in the past two (2) years.
- \_\_\_\_\_ 9. I am of good moral character.
- \_\_\_\_\_ 10. I understand that by executing this document, I am attesting that I have met the qualifications as specified in FSS 943.13, and that I have offered proof of my qualifications.
- \_\_\_\_\_ 11. I have been certified as a Law Enforcement Officer in the State of Florida.
- \_\_\_\_\_ 12. I have read my employment application and it is true and correct, and all other information that I may furnish in conjunction with my application will be true and correct.

**For Questions 12-14: if “False”, explain on a separate sheet of paper and attach to application.**

- \_\_\_\_\_ 12. To the best of my knowledge and belief, my certification(s) is (are) currently valid, and that my separation from any previous criminal justice employment was not undertaken while I was under investigation for any reason.
- \_\_\_\_\_ 13. To the best of my knowledge and belief, I am not under investigation by any local, county, state, or federal agency or entity for **any** wrongdoing, neither criminal, civil, nor administrative.
- \_\_\_\_\_ 14. I understand that this document and all other documentation and material that I supply during the background and screening process is subject to inspection by prospective employers and is a part of my permanent employment file.

**Notice to Applicant:** The affirmation of this document constitutes an unofficial proceeding within the purview of FSS Section 837.12, and is subject to verification by the employing agency and/or the Criminal Justice Standards and Training Commission. Any intentional omission when submitting this application or any false execution of this affidavit shall constitute a misdemeanor of the first degree, will disqualify you from employment as a law enforcement officer, and may expose you to criminal prosecution.

\_\_\_\_\_  
Applicant’s Signature

## Personal Information

NAME: \_\_\_\_\_

(Last)

(First)

(Full Middle)

Aliases, Maiden, Nickname, or any other names used: \_\_\_\_\_

Have you ever legally changed your name?  Yes  No (if yes, give complete details below)

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

Have resided at this location since: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

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

Social Security# \_\_\_\_\_ DOB: \_\_\_\_\_

POB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Scars, Marks, Tattoos, Amputations: \_\_\_\_\_

Drivers License: # \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Class: \_\_\_\_\_ Other states where D.L. has ever been issued: \_\_\_\_\_

Other names in which a D.L. has been issued: \_\_\_\_\_

United States Citizen?  Yes  No

Natural Born  or Naturalized  by virtue of: Self , Parent , Spouse  (explain below.)

Naturalization Certificate Number: # \_\_\_\_\_ Port of Entry: \_\_\_\_\_

**If you answer "YES" to any of the following questions, list the question number and your explanation on the explanation sheet provided.**

1. Have you ever had your name legally changed? \_\_\_\_\_
2. Have you ever been convicted of any felony or misdemeanor involving perjury or false statement? \_\_\_\_\_
3. Have you ever received a dishonorable discharge from any of the Armed Services of the United States? \_\_\_\_\_
4. Have you ever failed to complete, or been denied entry into, a basic recruit training program?  
\_\_\_\_\_
5. Have you ever been denied employment with a law enforcement agency? \_\_\_\_\_
6. Have you ever been released, fired, or terminated from a law enforcement agency for any reason?  
\_\_\_\_\_
7. Have you ever been disciplined by the Criminal Justice Standards & Training Commission of any state? \_\_\_\_\_
8. Have you ever been the subject of, or witness in, an Internal Affairs Investigation? \_\_\_\_\_







## Marital History

Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Annulled \_\_\_\_\_ Divorced \_\_\_\_\_

Full name of Spouse \_\_\_\_\_

Maiden name of Spouse \_\_\_\_\_

Other names used by Spouse \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age in years: \_\_\_\_\_ Date Married: \_\_\_\_\_

Place married (City, county, state): \_\_\_\_\_

Spouse's employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ How long employed: \_\_\_\_\_

Current address of spouse if living apart: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

### Divorce, Separation, or Annulment

Full name of Ex-Spouse: \_\_\_\_\_

Maiden name: \_\_\_\_\_

Other names Ex-Spouse has used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age in years: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Place of Marriage (city, county, state): \_\_\_\_\_

Ex-Spouse's employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ How long employed: \_\_\_\_\_

Current Address of Ex-spouse: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Date Divorce filed: \_\_\_\_\_ Case Number: \_\_\_\_\_

Location of filing (city, county, state): \_\_\_\_\_

Date divorce final: \_\_\_\_\_ Child Support payments ordered: \_\_\_\_\_

Amount: \_\_\_\_\_ Arrears: \_\_\_\_\_ Current as of this date: \_\_\_\_\_



## Residential History

**Chronologically list all residential address for the past ten (10) years.** Begin with the most recent and work to the most distant. (Include out-of-country travel.) Indicate month / year.

**You must account for all periods of time, i.e., school, military service, etc.**

1. From: \_\_\_\_\_ To: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's name: \_\_\_\_\_

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

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. From: \_\_\_\_\_ To: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's name: \_\_\_\_\_

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

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. From: \_\_\_\_\_ To: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's name: \_\_\_\_\_

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

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

4. From: \_\_\_\_\_ To: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's name: \_\_\_\_\_

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

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

5. From: \_\_\_\_\_ To: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's name: \_\_\_\_\_

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

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

6. From: \_\_\_\_\_ To: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's name: \_\_\_\_\_

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

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**(If needed, continue on additional pages)**

## Roommate History

List all individuals with whom you have resided during the last ten years, excluding family members, military barracks mates, fraternity/sorority members. Begin with the most recent and work to the most distant.

1. Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Location Resided Together: \_\_\_\_\_ Dates: \_\_\_\_\_

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

Telephone #s \_\_\_\_\_ Years Known: \_\_\_\_\_

Occupation: \_\_\_\_\_ Last Contact Date: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Location Resided Together: \_\_\_\_\_ Dates: \_\_\_\_\_

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

Telephone #s \_\_\_\_\_ Years Known: \_\_\_\_\_

Occupation: \_\_\_\_\_ Last Contact Date: \_\_\_\_\_

3. Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Location Resided Together: \_\_\_\_\_ Dates: \_\_\_\_\_

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

Telephone #s \_\_\_\_\_ Years Known: \_\_\_\_\_

Occupation: \_\_\_\_\_ Last Contact Date: \_\_\_\_\_

4. Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Location Resided Together: \_\_\_\_\_ Dates: \_\_\_\_\_

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

Telephone #s \_\_\_\_\_ Years Known: \_\_\_\_\_

Occupation: \_\_\_\_\_ Last Contact Date: \_\_\_\_\_

(If needed, continue on additional pages)

## SECTION 4 Criminal History

**NOTICE TO APPLICANT:** If you answer “Yes” to any of the following questions, you must attach a detailed and complete explanation and you will be required to provide court documents and/or law enforcement documentation where applicable or determined necessary by the investigator. For the purposes of criminal justice employment, an arrest or conviction sealed or expunged under Florida law must be disclosed.

1. Have you **ever** been arrested, received a notice to appear, charged, convicted, pled nolo contendere, or pled guilty to any criminal violation, regardless if the record was sealed or expunged? \_\_\_\_\_
  
2. Have you **ever** been charged with any of the following criminal acts? \_\_\_\_\_  
Check all that apply.
  - a. \_\_\_\_\_ FSS 409 – Public Assistance Fraud
  - b. \_\_\_\_\_ FSS 784 – Stalking
  - c. \_\_\_\_\_ FSS 720 – Possession/Sale of a Firearm with altered serial number
  - d. \_\_\_\_\_ FSS 796 – Prostitution or Lewdness
  - e. \_\_\_\_\_ FSS 800 – Unnatural or Lascivious Act
  - f. \_\_\_\_\_ FSS 800 – Exposure of Sexual Organs
  - g. \_\_\_\_\_ FSS 806 – False Report of a Fire
  - h. \_\_\_\_\_ FSS 817 – False Report of a Crime
  - i. \_\_\_\_\_ FSS 817 – Sale of Counterfeit Controlled Substance
  - j. \_\_\_\_\_ FSS 817 – Fraudulent Drug Test
  - k. \_\_\_\_\_ FSS 827 – Child Abuse, Neglect, Delinquency or Dependence
  - l. \_\_\_\_\_ FSS 831 – Prescription Fraud
  - m. \_\_\_\_\_ FSS 831 – Manufacture of a Counterfeit Controlled Substance
  - n. \_\_\_\_\_ FSS 837 – Perjury not in an Official Proceeding
  - o. \_\_\_\_\_ FSS 812 – Retail Theft
  - p. \_\_\_\_\_ FSS 837 – False report to Law Enforcement Officer
  - q. \_\_\_\_\_ FSS 837 – False Official Statement
  - r. \_\_\_\_\_ FSS 843 – Resisting an Officer
  - s. \_\_\_\_\_ FSS 843 – Obstruction by Disguise
  - t. \_\_\_\_\_ FSS 843 – Refusal to Aid a Law Enforcement Officer
  - u. \_\_\_\_\_ FSS 847 – Pornography and related Offenses
  - v. \_\_\_\_\_ FSS 843 – Impersonating a Police officer

- w. \_\_\_\_\_ FSS 914 – Witness Tampering
- x. \_\_\_\_\_ FSS 893 – Possession/Sale/Delivery of a Controlled Substance
- y. \_\_\_\_\_ FSS 741 – Domestic Violence
- z. \_\_\_\_\_ FSS 831 – Uttering/Forgery
- aa. \_\_\_\_\_ FSS 832 – Passing Bad or Worthless Check/Credit Card
- bb. \_\_\_\_\_ FSS 784 – Violation of an Injunction for Protection
- cc. \_\_\_\_\_ FSS 794 – Sexual Battery

3. Have you **ever** had a criminal prosecution plea bargained or otherwise settled? \_\_\_\_\_
4. Have you **ever** had a criminal prosecution deferred? \_\_\_\_\_
5. Have you **ever** served community service in lieu of a criminal or civil conviction? \_\_\_\_\_
6. Have you **ever** been involved in the sale, delivery, manufacture or trafficking of any illegal or controlled substance? \_\_\_\_\_
7. Have you possessed any controlled substance within the past two (2) years? \_\_\_\_\_
8. Do you have **any** criminal wants, warrants, or court process of any other type pending? \_\_\_\_\_
9. Have you **ever committed** or **been involved in** an undetected crime of any type? \_\_\_\_\_
10. Have you **ever** aided, abetted, solicited, or been an accessory before or after the fact in a criminal matter? \_\_\_\_\_
11. Has a law enforcement agency **ever** been called to any activity in which you were involved or a participant? \_\_\_\_\_
12. Have you **ever** been interviewed or interrogated by a law enforcement officer as a suspect in an investigation of any type? \_\_\_\_\_
13. Have you **ever** been convicted of Domestic Violence or Battery? \_\_\_\_\_
14. Have you **ever** possessed Cocaine, Heroin, LSD, PCP, ICE, Ecstasy, Mescaline, Psilocybin, GHB, or any other illegal substance considered a felony in the State of Florida? \_\_\_\_\_
15. Have you **ever** physically abused another person? \_\_\_\_\_
16. Have you **ever** taken a polygraph examination? \_\_\_\_\_
17. Have you **ever** had a criminal record sealed or expunged? \_\_\_\_\_
18. Have you **ever** committed perjury or made a false statement/affirmation of any type? \_\_\_\_\_
19. Have you **ever** made a false report to a law enforcement officer? \_\_\_\_\_
20. Have you **ever** made a false insurance claim? \_\_\_\_\_



## SECTION 5 Civil History

1. Do you have **any type** of civil process or litigation pending at this time? \_\_\_\_\_
2. Have you **ever** been served civil process of any type, either directly or by service through another person, family member, or attorney? \_\_\_\_\_
3. Have you **ever** been involved in civil litigation or court process of any type, either as a plaintiff, respondent, or witness; for example: a divorce, a repossession, a lien, a debt of any type, a contract dispute, an eviction, a contempt of court? \_\_\_\_\_
4. Have you **ever** settled a civil matter in which you were involved? \_\_\_\_\_
5. Has a legal judgment **ever** been issued against you, i.e., divorce, child support, alimony, or any other type? \_\_\_\_\_
6. Have you **ever** declared bankruptcy? \_\_\_\_\_
7. Have you **ever** had any property repossessed? \_\_\_\_\_
8. Have you **ever** had your wages garnished? \_\_\_\_\_
9. Have you **ever** been involved in an eviction? \_\_\_\_\_
10. Have you **ever** owned your own business or been self-employed? \_\_\_\_\_
11. Have you **ever** obtained a city or county occupational license? \_\_\_\_\_
12. Have you **ever** registered with any State Department of Revenue for the payment of sales tax? \_\_\_\_\_
13. Have you **ever**: incorporated, been involved in a partnership, or filed for a fictitious name? \_\_\_\_\_
14. Have you **ever** had a lien or judgment filed against you or your business? \_\_\_\_\_



## SECTION 6 Driving History

If you answer “YES” to any of the following questions, you must provide a complete explanation.

1. Have you ever been refused a driver’s license in any state? \_\_\_\_\_
2. Has your license ever been suspended or revoked in any state? \_\_\_\_\_
3. Have you ever received a traffic citation? \_\_\_\_\_
4. Have you ever failed to pay a traffic citation? \_\_\_\_\_
5. Do you have any outstanding or pending traffic citations at this time? \_\_\_\_\_
6. Do you have any parking tickets which you have failed to pay? \_\_\_\_\_
7. Has your vehicle insurance ever been withdrawn, suspended or revoked, or have you been refused vehicle insurance? \_\_\_\_\_
8. Have you ever reported your license lost or stolen? \_\_\_\_\_
9. Have you ever been issued a duplicate license? \_\_\_\_\_
10. Is your vehicle registered in the State of Florida? \_\_\_\_\_
11. If not, why not? \_\_\_\_\_

### Citation History

List **all traffic citations you have ever received** whether adjudicated guilty or not:

Date	Location	Violation	Disposition

List **all parking citations you have ever received** whether adjudicated guilty or not:


(If needed, continue in explanation section)







## SECTION 8 Employment History

Number of days missed from work in last year? \_\_\_\_\_

Do you have any relative(s) or members of your household now working for the City of Temple Terrace?  Yes  No **If Yes, Explain below**

Do you know of anything that would disqualify you for employment, or prevent your full discharge of official duties?

Yes  No **If Yes, Explain below**

**List all of your previous employment.** Begin with your most recent or current employment and work backwards. Include all work whether paid, unpaid, and/or voluntary. The information you provide must set forth the facts and reasons for any previous separations from employment or appointment. For the purposes of this section, "separation from employment," includes any firing, termination, retirement, voluntary or involuntary extended leave, or leave of absence from any paid or non-paid position. This would include school if full time, recall to military service, etc. Note: For Criminal Justice employers (Law Enforcement, Corrections, or Probation) you must provide the name of the Agency Head and your Immediate Supervisor.

1. From: \_\_\_\_\_ To: \_\_\_\_\_ Part time \_\_\_\_\_ Full time \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Agency Director: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. From: \_\_\_\_\_ To: \_\_\_\_\_ Part time \_\_\_\_\_ Full time \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Agency Director: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3. From: \_\_\_\_\_ To: \_\_\_\_\_ Part time \_\_\_\_\_ Full time \_\_\_\_\_  
Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
Agency Director: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

4. From: \_\_\_\_\_ To: \_\_\_\_\_ Part time \_\_\_\_\_ Full time \_\_\_\_\_  
Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
Agency Director: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

5. From: \_\_\_\_\_ To: \_\_\_\_\_ Part time \_\_\_\_\_ Full time \_\_\_\_\_  
Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
Agency Director: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

6. From: \_\_\_\_\_ To: \_\_\_\_\_ Part time \_\_\_\_\_ Full time \_\_\_\_\_  
Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
Agency Director: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**(If needed, continue on additional pages)**

Have you **ever** applied to a law enforcement agency (city, county, state, or federal)?  Yes  No

If "Yes", **list every agency**, starting with the most recent and ending with the most distant.

Give complete and accurate agency addresses.

All agencies must be listed regardless of the outcome or current status.

Check all boxes that apply to each agency.

(If needed; copy this page, complete the information, and attach to the back of the application packet)

Agency Name:	Date of Application:
Complete Address including Zip code:	Position applied for:
<input type="checkbox"/> Submitted interest card only. <input type="checkbox"/> Submitted application only. <input type="checkbox"/> Took written test. <input type="checkbox"/> Failed written test. <input type="checkbox"/> Oral interview taken. <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Placed on eligibility list. <input type="checkbox"/> Submitted Detailed Application package. <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending. <input type="checkbox"/> Took polygraph. <input type="checkbox"/> Failed polygraph. <input type="checkbox"/> Was not selected. <input type="checkbox"/> Hired / job offer made <input type="checkbox"/> Unknown status. <input type="checkbox"/> No reason from agency. <input type="checkbox"/> Withdrew application or declined offer. <input type="checkbox"/> Disqualified.	
Background Investigators name and telephone number:	

Agency Name:	Date of Application:
Complete Address including Zip code:	Position applied for:
<input type="checkbox"/> Submitted interest card only. <input type="checkbox"/> Submitted application only. <input type="checkbox"/> Took written test. <input type="checkbox"/> Failed written test. <input type="checkbox"/> Oral interview taken. <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Placed on eligibility list. <input type="checkbox"/> Submitted Detailed Application package. <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending. <input type="checkbox"/> Took polygraph. <input type="checkbox"/> Failed polygraph. <input type="checkbox"/> Was not selected. <input type="checkbox"/> Hired / job offer made <input type="checkbox"/> Unknown status. <input type="checkbox"/> No reason from agency. <input type="checkbox"/> Withdrew application or declined offer. <input type="checkbox"/> Disqualified.	
Background Investigators name and telephone number:	

## Employment Questionnaire

**If you answer “YES” to any of the following questions:** list the question number and complete details in the employment explanation section.

1. Do you object to your current employer being contacted? \_\_\_\_\_
2. Were you **ever** discharged, fired, terminated, or forced to resign from any employment you have held? \_\_\_\_\_
3. Have you **ever** been suspended by an employer? \_\_\_\_\_
4. Have **ever** been counseled or reprimanded by an employer? \_\_\_\_\_
5. Have you ever taken **anything** without permission/authorization from an employer? (This includes, but is not limited to theft of property, theft of time.) \_\_\_\_\_
6. Have you **ever** been sued by an employer? \_\_\_\_\_
7. Have you **ever** sued an employer? \_\_\_\_\_
8. Has an employer **ever** taken disciplinary action of any type against you? \_\_\_\_\_
9. Have you **ever** resigned to avoid extended probation, termination, discipline, or demotion by an employer? \_\_\_\_\_
10. Do you object to wearing a uniform? \_\_\_\_\_
11. Do you object to working nights, weekends, holidays, or varying shifts? \_\_\_\_\_
12. Do you object to wearing body armor? \_\_\_\_\_
13. Do you have experience working varying shifts? \_\_\_\_\_
14. Have you **ever** possessed, delivered, or used a controlled substance in the workplace? \_\_\_\_\_
15. Have you **ever** had a problem with a supervisor or coworker? \_\_\_\_\_
16. Have you **ever** consumed alcohol in the workplace? \_\_\_\_\_
17. Have you **ever** failed a urinalysis provided by an employer? \_\_\_\_\_
18. Have you **ever** been advised that you were “deceptive” on a polygraph exam? \_\_\_\_\_





## SECTION 10 Military History

**If you answer “YES” to any question, list the question number and specific details on the enclosed explanation sheet.** In this section the term “Armed Forces” refers to any military organization or Coast Guard of any nation, including the Reserve and/or National Guard.

- | YES                          | NO                       |  |
|------------------------------|--------------------------|--|
| 1. <input type="checkbox"/>  | <input type="checkbox"/> | Have you ever served in the armed forces of the United States?   |
| 2. <input type="checkbox"/>  | <input type="checkbox"/> | Have you ever served in the armed forces of another country?   |
| 3. <input type="checkbox"/>  | <input type="checkbox"/> | Were you <b>ever</b> tried, punished, reprimanded, the subject of Non Judicial Punishment, Article 15, Code of Military Justice, Captain’s Mast, Court Martial, counseled, fined or reduced in rank for an infraction of any rule, regulation, order, procedure, or violation of law, no matter what type or style or jurisdiction, while in the Armed Forces? |
| 5. <input type="checkbox"/>  | <input type="checkbox"/> | Has your separation or discharge ever been amended or changed?   |
| 6. <input type="checkbox"/>  | <input type="checkbox"/> | While in the Armed Forces did you ever receive any awards, medals, or commendations?   |
| 7. <input type="checkbox"/>  | <input type="checkbox"/> | Are you on active duty or stand-by at this time?   |
| 8. <input type="checkbox"/>  | <input type="checkbox"/> | Were you ever employed by the government of any foreign nation?  |
| 10. <input type="checkbox"/> | <input type="checkbox"/> | Are you registered with the Selective Service System? If so, the date and location of registration? _____<br>Selective Service number _____  |
| 11. <input type="checkbox"/> | <input type="checkbox"/> | If you have served in the Armed Forces, have you received other than an Honorable Discharge? If so, please explain in detail the type of discharge, reason for it, and the particulars involved in the Military Explanation Section.   |
| 12.                          |                          | In what branch of the Armed Forces have you served? _____  |
| 13.                          |                          | Highest rank achieved? _____   |
| 14.                          |                          | What is your service number? _____   |
| 15.                          |                          | What was your organization unit? _____   |
| 16.                          |                          | How many periods of active service have you had? _____   |



## SECTION 11 Personal References

**Six personal references are required.** List individuals you have known for at least three years.

Do not list relatives, do not use neighbors, and do not use former employers.

NOTE: Choose persons who will represent you well and who will respond promptly.

No background will be completed until **at least six** Personal References have responded.

<b>1-</b>			
Name	Complete Address w/Zip Code	Phone Number	Years Known
Occupation	Business Address w/Zip Code	Business Phone	
<b>2-</b>			
Name	Complete Address w/Zip Code	Phone Number	Years Known
Occupation	Business Address w/Zip Code	Business Phone	
<b>3-</b>			
Name	Complete Address w/Zip Code	Phone Number	Years Known
Occupation	Business Address w/Zip Code	Business Phone	
<b>4-</b>			
Name	Complete Address w/Zip Code	Phone Number	Years Known
Occupation	Business Address w/Zip Code	Business Phone	
<b>5-</b>			
Name	Complete Address w/Zip Code	Phone Number	Years Known
Occupation	Business Address w/Zip Code	Business Phone	
<b>6-</b>			
Name	Complete Address w/Zip Code	Phone Number	Years Known
Occupation	Business Address w/Zip Code	Business Phone	
<b>7-(opt.)</b>			
Name	Complete Address w/Zip Code	Phone Number	Years Known
Occupation	Business Address w/Zip Code	Business Phone	



**CITY OF TEMPLE TERRACE POLICE DEPARTMENT  
NON-USE OF TOBACCO PRODUCTS AGREEMENT**

**TOBACCO AFFIDAVIT**

I, \_\_\_\_\_, acknowledge the City of Temple Terrace Police  
(Print Name)  
Department is dedicated to providing a healthy, comfortable, and tobacco-free work environment for its employees, the citizens of Temple Terrace, Hillsborough County, and the State of Florida. Therefore, as a condition of my employment I attest that I will comply with the City of Temple Terrace Police Department's "Non-Use of Tobacco Products Agreement".

I do hereby affirm I have not used any tobacco products at any time during the year immediately preceding my application for \_\_\_\_\_. Further, if hired as a Temple  
(Position Title)  
Terrace Police Department employee, I will not use any tobacco products either on-duty or off-duty.

Under the penalties of perjury, I declare that I have read the foregoing affidavit and the statements are true.

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,

\_\_\_\_\_  
(Signature of Notary Public-State of Florida)

\_\_\_\_\_  
(Notary Seal)

\_\_\_\_\_  
(Name of Notary Public-State of Florida)

Personally Known \_\_\_ or Produced Identification \_\_\_

Type of Identification Produced \_\_\_\_\_

## SECTION 12

### Applicant Affirmation

I, \_\_\_\_\_, do hereby swear or affirm that the information I have provided in this Application Package is true, correct, and complete. Furthermore, I swear or affirm that it contains no omissions, misrepresentations, inaccuracies, mistruths, or errors of any type.

I understand that to make a False Affirmation is a violation of Florida State Statute 837.012, and could subject me to criminal prosecution. I recognize that any False Affirmation made by me is a violation of F.A.C. 11b-27 and would place me in violation of the Moral Character requirement to be a certified law enforcement officer in the State of Florida. Furthermore, I understand and agree that any omission, inaccuracy, misrepresentation, mistruth, or incomplete information provided by me is also a violation of the Standards of the Agency, and will result in my immediate suspension from further processing.

**I UNDERSTAND** that during the course of my assessment by the Agency, that I will be required to provide information about myself, and that the purpose of this information is to determine my suitability to be certified as a law enforcement officer. I also understand that this information will become part of my permanent employment file and that it is my responsibility to provide complete and truthful responses to any and all questions. I realize that if I fail to do so it will result in the suspension of my background processing and may indicate that I am unsuited for a position of trust and responsibility.

**I UNDERSTAND** that I am required to keep the Agency informed about my personal status, which includes, but is not limited to:

1. Employment
2. Driving History
3. Arrest / Conviction History
4. Change of name
5. Change of address
6. Change of telephone number(s)
7. Marriage and/or Divorce

Furthermore, I understand that for my application to remain active, I must provide any personal changes in a timely manner, or I will be disqualified from the process.

**I UNDERSTAND** that I will be subjected to a polygraph examination about the information that I have provided. If it is determined that I have furnished false or misleading information, or that I have omitted information for any reason, that I will be disqualified from further consideration. I certify under oath that the information I provide to the Agency will be true and complete. **Furthermore**, I understand that if I make a false affirmation it is a misdemeanor of the first degree as described in FSS 837.

**I UNDERSTAND** that disqualified applicants may appeal to the Temple Terrace Police Department Administrative Staff for re-consideration. My letter of appeal must specifically identify the issue and will be individually evaluated by the Administrative Staff. I also understand that my Letter of Appeal must be addressed to the Deputy Chief of Police. However, The Temple Terrace Police Department reserves the right to hire only the most qualified candidates. Any decision by the Temple Terrace

Police Department regarding qualifications of an applicant for employment is final and no employee or agent of the Temple Terrace Police Department is required to render an opinion or explanation beyond what is contained in the public record.

**I UNDERSTAND** that by virtue of my interest in obtaining employment as a law enforcement officer, that I must produce documentation to prospective law enforcement agency employers. Therefore, I request and authorize the Agency to release any and all information that they may have concerning my: employment, education (including transcripts), good moral character, military, civil and/or criminal histories, Social Security, screening / testing, financial, or driving records to the representative of any law enforcement agency. The release of this information by the Agency is intended to be utilized to assist a potential hiring agency in determining my qualifications and fitness for the position I am seeking as a law enforcement officer, and will become part of my permanent employment file. I also authorize the Agency to release this information to any law enforcement agency for any other reason they deem appropriate. **Therefore, I hereby knowingly release the Agency, its staff, and any potential employing law enforcement agency from any and all liability which could result from furnishing this information.**

**I HEREBY SWEAR OR AFFIRM** that I have read, understand, and meet Florida State Statute 943.13 and F.A.C. 11b-27, relating to the minimum standards to be a Law Enforcement Officer in the State of Florida, as well as the Agency Entry-Level Standards.

**I HAVE READ AND UNDERSTAND** all sections of this affidavit and my signature confirms my understanding of the contents. I have truthfully and completely answered all questions contained in this affidavit, and state that I will truthfully and completely answer any other question asked of me by the Agency, the Criminal Justice Law Enforcement Academy and any prospective law enforcement employer.

\_\_\_\_\_  
Applicant's Signature

State of Florida

County,

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By \_\_\_\_\_, who is personally known to me, or has produced as  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public –Signature

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

# Domestic Violence Affirmation

Pursuant to the Omnibus Consolidated Appropriation Act of 1996, any person convicted of a misdemeanor crime of violence as defined by the Act, is prohibited from shipping, transporting, possessing or receiving firearms or ammunition. There is not an "Official Use" exemption to this prohibition. Accordingly, every officer granted the authority to bear arms by a Law Enforcement agency represented by the Agency must execute the following Affidavit in compliance with the Act.

A conviction shall not apply for the purposes of the Act unless:

- A. The person was represented by counsel in the case or knowingly and intelligently waived the right to counsel in the matter: AND
- B. If the person was entitled to a trial by jury under the laws of the convicting jurisdiction, and the conviction must have resulted from:
  - 1. Trial by jury; or
  - 2. The person knowingly and intelligently waived the right to have the case tried by jury, by guilty plea or otherwise.

---

I \_\_\_\_\_ do solemnly swear and affirm that the following information is true and correct to the best of my knowledge.

Excluding any convictions that have been expunged or otherwise set aside or pardoned, I have never been convicted of a misdemeanor crime of Domestic Violence as defined below

- A. Is a misdemeanor under Federal and State law; and
- B. Has an element of, the use or attempted use of force, or threatened use of a deadly weapon, committed by a current or former spouse, parent, guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with, or who has cohabitated with the victim as spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

\_\_\_\_\_  
Applicant's Signature

**State of Florida**

**County of**

**Sworn to** or Affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,

By \_\_\_\_\_ who is personally known to me or who has produced  
\_\_\_\_\_ as identification.

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

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

## Document Reproduction Notice

All applicants are encouraged to make copies of all documents, records, reports, and other documentation provided to the Temple Terrace Police Department.

*Once submitted, all documents become the property of the Temple Terrace Police Department.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
§ \_\_\_\_\_

## File Viewing Notice

All applicants will be permitted to review their Agency file by appointment only. Requests for file review will be made via the Application Update Form submitted to the Investigator assigned to the applicant's file.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
§ \_\_\_\_\_

## Drug Testing Consent Form

In keeping with the efforts of the Temple Terrace Police Department to identify the most qualified individuals for law enforcement profession, I do hereby voluntarily consent to the sampling and subsequent testing of my body fluids, including urine and blood. I understand that refusal to supply the necessary samples may be grounds for rejection of my application for employment.

I understand that the results of the testing may be utilized in conjunction with any other information developed during the pre-employment process to determine my eligibility for the position for which I have applied. Written laboratory reports may be subject to disclosure under Florida's Public Records Act. Drug test results under this policy will not be disclosed for the purposes of criminal prosecution.

I further certify that I am not currently using, taking, or injecting any drug, narcotic, marijuana, or other habit forming substance without such substance being lawfully prescribed by and under the direction of a licensed medical doctor. I also understand that any falsification or misrepresentation with respect to this certification will disqualify me from consideration for employment with the Temple Terrace Police Department.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

Applicant Refused To Sign Consent Form.

\_\_\_\_\_  
§ \_\_\_\_\_



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: \_\_\_\_\_







***NON-DISCRIMINATION POLICY***

It is the City's policy to provide equal employment opportunity for all applicants and employees. There shall be no discrimination against any person in recruitment, examination, appointment, training, promotion, retention, or any other personnel action because of political or religious opinions or affiliations or because of race, color, creed, sex, age, or national origin.

Handicapped applicants will be given equal employment consideration for all classifications. Every effort shall be made to employ and retain handicapped persons. No qualified individual with a disability shall, on the basis of the disability, be excluded from participation in or be denied the benefits or the services, programs, activities, or be subjected to discrimination. Any complaints should be submitted in writing to the Human Resources Director.

**PLEASE READ THE FOLLOWING STATEMENTS PRIOR TO SIGNING THIS APPLICATION.**

If this application is incomplete or is not signed in ink, it may be rejected without further notice.

A pre-employment drug screen, criminal history background investigation, and driver's license verification will be conducted.

**THE CITY OF TEMPLE TERRACE IS A DRUG-FREE WORKPLACE.**

**CERTIFICATION, AUTHORIZATION, AND SIGNATURE**

I certify that answers given herein are true and complete and I authorize investigation of all statements contained herein. If I am employed, I will abide by all City rules and regulations and understand that FALSE OR MISLEADING information given herein or during my interview(s) will result in immediate discharge.

I have read and understand the conditions of employment stated above.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS IN, OR FALSIFICATIONS OF STATEMENTS AND ANSWERS TO QUESTIONS CONTAINED HEREIN. I AM AWARE THAT SHOULD INVESTIGATION DISCLOSE SUCH MISREPRESENTATIONS AND FALSIFICATIONS, MY APPLICATION WILL BE REJECTED AND I WILL BE DISQUALIFIED FROM APPLYING IN THE FUTURE FOR ANY POSITION IN THE SERVICE OF THE CITY OF TEMPLE TERRACE.

I DO HEREBY AGREE TO PERSONALLY ASSUME RESPONSIBILITY FOR ANY DAMAGE, OR INJURY TO MY PERSON OR PROPERTY, WHICH MAY OCCUR DURING, OR AS A RESULT OF MY APPLICATION, IN TESTS CONDUCTED BY THE CITY OF TEMPLE TERRACE, PURSUANT TO THIS APPLICATION.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant

**NOTE: IF THIS APPLICATION IS NOT SIGNED IN INK, OR IS INCOMPLETE, IT MAY BE REJECTED WITHOUT FURTHER NOTICE. \* THE PRE-EMPLOYMENT PHYSICAL WILL INCLUDE DRUG SCREENING.**

**I HEREBY AUTHORIZE THE CITY OF TEMPLE TERRACE, FLORIDA, TO MAKE ANY INVESTIGATION THEY DEEM NECESSARY INTO MY PERSONAL BACKGROUND AND EMPLOYMENT RECORD. I AUTHORIZE MY FORMER EMPLOYERS TO RELEASE INFORMATION CONTAINED IN MY PERSONNEL FILE.**

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,  
by \_\_\_\_\_.  
(Name of person acknowledging)

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_