

POLICE DEPARTMENT SWORN PERSONNEL APPLICATION



**EMPLOYMENT
APPLICATION
For
SWORN POLICE
PERSONNEL**



409 Fennell Blvd
Lady Lake, FL 32159
Ph: 352-751-1505
Fax: 352-751-0230
Website: www.ladylake.org

*Equal Opportunity Employer
Drug Free Workplace*

The Town of Lady Lake is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, marital status or any other characteristic protected by law.

*FOR HR Purposes ONLY-
Received Date: _____
DD214 _____ # _____*

DRUG-FREE WORKPLACE POLICY: The Town of Lady Lake is a Drug-Free Workplace in accordance with Fla. Stat. §§ 440.101 and 440.102. Applicants and employees may be required to submit to drug testing at any time for: (1) pre-employment; (2) reasonable suspicion; (3) post-accident; (4) return to duty and (5) follow up on routine fitness for duty. Additionally, drug and alcohol testing of employees holding CDL is conducted per Federal Law and Regulation 49 CFR Part 382.103/107.

APPLYING FOR THE POSITION OF: _____
(PLEASE NOTE: Applications are only accepted for positions that are currently open. A separate application must be submitted for each position.)

PERSONAL INFORMATION

(Please Print Legibly)

Last Name First Name Middle Initial

(_____) _____ (_____) _____

Telephone Number Alternate Telephone Number

Present Mailing Address

City State Zip Code

Source of Referral: Advertisement Website
 Walk-in Friend
 Relative Other

1. Have you filed an application here before? Yes no
 If yes, when? _____
2. Have you been previously employed here? Yes no
3. If yes, when? _____
4. Are you currently employed? Yes no
5. If yes, may we contact your employer? Yes no
6. When are you available? Full-time Part-time
 Shift work Temporary
7. When are you available for employment (date)? _____
8. Are you available to travel if the job requires? yes no
9. Do you have a valid Florida Drivers License? yes no
 Driver's license Class type: A B C E
 Driver's license #: _____
 State of Issuance: _____
10. Has your driver's license ever been revoked or suspended? Yes
 no
 If "yes", indicate on a separate sheet of paper the (a) state, (b) date, (c) details.
11. Was your license restored? Yes no If "yes" date: _____
12. Are you legally eligible for employment in the USA? Yes no
(Proof of citizenship or immigration status may be required upon employment)

13. Names and relationship of relatives working for the town:

_____	_____
Name	Relationship
_____	_____
Name	Relationship

14. Have you ever been arrested, charged with, convicted of, pled no contest or nolo contendere to or had adjudication withheld on any felony or any crime involving or alleging dishonesty, a false statement, or moral turpitude? Yes no

If yes, please list:

Date	Location	Arresting/Charging Agency	Charge	Disposition of Case

EMPLOYMENT RECORD

List all present and past employment including full and part time, temporary and volunteer beginning with most recent. (DO NOT OMIT ANY PREVIOUS EMPLOYERS. ATTACH ADDITIONAL PAGES IF NECESSARY.) This section must be completed whether or not you have attached a resume. Complete address and phone numbers of previous employers and references must be provided. INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.

Name & Address of Organization:

_____ From _____ To _____

_____ Starting Salary: _____ Ending Salary: _____

_____ Supervisors Name: _____

Job Title: _____ Telephone # () _____

Describe the work you did: _____

Reason for Leaving: _____

Name & Address of Organization:

_____ From _____ To _____

_____ Starting Salary: _____ Ending Salary: _____

_____ Supervisors Name: _____

Job Title: _____ Telephone # () _____

Describe the work you did: _____

Reason for Leaving: _____

Name & Address of Organization:

_____ From _____ To _____

_____ Starting Salary: _____ Ending Salary: _____

_____ Supervisors Name: _____

Job Title: _____ Telephone # () _____

Describe the work you did: _____

Reason for Leaving: _____

Name & Address of Organization:

_____ From _____ To _____

_____ Starting Salary: _____ Ending Salary: _____

_____ Supervisors Name: _____

Job Title: _____ Telephone # () _____

Describe the work you did: _____

Reason for Leaving: _____

Name & Address of Organization:

_____ From _____ To _____

_____ Starting Salary: _____ Ending Salary: _____

_____ Supervisors Name: _____

Job Title: _____ Telephone # () _____

Describe the work you did: _____

Reason for Leaving: _____

ADDITIONAL INFORMATION:

Have you ever been discharged or asked to resign from any job? _____ Yes _____ No

If yes, please explain: _____

UNEMPLOYMENT: Please list all periods you were unemployed during the past ten (10) years.

From: To:

Month/year Month/Year Please state what you were doing during this period.

OTHER CONTACTS

(Please provide the names and numbers of other people we may call to contact you.)

Name	Phone #
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Name	Phone #
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EDUCATION				
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	Dates Attended	School Name & Address	Diploma/Degree Earned? Yes/No	If yes, indicate type
High School				
Trade or Technical School				
Undergraduate School/College				
Graduate School/College				

PROFESSIONAL REGISTRATION *(Please exclude those which indicate race, color, religion, sex or national origin.)*

Registration #	Type of Registration	State	Date Issued	Expiration

SPECIALIZED TRAINING AND/OR EXPERIENCE

Business:

Certifications:

_____ Typing (WPM _____) _____ Computers/Software (List)	List all Certificates from training, education, etc.	List any special qualifications not covered elsewhere in this application

REFERENCES

Please list at least four (4) references who are not related to you and who have knowledge of your qualifications for this position. (Please provide complete addresses including street, City, State and Zip.)

Name Phone #	Name Phone #
Address (Street, City, State, Zip)	Address (Street, City, State, Zip)
Employer Phone#	Employer Phone#
Occupation	Occupation
Name Phone #	Name Phone #
Address (Street, City, State, Zip)	Address (Street, City, State, Zip)
Employer Phone#	Employer Phone#
Occupation	Occupation

VETERANS PREFERENCE

The Town of Lady Lake is subject to s.295.07,FS, which requires that employment preference be given to eligible veterans and spouses of veterans in positions of employment, except those that are exempted such as department heads or temporary positions, without benefits. If you wish to be identified as claiming Veteran's Preference, please check applicable statement and sign below.

I wish to claim Veteran's Preference as:

- 1. _____ A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense; OR

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

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

- 4. _____ The un-remarried widow or widower of a veteran who died of a service connected disability.

BRANCH OF SERVICE

DATE OF ENTRY

DATE OF DISCHARGE

Note: A DD214 or comparable document which serves as a certificate of release or discharge must be furnished at the time of application. In addition, applicants claiming categories 1,2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Wartime periods are defined in section 1.01, F.S. Veterans' preference shall expire after an eligible person has been employed by the state or an agency of a political subdivision of the state. Under Florida law, preference in appointment shall be given by the state to those persons in categories 1 and 2 and then those in categories 3 and 4. Veterans' Preference is only available to Florida residents.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veteran's Affairs, P.O. Box 31003, St. Petersburg, FL 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date of the application is filed with the employer if no notice is given.

APPLICANT'S SIGNATURE

DATE

EMPLOYMENT APPLICATION SUPPLEMENT

POLICE DEPARTMENT



1. If it became necessary in the course of your police duties to lawfully take a human life, would you have any reluctance to do so? Yes no
2. Are you now on any eligibility list? Yes no
If "yes", Where? _____ For what position? _____
3. Can you operate a motor vehicle? Yes no
4. Have you ever been involved in a motor vehicular accident? Yes no
If "yes", indicate on a separate sheet of paper the (a) date, (b) location, (c) injuries, (d) charges, (e) final disposition of any police charges or civil liability.
5. Have you ever been refused a drivers license by any state? Yes no
If "yes", indicate on a separate sheet of paper the reasons for this refusal.
6. Have you ever received a traffic citation (non-parking)? Yes no
If "yes", indicate on a separate sheet of paper the (a) city, state, county, (b) name of agency issuing the citation, (c) date, (d) charges, (e) final disposition.
7. Do you now have any unpaid summons outstanding against you for any violation? Yes no
If "yes", indicate on a separate sheet of paper the violations and locations.
8. Are you now or have you ever been a member of any subversive organization in which advocated, advised or taught the doctrine that the government of the United States of America or of any political subdivision thereof should be overthrown by force, violence or any unlawful means? Yes no
9. Have you ever applied to or been employed by any law enforcement agency? Yes no
If "yes", give name of agency and dates of employment of application.

**PERSONAL INQUIRY WAIVER
CERTIFICATE & AFFIDAVIT**

Applicants Full Name: _____

Please specify company names of previous employers we are authorized to contact:

I respectfully request and authorize you to furnish the Town of Lady Lake any and all information that you may have concerning my work record, school record, military record and reputation.

Please include any and all medical, physical and mental records of reports including all information of a confidential or privileged nature.

Any and all information requested by the Town of Lady Lake will be used to assist in determining my qualifications and fitness for employment.

I hereby release you, your organization, your agents and/or any other person from any liability or damage which may result from furnishing the information requested by the Town of Lady Lake.

I have executed this certificate and affidavit with my own free will and accord, with full knowledge of the purpose therefore.

A photocopy of this release shall be considered the same as the original.

APPLICANT'S SIGNATURE

DATE

I affirm that this application contains no misrepresentation 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 the eligible lists. If already appointed, I may be dismissed. I authorize investigation of all statements contained in this application. In addition, as a consideration of my being considered for Town employment, I hereby consent to take any pre-employment physicals, screenings, background investigations and drug screenings.

If accepted for employment, I agree to abide by and comply with all rules, regulations, policies and practices of the Town of Lady Lake. I understand that my employment with the Town is at-will, that I have the right to terminate my employment at any time with or without cause, and that the Town has the same right. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the policies and practices of the Town of Lady Lake.

APPLICANT SIGNATURE

DATE

APPLICANT'S CERTIFICATION OF UNDERSTANDING

1. I understand and agree by signing below that any position offered to me in the Town of Lady Lake is contingent upon the results of a complete background investigation and drug screening correlated to the information provided by me in this application.
2. I understand and agree with the consideration that this completed application shall be the property of the Town of Lady Lake.
3. I understand and agree with the condition that I now declare that all information I have provided in this application is the truth and complete to the best of my knowledge.

APPLICANT SIGNATURE

DATE

STATE OF FLORIDA, COUNTY OF _____ the forgoing instrument was acknowledged before me this _____ (date) by _____, who is personally known to me or who has produced _____ (type of identification) as identification and who did (did not) take an oath.

Notary's Signature

Notary's Name

Serial Number, if any

SEAL

LLPDAPP REV. 05/08

AUTHORIZATION FOR INVESTIGATION

I, _____, authorize the investigation of all statements and information contained in my application and/or resume, to include any information of a confidential or privileged nature, which can be used to assist in determining my qualification and fitness for employment. Additionally, I authorize the Town of Lady Lake to contact any organization, agency or individual to obtain information related to, but not limited to, the following:

- Employment
- Education
- Armed Forces
- Driving Record
- Motor Vehicle Reports (MVR)
- Community Standing
- Criminal History

I hereby release the providers and sources of information.

Applicant's Signature

Date

As part of its employment application process, I understand that the Town of Lady Lake may obtain or have prepared by a third-party a consumer/investigative consumer report concerning my prior employment, military record, education, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, criminal background, involvement in civil actions, driving record or mode of living.

I understand that I have a right to make a written request whether an investigative consumer report was requested, and will be given full information as to the nature and scope of such investigation.

By signing below, I authorize the Town of Lady Lake and its authorized, third-party agents to obtain a consumer/investigative consumer report on me as part of the Town's pre-employment investigation process. If I am offered employment by the Town of Lady Lake I further authorize it to obtain additional consumer/investigative consumer reports for employment purposes at any time during my employment.

By signing below, I acknowledge that I have been provided with a summary of my rights under the federal Fair Credit Reporting Act.

I HEREBY RELEASE from all liability any persons or entities supplying information pursuant to a request by the Town of Lady Lake, or its third-party agent, as authorized by this release. This authorization and release shall remain in effect during the period of time that the Town of Lady Lake is considering me for employment or for the length of my employment, whichever is later.

Printed Full Name:	_____
Current Address:	_____

Telephone #:	_____
Signature:	_____
	Date: _____

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

A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer-reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - A person has taken adverse action against you because of information in your credit report;
 - You are the victim of identify theft and place a fraud alert in your file;
 - Your file contains inaccurate information as a result of fraud;
 - You are on public assistance;
 - You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer-reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer-reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer-reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.
- **The FCRA gives several different federal agencies authority to enforce the FCRA:**

FOR QUESTIONS OR CONCERNS REGARDING	<i>PLEASE CONTACT</i>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 - 877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 - 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 - 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 - 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 - 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 - 877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 - 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 - 202-720-7051