

City of Marco Island

Police Department

51 Bald Eagle Drive, Marco Island, Florida 34145

(239) 389-5050 Fax (239) 394-6956

www.cityofmarcoisland.com

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Name: _____

Date: _____

Position for which applying: _____

Forward all material to:

Marco Island Police Department
Attention: Captain Nick Ojanovac
51 Bald Eagle Drive
Marco Island, Florida 34145-5011

The following documents are required as soon as possible:

1. Photo static certified copy of high school diploma or certificate and/or college transcript.
2. Photo static copy of Form DD 214 (applies to previous military personnel only).
3. Photo static copy of birth certificate.
4. Copy of Selective Service Registration Card (males between 18 and 26 years old).

Also required:

5. Copy of Driver's License
6. Copy of Driver's License History
7. Copies of all Police Training received.

ALL APPLICANTS:

Attach an unmounted full-face photograph of yourself, not larger than 2 ¾ x 2 ½ inches.

Print your name plainly on the back of the photograph. The photograph must have been taken not more than 3 months prior to the date of this application.

NOTICE: Application must be typewritten or printed legibly in black ink. All questions must be answered; if a question is not applicable, so state by indicating N/A (not applicable). 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 questions. Please be specific when completing application to insure all information is complete, true and correct. Omission of facts will be perceived as falsification and could be grounds for non-employment or dismissal.

I. PERSONAL HISTORY

1. Full Name

*If you have only initials in your name, use them.

*If you have no middle name, enter "NMN."

*If you are a "Jr.", "Sr.", or "II", etc. enter the abbreviation in the box after your middle name.

Last Name	First Name	Middle Name	Abbreviation

2. Other

*Give other names you used and the period of time you used them, for example: maiden name, name(s) by a former marriage, former name(s), alias (es), or nickname(s). If the other name is your maiden name, put "nee" in front of it.

Name	From Month/Year	To Month/Year
Name	From Month/Year	To Month/Year
Name	From Month/Year	To Month/Year

3. Date & Place of Birth

Date of Birth	City	County	State	Country (if not in the United States)

4. Other Identifying Information

Height (feet & inches)	Weight (pounds)	Hair Color	Eye Color	Sex	Race	

5. Give name and address of your personal or family physician, if any:

II. RESIDENCES

1. Current Address

Street Address		Home Phone		Area Code	Number
City	County	State	Zip	Work Phone	Area Code
E-Mail Address			Cell Phone	Area Code	Number

In the event this information becomes invalid, indicate the name and phone number of a relative through whom you may be reached or who could furnish your current address and phone number.

Name	Relationship	Phone Number
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2. Actual Places of Residence for Past 10 Years

List chronologically all addresses, including residences while at school and in military, as well as family-owned vacation homes. For college on-campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

From Month/Year	To Month/Year	Apt. No.	Street Address	City	County	State

III. EMPLOYMENT HISTORY

1. List all employment during the past ten (10) years including those listed on any prior City application and any periods of unemployment. If you had only (1) employer during the past ten (10) years, list your next most recent employer also. List any employment with a criminal justice agency or fire department regardless of when the employment occurred. Describe your work experience in detail, beginning with your current or most recent job. Use a separate block to describe each position. Include military service (indicate rank) and volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of all gaps in employment. If needed, attach additional sheets, using the same format.

Name of present or last employer: _____		
Address: _____		
Your job title: _____		
From _____ Mo/Day/Yr	to _____ Mo/Day/Yr	Annual Salary: _____ / _____ Starting Ending
Supervisor's Name: _____	Title: _____	Phone Number: _____
May we contact your employer?	Yes _____	No _____
Your name, if different from application: _____		
Duties and responsibilities: 		
Reason(s) for leaving: _____		

Name of present or last employer: _____		
Address: _____		
Your job title: _____		
From _____ Mo/Day/Yr	to _____ Mo/Day/Yr	Annual Salary: _____ / _____ Starting Ending
Supervisor's Name: _____	Title: _____	Phone Number: _____
May we contact your employer?	Yes _____	No _____
Your name, if different from application: _____		
Duties and responsibilities: 		
Reason(s) for leaving: _____		

Name of present or last employer: _____

Address: _____

Your job title: _____

From _____ to _____ Annual Salary: _____ / _____
Mo/Day/Yr Mo/Day/Yr Starting Ending

Supervisor's Name: _____ Title: _____ Phone Number: _____

May we contact your employer? Yes _____ No _____

Your name, if different from application: _____

Duties and responsibilities: _____

Reason(s) for leaving: _____

Name of present or last employer: _____

Address: _____

Your job title: _____

From _____ to _____ Annual Salary: _____ / _____
Mo/Day/Yr Mo/Day/Yr Starting Ending

Supervisor's Name: _____ Title: _____ Phone Number: _____

May we contact your employer? Yes _____ No _____

Your name, if different from application: _____

Duties and responsibilities: _____

Reason(s) for leaving: _____

Name of present or last employer: _____
Address: _____
Your job title: _____
From _____ to _____ Annual Salary: _____ / _____ Mo/Day/Yr Mo/Day/Yr Starting Ending
Supervisor's Name: _____ Title: _____ Phone Number: _____
May we contact your employer? Yes _____ No _____
Your name, if different from application: _____
Duties and responsibilities: _____ _____
Reason(s) for leaving: _____

Name of present or last employer: _____
Address: _____
Your job title: _____
From _____ to _____ Annual Salary: _____ / _____ Mo/Day/Yr Mo/Day/Yr Starting Ending
Supervisor's Name: _____ Title: _____ Phone Number: _____
May we contact your employer? Yes _____ No _____
Your name, if different from application: _____
Duties and responsibilities: _____ _____
Reason(s) for leaving: _____

2. Have you ever been dismissed or asked to resign from any employment or position you have held, or have you quit any job after being told you would be fired?

_____ No _____ Yes If yes, please provide details.

Employer's Name: _____ Date: _____

Reason: _____

3. Have you left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?

_____ No _____ Yes If yes, please provide details.

Employer's Name: _____ Date: _____

Reason: _____

4. Have you left a job for other reasons under unfavorable circumstances?

_____ No _____ Yes If yes, please provide details.

Employer's Name: _____ Date: _____

Reason: _____

5. Have you ever had any disciplinary action taken against you by an employer or in any position you have held?

_____ No _____ Yes If yes, please provide details.

Employer's Name: _____ Date: _____

Reason: _____

6. Have you ever applied for employment with any criminal justice agencies?

_____ No _____ Yes If yes, please provide name of agency and date of application.

Name of Agency	Date of Application

7. Do you own a business, or are you a partner or corporate officer in any business or organization not listed above as a current or former employer?

_____ No _____ Yes If yes, please provide name and address of business corporation or organization and describe your relationship or position.

IV. EDUCATION

If needed, attached additional sheets, using the same format.

HIGH SCHOOL

Name of School	Location	Dates of Attendance (Month/Year)		Diploma Received	Other (Specify)
		From	To		

COLLEGE (Transcripts may be required)

Name of School	Location	Dates of Attendance (Month/Year)		Major/Minor Course of Study	Type of Degree Earned
		From	To		

GRADUATE SCHOOL (Transcripts may be required)

Name of School	Location	Dates of Attendance (Month/Year)		Major/Minor Course of Study	Type of Degree Earned
		From	To		

VOCATIONAL SCHOOL (Transcripts may be required)

Name of School	Location	Dates of Attendance (Month/Year)		Major/Minor Course of Study	Type of Degree Earned
		From	To		

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V. ARREST HISTORY/COURT RECORD

1. Have you ever been arrested, charged or received a notice or summons to appear for any criminal violation?

_____ No _____ Yes

2. Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)?

_____ No _____ Yes

If yes to question #1 or #2, list all such matters even if not formally charged, no court appearance, found not guilty, matter settled by payment of fine or forfeiture of collateral, or pre-trial diversion. (Include your juvenile record and records of arrests, which have been sealed, if any).

Date	Place & Department	Charge	Court & Place	Disposition

Provide details of all criminal arrests listed above.

3. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of, or a suspect in any criminal investigation?

_____ No _____ Yes If yes, please provide details.

4. Have you ever committed a crime even if you were not caught or arrested? (Examples of crimes are theft, possession of illegal drugs, firearms offenses, fraud, passing worthless checks, domestic violence, assault etc.)

_____ No _____ Yes If yes, please explain.

5. Have you ever been a plaintiff or defendant in a court action (include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.)?

_____ No _____ Yes If yes, date, place, court, names of parties involved, nature of action, and final disposition.

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

_____ No _____ Yes If yes, please give date(s) and reason(s) printed.

7. To your knowledge, has your spouse or any member of your immediate family (father, mother, brother, sister, (include step, half relative and in-laws) ever been arrested for any offense other than traffic violations?

_____ No _____ Yes If yes, please list below.

Relatives Name	Date	Place & Department	Charge	Court & Place	Disposition

For each relative listed above please provide relation to you, date of birth, race, and details of arrests.

Relation	Date of Birth	Race	Details of Arrest

VI. DRIVING HISTORY

1. Are you a licensed automobile operator?

_____ No _____ Yes

State	License Number	Date of Expiration	Restrictions

2. Do you hold or have you ever held a license in any state other than the one listed in question #1?

_____ No _____ Yes If yes, please provide state(s), name used and approximate dates of license(s) was/were held.

State	Name Used	Approximate Date of License

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?

_____ No _____ Yes If yes, please provide complete details.

4. Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance?

_____ No _____ Yes If yes, please provide complete details.

VIII. REFERENCES OR ACQUAINTANCES WITH THE CITY OF MARCO ISLAND

1. Relative, friends or acquaintances employed by the City of Marco Island (past or current):

Name	Address	Day Phone Number	Evening Phone Number

IX. MARITAL STATUS

1. Mark one (1) of the following boxes to show your current marital status. If you have been married before or more than once, give the requested information concerning each former spouse. If you are engaged to be married or contemplating marriage in the near future, complete information must be included regarding your future spouse. (Use the space provided for current spouse to record information about your future spouse and clearly indicate that such relationship is a future one).

- Never married (go to section X)
 Separated
 Divorced
 Married
 Legally Separated
 Widowed

Complete the following about your spouse/future spouse: Spouse Future Spouse

Full Name	Date of Birth	Place of Birth (Include Country if outside US)		Race

Other names used (specify maiden name, names by other marriages, etc., and show dates used for each name.

Other Names Used	Dates Used

Country of Citizenship	Date Married	Placed Married (Include Country if outside US)	State

If Separated, Date of Separation (mo/day/yr)	If Legally Separated, Court of Record City (Country)	State

Address of Spouse	City & Country if outside US	State	Zip Code

Children – Complete the following information about your children.

Full Name	Date of Birth	Place of Birth (Include Country if outside US)		Race
(1)				
(2)				
(3)				
(4)				

Address	Phone Number
(1)	
(2)	
(3)	
(4)	

Former Spouse(s) – Complete the following information about your former spouse(s).

Full Name	Date of Birth	Place of Birth (Include Country if outside US)		Race
(1)				
(2)				
(3)				
(4)				

Address	Phone Number
(1)	
(2)	
(3)	
(4)	

Country of Citizenship	Date Married	Place Married (Include Country if outside US)	State
(1)			
(2)			
(3)			
(4)			

Check One	Month/Day/Year	If Divorced, Court of Record (City/Country)	State
<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			

X. FINANCIAL STATUS

1. Do you have any sources of income other than your salary or the salary of your spouse?
 _____ No _____ Yes If yes, please specify each with estimated annual amount.

2. Are you indebted to anyone?

_____ No _____ Yes If yes, list any debt over \$500. Be sure to include student loans and charge accounts. Also, list any debt where payment is past due, regardless of the amount.

Creditor	Address	Amount	Loan/Account Number

3. Have you, your spouse, or a company controlled by you filed for bankruptcy? ___ No ___ Yes

4. Have you, your spouse, or a company controlled by you been declared bankrupt? ___ No ___ Yes

5. Have you, your spouse, or a company controlled by you been subject to a tax lien or other lien?
 _____ No _____ Yes

6. Have you, your spouse, or a company effectively controlled by you had legal judgement rendered against you for a debt?
 _____ No _____ Yes

7. Have you ever been rejected, other than physical or health reasons, for any insurance?
 _____ No _____ Yes

8. If yes to question #3, #4, #5, #6, or #7 above, provide details.

XI. QUALIFICATIONS, SKILLS, REGISTRATION, LICENSURE & CERTIFICATION

1. List any qualification, skill, registration, licensure or certification that you now hold or have held which are not listed on your City Application. (Examples: aircraft pilot, boat captain, business or occupational licenses, member of bar, CPA, etc. Include license or registration number and date).

2. Language proficiency: (*other than English*)

Speak Read Write _____ Speak Read Write _____

XII. PERSONAL DECLARATIONS AND ASSOCIATIONS
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1. Do you now, or have you used, experimented with, or tasted, any narcotic or dangerous drug such as, but not limited to, marijuana, hashish, cocaine, crack, LSD, amphetamines, heroin, or drug of a similar nature? ___No ___Yes

2. If answer to question #1 above is yes, complete the following items for each drug.

Drug	How Taken	Circumstances	# of Times Used	First Time Used	Last Time Used

3. Do you now, or have you abused or illegally obtained any prescription drug? ___No ___Yes

If yes, provide details:

Drug	Date(s)	Circumstances

4. Have you ever possessed, supplied or sold any narcotic or dangerous drug? ___No ___Yes

If yes, provide details:

Drug	Date(s)	Circumstances

5. Have you ever been a member, officer, or employee of any organization, association or group which:
1) advocates the overthrow of our government; 2) advocates or approves of committing acts of force or violence to deny others their constitutional rights; or 3) wants to change our form of government by unconstitutional means? ___No ___Yes

6. Have you ever made a financial or other material contribution to any organization of the type described in question #5 above? ___No ___Yes If yes to #5 or #6, answer questions #7, #8, and #9 also.

7. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? ___No ___Yes

8. Did you intend to promote any unlawful aims of the organization(s)? ___No ___Yes

9. List each organization and provide an explanation of your involvement and activities with each one.

Organization	Explanation of Involvement

10. An investigation will be conducted of all information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or have been closely associated (including relatives and roommates) which might tend to reflect unfavorably on your reputation, morals, character, ability or loyalty?

_____ No _____ Yes If yes, provide your version of this/these incident(s).

11. Six Personal References (excluding former employers and relatives):

Name	Occupation	Address	Daytime Phone

PERSONAL DECLARATIONS AND ASSOCIATIONS

I understand that any appointment tendered me will be contingent upon the results of a complete background investigation, and I am aware that withholding information or making false statements on this application will be the basis for non-employment or dismissal from the City of Marco Island. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete. I understand that I may be required to submit to the department a copy of my Income Tax Return for the year prior to employment and may be required to submit a copy of my Income Tax Return each year thereafter while employed by the department. I further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application.

I agree to conform to the rules and regulations of the department and acknowledge that these rules and regulations may be changed, interpreted, withdrawn or added to by the department at any time, at the department's sole option, and without any prior notice to me.

PLEASE READ CAREFULLY AND INITIAL NEXT TO EACH STATEMENT

AUTHORIZATION FOR RELEASE: The City of Marco Island, Florida is hereby authorized to make investigations as to my character, employment record, criminal record, credit history, or matters as may be deemed necessary in arriving at an employment decision. I hereby authorize former employers, law enforcement agencies, and other agencies and institutions to release employment, financial, criminal and other types of background information to the City of Marco Island, Florida, and release these parties from all liability for any damage whatsoever that may ensue from furnishing such information.

Initial: _____

I agree to voluntarily consent to any lawfully administered applicable drug, alcohol and/or physical examinations and other employment-related tests.

Initial: _____

I understand that if I should become an employee, that upon termination of employment, I will return all property assigned to me by the City of Marco Island.

Initial: _____

I understand that the City of Marco Island is an Equal Opportunity Employer and does not discriminate in employment, and that no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by law.

Initial: _____

APPLICANT CERTIFICATION: I have read and understand the instructions and certify that all answers and statements herein contained are true to the best of my knowledge. I understand that falsification of information on this application, related employment papers, and during all interviews may result in rejection of my application and, if employed, may result in disciplinary action up to and including termination of employment.

Signature of Applicant

Date

THIS DOCUMENT MUST BE NOTARIZED.

State of: _____

County of: _____

The foregoing instrument was acknowledged by me this ____ day of _____ 20 ____.

By _____

_____ who is personally known to me, or _____ has provided identification.

Signature of person taking acknowledgement

AFFIDAVIT OF APPLICANT

Incorporated by Reference in Rule 11B-27.002(1)(f), F.A.C.



CJSTC
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Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses

Social Security Number: _____

Applicant's Legal Name: _____
Last First MI

Employing agency: _____

Use this form to verify your compliance with the employment requirements of Section 943.13, F.S. I fully understand that to qualify for employment as a law enforcement, correctional, or correctional probation officer, I shall comply with the following provisions of Section 943.13, F.S.:

- Be at least 19 years of age.
- Be a citizen of the United States.
- Be a high school graduate or equivalent.
- Not have been convicted of any felony or of a misdemeanor involving perjury or false statement. Any person who, after July 1, 1981, pleads guilty or nolo contendere to or is found guilty of a felony or of a misdemeanor involving perjury or a false statement shall not be eligible for employment or appointment as an officer, notwithstanding suspension of a sentence or withholding of adjudication.
- Have been fingerprinted by the employing agency.
- Have passed a physical examination by a licensed medical specialist approved in Rule 11B-27.002(1)(d), F.A.C..
- Be of good moral character.
- Have not received a dishonorable discharge from the U.S. Military.

True False NA In addition, I attest to the following statements: Each statement shall be checked "True" "False" or "NA"

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. I completed my employment application and it is true and correct, and all other information I furnished in conjunction with my application is true and correct.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. I provided documentation of proof of my qualifications to the above listed employing agency.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. I meet the qualifications as specified above.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. I had a criminal record sealed pursuant to Section 943.059(4)(a), F.S. , or expunged pursuant to Section 943.0585(4)(a), F.S.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. I am under investigation by a local, state, or federal agency or entity for criminal, civil, or administrative wrongdoing to the best of my knowledge and belief.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. I separated or resigned from a previous criminal justice employment while under investigation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. I am currently serving in good standing in the U.S. Military.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. I previously served in the U.S. Military.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. I received a dishonorable discharge from my previous U.S. Military service.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. I am currently certified as a Florida criminal justice officer in the following area(s): Please check the appropriate box(es). <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Correctional Probation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. I authorize the employing agency listed above to apply for my certification. Please check the appropriate box(es). <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Correctional Probation

NOTICE: This document shall constitute as an official statement within the purview of Section 837.06, F.S., and is subject to verification by the employing agency and the Criminal Justice Standards and Training Commission. Any intentional omission when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify the officer for employment as an officer.

PLEASE READ CAREFULLY BEFORE SIGNING. You must complete the remainder of this affidavit in the presence of a notary public. Upon witnessing your signing of this affidavit, a notary public shall complete the notary block by entering the same date the affidavit is signed. I hereby certify that to the best of my knowledge and belief, the information that I've entered on this form is true.

Applicant's Signature Date Signed

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF _____ The foregoing instrument was acknowledged before me this date _____

By: _____ who is personally known _____

or who has produced identification. Type of identification: _____

Notary's Signature Print, type, or stamp Commissioned Name of Notary

Notary Seal: _____ Upon witnessing the agency administrator or designee's signing of this affidavit, the notary public shall complete the notary block.

*NOTE: Private Correctional facilities must submit original and shall forward the completed affidavit stapled to the Registration of Employment, Affidavit of Compliance Form CJSTC-60 to FDLE, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section



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 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.

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: