

Milton Police Department
5451 Alabama St.
Milton, FL 32570
(850) 983-5420



POSITION APPLIED FOR: Sworn Police Officer Civilian

APPLICATION INSTRUCTIONS:

Read the following instructions carefully before completing your application. You must furnish all requested information. The information you provide will be used to determine your qualifications for employment. If you fail to answer all questions on your application fully and accurately, you may delay consideration of your application and may lose employment opportunities.

1. Complete the attached "Application for Employment" by **typing** in necessary information. **Do not hand write the application.**
2. Check your application to be sure the following attachments are enclosed before returning:
 - (A) A recent copy of a valid driver's license.
 - (B) A good, clear copy of your **birth certificate**.
 - (C) An official **transcript of your high school and college records** showing the date of graduation or a **GED certificate**.
 - (D) Certified copy of your **DD-214 - Military Discharge**, provided you have been in the military service.
3. Return the application and above listed attachments to:

City of Milton Police Department
5451 Alabama St.
Milton, FL 32570

4. If you have a change of name, address, or telephone number, notify the Civil Service Commission **in writing**.
5. Applications that are not legible or that are incomplete will not be considered. **All addresses throughout the application must include zip code.**
6. Applicant must be a **citizen of the United States**.
7. **MINIMUM AGE REQUIREMENTS:**
Police Department Applicant must be at least 19 years of age.
8. Applicant must be a Florida certified police officer, or hold out-of-state certification and achieve Florida certification within six (6) months of appointment.
9. Civilian positions do not require a Police Officer's Certification.

APPLICATION FOR EMPLOYMENT

We accept applications for employment with the Milton Police Department without regard to race, color, religion, creed, gender, national origin, disability, marital status, veteran status, sexual orientation, or any other legally protected status. If a conditional offer of employment is made, the applicant will be required to submit to a medical examination and urinalysis drug screen. Any information requested regarding age, sex or ethnicity is voluntary and will be used strictly for background investigation purposes.

NOTICE! This application must be **typewritten**. All questions must be answered. If a question is not applicable, so state. Applications which are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with the questions.

All Applicants must attach items 1, 2, 3, & 4

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. A recent copy of a valid driver's license 2. Birth Certificate - A good, clear copy 3. A transcript of school records or GED Certificate (No diploma) | <ol style="list-style-type: none"> 4. A certified copy of your DD - 214 (Release or discharge from active duty in military service) |
|--|--|

1. PERSONAL HISTORY

Last Name	First Name	Middle Name
<p>List all names you have ever used including nicknames and maiden name, if applicable. List any surname other than your true name, and identify the period and under what circumstances the name(s) were used:</p> <p>1. _____ 2. _____</p> <p><i>Explain:</i></p>		
<p>Have you ever legally changed your name?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Place: _____ Court: _____</p>		
Social Security Number		Home Phone
Drivers License Number	State	Work Phone / Other
<p>Has your privilege to operate a motor vehicle ever been suspended or revoked?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain fully:</p>		
Height		Weight
Place of Birth, City / State		Date of Birth
<p>Are you a Florida Resident?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Are you a citizen of the United States?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Have you been naturalized?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Date: _____</p>
How Long? _____	How Long? _____	Certificate Number: _____

2. RESIDENCES

A. Present Address:

House / Apt Number	City	State	Zip Code
--------------------	------	-------	----------

B. Mailing Address:

House / Apt Number	City	State	Zip Code
--------------------	------	-------	----------

C. List chronologically all of your residences for the past ten (10) years, including any address you had while attending school.

Dates From To	Apt Number	Street Address	City	State

3. EDUCATION

Educational Background - Mark highest school year completed:

1 2 3 4 5 6 7 8 9 10 11 12
13 14 15 16 17 18 19 20

High School Diploma YES NO

Date: _____

GED Certificate: YES NO

Date: _____

Were you ever dismissed from a school, or were any disciplinary actions including scholastic probation ever taken against you during your scholastic career?

YES NO

School	Date	T	ype of Action
--------	------	---	---------------

High School	City / State	Date Graduated	Diploma?		
			<input type="checkbox"/> Yes <input type="checkbox"/> NO		
Undergraduate College or University Attended	Total Credit Hours Received	Field of Study		Dates Attended	Type of Degree & Year Received
		Major	Minor	From	To
GRADUATE SCHOOL					

4. REFERENCES

Give three (3) references, not relatives, who are responsible adults of reputable standings in their communities, such as householders, property owners, business or professional persons, who have known you well during the past five (5) years, and three (3) social acquaintances in your own age group.

Reference

A) Complete Name: _____

Occupation: _____

Yrs Acquainted: _____ Address: _____

City: _____ State: _____ Zip: _____ Home Phone: () _____

Work Phone: () _____

Reference

B) Complete Name: _____

Occupation: _____

Yrs Acquainted: _____ Address: _____

City: _____ State: _____ Zip: _____ Home Phone: () _____

Work Phone: () _____

Reference

C) Complete Name: _____

Occupation: _____

Yrs Acquainted: _____ Address: _____

City: _____ State: _____ Zip: _____ Home Phone: () _____

Work Phone: () _____

Social Acquaintance

A) Complete Name: _____

Occupation: _____

Yrs Acquainted: _____ Address: _____

City: _____ State: _____ Zip: _____ Home Phone: () _____

Work Phone: () _____

Social Acquaintance

B) Complete Name: _____ Occupation: _____

Yrs Acquainted: _____ Address: _____

City: _____ State: _____ Zip: _____ Home Phone: () _____
 Work Phone: () _____

Social Acquaintance

C) Complete Name: _____
 Occupation: _____
 Yrs Acquainted: _____ Address: _____
 City: _____ State: _____ Zip: _____ Home Phone: () _____
 Work Phone: () _____

5. OTHER SKILLS & INTERESTS

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

OTHER QUALIFICATIONS Summarize any specialized skills & qualifications you have.

6. EMPLOYMENT HISTORY

A. List chronologically all employments, including summer and part-time work:

Current or Last Employer		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ Per	Ending Salary: \$ Per	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Employer		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ Per _____	Ending Salary: \$ Per _____	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Employer		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ Per _____	Ending Salary: \$ Per _____	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

Employer		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ _____ Per _____	Ending Salary: \$ _____ Per _____	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Employer		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ _____ Per _____	Ending Salary: \$ _____ Per _____	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Employer		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ _____ Per _____	Ending Salary: \$ _____ Per _____	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

Employer		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ Per _____	Ending Salary: \$ Per _____	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Employer		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ Per _____	Ending Salary: \$ Per _____	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Employer		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ Per _____	Ending Salary: \$ Per _____	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

Employer		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ _____ Per _____	Ending Salary: \$ _____ Per _____	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Employer		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ _____ Per _____	Ending Salary: \$ _____ Per _____	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Employer		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ _____ Per _____	Ending Salary: \$ _____ Per _____	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

Employer		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ _____ Per _____	Ending Salary: \$ _____ Per _____	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Employer		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ _____ Per _____	Ending Salary: \$ _____ Per _____	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

B. Have you ever been dismissed or asked to resign from any employment position you have had?

Yes No

Employer's Name

Date

Reason:

C. Are you now employed by an agency of the Federal or State Government: Yes No

Have you been employed by the Federal or State Government within the past ninety (90) days?

Yes No

Agency Name/Date

7. MILITARY RECORD

MILITARY RECORD

Have you ever served in the Armed Forces of the United States? YES NO

Branch of Service:

Military Occupation:

Rank:

Dates Served: From to

Type of Discharge: Honorable Medical Hardship

Other: *Explain:*

Type Release From Active of Duty: Expiration of Enlistment Retired

Other: *Explain*

Are you a member of the National Guard or other Reserve Unit? Yes No

Reserve Branch: Army Navy Air Force Marine Corps Coast Guard

If you are in a pay status requiring drills, meetings or camps, give the unit and location:

Reserve Status: None Active Inactive Discharge Date:

Veteran's Preference Claimed? Yes No What is the basis for the claim:

ATTACH COPY OF DD - 214

If you were ever disciplined while in the military service, explain fully the circumstances in detail. List all dates, nature of offense(s), type of court-martial or company punishment, whichever is applicable, and show the disposition of charge(s). Show any and all fines, restrictions, and any confinement in detail.

Offense	Type of Court-Martial	Disposition of Charge	Fine, Restrictions, Confinement

Describe any job-related training you received in the United States military.

8. COURT RECORD

A. Have you ever been arrested or charged with any violation, including traffic tickets? Do not include parking tickets.

Yes No *Under Florida Law, you **must** reveal all arrests and convictions regardless of sealed or expunged or juvenile status.

Date	Place	Charge	Final Disposition	Details

B. Has any member of your immediate family or close relative *including in-laws* ever been arrested for anything other than a traffic ticket?

Yes No

Name	Relationship	Date	Place	Charge	Final Disposition

C. Have you ever been a party to any civil, quasi-criminal or chancery action in County, Circuit or Chancery Court? Yes No

Give date, place, court, names, of parties in involved, nature of action, and final disposition.

Date	Court	Parties Involved	Nature of Action	Final Disposition

D. Are you now, or have you ever been a member of the Communist Party, U.S.A., or any Communist or fascist organization, or a member of a criminal street gang, militia, or other “secret organization”?

Yes No

Please Identify: _____

9. RELATIVES

All applicants must give complete information concerning their relatives. If you have been married more than once, give the requested information concerning each former husband or wife. Even though a relative may be deceased, you should provide all information requested, and indicate last residence and year of death. Include step-brothers and sisters, half-brothers and sisters, and if you or your wife or husband have any step-parents, legal guardians, or others who have reared you instead of your parents, the requested information should be furnished concerning them as well as your real parents. If you are engaged to be married or contemplating marriage in the near future, complete information should be included under sections C, H, I, and J regarding your future husband or wife, including future in-laws. You should clearly show the relationship that is contemplated.

Complete Name, (No) Initials and Address of All Relatives	Occupation, Including name and address of firm where employed	Date and place of naturalization, if applicable
A. Father Name: Address: Age: Place of Birth:		
B. Mother Name: Address: Age: Place of Birth:		
C. Husband/Wife Name: Address: Age: Place of Birth:		
D. Children 1. Name: Address: Age: Place of Birth:		
2. Name: Address: Age: Place of Birth:		
3. Name: Address: Age: Place of Birth:		
4. Name: Address: Age: Place of Birth:		

5. Name: Address: Age: Place of Birth:		
6. Name: Address: Age: Place of Birth:		
7. Name: Address: Age: Place of Birth:		
E. Brothers 1. Name: Address: Age: Place of Birth:		
2. Name: Address: Age: Place of Birth:		
3. Name: Address: Age: Place of Birth:		
4. Name: Address: Age: Place of Birth:		
5. Name: Address: Age: Place of Birth:		
F. Sisters 1. Name: Address: Age: Place of Birth:		
2. Name: Address: Age: Place of Birth:		
3. Name: Address: Age: Place of Birth:		
4. Name: Address: Age: Place of Birth:		
5. Name: Address: Age: Place of Birth:		

<p>Wives/Husbands of Brothers and Sisters</p> <p>1. Name: Address: Age: Place of Birth:</p>		
<p>2. Name: Address: Age: Place of Birth:</p>		
<p>3. Name: Address: Age: Place of Birth:</p>		
<p>4. Name: Address: Age: Place of Birth:</p>		
<p>5. Name: Address: Age: Place of Birth:</p>		
<p>6. Name: Address: Age: Place of Birth:</p>		
<p>7. Name: Address: Age: Place of Birth:</p>		
<p>H. Father-in-Law</p> <p>Name: Address: Age: Place of Birth:</p>		
<p>I. Mother-in-Law</p> <p>Name: Address: Age: Place of Birth:</p>		
<p>J. Brothers & Sisters of Your Spouse</p> <p>1. Name: Address: Age: Place of Birth:</p>		
<p>2. Name: Address: Age: Place of Birth:</p>		
<p>3. Name: Address: Age: Place of Birth:</p>		

All records submitted become the property of the City of Milton

I understand that all appointments are probationary for a period of one (1) year, during which time the employee must demonstrate his/her fitness for continued employment by the City of Milton. I also understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the City of Milton and I agree to these conditions. I also understand that should I be offered a position, I must successfully pass a medical examination and a drug screen.

(Signature of applicant as usually written)

STATE OF _____

COUNTY OF _____

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named _____ who, being by me first duly sworn, states upon his oath that the matters and things set forth in the above and foregoing application for employment are true and correct as therein stated.

Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, 20 ____ .

My Commission Expires: _____

Notary Public



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

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



CJSTC 58

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:

AGENCY REQUESTING BACKGROUND INFORMATION:

ADDRESS:

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. 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 copy 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 copies from my military personnel and related medical records, including a copy 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

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF COUNTY OF

Sworn to (or affirmed) and subscribed before me by means of Physical Presence OR Online Notarization this

day of year By

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