

**CITY OF NEW SMYRNA BEACH  
POLICE OFFICER  
APPLICATION FOR EMPLOYMENT**



**NEW SMYRNA BEACH POLICE DEPARTMENT  
Office of Professional Standards**

**246 Industrial Park Avenue**

**New Smyrna Beach, Florida 32168**



# City of New Smyrna Beach

**Dear Applicant:**

Date: \_\_\_\_\_

The City of New Smyrna Beach, is an Equal Opportunity Employer, and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, or any other classification protected by Federal, State or Local law. The information below will be used only in the compilation of data for required reporting to the Federal Government. Completion of this data is voluntary and will be kept confidential. It will not affect your opportunity for employment, or terms and conditions of employment, if hired. A photocopy of your Drivers' License or State ID is also required. This information will not be included with the application when it is submitted for review.

Name: \_\_\_\_\_

Position Applied for/Dept: \_\_\_\_\_

Female                      Male

Race (check one):

African American or Black (not Hispanic origin)

Alaskan Native American Indian

Asian or Pacific Islander

Hispanic

White (not Hispanic origin)

Other

Please Specify: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ \*Social Security Number: \_\_\_\_\_

*\* Social Security numbers will be used for the purpose of background checks, and payroll information if hired.*

Thank you for your interest in employment at the City of New Smyrna Beach,  
Human Resources Department  
City of New Smyrna Beach

**AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER - DRUG FREE WORKPLACE**

***You must complete the following page if you are claiming Veterans Preference.***

## VETERAN'S PREFERENCE

This form *must* be completed if you wish to apply with Veteran's Preference

I am Claiming Veterans' Preference (Attach DD214 form or Member Letter)

I \_\_\_\_\_ am claiming Veterans' Preference and certify that I am eligible to do so.  
(Print Name)

\_\_\_\_\_  
Branch of Service

\_\_\_\_\_  
Type of Discharge

\_\_\_\_\_  
Date of Entry

\_\_\_\_\_  
Date of Discharge

\_\_\_\_\_  
Signature

**VETERAN'S PREFERENCE CRITERIA:** Under Florida law, preference in appointment and employment shall be given, by the State and its political divisions, to those persons with compensable service related disability eligible to or is receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense. Preference in employment, reemployment, promotion, and retention shall be given to an eligible veteran pursuant to ss. 295.07, 295.08, 295.085, and 295.09 as long as the veteran meets the minimum eligibility requirements and has the knowledge, skills, and abilities required for the particular position. If any applicant claiming Veteran's Preference for a vacant position is not selected for the position, they may file a complaint with the Division of Veterans Affairs, P.O. Box 1437, St. Petersburg, FL 33731-1437. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given, a complaint may be filed within three months of the date of application.

**Are you claiming Veteran's Preference as a:** *(Please check one)*

- \_\_\_\_\_ 1) Disabled veteran;
- \_\_\_\_\_ 2) Spouse of totally disabled veteran or who is MIA; allowed for eligibility under this paragraph)
- \_\_\_\_\_ 3) Veteran of any war, who has served at least one day during the following war time or who has been awarded a campaign or expeditionary medal, (Active duty for training shall not be allowed for eligibility under this paragraph).
- \_\_\_\_\_ 4) The unremarried widow or widower of a veteran who died of a service-connected disability.
- \_\_\_\_\_ 5) The mother, father, legal guardian, or unmarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the U.S. Department of Defense.
- \_\_\_\_\_ 6) A Veteran as defined in section 1.01m [14] Florida Statutes. "Active Duty for Training" may not be allowed under this paragraph. The term "veteran" is defined as a person who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions.
- \_\_\_\_\_ 7) A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard.

Wartime periods are defined as follows:

World War II: December 7, 1941 to December 31, 1946

Korean Conflict: June 27, 1950 to January 31, 1955

Vietnam Era: February 28, 1961 to May 7, 1975

Persian Gulf War: August 2, 1990 to January 2, 1992

Operation Enduring Freedom: October 7, 2001 to TBD

Operation Iraqi Freedom: March 19, 2003 to TBD

Operation New Dawn: September 1, 2010 to TBD

**Applicants claiming preference is responsible for providing the required documentation (DD214/Member Letter) at the time of making an application for a vacant position.**

**AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER - DRUG FREE WORKPLACE**

**POLICY STATEMENT:** It is the policy of the New Smyrna Beach Police Department to recruit qualified individuals who will make the best candidate from all segments of the work force. In pursuing this goal, a background investigation of each candidate is conducted with respect to factors that may have a bearing upon the applicant's job performance or which measure job capability.

It is impossible to state all relevant and material factors necessary for a complete background investigation. In each case, the agency will consider whether the candidate's background makes him/her the best-suited candidate for employment. The circumstances underlying any negative findings will be considered relating to the candidate's ability to perform the particular job for which he/she is applying.

**EQUAL OPPORTUNITY EMPLOYER:** The New Smyrna Beach Police Department does not discriminate on the basis of race, religion, color, sex, national origin, veteran status, political affiliation, marital status, disability, or other factors that are not considered bonafide occupational qualifications identified by job analyses. This policy covers all areas of employment, including, but not limited to, recruitment, selection, placement, training, promotion, transfer, discipline, layoff, termination, wages, benefits, performance appraisals, and work conditions.

The Department strongly encourages minorities and women to apply for positions within the New Smyrna Beach Police Department, and active recruiting efforts will be directed toward that end. The selection process will use only those components that measure behaviors, knowledge, skills, and abilities that are demonstrated to be job-related.

**DRUG FREE WORKPLACE:** In accordance with the requirements set forth in Florida State Statutes 440.101 and 440.102, as well as in accordance with Rule 38F-9, established by the Florida Department of Labor and Employment Security, Division of Worker's Compensation, the City of New Smyrna Beach adheres to a "Drug Free Workplace Policy". It is a condition of employment with the City of New Smyrna Beach to refrain from reporting to or working with the presence of drugs or alcohol in an employee's body. The City of New Smyrna Beach sees substance abuse as a serious threat to employees and its customers, the general public. Violation of this policy may subject the employee to disciplinary procedures up to and including termination.

**TOBACCO USE POLICY:** Applicants must be non-smokers. Employees hired after October 1, 2008 are not permitted to use tobacco products of any type, at any time (on-duty or off- duty) and must comply with such prohibitions as a condition of hire and continued employment.

**BODY ART:** Tattoos, body art, brands, intentional scarring, piercings and/or mutilation on the head, face, neck, scalp or hands that cannot be covered or concealed by a short sleeve uniform shirt are prohibited. This includes, but is not limited to; pierced, split or forked tongue, and/or stretched out holes in the ears.

**VETERAN'S PREFERENCE CRITERIA:** Preference in employment, reemployment, promotion, and retention shall be given to an eligible veteran pursuant to ss. 295.07, 295.08, 295.085, and 295.09 as long as the veteran meets the minimum eligibility requirements and has the knowledge, skills, and abilities required for the particular position. Under Florida law, preference in appointment and employment shall be given, by the State and its political divisions, to those persons with compensable service related disability eligible to or is receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense. The Veteran's Preference form and documentation must be submitted at time of application.

If any applicant claiming Veteran's Preference for a vacant position is not selected for the position, they may file a complaint with the Division of Veterans Affairs, P.O. Box 1437, St. Petersburg, FL 33731-1437. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given, a complaint may be filed within three months of the date of application.

**WORK ENVIRONMENT:** The work environment characteristics described here are representative of those an officer encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with

disabilities to perform the essential functions. While performing the duties of this job, an officer occasionally works in outside weather conditions, near moving mechanical parts; in high, precarious places; with explosives, and is occasionally exposed to wet and/or humid conditions, fumes or airborne particles, toxic or caustic chemicals, extreme cold, extreme heat, and vibration. The noise level in the work environment is usually moderate.

**PUBLIC RECORDS:** During the selection and placement process, it will be necessary to inform the appropriate persons participating in the selection process of your record. Pursuant to Florida Statute 119, the Public Records Act, documents made or received by the New Smyrna Beach Police Department in the course of processing the application may be public record and open for inspection by the public. Some records, such as examination questions and answers and medical documentation are not public records and may not be disclosed.

**FELONY/MISDEMEANOR CONVICTIONS:** Any individual convicted of a felony shall be ineligible for appointment to the New Smyrna Beach Police Department as required in Florida Statute 943.13. A felony is defined by Florida law "as any offense for which a person may receive one year of confinement in a state or federal institution". Additionally, any misdemeanor crime shall be a preclusion if it involved moral character, false statement, or perjury.

With respect to all other criminal convictions which are not felonies, in each case the agency will consider whether the prior criminal conviction or military offense conviction will have a bearing on the applicants' qualifications or suitability for the job for which he/she is applying, in accordance with FL State Statute 943.13. The date and nature of the offense, the requirements of the position sought, as well as other qualifications, will be evaluated.

**RE-APPLICATION:** The New Smyrna Beach Police Department allows for reapplication, and reevaluation of candidates not selected for employment. Applicants must wait (3) three months and must go through the entire evaluation process. This does not include candidates whose history indicates unfitness for duty; candidates who were untruthful during the initial application process; and candidates who were not selected due to not fulfilling state mandated requirements.

**SIGNIFICANT JOB REQUIREMENTS:** As an employee with the New Smyrna Beach Police Department, you may be required to work any hour of the day, and day of the week, or any recognized holiday. You will be required to maintain proficiency in the use of any equipment related to your job classification. You will be required to work with and for persons of differing race, sex, religious affiliation, age group, and physical disability. The job description is subject to change by the employer as the needs of the employer and requirements of the job change.

**QUALIFICATIONS FOR POLICE OFFICER:**

**Required:** High school diploma or equivalent.

*Preferred:* A minimal two-year community college degree or vocational school training in police science, law enforcement, criminal justice administration, public administration, or related field, or an equivalent combination of education and experience.

**Required:** Possess certifications as required by Florida Criminal Justice Standards and Training Council and any other certificates mandated by State, County, or local Statutes.

**Required:** Possesses a valid State of Florida Driver's License without record of suspension or revocation in any state.

**Required:** The following documents are required to process your application. Not all positions are required to certain documents. The chart is designed to inform you what you will be required to furnish.

<b>DOCUMENTS</b>	<b>SWORN</b>	<b>INTERN</b>	<b>NONSWORN</b>	<b>VOLUNTEER</b>
Birth Certificate	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>
High School or GED diploma/transcripts for GED	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>
Social Security Card	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>
Drivers License	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>
College degree or transcripts	<b>Y</b>	<b>Y</b>	<b>N</b>	<b>N</b>
Proof of legal name change or marriage license	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>
CJSTC Certificate of Completions	<b>Y</b>	<b>N</b>		
State Office Certification Exam Results	<b>Y</b>	<b>N</b>		

**PHYSICAL ABILITIES TEST:**

Should you be selected by the Chief of Police as a candidate for employment as a POLICE OFFICER or INTERN and extended a conditional offer of employment, you will be required to successfully complete a Physical Abilities Test (PAT). This test is approved by the Criminal Justice Standards of Training Commission and is currently being utilized by training centers throughout the State of Florida. The PAT consists of a battery of job-related field tests. The test is designed to measure balance, muscular endurance and strength, flexibility, anaerobic power and capacity, fine motor skills and aerobic power. Tests will include two 220 yard runs, dragging 150 pounds 100 feet, jumping over obstacles (12-24 inches high), climbing over a wall (40 inches high), two 50 foot sprints and movement around a series of pylons. This test must be successfully completed within 6 minutes 4 seconds. Candidates failing to complete the PAT within the required time will be removed from consideration for employment.

**Procedures for Completing Application Form:**

The purpose of the application is to obtain truthful answers regarding your personal history. Providing false information will be sufficient cause for rejection. Please complete all portions of the application fully, accurately, legibly printed or typed, or your processing may be delayed or stopped. All addresses must be complete, including a zip code and phone number. If an item does not apply to you, write in the letters "N/A" for "Not Applicable." The candidate must complete the application with notarized signatures on the Certificate of Information *and* FDLE Form CJSTC 58. Additional space may be needed regarding past employment or residences; you may copy or attach additional pages to this application form. Prior to submitting the application to the City Human Resources office, ensure that your signature is notarized on the proper forms.

Mail or return all completed forms within the application to the City of New Smyrna Beach Personnel Office located:

**City of New Smyrna Beach  
Attn: Human Resources  
210 Sams Ave  
New Smyrna Beach, Florida 32168**

It is your responsibility to notify the City of New Smyrna Beach Human Resources office, if any, of the information concerning your contact number or address should change.

## Hiring Process:

Each step must be passed in order to proceed to the next. You will be notified by mail or phone as to the next step. Unsuccessful applicants are eligible to re-apply after three (3) months and begin again at Step 1.

<b>HIRING STEP/PROCESS</b>	<b>SWORN</b>	<b>INTERN</b>	<b>NONSWORN</b>	<b>VOLUNTEER</b>
<b>Step 1: Oral Board</b> (75% Passing Score Required)	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>N</b>
<b>Step 2: CVSA Testing</b> (Computer Voice Stress Analysis)	<b>Y</b>	<b>Y</b>	<b>N</b>	<b>N</b>
<b>Step 3: Background Investigation</b> (Approximately 3 to 6 weeks)	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>
<b>Step 4: Conditional Offer of Employment</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>N</b>
<b>Step 5: Psychological Testing</b>	<b>Y</b>	<b>Y</b>	<b>N</b>	<b>N</b>
<b>Step 6: Medical/Drug Screening</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>
<b>Step 7: Physical Abilities Testing</b> (CJSTC's standardized course)	<b>Y</b>	<b>Y</b>	<b>N</b>	<b>N</b>

*Step 3 requires approximately three to six weeks to complete. It is an extensive and thorough investigation of an applicant's background. The investigation includes but is not limited to; criminal records, driver's license, finance, neighborhood interviews, prior employers, education, and training. Most often if a delay occurs it is generally a result of former employers failing to respond in a timely manner.*

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- Step 1- Oral Board score of 75% required to pass.
- Step 2- Voice Stress Test and Background Investigation.
- Step 3- Conditional Offer of Employment: Conditional Upon the Successful Completion Medical/Drug Screening and Psychological Testing.
- Step 4- Physical Abilities Testing

If you have any questions you may call 386-424-2243, ask for the Office of Professional Standards.

# NEW SMYRNA BEACH POLICE DEPARTMENT

## EMPLOYMENT APPLICATION AND BACKGROUND INVESTIGATION QUESTIONNAIRE



Office of Professional Standards  
246 Industrial Drive  
New Smyrna Beach, Florida 32168  
(386) 424-2243

### PLEASE PRINT OR TYPE

**Name:** \_\_\_\_\_ **Contact Phone #:** (\_\_\_\_) \_\_\_\_\_  
Last, First, Middle

**Address:** \_\_\_\_\_  
Street City State Zip Code

**Position Sought:** Police Officer      Non-Sworn/Clerical      Intern Program

**Other:** \_\_\_\_\_ Full Time      Part Time

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

**Eligible for Veterans Preference, if yes you must complete the Veterans Preference form included in this packet.**      Yes      No

### EQUAL OPPORTUNITY EMPLOYER

*The New Smyrna Beach Police Department does not discriminate on the basis of race, religion, color, sex, age, national origin, or disability. Veteran's Preference form is located within application .*

## INSTRUCTIONS FOR COMPLETING APPLICATION

The purpose of this application is to obtain truthful answers. Providing false information will be sufficient cause for rejection. Please complete all portions of this application fully, accurately, legibly printed or typed, or your processing may be delayed or stopped. All addresses must be complete, including a zip code and phone number. If an item does not apply to you, write in the letters "N/A" for "Not Applicable." The candidate must complete the application with notarized signatures on the Certificate of Information and FDLE Form CJSTC 58. Additional space has been provided and the application may be copied, if needed.

## APPLICANT CHECKLIST

**Please submit copies of all the documents listed below applicable to you.**

Copies should be on letter size paper (8.5" by 11) be inserted in the order listed at the back of the application.

Your application will not be accepted and your processing will not begin without the necessary documents.

In the event you are selected for a position with this agency, you will be required to present an original copy of your driver's license, birth certificate, or state ID, and social security card.

- Birth certificate
- High School or GED diploma/transcripts for GED
- T.A.B.E. (Test for Adult Basic Education) Scores
- Social Security Card
- Drivers License
- \* College degree, college transcripts if no degree. *(Does not need to be "Official" copy.)*
- \* DD214 military discharge with re-enlistment code ("Long" form)
- \* Proof of legal name change or marriage license
- \* Law Enforcement Academy/State Certificate(s)
- \* Florida Basic State Law Enforcement Exam results
- \* Other documents reflecting your qualifications, e.g., letters of recommendation, training certificates
- \* If possible, include up to three performance evaluations from your current employer or if previously employed by a law enforcement agency.

*(\* if applicable)*

**PERSONAL INFORMATION**

**Full Name:** \_\_\_\_\_  
*Last, First, Middle*

**List all other names** you are also known as, including maiden names and nicknames: \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
*Street City State Zip Code*

**Place of Birth:** \_\_\_\_\_  
*City County/Borough/Parrish State*

**Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_ **License Type:** \_\_\_\_\_

**YES NO**

Is Florida Driver's License Valid?      Expiration Date: \_\_\_\_\_

Is It Or Ever Have Had Your Driver's License Suspended/Revoked Or Canceled?

Reason for Suspension, Revocation, or Cancellation; \_\_\_\_\_  
\_\_\_\_\_

Was Your License Restored?      Date: \_\_\_\_\_

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Issuing State: \_\_\_\_\_ Driver's License Number; \_\_\_\_\_ ...

<Uj Y'Mci '9j Yf' FVWj YX'5 'HfUZjW7 jHjcbž-ZMYgž (use additional pages if necessary)

Issuing City/County/State	MM/YY Received	Charge
Issuing City/County/State	MM/YY Received	Charge
Issuing City/County/State	MM/YY Received	Charge

**YES NO Have you ever been a member of the United States Armed Forces? If Yes,**

Branch: \_\_\_\_\_ Active From: \_\_\_\_\_ To: \_\_\_\_\_

Highest Rank: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Specialization/Duties: \_\_\_\_\_

Installation name and location at time of discharge: \_\_\_\_\_

Name and location of installations: \_\_\_\_\_  
(include up to 10 years) \_\_\_\_\_

**Have you ever been disciplined or received an Article 15 while in the military? If yes,**

Date	Discipline/Violation	Disposition
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**Have you ever been a member of the Reserve/National Guard? If Yes**

Dates Active: From: \_\_\_\_\_ To: \_\_\_\_\_

Assignment: \_\_\_\_\_

## GENERAL INFORMATION AND HISTORY

Because you are applying to a law enforcement agency, you must include information about any arrest, conviction or other criminal activity, even if the records are sealed or expunged. If you answer "yes" to any of the following, please give details.

**YES NO**

**Are you a U.S. Citizen? If no, can you provide proof of right to work in the United States?**

**Have you ever been detained, arrested, received a notice to appear, charged, convicted or pled nolo contendere, or pled guilty to any criminal violation, regardless if the record was sealed or expunged? If Yes,**

Date	Charge	Disposition
Date	Charge	Disposition
Date	Charge	Disposition

**Are you presently under any criminal investigation?**

**Have you ever been involved in any criminal activity?**

**Have you used marijuana, LSD or other illegal chemical drugs within the past 5 years?**

Year	Type
Year	Type
Year	Type

**Have you ever been involved in the sale of illegal drugs?**

**Were you referred to the New Smyrna Beach Police Department?**

Source: \_\_\_\_\_

**Do you have any relatives working for the New Smyrna Beach Police Department?**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Have you ever worked for the New Smyrna Beach Police Department?**

Dates Of Employment : \_\_\_\_\_ Position Held: \_\_\_\_\_

**Have you ever applied for a position at the City of New Smyrna Beach?**

When? \_\_\_\_\_ Position Applied For: \_\_\_\_\_

**Have you applied to any other law enforcement agency?**

If Yes, List the Agency and Date of application:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**YES NO**

**Are you currently undergoing a background investigation for another law enforcement agency?**

If Yes, List the Agency and Date of application:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**Are you currently under contract with another law enforcement agency?**

Agency: \_\_\_\_\_ Contract Expire Date: \_\_\_\_\_

**Is there any language (other than English) you can read, write, and/or speak fluently?**

\_\_\_\_\_

\_\_\_\_\_

**Are you now or have you ever been (or known anyone who has been) associated with any group, which advocates the overthrow or seeks to alter our constitutional form of government or seeks to deny others their rights under the U.S. Constitution?**

**Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the job or which might require further explanation?**

**EMPLOYMENT HISTORY**

List all the jobs held in the past ten (10) years, including military service. Begin with your present or most recent employment and work backward. *List all law enforcement agencies that employed you, even if it was more than 10 years previously.* Use the supplement page on page 15 or copy of this form if more space is necessary. If you were employed under a different name with a past employer, indicate the name in the parenthesis. Applicants may be required to furnish satisfactory proof of experience claimed.

**YES NO**

May we contact your present employer at the time of the background investigation?

If no, and a job offer is made, we must contact your current Employer at the time.

**(1) Present or Most Recent**

\_\_\_\_\_ Name used if different

Dates From \_\_\_\_\_ To \_\_\_\_\_ Name of Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Contact Number \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Contact number \_\_\_\_\_

Beginning Salary \_\_\_\_\_ / Ending Salary \_\_\_\_\_ Annual Monthly Weekly Are you eligible for rehire? Yes No

**(2)**

\_\_\_\_\_  
Name used if different

Dates From \_\_\_\_\_ To \_\_\_\_\_ Name of Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Contact Number

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Contact Number

Beginning Salary \_\_\_\_\_ / \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Annual  Monthly  Weekly Are you eligible for re-hire  Yes  No

**(3)**

\_\_\_\_\_  
Name used if different

Dates From \_\_\_\_\_ To \_\_\_\_\_ Name of Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Contact Number

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Contact Number

Beginning Salary \_\_\_\_\_ / \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Annual  Monthly  Weekly Are you eligible for re-hire?  Yes  No

**(4)**

\_\_\_\_\_  
Name used if Different

From \_\_\_\_\_ to \_\_\_\_\_ To \_\_\_\_\_ Name of Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Contact Number

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Contact Number

Beginning Salary \_\_\_\_\_ / \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Annual  Monthly  Weekly Are you eligible for re-hire?  Yes  No

**(5)**

\_\_\_\_\_  
Name used if different

Dates From \_\_\_\_\_ To \_\_\_\_\_ Name of Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Contact Number

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Contact Number

Beginning Salary / Ending Salary \_\_\_\_\_  
 Annual  
 Monthly  
 Weekly

Are you eligible for re-hire  Yes  No

**(6)**

\_\_\_\_\_  
 Name used if different

Dates From \_\_\_\_\_ To \_\_\_\_\_ Name of Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Contact Number

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Contact Number

Beginning Salary / Ending Salary \_\_\_\_\_  
 Annual  
 Monthly  
 Weekly

Are you eligible for re-hire?  Yes  No

**Please answer the following questions as they relate to all prior employers. Provide details, if you answer yes.**

**YES NO**

**Have you ever been formally disciplined by an employer(s)?** If yes, list each incident.

<i>Employer</i>	<i>MM/YY Received</i>	<i>Incident</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Have you ever been terminated or asked to resign from a job?** If yes, give details.

\_\_\_\_\_  
 \_\_\_\_\_

**Have you ever taken anything from an employer without proper permission?**

**\* Have you ever been or are you presently under internal investigation?** (If yes, give details.)

\_\_\_\_\_  
 \_\_\_\_\_

**\* Have you received a disciplinary action as a result of a “sustained” complaint?** (If yes, give details.)

\_\_\_\_\_  
 \_\_\_\_\_

*\* Applicable only to those who are currently or former law enforcement officer*

## EDUCATION

NAME	LOCATION	DATE GRADUATED	DEGREE
High School			
GED/Equivalent			
College 2, 4 or 6 year			
Technical Schools			

If no degree was earned, how many credits do you need to complete? \_\_\_\_\_

### Other Significant Training

COURSE NAME	NAME/LOCATION OF TRAINING INSTITUTE	HOURS TRAINED

### Honors & Awards:

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### Professional Affiliations:

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## RESIDENCES

List chronologically all of your residences for the past ten years, beginning with the most recent. Include addresses while attending school, if away from home, and all military addresses, including any off military base. (Use additional Sheet if Necessary)

### Current Address:

From / / To Street Address City State Zip

*\*If you currently reside in an apartment or rental home, list landlord information below:*

Landlord Name ( ) Phone Number

Street City State Zip

From / / To Street Address City State Zip

From / / To Street Address City State Zip

From / / To Street Address City State Zip

From / / To Street Address City State Zip

## REFERENCES

List **three** personal references that are friends or coworkers that you have known for at least five (5) years. Do not list relatives or neighbors. You must give complete information on each reference.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**NEIGHBOR REFERENCES:** List three neighbors who live next door or near to you. You do not need to know the name of the individuals.

Name (if known): \_\_\_\_\_  
Address (Street, City, State, Zip): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name (if known): \_\_\_\_\_  
Address (Street, City, State, Zip): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name (if known): \_\_\_\_\_  
Address (Street, City, State, Zip): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## CERTIFICATE OF INFORMATION

*Please read and sign in the presence of a Notary.*

I certify that the information contained in this application is correct and complete to the best of my knowledge. I agree to inform the agency in writing of any additional information relating to questions raised on the application that occur after completing the application. I realize that misrepresentation of facts or the failure to include or update information may be cause for rejection or dismissal after employment. I understand each application will be given consideration, but its receipt does not imply the candidate will be employed. THIS IS NOT AN EMPLOYMENT CONTRACT OR OFFER OF EMPLOYMENT. Any offer of employment is conditional upon my satisfactory completion of all pre-placement procedures, which includes, but is not limited to the following: applications screening, written test, oral interviews, full background investigation, physical abilities testing, truth verification testing, drug/medical testing, psychological tests, and any other testing that the New Smyrna Beach Police Department deems necessary. I may incur some expenses for background checks. I understand that I will not be reimbursed for these extra expenses whether employed or not. I also realize that this processing may be lengthy and that no promises or commitments are expected as to a time when a hiring decision and/or actual employment may take place.

Should I be employed by the New Smyrna Beach Police Department, I understand and accept that I must successfully complete a probationary period, and if deemed necessary by the agency, that probationary period may be extended beyond the minimum 12-month period and minimum completion of FTEP (field training). If probation period is extended, I will be notified of the extension and the length of it. As a probationary employee, I understand that I may be discharged at-will with no entitlement to any right to discharge me for any or no reason.

I understand that the continuation of processing does not guarantee that the results of preceding examinations were acceptable. Candidates not selected for a position shall be notified in writing within 30 days of decision. I understand that due to the large volume of applicants, I am not to contact the New Smyrna Beach Police Department unless specifically told to do so by a representative from the Office of Professional Standards. A Professional Standards representative will contact applicants periodically. Therefore, I will be expected to inform the Professional Standards representative as to any address/contact change.

I confirm that I do have the ability to perform all job-essential duties with or without reasonable accommodation. I understand that I must comply with the conditions outlined in this application package to be considered for employment. I also understand the information contained in this application package is subject to change by the New Smyrna Beach Police Department or the City of New Smyrna Beach and the requirements contained in this application package may not be all of the requirements necessary for successfully obtaining the position for which I have applied.

In signing below, I acknowledge I have read and understand the attached policies and standards of the City of New Smyrna Beach and the job description for the position for which I am applying.

Police Interns:

Be it enacted by the Legislature of the State of Florida, Section 1. Section 943.16 Florida Statutes, is amended to read: 943.16 Payment of tuition by employing agency.

- (1) An employing agency is authorized to pay any costs of tuition of a trainee in attendance at an approved basic recruit-training program.

(2)

A Trainee who attends such approved training program at the expense of an employing agency must remain in the employment or appointment of such employing agency for a period of not less than **TWO YEARS**, If employment or appointment is terminated on the trainee's own initiative within **TWO YEARS**, he or she shall reimburse the employing agency for the cost of his or her participation; and such employing agency may institute a civil action to collect such tuition cost if it is not reimbursed.

**Statement of Application:** I understand that previous employers will be contacted for references. I hereby authorize former employers to furnish any and all records of my service with them. I also release my former employers from any liability for any damage in providing this information. I also authorize educational institutions to furnish any records of education-related information they may have concerning me.

**Status:** I understand that positions regarded as part-time and/or temporary are paid for actual hours worked and are not entitled to benefits offered to full time positions, with the exception of FICA and Worker's Compensation.

**Probation Period:** I understand that if hired, my position with the City of New Smyrna Beach is temporary during the established initial probationary period. My employment may be ended before the expiration of that period for any reason, without recourse.

**Physical Examination/Drug/Alcohol Testing:** I am aware that the City of New Smyrna Beach is a "Drug-free Workplace". I understand that I may be required to take and pass a physical examination after an offer of employment is made and employment is contingent on the results of that examination in accordance with the Americans With Disabilities Act (ADA). I also understand that the post-offer physical, I will receive a copy of the City's Drug-free Workplace Program. Any illegal or controlled substance that shows in my test results will cause my immediate disqualification for employment with the City of New Smyrna Beach.

**Public Records:** Pursuant to Florida Statute 119, the Public Records Act, documents made or received by the City of New Smyrna Beach may be public record and open for inspection by the public. Some records, such as social security numbers, examination questions and answers and medical documentation are not public records and may not be disclosed.

**Certification:** I understand that this application must be completed in full. Incomplete applications may be rejected. I agree that any false or misleading information provided by me will be cause for canceling the application process. If hired by the City of New Smyrna Beach, after my hire date, it may cause my dismissal from City service. I have answered all the questions on this form completely and truthfully. I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. If hired, I agree to accept conditions of employment and abide by rules, procedures and policies of the City of New Smyrna Beach.

**Release of Information:** By signing below you hereby authorize and give consent for the City of New Smyrna Beach to obtain information pertaining to possible criminal history on myself. This includes the following: Criminal Background Records/Information Sex Offender Registry Information, Addresses and Social Security Number Verification. I hereby release from liability and promise to hold harmless under any and all possible claims or causes of action (i) any and all persons or entities who shall furnish such information to the District, its officers, agents or employees, and (ii) the District, its officers, agents or employees for any statements, acts or omissions in the course of obtaining said information. Furthermore, I understand that this release is signed, free from duress, and with the full knowledge and understanding that any information obtained will be used in assessing my relative fitness for employment with the City of New Smyrna Beach.

I, \_\_\_\_\_, have read and agree to the contents of the aforementioned amended statute from the agency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge that I have read and understand the above statement and the conditions of processing for employment.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY:** *Applicant will sign in ink on this line in the presence of a Notary Public.*

Before me, personally appeared \_\_\_\_\_, who says that they have executed this authorization of their own free will and with full knowledge of its purpose.

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

\_\_\_\_\_  
Commission Expires: \_\_\_\_\_ Type of I.D.: \_\_\_\_\_

(Notary Public)

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

## SUPPLEMENTAL INFORMATION

**Continuation of Employer Information:** List all the jobs held in the past ten (10) years.

*Present or Most Recent*

\_\_\_\_\_  
Name used if different

Dates From \_\_\_\_\_ To \_\_\_\_\_ Name of Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Contact Number

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Contact Number

Beginning Salary \_\_\_\_\_ / \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Annual      Eligible for Re-Hire    Yes    No  
 Monthly  
 Weekly

\_\_\_\_\_  
Name used if different

Dates From \_\_\_\_\_ To \_\_\_\_\_ Name of Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Contact Number

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Contact Number

Beginning Salary \_\_\_\_\_ / \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Annual      Eligible for Re-Hire    Yes    No  
 Monthly  
 Weekly

\_\_\_\_\_  
Name used if different

Dates From \_\_\_\_\_ To \_\_\_\_\_ Name of Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Contact Number

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Contact Number

Beginning Salary \_\_\_\_\_ / \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Annual      Eligible for Re-Hire    Yes    No  
 Monthly  
 Weekly

\_\_\_\_\_  
Name used if different

Dates From \_\_\_\_\_ To \_\_\_\_\_ Name of Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Contact Number

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Contact Number

Beginning Salary / Ending Salary \_\_\_\_\_  
 Annual  Monthly  Weekly  
Eligible for Re-Hire  Yes  No

\_\_\_\_\_  
Name used if different

Dates From \_\_\_\_\_ To \_\_\_\_\_ Name of Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Contact Number

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Contact Number

Beginning Salary / Ending Salary \_\_\_\_\_  
 Annual  Monthly  Weekly  
Eligible for Re-Hire  Yes  No

\_\_\_\_\_  
Name if Different

Dates From \_\_\_\_\_ To \_\_\_\_\_ Name of Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Contact Number

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Contact Number

Beginning Salary / Ending Salary \_\_\_\_\_  
 Annual  Monthly  Weekly  
Eligible for Re-Hire  Yes  No

**Continuation of Residences:** List of former addresses for the past ten (10) years.

From / To	Street Address	City	State
From / To	Street Address	City	State
From / To	Street Address	City	State
From / To	Street Address	City	State
From / To	Street Address	City	State
From / To	Street Address	City	State





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: New Smyrna Beach Police Department
ADDRESS: 246 Industrial Park Avenue, New Smyrna Beach FL 32168

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:

New Smyrna Beach Police Department

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

# AUTHORITY FOR RELEASE OF INFORMATION (BACKGROUND INVESTIGATION WAIVER)

**FOR CURRENT/FUTURE SPOUSE, DOMESTIC PARTNER, ROOMMATE(S) AND/OR  
FAMILY MEMBER(S) WHO RESIDE WITH YOU FOR 6 MONTHS OR MORE**

**FDLE APPLICANT OR MEMBER:** \_\_\_\_\_

**Mark the appropriate box:**

**Current Spouse**     **Future Spouse**     **Domestic Partner**     **Roommate**     **Family Member (18 or Older)**

PRINT FULL NAME: \_\_\_\_\_

OTHER NAMES USED / MAIDEN NAME(S): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

RACE/SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: (Optional) \_\_\_\_\_

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: **New Smyrna Beach Police Department**

**To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records**

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my criminal history or civil and criminal court records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

\_\_\_\_\_  
Signature of Current Spouse / Future Spouse / Domestic Partner / Roommate / Family Member

\_\_\_\_\_  
Date

## 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\_\_\_\_.

Personally Known: \_\_\_\_\_ -or- Produced Identification: \_\_\_\_\_ Notary Public: \_\_\_\_\_

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