



St. Augustine Police Department
151 King Street
Po Box 1950, St. Augustine FL 32085-1950
904-825-1070 Fax: 904-823-4323
www.CityStAugPolice.com

City of St. Augustine Police Department Application Disqualifiers
(You are subject to be asked questions about these disqualifiers during a polygraph)

Certification/Education:

- * FDLE certification required for Police Officer applicants. All Police Officer applicants must have successfully passed the State of Florida Officers Certification exam.

Driving (Police Officer's Only):

- * 3 moving violations within the past 24 months or 5 in the past five years.
- * Any driver's license suspension in the last 5 years (suspensions for financial responsibility and failure to pay will be evaluated on a case by case basis)

Drug Use Disqualifiers:

- * Any illegal drug use or possession in the last 24 months prior to the date of application.
- * Ever sold drugs illegally or acted as a middle-person in a drug transaction. If it occurred prior to 18 years old will be evaluated on a case by case basis.
- * Any repeated experimentation of illegal drugs within the past five years.

Criminal Convictions/Arrests

- * Have been convicted of **ANY** felony or of a misdemeanor involving perjury or a false statement. Any person who, after July 1, 1981 pleads guilty or Nolo Contendere to or is found guilty of **ANY** felony or of a misdemeanor involving perjury or false statement, regardless of suspension of sentence or withholding adjudication will not have the application processed (F.S. 943.13 (4)).
- * Convicted of or pled Nolo Contendere to any charges involving moral turpitude (F.S. 48.021 (2) 5).
- * Any convictions for DUI within the last 5 years or any DUI convictions while employed as a law enforcement officer (including military police).
- * Any domestic violence convictions or pleas pursuant to 18 U.S.C. §922 (g)(9).
- * Incarcerated in the St. Johns County Jail within the past 2 years.

Military:

- * Any discharge other than honorable, uncharacterized, or general with honorable conditions from any of the Armed Forces of the United States.

Other:

- * Please note the explicit rules, guidelines, and restrictions regarding tattoos, as found on our website at www.citystaug.com/document_center/PublicSafety/PoliceDepartment/TattooPolicy.pdf

Providing any false information on this application is an automatic disqualifier. I have read and understand the information above.

Print Name: _____

Date: _____

Signature: _____

Position: _____



CITY OF ST. AUGUSTINE POLICE DEPARTMENT EMPLOYMENT APPLICATION

“The City of St. Augustine is an Equal Opportunity Employer. Applicants will not be discriminated against in any aspect of employment based on race, color, religion, sex, age, national origin, disability or marital status”.

INSTRUCTIONS

Application must be typewritten or printed legibly in 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. **Applications which are not COMPLETE AND LEGIBLE will not be processed.** Applications should be submitted to Human Resources, 75 King Street, Lobby D Second Floor, not the Police Department.

**Copies of the following documents must be attached to the application before it will be processed:

- 1. Birth Certificate
- 2. Social Security Card
- 3. Driver’s License
- 4. Military DD214 form (if applicable)
- 5. Request for Military Records - Standard Form 180 (must be completed even if no prior military service)
- 6. FDLE Background release form
- 7. High School/GED Diploma
- 8. Official Sealed College Transcripts (if applicable)
- 9. Police Academy Basic Training or Cross-Over Certification

VITAL STATISTICS

1. Name _____
Last First Middle Maiden

2. Present Address _____
Street City State Zip

3. Phone _____ Email _____
Home Number Cell Number

4. Place of Birth _____
City State

5. Date of Birth _____ Social Security # _____
mm/dd/yyyy

6. List all other names you have used and include circumstances and time periods under which the names were used. _____

7. Are you a United States citizen? Yes No
If naturalized please provide _____
Date Place Court Naturalization Number

THIS INFORMATION IS REQUIRED TO CONDUCT BACKGROUND INVESTIGATION ONLY!

EDUCATIONAL BACKGROUND

1. List all high schools; trade, vocational, business or military schools; and colleges you have attended beginning with the most recent.

School/College Name and Address	From	To	Total credit hours	Area of Study (i.e. Major)	Type of Degree

2. Indicate any foreign languages you can speak, read, or write:

ARREST HISTORY/COURT DATA

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

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

Date	Place & Department	Charge	Court & Place	Disposition

3. Have you ever been detained by any law enforcement agency for investigative purposes or have you ever been the subject of or a suspect in any criminal investigation? Yes No

4. If yes to any of the above questions, please provide details: _____

5. Has any member of your immediate family ever been convicted of a crime? (excluding traffic violations) Yes No If yes, list all such matters:

Name	Date & Place of Birth	Relation	Date	Place	Agency	Conviction

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

Yes No If yes, give date, court, names of parties, nature of action and final disposition:

DRIVING HISTORY (Police Officers Only)

1. Are you a licensed Florida automobile operator? Yes No

License Number: _____ Expiration date: _____

Restrictions & Endorsements: _____

2. Have you ever held an operator license in another state? Yes No

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

3. List all traffic violations for the past 5 years, excluding parking tickets. If none, so state.

Date	Place	Agency	Charge	Final Disposition	Details

4. Has your driving privilege ever been canceled _____ suspended _____ revoked _____? If yes, explain fully: _____

PRIOR RESIDENCES

1. List chronologically, addresses of all actual places of residence for the past 10 years - including residences while at school and in the military.

From (Mo./Year)	To (Mo./Year)	Apt. No.	Street Address	City	State	Zip Code

MILITARY DATA

- Have you ever served on active duty in the Armed Forces of the United States?
 Yes No
 If yes, highest rank attained in military service: _____
- Branch of Service _____
- Dates of Active Duty _____
- Discharge: Type of _____ Basis for _____
 Separation Center _____
- Member of Reserve: Yes No Ready Standby
 Service Branch _____
 National Guard: Present _____ Former _____ None _____
- Was any disciplinary action taken against you in the service? Yes No
 If yes, please give: Date _____ Place _____ Nature of Offense _____

Action Taken _____

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

If yes, please specify countries and dates: _____

Veteran's Preference: Are you entitled to veteran's preference in employment? Yes No

Are you claiming veteran's preference at this time? Yes No

If you are claiming veteran's preference for this position, you must provide the required documentation at the time this application is submitted.

REFERENCES

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

If retired, give former occupation. **ALL INFORMATION IS REQUIRED.**

Name: Address: City, State, Zip:	Home Phone#: (____) Work Phone#: (____)	Years Known	Occupation: Employer:
Name: Address: City, State, Zip:	Home Phone#: (____) Work Phone#: (____)	Years Known	Occupation: Employer:
Name: Address: City, State, Zip:	Home Phone#: (____) Work Phone#: (____)	Years Known	Occupation: Employer:
Name: Address: City, State, Zip:	Home Phone#: (____) Work Phone#: (____)	Years Known	Occupation: Employer:

Name: Address: City, State, Zip:	Home Phone#: (____) Work Phone#: (____)	Years Known	Occupation: Employer:
--	--	----------------	------------------------------

EMPLOYMENT HISTORY

1. List chronologically **ALL** employment beginning with present employment, including summer and part-time employment while attending school. **ALL TIME MUST BE ACCOUNTED FOR.** If unemployed for a period, set forth dates of unemployment. Use additional sheet if necessary.

Name, address and phone number of <u>Current</u> Employer	Dates worked (Mo/Yr)	Title or Position	Status	Name of Supervisor	Salary	Reason for leaving
Name: _____ Address: _____ City, State, Zip: _____ Phone#: _____	From: _____ To: _____		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			

*****Do you have any objections to your current employer being contacted? Yes No**

Name, address and phone number of Past Employers	Dates worked (Mo/Yr)	Title or Position	Status	Name of Supervisor	Salary	Reason for leaving
Name: _____ Address: _____ City, State, Zip: _____ Phone#: _____	From: _____ To: _____		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
Name: _____ Address: _____ City, State, Zip: _____ Phone#: _____	From: _____ To: _____		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
Name: _____ Address: _____ City, State, Zip: _____ Phone#: _____	From: _____ To: _____		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			

Name: _____ Address: _____ City, State, Zip: _____ Phone#: _____	From: _____ To: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
Name: _____ Address: _____ City, State, Zip: _____ Phone#: _____	From: _____ To: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
Name: _____ Address: _____ City, State, Zip: _____ Phone#: _____	From: _____ To: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
Name: _____ Address: _____ City, State, Zip: _____ Phone#: _____	From: _____ To: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			

2. Have you ever been terminated, asked to resign, received written warning(s) or had any disciplinary action(s) taken against you by any employer or position you have held? Yes No
If yes, please provide details:

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

4. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employee? Yes No If yes, please provide details:

CREDIT DATA

1. Has your credit record (including spouse) ever been unsatisfactory, or have you ever been refused credit?
 Yes No If yes, give dates, places, names of creditors and circumstances.

2. Are you or your spouse indebted to anyone? Yes No If yes, list all debts over \$1,000. Include name and address of creditor, amount of debt and account number(s).

3. List all debts that are past due. Include number of payments past due, amount of each payment, account number(s), and location of account.

4. Have you ever filed for bankruptcy? Yes No If yes, give details, including date and court in which filed.

PERSONAL INFORMATION

1. Marital Status: Married Divorced Separated Widowed Never Married

2. Spouse's Name and Address (if applicable):

Name _____

Address _____

City _____ State _____ Zip Code _____ Telephone # _____

3. Indicate any type of special license such a pilot, radio operator, etc.; showing licensing authority, where the license was first issued, and date the current license expires:

4. Indicate any special skills you possess and equipment you are familiar with related to law enforcement such as two-way radio communications, Intoxilyzer, speed detection devices, multi lingual skills, etc.:

5. Are you now able, with or without accommodation to participate in defensive tactics, firearms, physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description task analysis related to the position for which you applied? Yes No

6. If a test or examination is required during the hiring process for this position, would you need any accommodations? Yes No

7. Explain what accommodation(s) you would need to perform the above:

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

If yes, please list:

Name of Club or Society	City and State	Former or Present Member	Position and Activity Description

9. Do you now, or have you **ever** illegally used, obtained, possessed, supplied, or sold any prescription drug(s), narcotics (morphine, opium, codeine, etc) or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or anydrug of a similar nature?

Yes No If yes, please complete the following:

a. Drug: _____

b. Circumstances: _____

c. Number of times used/possessed/supplied/sold: _____

d. **First** time used/possessed/supplied/sold: _____

e. Last time used/possessed/supplied/sold: _____

Additional: _____

10. Name of next of kin or other persons to be contacted in case of an emergency:

Name	Relationship	Address	Primary phone	Secondary phone

APPLICANT'S CERTIFICATION

I understand that my employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Police Department. I agree to the conditions and certify that all statements made me on this application are true, correct, and complete, to the best of my knowledge. I further fully understand and consent to a polygraph examination or a voice stress analysis concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, any physical examination, or drug test. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the City of St. Augustine and that it and the information received in response to the background examination are public records.

I understand and agree that my employment will be contingent upon the results of a complete physical including a drug test and that I may be required to take drug tests during the term of my employment with the City of St. Augustine Police Department.

I understand that the use of illegal drugs or alcohol is not permitted during work or dutytime, whether paid or unpaid, and in areas, including vehicles, where work is performed by employees.

I understand that my continued employment may be contingent upon the results of my medical or psychological examinations that I may be required to take during the term of my employment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment with the Police Department.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment with the Police Department and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Police Department.

I agree to the rules, regulations, and orders of the Police Department and acknowledge that these rules, regulations, and order may be changed, interpreted, withdrawn, or added to by the Police Department, at its discretion, at any time, and without any prior notice to me.

Signature of the applicant

Date

***** MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC*****

AFFIDAVIT

State of _____

County of _____

Before me personally appeared _____ who says that he/she executed the above instrument of his/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_____

Notary Public

Personally known _____ -or- Produced Identification

Type of Identification Produced _____



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 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

LOCATION OF MILITARY RECORDS

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	ADDRESS CODE	
		Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired on or after 10/1/2004		11
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay		
	Reserve, retired reserve in nonpay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	13	
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 -3/31/1998	14	14
	Discharged, deceased, or retired on or after 4/1/1998	14	11
	Active, reserve, or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1905	6	
	Discharged, deceased, or retired 1/1/1905-4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 - 12/31/1998	14	11
	Discharged, deceased, or retired on or after 1/1/1999	4	11
	Individual Ready Reserve	5	
Active, Selected Marine Corps Reserve, TDRL	4		
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917(officer)	6	
	Discharged, deceased, or retired 11/1/1912-10/15/1992 (enlisted) or 7/1/1917 - 10/15/1992 (officer)	14	
	Discharged, deceased, or retired after 10/16/1992	14	11
	Active enlisted, officers	7	
	Former National Guard/USAR personnel	14	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 - 1/30/1994 (enlisted) or 1/1/1903 - 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 -12/31/1994	14	11
	Discharged, deceased, or retired on or after 1/1/1995	10	11
	Active, reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	12	

ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE) - Where to write/send this form

1	Air Force Personnel Center HQ AFPC/DPSIRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Old Military and Civil Records (NWCTB-Military) Textual Services Division 700 Pennsylvania Ave., N.W. Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center Records Management Branch (DPTARA) 18420 E. Silver Creek Ave. Bldg. 390 MS 68 Buckley AFB, CO 80011	7	US Army Human Resources Command ATTN: AHRC-PDR-V 1600 Spearhead Division Ave, Dept 420 Fort Knox, KY 40122-5402 askhrc.army@us.army.mil	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, Personnel Service Center (PSD-MR) MS7200 US Coast Guard 4200 Wilson Blvd., Suite 1100 Arlington, VA 29598-7200 http://uscg.mil/psdadm	8	<i>Reserved.</i>	13	<i>Reserved.</i>
4	Headquarters U.S. Marine Corps Manpower Management Support Branch (MMSB-10) 2008 Elliot Road Quantico, VA 22134-5030	9	<i>Reserved.</i>	14	National Personnel Records Center (Military Personnel Records) 1 Archives Dr. St. Louis, MO 63138-1002 eVetRecs! http://www.archives.gov/veterans/military-service-records/
5	Marine Forces Reserve 4400 Dauphine St. New Orleans, LA 70146-5400	10	Navy Personnel Command (PERS-312E) 5720 Integrity Drive Millington, TN 38055-3120		