

**NEW SMYRNA BEACH POLICE DEPARTMENT
VOLUNTEER APPLICATION**



CHIEF OF POLICE

Office of Professional Standards
246 Industrial Drive
New Smyrna Beach, Florida 32168
(386) 424-2220

PLEASE PRINT OR TYPE

Full Name: _____
Last, First, Middle

Date of Birth: ___/___/___ Social Security Number*: _____
mm dd yy * Social Security numbers will be used for background and driver's license checks.

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

_____, _____
Last, First, Middle Last, First, Middle

Address/Phone/Email: _____
Number Street City State Zip Code Phone Number Email Address

Place of Birth: _____
City County/Borough/Parrish State Zip Code

Are you a U.S. Citizen? Y N Sex Male Female

Volunteer Position Applied for: _____

DRIVING HISTORY:

Driver's License Number: _____ State: _____

License Type: _____ Expiration Date: _____

*A copy of your current Florida Driver's License is required to be attached.

YES NO

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: _____

Have You Ever Had An Out-of-State Driver's License? If Yes,

Issuing State: _____ Driver's License Number; _____

Have You Ever Received A Traffic Citation

MILITARY HISTORY

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:

 Have you ever been disciplined or received an Article 15 while in the military?

_____/_____/_____
Date Discipline/Violation Disposition

CRIMINAL 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

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

<i>Year</i>	<i>Charge</i>	<i>Disposition</i>
<i>Year</i>	<i>Charge</i>	<i>Disposition</i>
<i>Year</i>	<i>Charge</i>	<i>Disposition</i>

YES NO

- 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?

<i>Year</i>	<i>Type</i>
<i>Year</i>	<i>Type</i>

- Have you ever been involved in the sale of illegal drugs?
- Do you have any relatives working for the New Smyrna Beach Police Department?

Name: _____

Relationship: _____

- Have you ever worked for or applied previously to the New Smyrna Beach Police Department?

Date Of Application : _____ Position

Held: _____

- 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?

EDUCATION HISTORY

	Name of School	Address	Circle Last Year Completed	Did You Graduate	List Diploma/ Course
ELEMENTARY			<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
HIGH			<input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TECHNICAL SCHOOLS			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Honors & Awards:

Professional Affiliations:

RESIDENTIAL HISTORY

list chronologically all of your residences for the past five years, beginning with the most recent. Include addresses while attending school, if away from home, and all military addresses, including any off military base.

1- _____ / _____
 From / To Street Address City State

 Landlord Name Phone Number

2- _____ / _____
 From / To Street, Address City, State

 Landlord Name Phone Number

3- _____ / _____
From / To Street Address City State

Landlord Name Phone Number

4- _____ / _____
From / To Street Address City State

Landlord Name Phone Number

5- _____ / _____
From / To Street Address City State

Landlord Name Phone Number

PERSONAL REFERENCES

List 3 personal references that are friends or coworkers that you have known for at least five (5) years. Do not list relatives. You must give complete information on each reference.

1- _____
Name Relationship

Address City State

Contact Phone Number

2- _____
Name Relationship

Address City State

Contact Phone Number

3- _____
Name Relationship

Address City State

Contact Phone Number



Authority For Release of Information
(Background Investigation Waiver)



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

APPLICANTS NAME: _____
DATE OF BIRTH _____
SOCIAL SECURITY #: _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFO: _____

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 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 described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, ad 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 attempt to comply with it. A photocopy 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 of photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, 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 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 Printed Name

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 expired on _____, 20_____.

Personally known _____ -or- Produced Identification _____
Type of Identification Produced:

Notary Public