

CITY OF

Atlantis

POLICE DEPARTMENT



Employee Candidate  
Application

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

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

Position Applied for:  Police Officer  Dispatcher

Please submit with application copies of the following:

- Birth Certificate
- High School Diploma
- College Degree (if applicable)
- Driver's License
- Social Security Card

*Please attach a  
recent photograph  
(2in.x2in).in size.*

# City of Atlantis Police Department

## Police Officer – Selection Process

The following is a summary of the selection process for the position of Police Officer. The entire assessment process may be completed in as little as 6 to 8 weeks, but may also take longer. Failure of any portion of the testing is an automatic disqualifier for the selection process.

1. **Oral Board Interview**

Candidates will participate in a formally structured oral board interview, which is administered and evaluated by a panel of Certified Law Enforcement Officers and/or Management Staff. Appropriate business attire is required. Candidates are evaluated on knowledge, skills, and abilities important to the Police Officer position, such as, but not limited to, Community Policing, Communication Skills, Tolerance for Stress, Self-Presentation and Judgment/Decisiveness. A candidate who is not successful may reapply six (6) months from the interview date. Oral board scores are valid for one (1) year.

2. **Background Investigation**

Background investigations are conducted on eligible candidates. Investigations will include verification of an applicant's qualifying credentials to include, at a minimum, educational requirements, employment history, job experience, residence and neighborhood checks, age and citizenship, review of criminal history, driver license history, at least three (3) personal references, credit history, moral character (includes controlled substance) and military service, if any.

3. **Drug Screen**

Candidates will be required to submit to a screen of their urine or blood for the purposes of detecting illegal drug use. A licensed laboratory of the City of Atlantis' choosing performs exams.

4. **Psychological Examination**

Experienced, licensed psychologists contracted by the City of Atlantis for this purpose conduct pre-employment psychological evaluations. A candidate must achieve an overall acceptable level to continue processing.

5. **Computerized Voice Stress Analyzer Test (CVSA)**

CVSA examinations are administered after a conditional offer of employment is extended. Areas of questioning will include, but not be limited to, past criminal activity, completeness and truthfulness of all statements made during selection process, and any past or present use of drugs.

6. **Medical Examination**

Prior to a final offer of employment, all candidates are required to successfully complete a job-related medical examination. A licensed physician performs this exam.

7. **Final File Review**

The final file review is conducted by the hiring administration. An applicant's file is reviewed in totality and in a competitive manner. Determination for placement of the best qualified is made among the pool of eligible candidates.

## **CURRENT JOB VACANCIES**

The City of Atlantis Police Department is currently accepting applications for Florida certified police officers.

The City of Atlantis is located in central Palm Beach County, Florida. It is a gated golf course municipality bounded by major traffic arteries, and is approximately six miles from the Atlantic Ocean. The city is approximately 1.5 square miles and has a full-time population of 2100 residents. A major regional hospital, JFK Medical Center, is also within the boundaries of the City of Atlantis.

The police department includes road patrol, bicycle patrol and a detective position. Officers can also be assigned to crime scene technician, field training and department training duties. Additionally, we are very active in the Palm Beach County Multi Agency Robbery and Gang Task Forces. We are a fully functional department with 14 full-time police officers, two on-call police officers and 4 full-time telecommunicators with 24 hour enhanced 911 emergency dispatch.

We are a small town police department dedicated to community based policing and service to our community.

### **REQUIREMENTS:**

- Must be a U.S. Citizen (F.S.S. 943.13(2))
- Must be a minimum of at least 21 years of age.
- High school diploma or General Equivalency Diploma (GED) with minimum scores as determined by FDLE requirements.
- Not have been convicted of any felony or of a misdemeanor involving perjury or a false statement as an adult. Have good moral character as determined by a background investigation.
- Height/weight proportionate, and hearing/vision at acceptable levels
- Must pass extensive background investigation which includes drug testing
- Must have a valid Florida driver's license at time of appointment.
- Must be Florida law enforcement certified or hold a current Florida Certificate of Completion of State Certification exam.

## **PROHIBITIONS:**

Tattoos – include any tattoo, scar, branding, mark, or other permanent body art or modification deliberately placed on the body for the purposes of decoration, ornamentation, or adornment. Any of the following will be cause for denial for employment:

1. Tattoo(s) on the fingers, hands, neck (visible when wearing a collared shirt), face, or head.
2. Tattoo(s) commonly associated with gangs, organizations, or groups which advocate hate, intolerance, or discrimination.
3. Tattoo(s) which depict, describe, or otherwise refer to sexual conduct, acts, organs, or preferences.
4. Tattoo(s) which depict, describe, or refer to intolerance of, or discrimination against any race, religion, gender, or national origin.

## **HIRING PROCESS:**

Completed and notarized application with documentation of certifications; oral board interview; extensive background investigation; drug screen; psychological exam, voice stress exam and medical exam.

Applications are available online at [www.atlantisfl.gov](http://www.atlantisfl.gov) or from the City of Atlantis Police Department, 260 Orange Tree Drive, Atlantis, FL. 561-965-1700, Fax 561-968-9443

## **CITY OF ATLANTIS POLICE DEPARTMENT**

### **POLICE OFFICER BENEFITS PACKAGE**

The City requires all full time officers to become E.M.T. certified. E.M.T. differential is 5% increase over the employee's current salary at the time E.M.T. State of Florida certification test is passed. Employee will be sent to E.M.T. school at department expense, on department time. After successfully passing and becoming certified as an E.M.T., salary will increase 5%.

Pursuant to Florida statute, the City also includes the following for college level degrees:  
\$40.00 per month for an associate's degree from an accredited community college.  
\$80.00 per month for a bachelor's degree from an accredited college or university.  
\$120.00 per month for a master's degree from an accredited college or university.

Successful completion of CJSTC Salary Incentive classes will pay \$20.00 per month for every 80 hours of permitted classes.

The City of Atlantis also offers a longevity plan. This is a once a year lump sum payment of \$100.00 per year of employment. Accrual of the longevity pay commences upon the start of employment, but is not payable until the third anniversary employment. This is not part of the employee's yearly pay, but a check given directly to the employee after the start of the new fiscal year. However, it is added to the gross yearly income for tax purposes.

**Retirement:** The City of Atlantis offers two retirement packages.

Currently, the first is the Florida State Retirement System. The City of Atlantis pays the full cost of contributions to the Florida State Retirement. Officers can elect either two programs within the retirement system. Officers with prior time in the Florida Retirement System will be credited for that time.

The second is a 457K-retirement plan through ICMA. This is a voluntary program that the employee may contribute to. The employee decides how much to contribute each week. The city does not contribute to this system. A management company invests the money.

**Medical/Prescriptions/Vision:** The City of Atlantis offers a free package to the employee. Family coverage is available at an additional cost, currently \$52.00 a week, one of the lowest cost family plans in Palm Beach County.

**Dental:** The City of Atlantis offers a complete dental package for the officer and family.

**Life Insurance:** The City of Atlantis provides a life insurance policy for the employee, free of charge.

**Uniforms:** The City of Atlantis provides uniforms and dry cleaning for the employee, free of charge.

**Dispatcher/Clerk Training:** The City of Atlantis will provide the training for this position, on the job. The ability to type is helpful, since this is a clerk's position also.

**Other:** The City of Atlantis offers additional medical and disability coverages for employees and families through the AFLAC Corporation. This is a voluntary program at an additional cost to the employee. Membership in the Palm Beach County Federal Credit Union is also available.

**Additional Benefits:** 10 paid holidays per year

Sick leave accrued at 8 hours per month, maximum of 480 hours.

Vacation time accrued at 4 hours a month for the first year.

8 hours a month after the first year. Hours accrue at higher rate as years of service increase. A percentage of remaining vacation time can be carried over to the next year, if not used.

Administrative Leaves (Bereavement, Maternity, etc.)

Workers Compensation

Extensive training opportunities

Applications are available online at [www.atlantisfl.gov](http://www.atlantisfl.gov) , from the City of Atlantis Police Department, 260 Orange Tree Drive, Atlantis, FL. 561-965-1700 Fax 561-968-9443

**CITY OF ATLANTIS POLICE DEPARTMENT**  
**APPLICATION FOR PROSPECTIVE EMPLOYMENT**

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Please read and consider each question carefully before you answer it.

Answer each question as completely as possible

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**GENERAL SECTION:**

1. Name: \_\_\_\_\_ 2. Sex: \_\_\_\_\_ 3. Date of Birth: \_\_\_\_\_  
                    Last                      First                      Middle

4. Age: \_\_\_\_\_ 5. Height: \_\_\_\_\_ ' \_\_\_\_\_ " 6. Weight: \_\_\_\_\_ 7. Hair: \_\_\_\_\_ 8. Eyes: \_\_\_\_\_

9. Build: \_\_\_\_\_ 10. Complexion: \_\_\_\_\_

11. Present Address: \_\_\_\_\_  
                                    Number                      Street                      Apt. #                      City                      State                      Zip

12. Telephone #: ( \_\_\_\_\_ ) \_\_\_\_\_ 13. Own Home (    )    Rent Home (    )

14. How Long at the Above Address? \_\_\_\_\_ 15. FL Resident? \_\_\_\_\_  
  Years/Months                      Years/Months

16. Resident of Palm Beach County? \_\_\_\_\_  
  Years/Months

17. Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

18. Naturalization Certificate Number (if applicable): \_\_\_\_\_

19. City/County/State of Birth: \_\_\_\_\_

20. List **all** previous addresses, starting with the last address first. Use additional pages as necessary:

<u>Number</u>	<u>Street</u>	<u>Apt. #</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>From/To</u>
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21. Have you ever before applied for employment with this Department?    Yes (    )    No (    )  
    Date(s): \_\_\_\_\_

**Use reverse side of page for additional data, if needed.**

\_\_\_\_\_  
*Investigator Initials*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant Initials*

*Do not sign this section until instructed to do so by investigator*

**PERSONAL SECTION:**

22. Next of Kin (for emergency notification only): If there is none, write "NONE".

Name	Address	Telephone	Relationship
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23. Marital Status: ( ) Single ( ) Married ( ) Separated ( ) Divorced

24. If Married, Spouse's Name: \_\_\_\_\_

25. List **all** children, whether or not a dependant & all other dependants:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Living At Home ?</u>	<u>Occupation</u>
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26. Parents: \_\_\_\_\_

Father	Age if Living	Address & Telephone Number
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Mother	Age if Living	Address & Telephone Number
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27. Parents of Spouse, if applicable:

Father	Age if Living	Address & Telephone Number
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Mother	Age if Living	Address & Telephone Number
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28. List any fraternal, social, business or patriotic organizations with which you are affiliated.  
You need not respond to this question, unless you wish to, if your response would indicate the racial, ethnic, religious or sexual composition of the membership of such organization.

<u>Organization</u>	<u>Location (City/State)</u>	<u>Office/Positions Held</u>	<u>Membership Status</u>
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**EDUCATION SECTION:**

29. Grade School: \_\_\_\_\_  
Name Address if Known/City/State Grade Completed Yr. Grad.
30. Middle School: \_\_\_\_\_  
Name Address if Known/City/State Grade Completed Yr. Grad.
31. High School: \_\_\_\_\_  
Name Address if Known/City/State Grade Completed Yr. Grad.
32. Voc. Tech.: \_\_\_\_\_  
Name Address if Known/City/State Course of Study Yr. Grad.
33. College: \_\_\_\_\_  
Name Address if Known/City/State Major Cr. Hr. Yr. Grad.  
\_\_\_\_\_  
Name Address if Known/City/State Major Cr. Hr. Yr. Grad.

Total Years of College Attended: \_\_\_\_\_ Cr. Hrs. Earned: \_\_\_\_\_ Degree: \_\_\_\_\_

34. Other Formal Education: List names and addresses of all schools and other training institutions, including military training and MOS if applicable. Note any degrees, licenses or certificates that you have earned. Specifically include any law enforcement related training, such as RADAR/LASER operator, instructor certifications, etc., and note whether the certifications are still current.

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

Use additional sheets as necessary

35. Do you speak, write or understand any language other than English? \_\_\_\_\_  
If "yes", please provide details: \_\_\_\_\_

36. In addition to previously mentioned educational factors, list any other experience, hobbies and/or skills that you believe render you particularly qualified for the position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**LAW ENFORCEMENT:**

37. Law Enforcement Academy: \_\_\_\_\_  
Name Address City State

Hours of Training/Credits Certificate Number Dates Attended (To/From)

38. Are You Presently a Florida Certified Law Enforcement Officer? \_\_\_\_\_

39. If the answer to question #38 was "yes", complete the following section:  
Certificate Number and Date: \_\_\_\_\_  
Month/Day/Year you last worked as a Law Enforcement Officer in Florida: \_\_\_\_\_

40. Are you presently, or have you ever been, certified as a police officer, police auxiliary officer, peace officer, corrections officer or other certified law enforcement officer in any other State, or by the Federal government ( other than Military Police)? If yes, give the dates, location(s) and any other pertinent details, including any certificate numbers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

41. List **all** other law enforcement agencies that you have applied to in the last three (3) years. List the agency name, location, and date of application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

42. Are you currently under application with any other law enforcement agency? ( ) Yes ( ) No

43. If yes, please note the agency name and location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

44. Have you ever been fingerprinted? ( ) Yes ( ) No

45. If "Yes", where and for what reason? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

46. Have you ever had a polygraph or voice stress analysis (lie detector tests)? ( ) Yes ( ) No

47. If "Yes", give details. Use additional sheets as necessary and attach to this application: \_\_\_\_\_

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_____ <i>Investigator Initials</i>	_____ <i>Date</i>	_____ <i>Applicant Initials</i>
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4		

**DRIVING AND ARREST SECTION:**

48. Have you ever been arrested or detained by **any** law enforcement agency? ( ) Yes ( ) No  
 If "Yes", give details including crime charged, police agency, location, date and disposition. Use additional sheets as necessary and attach to this application: \_\_\_\_\_

49. Have you ever been convicted of any crime, other than a **minor** traffic violation, and specifically including driving while under the influence of alcohol or drugs, in any state, at any time of your life? If so, list the nature of the crime(s), city, state and court in which you were convicted, date of conviction and disposition of the case. ( ) Yes ( ) No  
 If none, write "NONE". Use additional sheets as necessary.

50. Have you ever been place under the supervision of any state, county, municipal, or other parole or probation agency? ( ) Yes ( ) No If so, give details below:

51. Do you drive a car? ( ) Yes ( ) No

52. Driver's License Number: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_

**\*\* You must have a Florida Driver's License if employed or with children in school in Florida \*\***

53. Have you ever been licensed to drive in any state or country other than Florida? ( ) Yes ( ) No

54. If the answer is "Yes", what state(s)? \_\_\_\_\_

55. Has your driver's license ever been revoked/suspended in any state at any time? ( ) Yes ( ) No  
 If "Yes", give details below:

56. List all traffic convictions from any state that you have had in the last five years. Include the state, the charge(s), and the disposition. This should include each time you were stopped by a police officer and issued one of the following; summons, mail-in-fine, mandatory court appearance, written warning or verbal warning. Examples of traffic violations would include; speeding, stop sign violations, equipment violations, etc. If none, write "NONE".

Violation:	Date:	Location of violation (State):
Issuing agency:	Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Court appearance Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court Finding: Guilty <input type="checkbox"/> : Not Guilty <input type="checkbox"/> : Probation <input type="checkbox"/> : Driving school <input type="checkbox"/> : Other <input type="checkbox"/>		
Explanation:		

**Use reverse side of page for additional data, if needed.**

\_\_\_\_\_  
*Investigator Initials*

\_\_\_\_\_  
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\_\_\_\_\_  
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Violation:	Date:	Location of violation (State):
Issuing agency:	Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Court appearance Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court Finding: Guilty <input type="checkbox"/> : Not Guilty <input type="checkbox"/> : Probation <input type="checkbox"/> : Driving school <input type="checkbox"/> : Other <input type="checkbox"/>		
Explanation:		

Violation:	Date:	Location of violation (State):
Issuing agency:	Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Court appearance Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court Finding: Guilty <input type="checkbox"/> : Not Guilty <input type="checkbox"/> : Probation <input type="checkbox"/> : Driving school <input type="checkbox"/> : Other <input type="checkbox"/>		
Explanation:		

57. Driver Training:

Driver Education: .....( ) Yes ( ) No  
 Defensive Driving: .....( ) Yes ( ) No  
 Tactical (Police) Driving: .....( ) Yes ( ) No  
 Other : \_\_\_\_\_

58. List any other types of vehicles that you can operate in addition to passenger automobiles, vans, and trucks: \_\_\_\_\_

59. List all vehicles registered to you or that you operate, including year, make, model, color & license tag: \_\_\_\_\_

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6		

**MILITARY/SECURITY SECTION:**

60. Have you ever served in the United States Military Service? ( ) Yes ( ) No

61. Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Service Number: \_\_\_\_\_ Highest Rank: \_\_\_\_\_  
Type of Discharge: \_\_\_\_\_

62. Have you ever served in the military service of a country other than the United States?  
( ) Yes ( ) No

63. If "Yes", give details: \_\_\_\_\_  
\_\_\_\_\_

64. If you were discharged for medical reasons, explain in complete detail on another sheet of paper.  
Attachment: ( ) Yes ( ) No

65. If you failed the physical for military service, explain in complete detail on another sheet of paper.  
Attachment: ( ) Yes ( ) No

66. Have you ever received any **military** medals or citations? ( ) Yes ( ) No  
If so, please list: \_\_\_\_\_  
\_\_\_\_\_

67. Are you presently a member of a reserve unit? ( ) Yes ( ) No  
Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ ( ) Active ( ) Inactive

68. Have you ever had a U.S. security clearance? ( ) Yes ( ) No

69. If "Yes", how high? \_\_\_\_\_ Still Active? ( ) Yes ( ) No

70. Have you ever traveled outside the United States with a passport? ( ) Yes ( ) No

71. If "Yes", to what countries? \_\_\_\_\_

72. Have you ever been bonded? ( ) Yes ( ) No

73. If "Yes", where and for what reason? \_\_\_\_\_  
\_\_\_\_\_

74. Have you ever changed your name, apart from marriage, or have gone by any other name other than the one on this application? ( ) Yes ( ) No

75. If "Yes", explain in detail including names, dates and locations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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7		

**SUBSTANCE USE:**

76. Do you drink alcoholic beverages? ( ) Yes ( ) No

77. If "Yes", how much and how often? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

78. Do you now, or have you ever possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, barbiturates, steroids, GHB, PCP, or any drug of a similar nature? ( ) Yes ( ) No

a. Drug(s): \_\_\_\_\_

b. Circumstances: \_\_\_\_\_

c. Number of times possessed/supplied/sold: \_\_\_\_\_

d. First time possessed/supplied/sold: \_\_\_\_\_

e. Last time possessed/supplied/sold: \_\_\_\_\_

79. Do you currently use any controlled narcotic or controlled substance, such as, but not limited to, those listed in question number 77, or have you used such a narcotic or substance within the past ten (10) years? ( ) Yes ( ) No

80. If "Yes", give details. Use additional sheets as necessary and attach to this application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

81. Have you ever been tested for the use of illegal drugs or controlled substances? ( ) Yes ( ) No

82. If "Yes", give details. Use additional sheets as necessary and attach to this application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

83. Have you ever been treated for alcohol or substance abuse? ( ) Yes ( ) No

84. If "Yes", give details. Use additional sheets as necessary and attach to this application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**FINANCIAL SECTION:**

(Pursuant to the Fair Credit Reporting Act, a credit check may be conducted for employment purposes.)

85. What pay range do you expect if employed? \_\_\_\_\_ - \_\_\_\_\_ / week.

86. If employed, will you have any other source(s) of income? If so, state the specific sources and amounts per week.

\_\_\_\_\_

\_\_\_\_\_

87. Do you own your home, or do you rent? \_\_\_\_\_ Monthly payment: \_\_\_\_\_

88. Apart from mortgages, credit cards, secured loans and personal loans, are you presently under any liens, judgments, bankruptcies, or involved in any legal action that will adversely effect your financial situation.

**Do not include information relative to divorce or child support payments.** ( ) No ( ) Yes

\_\_\_\_\_

\_\_\_\_\_

89. List firms from which you have, or have had, loans or charge accounts. Use additional pages, if necessary and attach to this application:

Name of Bank/Card: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Amount Owed: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of Bank/Card: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Amount Owed: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of Bank/Card: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Amount Owed: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of Bank/Card: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Amount Owed: \_\_\_\_\_  
Address: \_\_\_\_\_

90. Have you ever received unemployment benefits? ( ) Yes ( ) No

91. If yes, please specify dates: \_\_\_\_\_

\_\_\_\_\_

92. Life Insurance Company: \_\_\_\_\_

93. Auto Insurance Company: \_\_\_\_\_  
Type: ( ) Liability ( ) Collision ( ) Both

**Use reverse side of page for additional data, if needed.**

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<i>Investigator Initials</i>	<i>Date</i>	<i>Applicant Initials</i>
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**EMPLOYMENT RECORD SECTION:**

Beginning with your current or most recent employer, complete the following. List **all** previous employers that you can remember. Use an additional 8 ½ x11 sheet of paper if needed. Information must be sufficient for us to make contact without asking you for further information.

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94. Present or most recent employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
          Number Street City State Zip Telephone  
Supervisor: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
          Name Title Phone Month/Year Month/Year  
Job Title or Position: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Monthly Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
If still employed, do we have your permission to contact your present employer for references? \_\_\_\_\_  
If "No", why not? \_\_\_\_\_

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95. Previous employment: List in reverse order, from the most recent backwards.  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
          Number Street City State Zip Telephone  
Supervisor: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
          Name Title Phone Month/Year Month/Year  
Job Title or Position: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Monthly Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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96. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
          Number Street City State Zip Telephone  
Supervisor: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
          Name Title Phone Month/Year Month/Year  
Job Title or Position: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Monthly Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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97. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
          Number Street City State Zip Telephone  
Supervisor: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
          Name Title Phone Month/Year Month/Year  
Job Title or Position: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Monthly Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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**Use reverse side of page for additional data, if needed.**

_____	_____	_____
<i>Investigator Initials</i>	<i>Date</i>	<i>Applicant Initials</i>
<i>Do not sign this section until instructed to do so by investigator</i>		
10		

**PERSONAL REFERENCE SECTION:**

List **at least** five (5) people, preferably living in Florida, who are not related to you at all, are not former employers, are not related to each other and who have personally known you for **at least five (5) years**. These people **will** be contacted for references.

98. \_\_\_\_\_  
Name Street Address  
\_\_\_\_\_  
City State Zip Code  
(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number Occupation Years Known

99. \_\_\_\_\_  
Name Street Address  
\_\_\_\_\_  
City State Zip Code  
(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number Occupation Years Known

100. \_\_\_\_\_  
Name Street Address  
\_\_\_\_\_  
City State Zip Code  
(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number Occupation Years Known

101. \_\_\_\_\_  
Name Street Address  
\_\_\_\_\_  
City State Zip Code  
(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number Occupation Years Known

102. \_\_\_\_\_  
Name Street Address  
\_\_\_\_\_  
City State Zip Code  
(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number Occupation Years Known

103. \_\_\_\_\_  
Name Street Address  
\_\_\_\_\_  
City State Zip Code  
(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number Occupation Years Known

**Use reverse side of page for additional data, if needed.**

_____ <i>Investigator Initials</i>	_____ <i>Date</i>	_____ <i>Applicant Initials</i>
<i>Do not sign this section until instructed to do so by investigator</i>		
11		

104. **ALL APPLICANTS:**

THE FOLLOWING QUESTIONS MUST BE ANSWERED IN INK, ON THIS SHEET OF PAPER, IN YOUR OWN HANDWRITING. DO NOT USE A TYPEWRITER OR COMPUTER TO FILL THIS SECTION OUT. You may use the reverse side of this sheet if more space is required. Please answer each question with a short essay of fifty (50) words or more. Your application will not be considered complete without this sheet and answers attached.

- A. What personal traits and abilities do you believe you possess that would make you a desirable employee?
- B. Why are you attracted to the City of Atlantis in seeking employment?
- C. Discuss your personal attitudes toward shift work, dangers of the job and the effect on family life?
- D. (Police Officers Only) As a police officer, you may have to use deadly force. Comment on your feelings about this.

**Use reverse side of page for additional data, if needed.**

\_\_\_\_\_  
*Investigator Initials*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant Initials*

*Do not sign this section until instructed to do so by investigator*

**CERTIFICATION AND LOYALTY SECTION:**

105. A. LOYALTY OATH: I, \_\_\_\_\_, a citizen of the United States of America, and if being employed by, or as an officer of, the City of Atlantis Police Department, and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States, and of the State of Florida; that I do not believe in, nor support, the overthrow of the Government of the United States, or the State of Florida, by force or violence; that I am not a member of, nor support, any organization, group or party which believes in or teaches, directly or indirectly, the overthrow of the government of the United States, or the State of Florida, by force or violence; and that I am not a member of, nor support, any subversive, terrorist, street gang or criminal group.

\_\_\_\_\_  
Applicant Signature

B. CERTIFICATION: I hereby certify that all of the information and statements made by me on this application are true, correct and complete to the best of my knowledge. I also swear and affirm that there are no misrepresentations, omissions or falsifications of the above statements and answers to questions. I am aware that should investigation disclose such misrepresentations, falsifications or omissions, my application will be rejected and I will be disqualified from applying in the future for any position in the service of the City of Atlantis, or, if after acceptance for employment, subsequent investigation should disclose misrepresentations, falsifications or omissions, it will be just cause for immediate dismissal from the employment of the City of Atlantis. I also give full and unqualified permission to the City of Atlantis Police Department to make any and all inquiries into my present and past personal and business status, as may be deemed necessary in the interests of the Department and my employment therein.

\_\_\_\_\_  
Applicant Signature

NOTE: ALL OF THE SIGNATURES ON THIS PAGE, AS WELL AS ANY OTHER SIGNATURE THROUGHOUT THIS APPLICATION, MUST BE NOTARIZED.

Subscribed and duly sworn to before me by applicant \_\_\_\_\_

Print Name

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ A.D. at the City/Town of \_\_\_\_\_, County of \_\_\_\_\_, and State of \_\_\_\_\_.

OFFICIAL SEAL

\_\_\_\_\_  
Signature of Notary/Officer

\_\_\_\_\_  
Title or Rank

**Use reverse side of page for additional data, if needed.**

\_\_\_\_\_  
*Investigator Initials*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant Initials*

*Do not sign this section until instructed to do so by investigator*

106. **PART-TIME EMPLOYEES ONLY:**

If you are applying for a part-time position, please answer the following questions. If any factors listed below change after you have been employed, please ask for and complete another of these sheets.

NAME: \_\_\_\_\_

What days of the week can you work? \_\_\_\_\_

What hours of the day can you work? \_\_\_\_\_

How many days a week are you able to work? \_\_\_\_\_

Do you anticipate any future conflicts with the information given above?

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

Are your hours flexible? For example, could you come in to work on short notice if requested to do so?

\_\_\_\_\_

In the event of a hurricane, or other major event, would you have obligations that would prevent your reporting for either scheduled or unscheduled emergency duty?

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

Please list any other information that you believe would be helpful in determining your scheduled work hours?

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

**Use reverse side of page for additional data, if needed.**

\_\_\_\_\_  
*Investigator Initials*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant Initials*

*Do not sign this section until instructed to do so by investigator*



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