

POLICE AND EMERGENCY COMMUNICATIONS OFFICERS



VILLAGE OF PALM SPRINGS APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

RETURN TO:
Human Resources
226 Cypress Lane
Palm Springs, FL 33461
561/965-4011

INSTRUCTIONS: Please type or print the application in ink. **ANSWER ALL QUESTIONS.** If a question does not apply, write "Not Applicable" or "N/A." You may include a resume or other job-related documentation as a supplement to this application; however, you must provide all information requested in the application. If additional space is needed, please use a blank sheet of paper, and be sure to include your name on each additional sheet. Incomplete applications will not be considered.

Position Applied For: _____

Last Name: _____ First name: _____ MI: _____

Mailing Address: _____ Apt. No.: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Home Phone: _____ Other Phone: _____

How Did You Hear About This Position? _____

EDUCATION: (Please attach copies of degrees, certifications, etc.)

NAME AND LOCATION OF INSTITUTION	MAJOR/ COURSE OF STUDY	DEGREE RECEIVED	DID YOU GRADUATE?	
<u>HIGH SCHOOL:</u>			Diploma G.E.D.	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>COLLEGE/UNIVERSITY:</u>			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
<u>OTHER EDUCATION/TRAINING:</u>			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>

BACKGROUND INFORMATION:

Are you a citizen of the U.S.? Yes No . If "No," do you possess one of the following: An I-151 card, I-551 card, I-94 card stamped "Employment Authorized," or any other proof of employment authorization from the Immigration and Naturalization Service? Yes No . If yes, please attach copy of documents.

Have you ever been convicted of a felony or first-degree misdemeanor, pled "Nolo Contendere," or, pled guilty to a crime, which is a felony or a first-degree misdemeanor, or, have you ever had the adjudication of guilt withheld to a crime, which is a felony or a first-degree misdemeanor? Yes No . If yes, please give dates, city and state, charges, and disposition of the case:

EMERGENCY CONTACT: Name _____ Relationship: _____
Address _____ Telephone No.: _____

DRIVER'S LICENSE

State of Issuance: _____ Driver's License Number: _____ Expiration Date: _____
Driver's License Type: A B C D E Endorsement(s): N P H X E

MILITARY/VETERANS' PREFERENCE

Are you now or have you ever been a member of any branch of the military service, Reserves or National Guard?
Yes No . (If yes, complete the remainder of this section. If no, please skip to the next section).

Branch:	Dates of Service: Mo/Yr From: To:	Type of Discharge:
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Were you ever the subject of disciplinary action? YES NO . (If yes, provide the date, details of the offense and type of disciplinary action:

Are you claiming Veterans' Preference for the position in which you are applying? YES NO . If yes, check the appropriate information below AND provide a clear copy of your DD214 to substantiate your claim. The DD214 must be furnished at the time of application. Police and Fire applicants must submit a DD214 for EACH tour of duty.

- 1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veterans Administration and the Department of Defense, or
- 2. The spouse of veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained or interned by a foreign power, or
- 3. A veteran of any war*, who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or
- 4. The un-remarried widow or widower of a veteran who died of a service connected disability.

HAVE YOU CLAIMED AND BEEN EMPLOYED THROUGH VETERANS' PREFERENCE SINCE OCTOBER 1, 1987?
YES NO . IF YES, NAME OF EMPLOYER _____

*NOTE: Under Florida Law, preference in appointment shall be given for covered City positions, first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the position, he/she may file a complaint with the Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731. A complaint must be filed within 21 days from the date the applicant received notice that a hiring decision was made by the employing agency or within 3 months of the date the application is filed with the employer, if no notice is given.

LAW ENFORCEMENT FLAG/PUBLIC RECORDS

Florida Statute 119.07 provides exemptions from public inspection of certain records for active and former police personnel including police and certified firefighters, code inspectors and code enforcement officers and their families. Do you and/or your spouse fall into one of the aforementioned categories? YES NO .

Have you ever worked for the Village of Palm Springs: YES NO . If yes, please state:

Last Date of Employment: _____ Last Department Employed: _____

Do you have any relative(s), either by blood or by marriage, who is/are employed by the Village of Palm Springs? YES NO . Relatives include: Father, Mother, Son, Daughter, Brother, Sister, Uncle, Aunt, First Cousin, Nephew, Niece, Husband, Wife, Father-In-Law, Mother-In-Law, Son-In-Law, Daughter-In-Law, Brother-In-Law, Sister-In-Law, Stepfather, Stepmother, Stepson, Stepdaughter, Stepbrother, Stepsister, Half Brother, or Half Sister. If so, please list below:

NAME	RELATIONSHIP	DEPARTMENT EMPLOYED

EMPLOYMENT HISTORY:

On the following page, please list all full and part-time paid work experience. Starting with the most recent position and working back at least ten (10) years. Major changes in duties or job titles with the same employer should be listed as separate positions. If necessary, use additional sheets in the same format. **Résumés may not substitute for any information requested on this application, but may be submitted in addition to a completed application.**

Present or Most Recent Job

Name of Present or Last Employer: _____ Phone #: _____

Address: _____ City/State/Zip: _____

Your Job Title: _____ Supervisor: _____

From: _____ To: _____ Starting Salary: _____ Current/Final Salary: _____

JOB DUTIES: _____

Reason For Leaving: _____

May We Contact Your Current Employer? Yes No

Previous Job

Name of Employer: _____ Phone #: _____

Address: _____ City/State/Zip: _____

Your Job Title: _____ Supervisor: _____

From: _____ To: _____ Starting Salary: _____ Current/Final Salary: _____

JOB DUTIES: _____

Reason For Leaving: _____

Previous Job

Name of Present or Last Employer: _____ Phone #: _____

Address: _____ City/State/Zip: _____

Your Job Title: _____ Supervisor: _____

From: _____ To: _____ Starting Salary: _____ Current/Final Salary: _____

JOB DUTIES: _____

Reason For Leaving: _____

Previous Job

Name of Present or Last Employer: _____ Phone #: _____

Address: _____ City/State/Zip: _____

Your Job Title: _____ Supervisor: _____

From: _____ To: _____ Starting Salary: _____ Current/Final Salary: _____

JOB DUTIES: _____

Reason For Leaving: _____

*Attach additional sheets if necessary

List All Periods of Unemployment and Any Relevant Volunteer Work in the Past 10 Years

From		To		Description of Activities and/or Volunteer Work
Mo.	Yr.	Mo.	Yr.	

PROFESSIONAL REFERENCES:

List three professional references that can attest to your character, ability, etc. Please give complete addresses and phone numbers (including City, State, Zip Code, and Area Code). **Do not include relatives.**

1. Name: _____ Occupation: _____
 Address: _____ Phone No.: _____
2. Name: _____ Occupation: _____
 Address: _____ Phone No.: _____
3. Name: _____ Occupation: _____
 Address: _____ Phone No.: _____

APPLICANT'S STATEMENT

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

I understand that the Village of Palm Springs, is in no way obligated to provide employment, nor am I obligated to accept employment.

I understand that this application will remain in the Village's active file for six (6) months, and that I am responsible for updating my application, including any changes in my address, phone number, employment history, etc.

I agree to voluntarily consent to any lawfully administered post-offer physical examination, drug and alcohol screening.

I understand that should I become an employee, that upon termination of employment, I will return all Village-owned property issued to me by the Village of Palm Springs.

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

SIGNATURE OF APPLICANT: _____ **DATE:** _____

The Village of Palm Springs does not discriminate on the basis of race, color, national origin, sex, religion, age, marital status or non-disqualifying disability in employment or personnel practices. In accordance with the guidelines set forth in the Americans with Disabilities Act of 1990, employment applicants in need of assistance or special accommodation to apply for a position must inform the Human Resources Division.



VILLAGE OF PALM SPRINGS

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

The following information is requested for Equal Employment Opportunity record keeping and statistical reporting compliance purposes only as specified by Title VII of the Civil Rights Act of 1964, and amended by the Equal Employment Opportunity Act of 1972, Section 709 (c).

THIS INFORMATION WILL NOT BE USED TO EVALUATE YOUR APPLICATION AND WILL BE REMOVED AND MAINTAINED IN A SEPARATE FILE.

Application Date: _____ Position Applied For: _____

Sex: Male Female Date of Birth: _____

National Origin: (Please check only one)

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native

SUPPLEMENT
PALM SPRINGS POLICE DEPARTMENT



IMPORTANT!

Please return this checklist with your application and the items requested to:
Village of Palm Springs
ATT: Human Resources
226 Cypress Lane
Palm Springs, FL 33461

YOUR APPLICATION WILL NOT BE ACCEPTED
UNLESS ALL APPLICABLE ITEMS LISTED BELOW ARE SUPPLIED

- Current passport photograph
- Birth certificate or other citizenship verification
- High school diploma or GED certificate
- College degrees and transcripts, if applicable
- Social Security card
- DD214 (military), if applicable
- Law Enforcement Certificate from Florida approved academy
- State test results
- Valid Florida Driver's License
- CPR Certificate (if applicable)
- EMT certificate (if applicable)
- Any other certificates pertaining to employment

NOTE:

Emergency Communications Officers, do not complete pages 13-15.

**PALM SPRINGS POLICE DEPARTMENT
SUPPLEMENT FOR POLICE OFFICER**



**NOTICE TO PERSONS REGARDING
COLLECTION OF SOCIAL SECURITY NUMBERS**

The Village of Palm Springs collects the Social Security Number of persons who:

1. Apply for employment or are employed by this municipality;
2. Apply to qualify with a firearm pursuant to HR 218, the Nationwide Concealed Carry act for Retired Law Enforcement Officers;
3. Apply to volunteer with this agency; and
4. Are arrested by this Agency.

Social Security Numbers are collected by the Village of Palm Springs for the following reasons, which are imperative for the performance of duties and responsibilities prescribed by law:

1. To verify identity;
2. To conduct employment background investigations;
3. to properly pay an employee and to credit the withholding of income taxes, social security and Medicare taxes, retirement and other items pursuant to State and Federal law; and
4. To determine criminal history and to verify wants, warrants, and/or arrest capiases.

**PALM SPRINGS POLICE DEPARTMENT
SUPPLEMENT FOR POLICE OFFICER**



Name, (last, first, middle) _____

Social Security Number _____ Date of Birth _____

Drivers License Number _____

The minimum requirements for a POLICE OFFICER with the Village of Palm Springs are as follows:

- Must be a U.S. Citizen and at least nineteen (19) years of age.
- Must have graduated from an accredited high school, or have obtained a State of Florida G.E.D. certificate or equivalent, as determined by Florida State Criminal Justice Standards & Training Commission and Florida Standards.
- Must possess a valid State of Florida Class E driver's license, or able to obtain prior to employment.
- Must be fingerprinted and have prints filed with the Florida Department of Law Enforcement.
- Must be of good moral character.
- Must submit to a post-offer psychological, medical inquiry, and examination with drug screen. The offer of employment will be conditioned on the results of these tests and/or examinations.
- Individuals with disabilities who will need reasonable accommodation in order to complete a test must inform the Village of Palm Springs a minimum of 48 hours prior to the administration of the test. Documentation supporting the need for accommodation must be submitted a minimum of 48 hours prior to the administration of the test. (29CFR1630.14(a)App.).

The VILLAGE OF PALM SPRINGS operates under a system in which all promotions are based on merit and tests where applicable. A Police Officer serves a one (1) year probationary period.

ARREST, DETENTION AND LITIGATION (Show all arrests including juvenile delinquent and traffic arrests)

Have you ever been arrested or detained by ANY law enforcement agency? ___yes ___no, If yes, provide police and court records. Include any arrest in which the records were expunged.

Crime charged:_____Police Agency:_____

Date:_____Disposition of case:_____

Have you ever been placed on probation? ___yes ___no. If yes, give details:_____

Have you ever been required to pay a fine? ___yes ___no. If yes, give details:_____

Have you ever been reported as a missing person or a runaway? ___yes ___no. If yes, give complete details, including police jurisdiction, dates and outcome:_____

If you have been fingerprinted by a law enforcement agency for any reason, give details. Your answer will be checked with the FBI and other agencies.

<u>Agency</u>	<u>Date</u>	<u>Purpose</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been advised of your "Miranda Rights"? ___yes ___no. If yes, give complete details:_____

Have you ever been the subject of a police investigation? ___yes ___no. If yes, give details including police department and dates:_____

Have you ever taken a polygraph examination? ___yes ___no. If yes, list date, examiners' name, location and purpose:_____

Have you or your spouse ever sued anyone (civil court plaintiff)? ___yes ___no. If yes, give details and provide copies:_____

Have you or your spouse been sued by anyone (civil court defendant)? ___yes ___no. If yes, give details and provide copies:_____

FINANCIAL INFORMATION

What is your total indebtedness at the present time? _____

Have your creditors treated you fairly? __yes __no. If not, explain: _____

Have you ever had accounts placed in the hands of a collection agency? __yes __no. If yes, give details: _____

Have you ever filed for bankruptcy? ____yes __no. If yes, give details: _____

MEDICAL

Have you ever had or been advised to have an operation? __yes __no. If yes, give reasons, dates and places: _____

Are you presently under a doctor's care for any condition? __yes __no. If yes, give details: _____

Have you ever been a patient, committed or voluntary, in a medical hospital? ____yes __no. If yes, give reasons, dates and places: _____

Have you every used, tried or experimented with any illegal drugs, hashish, opiates, pills, crack, cocaine, etc.? __yes ____no. If yes, please completely explain: _____

Have you ever been treated for excessive use or illegal use of legitimate pharmaceuticals? ____yes ____no. If yes, please explain: _____

Have you ever used, tried or experimented with any hallucinogenic plants, herbs or fungi (mushroom)? ____yes __no. If yes, please explain: _____

Have you ever been treated for a nervous or mental disorder? ____yes __no. If yes, please explain: _____

Have you ever attempted to commit suicide? __yes __no. If yes, please explain: _____

CIVIL SERVICE

Have you previously submitted an application for employment with any law enforcement agency?
_____yes _____no. If yes, give details:

Date	Name of Agency	City & State
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER

List previous three (3) addresses for the past ten (10) years:

Street	City	State	Zip	From-To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which may be required of you in a police capacity or which might require further explanation?

__yes __no. If yes, give details: _____

Would you submit to a post-offer psychological examination? _____yes __no. If no, please explain: _____

Do you have any of the following?

	Yes	No	What State?
Law Enforcement Certification	_____	_____	_____
EMT Certification	_____	_____	_____

MILITARY HISTORY: If you have served in the armed forces, please complete the following:

Highest Rank Attained: _____ Honorable Discharge Yes No

List military training/experience applicable to the Police Officer position:

1. _____ 2. _____ 3. _____



VILLAGE OF PALM SPRINGS

AUTHORIZATION FOR RELEASE OF INFORMATION

To: Authorized Representative of any Organization, Institution, or Repository of Records

APPLICANT'S FULL NAME: _____

SOCIAL SECURITY NUMBER: _____

I respectfully request and authorize you to furnish the VILLAGE OF PALM SPRINGS all information requested by them concerning any records to be used to assist the VILLAGE in conducting a background investigation to determine my qualifications for the position I am applying for.

I hereby release you, your organization, the Village of Palm Springs or others from any liability or damage that may result from furnishing the information requested above.

Applicant's Signature: _____ Date: _____

Address City State Zip

AFFIDAVIT

STATE OF _____

COUNTY OF _____

Before me personally appeared _____ this _____ day of _____, 20____, who said that he/she executed the above document of his/her own free will and accord, with full knowledge of the purpose therefore.

He/she is personally known to me or has produced _____ as identification.

NOTARY PUBLIC, STATE OF FLORIDA

Seal

NOTARY NAME; TYPED, PRINTED OR STAMPED

VILLAGE OF PALM SPRINGS

Human Resources
226 Cypress Lane
Palm Springs, FL 33461
561/965-4011

The POLICE DEPARTMENT of PALM SPRINGS, FLORIDA respectfully requests an official transcript of records for the following individual for the period of time that is indicated below:

STUDENT'S FULL NAME: _____

SCHOOL: _____

SCHOOL ADDRESS: _____

ATTENDANCE DATES: _____

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

MAIDEN NAME (If Applicable): _____

I, the undersigned, hereby authorize the Chief School Officer or his designated representative to release an official transcript of my records to the VILLAGE OF PALM SPRINGS POLICE DEPARTMENT.

Signature

Date

Thank you for your cooperation in this matter.

Sincerely,

Mark C. Hall
Chief of Police

VILLAGE OF PALM SPRINGS

POLICE DEPARTMENT

230 Cypress Lane
Palm Springs, FL 33461

AFFIDAVIT OF COMPLIANCE WITH GUN CONTROL ACT OF 1968 (AMENDED)

Applicant's Full Name: _____

Under penalty of perjury, I hereby certify that I have never been convicted of any crime of domestic violence, misdemeanor or felony, in any jurisdiction.

A crime of domestic violence means an offense that has, as an element, the use of physical force, or the threatened use of a deadly weapon, committed by an current or former spouse, parent of guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent or guardian, or by a person similar, situated to a spouse, parent or guardian of the victim.

Applicant's Signature

Date

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20_____

by _____, who is personally known to me or has produced _____
_____ as identification.

(Seal)

Notary Public, State of Florida

Notary Name; Typed, Printed or Stamped

My Commission Expires: _____

**Authority for Release of Information
(Background Investigation Waiver)****CJSTC
58***To: Concerned Person or Authorized
Representative of Any Organization,
Institution or Repository of Records***APPLICANT'S NAME:** _____**DATE OF BIRTH:** _____**SOCIAL SECURITY #:** _____**EMPLOYING AGENCY REQUESTING BACKGROUND INFO:** Village of Palm Springs

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 is described above, to third parties in the course of fulfilling its official responsibilities. 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 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 or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

Village of Palm Springs, Police Department, 230 Cypress Lane, Palm Springs, FL 33461

Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: - An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.

Pursuant to Section 943.13(4), (5) and (7) F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal laws. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature _____

Date _____

Applicant's Address _____

AFFIDAVIT

STATE OF _____

COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20_____. My commission expires on _____, 20_____.

Notary Public

Personally Known _____ - or - Produced Identification _____

Type of Identification Produced: _____