

EMPLOYMENT APPLICATION



MICHAEL TEAGUE
CHIEF OF POLICE

Completion of the information below is voluntary. This data will not be used in the decision to hire or not to hire.

RACE: White _____
Black _____
Hispanic _____
Asian/Pacific Islander _____
American Indian/Alaskan Native _____

SEX: Male _____ Female _____
HANDICAPPED: Yes ___ No ___
VETERAN: Yes ___ No ___

REFERRAL SOURCE:

City Job Announcement _____
City Employee _____
Walk In _____
Correspondence _____

Newspaper Ad _____
Radio/TV Announcement _____
FL State Employment _____
Other _____

EQUAL OPPORTUNITY EMPLOYER

EQUAL OPPORTUNITY EMPLOYER

The Town of Lake Hamilton Police Department is an Equal Opportunity Employer and does not discriminate in recruiting, hiring, training, promoting or other employment practices on the basis of age, race, color, religion, sex, national origin, creed, marital status, veteran status, or any other legally protected status.

POLICY STATEMENT

It is the policy of the Town of Lake Hamilton Police Department to recruit qualified individuals who will make the best applicants from all segments of the work force. In pursuing this goal, a thorough background investigation of each applicant is conducted with respect to factors that may have a bearing upon the applicant's job performance or tend to measure job capability as a member of the Town of Lake Hamilton Police Department.

Accordingly, at least the following items and the circumstances surrounding such items are reviewed:

- Contents and completeness of the employment application.
- Educational background.
- Employment record.
- Military record.
- Driver's license information.
- Financial history.
- Criminal history.
- Personal history and character of applicant.
- Medical evaluation, including drug screening, & psychological exam.
- Applicant evaluation.
- Polygraph examination or other instruments for the detection of deception.

A negative finding on any one of these factors shall not be a reason for automatic disqualification of an applicant. Rather, the circumstances underlying such matters will be considered as they relate to the applicant's ability to perform the particular job for which he/she is applying. It is impossible to state all relevant and material factors for a complete background investigation. In each case, the Town of Lake Hamilton Police Department will consider whether the applicant's background makes him/her the best qualified candidate for employment. It is estimated that processing the application will take up to (5) five weeks, depending on how soon background information is received. Please notify personal references, acquaintances, as well as past and present employers, that they will be contacted by our background investigator. This will expedite the application process.

REAPPLICATION POLICY

Applicants applying for a Town of Lake Hamilton Police Department sworn officer's position, who are not selected, must wait six (6) months before reapplication.

**TOWN OF LAKE
HAMILTON POLICE
DEPARTMENT
EMPLOYMENT OF EX-OFFENDERS**

FELONY CONVICTIONS

Any individual convicted of a felony shall be ineligible for appointment to the Town of Lake Hamilton 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 (1) year of confinement in a state or federal institution.

EVALUATION

Non-felonious criminal convictions: In accordance with Florida Statute 943.13, the Town of Lake Hamilton Police Department will consider whether a prior criminal conviction or military offense conviction of an applicant, will have a bearing on the applicant's qualifications or job suitability for which he/she is applying. The nature of the offense, the date of occurrence, the requirements of the position applied for, as well as the applicant's other qualifications will be evaluated.

CONFIDENTIALITY

During the selection and placement process, it will be necessary to inform the appropriate persons participating in the selection process of the applicant's record. Pursuant to Florida Statutes 119, the Public Records Act, documents made or received by the Town of Lake Hamilton Police Department in the course of processing an application, may be considered public records, and subject to be open for inspection. Some records such as medical examinations and test questions/answers are not public records, and may not be disclosed.

INSTRUCTIONS

READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE FILLING OUT YOUR APPLICATION. WHENEVER AN ADDRESS IS REQUESTED, YOU MUST GIVE A COMPLETE PHYSICAL ADDRESS (NO P. O. BOXES), INCLUDING A ZIP CODE.

THIS APPLICATION MUST BE FILLED OUT BY THE APPLICANT ONLY. APPLICATION MUST BE PRINTED LEGIBLY IN BLACK INK OR TYPED.

All requested information must be furnished. The copies of requested information should be submitted on 8 1/2" x 11" paper. Information provided will be used to determine an applicant's qualifications for employment. It is important that ALL questions on the application be answered fully and accurately. Failure to do so will make the application incomplete and will disqualify the applicant from consideration for employment opportunities. The applicant must write "N/A" (*not applicable*), in large letters, within the information space provided, if an item on the application does not apply, or if there is no such information to be given. Each completed application submitted for an open position will be considered, however receipt of an application alone does not imply that an applicant will be employed. If space provided on the application is not sufficient for complete answers or if an applicant wishes to furnish additional information, the applicant may attach sheets of paper which are the same size as this application. The applicant must number his/her attached answers to correspond with the appropriate application question(s).

**TOWN OF LAKE
HAMILTON POLICE
DEPARTMENT
POLICE OFFICER EMPLOYMENT APPLICATION**

NOTICE: The following additional documents must be attached to this application. Please check the application including all forms to assure that all questions have been completely answered and all forms signed. The applicant must submit copies of the below documents which are applicable to him/her. They should be submitted on 8 1/2" X 11" paper.

- 1** _____ Birth Certificate
- 2** _____ High School or GED Diploma /Transcript
- 3** _____ Driver's License
- 4** _____ College Degree/Transcript
- 5** _____ DD214 Military Discharge
- 6** _____ Police Standards Certificate
- 7** _____ Marriage Certificate
- 8** _____ Dissolution of Marriage
- 9** _____ Proof of legal name change
- 10** _____ Naturalization Certificate
- 11** _____ Any other documents which reflect your qualifications for the position with the Lake Hamilton Police Department

FORMS WHICH MUST BE NOTARIZED

- _____ Military Service Attestment
- _____ Drug Certification Form
- _____ Applicant Drug Testing Consent Form
- _____ At Will Statement
- _____ Employment Agreement
- _____ Affidavit
- _____ Employment Contract
- _____ Applicant's Certification
- _____ Personal Inquiry Waiver

1. High School

Name / Address	Dates Attended		Years Completed	Did You Graduate?	Type of Diploma
	Mo. / Yr.	From/To			

2. College/University

Name / Address	Dates Attended		Credit Hours Earned	Did You Graduate?	Type of Degree
	Mo. / Yr.	From/To			

3. Other Schools (Trade, Vocational, Business or Military):

Name / Address	Dates Attended		Years Completed	Did You Graduate?	Type of Diploma
	Mo. / Yr.	From/To			

4. Describe any awards, honors, citations, positions held in school organizations, and other special recognition you received while attending school:

5. Indicate any language, other than English, you can:

Speak _____

Read: _____

Write _____

6. Indicate any law enforcement education/training: _____

7. Did you receive a certificate for this training? Yes No Certificate Number: _____

8. Describe any special abilities, interest, and hobbies including the degree of proficiency:

9. Indicate any type of special licenses such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license).

10. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work (for example: two-way radio communications, breathalyzer, speed detection equipment, firearms, computers)

EMPLOYMENT HISTORY

1. List chronologically all employment beginning with **PRESENT EMPLOYMENT**, to include summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, note dates of unemployment. All phone numbers and contact information is essential. (If additional space is needed, use additional sheets.)

Names & Address of Employer	Dates Worked		Salary	Title or Position	Name of Supervisor	Reason For leaving
	Mo./Yr.	From/To				
Name						
Address including zip code						
Area Code & Phone No.						
Name						
Address including zip code						
Area Code & Phone No.						
Name						
Address including zip code						
Area Code & Phone No.						

2. What is your present occupation? _____

3. Are you now engaged in any business as an owner or partner (active or silent)? Yes No If yes, give details: _____

4. Have you ever applied or been employed with this department, any other police department, public safety department, or any other government agency? Yes No If yes, give details, position(s) sought, dates, agencies and status:

5. If previously employed by a law enforcement agency, did you fail to pass probation or resign prior to end of the probationary period? Yes No If yes, provide details, using additional sheets if needed: _____

6. Have you ever been: a) Dismissed by an employer? Yes No b) Asked to resign in lieu of termination? Yes No
c) Had any disciplinary action taken against you from any employment or position you have held? Yes No

If yes, to any of the above, explain in detail, using additional sheets as needed:

7. Have you ever resigned, or left a job by: a) Mutual agreement Yes No
b) Following allegations of misconduct? Yes No c) Unsatisfactory job performance? Yes No If yes, to any of the above, explain in detail, using additional sheets as needed:

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

1. Actual places of residences for past 10 years - list chronologically all addresses, including residences while at school and in military. For college on campus residences, give dormitory name, city and state. If residence in military service cannot be shown as street address, indicate complete military unit designation and location by city, county and state. If post office box, give location of post office.

Dates		Apt. No.	Street Address	City	County	State & Zip Code
Mo./Yr.	From/To					

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

License No.: _____
 Date of Expiration: _____
 Restrictions: _____

2. Do you possess a CDL (Commercial Driver's License)? Yes No

License No.: _____
 Date of Expiration: _____
 Restrictions: _____

3. Do you or have you ever held an operator or chauffeurs license in another state? Yes No

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

4. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No

If yes, please provide complete details including why license was revoked.

5. Indicate below all traffic tickets received in this state or elsewhere (excluding parking violations).

Date	Offense	Location	Age at Time	Issuing Agency

6. List all accidents, including fatalities:

Date	At Fault?	Injuries Involved	Estimated Total Damage	Investingating Agency

1. Have you ever been 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? Yes No
2. Have you ever been placed on probation for a criminal matter by a federal, state or local court in the United States of America or any other country? Yes No If yes, explain in detail, listing court location, charge and disposition.

3. Have you ever been detained in, incarcerated in, or served a sentence in any youth home, jail, prison, penitentiary or other detention facility? Yes No If yes, explain in detail: _____

4. Have you ever been questioned by police or any other law enforcement agency, anywhere, anytime? Yes No
 If yes, explain in detail: _____

5. Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)? Yes No
6. To your knowledge, has any member of your family that resides with you ever been arrested for anything other than traffic violations? Yes No

If yes to any of the above questions, list all such matters even if not formally charged, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. (Include your juvenile record and records of your arrest (s) which have been sealed, if any).

Date	Place & Department	Charge	Court & Place	Disposition
Relative's Name	Place & Department	Charge	Court & Place	Disposition

7. Were you ever summoned or subpoenaed to court in a civil proceeding, or were you ever a party (plaintiff or defendant) in a civil action in this state or elsewhere? Yes No
8. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of, or a suspect in, any criminal investigation Yes No
9. Have you ever been reported or listed as a missing person? Yes No
10. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No

If yes, to any of the above questions, please provide details below:

SELECTIVE SERVICE

1. Are you registered with Selective Service? Yes No
2. If yes, give date registered: _____ Board Location: _____

1. Have you ever served on active duty in the Armed Forces of the United States Yes No
 Branch of Service: _____ Highest Rank: _____
 Serial #: _____ Duty Dates: From: _____ To: _____ From: _____ To: _____
 From: _____ To: _____ From: _____ To: _____

2. Date of discharge: _____

3. Are you now or have you ever been a member of a reserve unit or the National Guard? Yes No

4. If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

5. Are you required to attend military training meetings? Yes No If yes, explain in detail including date obligation is completed: _____

6. Was any type of disciplinary action taken against you in the service? Yes No If yes, please provide:

Date: _____ Place: _____

Nature of Offense: _____

Action taken: _____

7. Have you ever served in the Armed Forces of a foreign country? Yes No If yes, provide countries and dates:

8. Are you designated as disabled because of military service? Yes No

9. **VETERAN'S PREFERENCE:** Check the appropriate block if you are claiming veteran's preference. Documentation substantiating your claim must be furnished at the time of application.

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. Veteran's Administration and the Department of Defense; or

2. The spouse of a veteran who cannot qualify for employment due to a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power; or

3. A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and 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 war time era, excluding active duty for training; or

4. The unmarried widow or widower of a veteran who died of a service connected disability.

5. Have you claimed and been employed using veteran's preference since October 1, 1987? Yes No

If yes, please give name of employer: _____

NOTE: Under Florida law, preference in appointment shall be given 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 veteran's preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veteran's Affairs, P.O. Box 1437, St. Petersburg, Florida 33731.

TO WHOM IT MAY CONCERN: I, _____, do attest that I have never served in the Armed Forces of the United States or in any other country.

Signature

Date

Witness my hand and official seal this _____ day of _____, in the year 20_____.

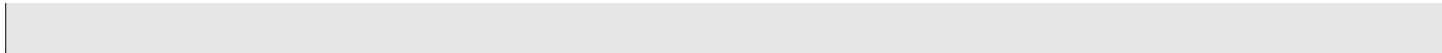
(SEAL)

1. Personal References: Give three (3) references (not relatives, former or present employers, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

<p>Complete Name:</p> <p>_____</p> <p>(Last Name, First, Middle)</p> <p>_____</p> <p>Years Acquainted Occupation</p>	<p>Home Address:</p> <p>_____</p> <p>City & State including zip code:</p> <p>_____</p> <p>Home Phone:</p> <p>_____</p> <p>Business Address:</p> <p>_____</p> <p>City & State:</p> <p>_____</p> <p>Business Phone:</p>
<p>Complete Name:</p> <p>_____</p> <p>(Last Name, First, Middle)</p> <p>_____</p> <p>Years Acquainted Occupation</p>	<p>Home Address:</p> <p>_____</p> <p>City & State including zip code:</p> <p>_____</p> <p>Home Phone:</p> <p>_____</p> <p>Business Address:</p> <p>_____</p> <p>City & State including zip code:</p> <p>_____</p> <p>Business Phone:</p>
<p>Complete Name:</p> <p>_____</p> <p>(Last Name, First, Middle)</p> <p>_____</p> <p>Years Acquainted Occupation</p>	<p>Home Address:</p> <p>_____</p> <p>City & State including zip code:</p> <p>_____</p> <p>Home Phone:</p> <p>_____</p> <p>Business Address:</p> <p>_____</p> <p>City & State:</p> <p>_____</p> <p>Business Phone:</p>

2. Social Acquaintances: Give three (3) social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years.

<p>Complete Name:</p> <p>_____</p> <p>(Last Name, First, Middle)</p> <hr/> <p>Years Acquainted Occupation</p>	<p>Home Address:</p> <p>_____</p> <p>City & State including zip code:</p> <p>_____</p> <p>Home Phone:</p> <p>_____</p> <p>Business Address:</p> <p>_____</p> <p>City & State:</p> <p>_____</p> <p>Business Phone:</p>
<p>Complete Name:</p> <p>_____</p> <p>(Last Name, First, Middle)</p> <hr/> <p>Years Acquainted Occupation</p>	<p>Home Address:</p> <p>_____</p> <p>City & State including zip code:</p> <p>_____</p> <p>Home Phone:</p> <p>_____</p> <p>Business Address:</p> <p>_____</p> <p>City & State:</p> <p>_____</p> <p>Business Phone:</p>
<p>Complete Name:</p> <p>_____</p> <p>(Last Name, First, Middle)</p> <hr/> <p>Years Acquainted Occupation</p>	<p>Home Address:</p> <p>_____</p> <p>City & State including zip code:</p> <p>_____</p> <p>Home Phone:</p> <p>_____</p> <p>Business Address:</p> <p>_____</p> <p>City & State:</p> <p>_____</p> <p>Business Phone:</p>



1.

Name	City & State	Former	Present (list position held & describe activity)

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government to the United States by unconstitutional means?

Yes No

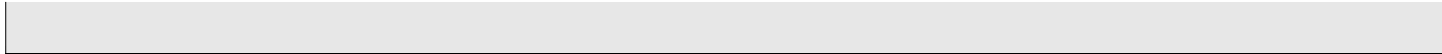
3. Have you ever made a financial or other material contribution to any organization of the type described in question #2 above?

Yes No If yes to question #2 or #3, answer questions #4 and #5 also.

4. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?

Yes No

5. Did you intend to promote any unlawful aims of the organization? Yes No



1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? Yes No

2. Are you now issued or have you ever been issued a license to engage in a business or profession? Yes No

3. Was license ever canceled, suspended or revoked? Yes No If yes to question #1, #2 or #3, please provide details including the type of license or certificate, the agency that issued the license, effective date of license and license number.

1. Do you have any sources of income other than your salary or the salary of your spouse? Yes No
Specify each with an estimated annual amount.

2. Are you or your spouse indebted to anyone? Yes No If yes, please list all debts over \$500.00. Be sure to include student loans and charge accounts. Also, list any debt where payment is past due, regardless of amount.

3. Have you, your spouse, or a company controlled by you, filed for bankruptcy? Yes No If yes, explain in detail.

CONFIDENTIAL EMPLOYEE HISTORY

THE INFORMATION CONTAINED HEREIN IS CONFIDENTIAL AND WILL NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION.

1. Applicant's Current Address:

Address City County State Zip Code
Area Code Telephone Number

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

Name
Address City County State Zip Code
Area Code Telephone Number

3. Children's Name and Ages:

Name	Age	Address (if different)

4. Former Spouse(s) Name and Address:

Name			
Address			
City	County	State	Zip Code

5. Are you now able to participate in defensive tactics, firearms or physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description or task analysis related to the position for which you applied?

Yes No

6. If your answer to question #5 is no, would you be able to perform these tasks with an accommodation? Yes No

7. If a test or examination is required for this position, would you be able to take this test or examination with an accommodation?

Yes No

8. Explain what accommodation(s) you would need to perform these tasks or to take the test or examination.

9. Do you now, or have you ever sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of similar nature? Yes No

If yes, please complete the following:

a. Drug: _____

b. Circumstances: _____

c. Number of times sold: _____

d. First time sold : _____

e. Last time sold: _____

10. Have you ever possessed or used illegal drugs? Yes No If yes, please complete the following:

a. Drug: _____

b. Circumstances: _____

c. Number of times possessed or used: _____

d. First time possessed or used : _____

e. Last time possessed or used: _____

11. Do you **currently** use any narcotic or controlled substance, such as those listed in question 9? Yes No

12. Do you use alcoholic beverages? Yes No If yes, describe and explain usage frequency and quantities:

13. Please provide name and address of next of kin or other person to be contacted in case of an emergency:

Name	Address	City	State	Zip Code
Area Code	Home Phone		Area Code	Business Phone

14. Please provide the name and address of your personal or family physician to be contacted in case of an emergency.

Name	Address	City	State	Zip Code
Area Code	Business Phone			

PREVIOUS LAW ENFORCEMENT APPLICATIONS

1. Have you ever applied to the Town Of Lake Hamilton Police Department? Yes No
If yes, when _____

2. Have you ever applied to another Law Enforcement Agency? Yes No If yes, what agency?

Agency Name _____ Address _____ City/State _____ Zip _____
Date applied _____ Status of application _____

Agency Name _____ Address _____ City/State _____ Zip _____
Date applied _____ Status of application _____

Agency Name _____ Address _____ City/State _____ Zip _____
Date applied _____ Status of application _____

Agency Name _____ Address _____ City/State _____ Zip _____
Date applied _____ Status of application _____

Agency Name _____ Address _____ City/State _____ Zip _____
Date applied _____ Status of application _____

Agency Name _____ Address _____ City/State _____ Zip _____
Date applied _____ Status of application _____

Agency Name _____ Address _____ City/State _____ Zip _____
Date applied _____ Status of application _____

Agency Name _____ Address _____ City/State _____ Zip _____
Date applied _____ Status of application _____

THIS DOCUMENT MUST BE RETURNED WITH APPLICATION



I, _____ an applicant with the Town of Lake Hamilton Police Department hereby certify that I am not currently using, taking or injecting any drug, narcotic, marijuana, or other habit forming substance illegally without such substance being lawfully prescribed by and under the direction of a licensed medical doctor.

I understand and agree that any falsification or misrepresentation with respect to this certification will disqualify me from consideration for employment with the Town of Lake Hamilton Police Department.

Applicant's Signature Date

Witness my hand and official seal this _____ day of _____, in the year 20____.

_____ (SEAL)

Do not wish to sign Date



I understand that as part of the pre-employment process, the Town of Lake Hamilton Police Department will conduct an in-depth background investigation in an effort to determine my suitability to fill the position for which I have applied.

In keeping with the efforts of the Town of Lake Hamilton Police Department to identify the most qualified individuals for the law enforcement profession, I do hereby voluntarily consent to the sampling and subsequent testing of my body fluids, including urine and blood.

I understand that refusal to supply the necessary samples may be grounds for rejection of my application for employment. I further understand that the results of the testing may be utilized in conjunction with any other information developed during the pre-employment process to determine my eligibility for the position for which I have applied. Drug test results under this policy will not be disclosed for purpose of criminal prosecution.

Applicant's Signature Date

Witness my hand and official seal this _____ day of _____, in the year 20____.

_____ (SEAL)

Applicant refused to sign Consent Form Date



All employees of the Town of Lake Hamilton, including the employees of the Town of Lake Hamilton Police Department both certified and uncertified, are "Employed at Will".

The term "Employed at Will" means that, just as in the private sector, a Town employee may be terminated for no reason at all. Nothing shall be deemed to create any property interest or expectation of continued employment.

The procedure for the discharge of any Town of Lake Hamilton Police Department employee will be the same as set forth in the City Personnel Rules & Regulations Handbook, except in those very limited cases where the Police Officers "Bill of Rights" Section 112.532 Florida Statutes applies, provided however, that nothing in the state's procedural "Bill of Rights" shall create a constitutional property right or property interest in Town of Lake Hamilton employment.

I have read and understand the above statement.

Applicant's Signature

Date

Witness my hand and official seal this _____ day of _____, in the year 20_____.

_____ (SEAL)

Pursuant to the Omnibus Consolidated Appropriations Act of 1997, any person convicted of a misdemeanor crime of violence as defined by the Act is prohibited from shipping, transporting, possessing, or receiving firearms or ammunition. There is no "official use" exemption to this prohibition. Accordingly, the Town of Lake Hamilton Police Department is requiring that every officer granted the authority to bear arms submit the following affidavit in compliance with the newlaw.

A conviction shall not apply for the purpose of this new law UNLESS:

(A) The person was represented by counsel in the case or knowingly and intelligently waived the right to counsel in the case, and

(B) If the person was entitled to a trial by jury under the laws of the convicting jurisdiction then the conviction must have resulted from:

1. A trial by jury,
2. The person knowingly and intelligently waived the right to have the case tried by a jury, by guilty plea or otherwise.

AFFIDAVIT

I, _____, do solemnly swear and affirm that the following information is true and correct to the best of my knowledge:

That I have never been convicted of a misdemeanor crime of domestic violence, not including those convictions that have been expunged or otherwise set aside or pardoned, as defined below:

- a. Is a misdemeanor under Federal or State Law and
- b. Has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is co-habiting with or has co-habited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

Signature of Appointee

Date

State of Florida
County of Polk

Sworn to or affirmed and subscribed before me on this _____ day of

_____, 20__ by _____.

Personally known_or produced identification _____

Type of identification _____

Signature of Notary Public

Printed Name of Notary Public

(SEAL)

EMPLOYMENT CONTRACT

Upon accepting employment with the Town of Lake Hamilton Police Department, I understand and agree that, should my employment with the Town terminate for **any reason** within the first 24 months, I **MUST** reimburse the Town of Lake Hamilton for all costs incurred on my behalf.

I further understand that the Town may deduct these costs from any final pay owed. These costs are inclusive of, but not limited to, the following:

- Physical including drug screen and TB Test
- Psychological Exam
- Hepatitis B Shot
- Uniforms & Accessories
- Protective Vest

Signature of Employee	Date

Chief of Police or Designee	Date

Witness my hand and official seal this _____ day of _____, in the year 20_____.

_____ (SEAL)

APPLICANT'S CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a complete background investigation.

I hereby certify that there are no material omissions, misrepresentations or falsifications of the above statements and answers to questions contained in this application. I am aware that should any subsequent inquiry reveal material omissions, misrepresentations and/or falsifications, my application may be rejected and any possibility for future employment with Town of Lake Hamilton will be jeopardized. If after my acceptance for employment, material omissions, misrepresentations and/or falsifications in my application are discovered, I understand that I may be subject to discipline, including but not limited to termination.

I agree to the conditions and certify that all statements made by me on this application, are true, correct and complete, to the best of my knowledge. I fully understand and consent to any physical examination or drug test. I also understand that I will be fingerprinted. I understand that this employment application shall become property of the Town of Lake Hamilton Police Department and that it and the information received in response to the background examination are public records.

I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test and that I may be required to take a drug test during the term of my employment or appointment with the Town of Lake Hamilton Police Department.

I understand that the use of drugs or alcohol is not permitted during work or duty time, whether paid or unpaid, in the areas including vehicles where work is performed by employees or appointees. I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examination that I may be required to take during the term of my employment or appointment, and the maintenance of personal physical fitness to the degree necessary, to satisfactorily perform the duties of my position or assignment with the Town of Lake Hamilton Police Department.

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

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

Signature of the applicant as usually written

Date

Witness my hand and official seal this _____ day of _____, in the year 20_____.

_____ (SEAL)

Date

ACKNOWLEDGEMENT OF TAKE HOME/ASSIGNED VEHICLE POLICY

It is the policy of the Town of Lake Hamilton Police Department to provide assigned vehicles to eligible sworn members, whenever possible in order to improve the level of law enforcement services provided to the citizens of Lake Hamilton. Participation in the assigned vehicle program is completely voluntary on the part of the employee. Should your application for employment be approved, you must meet the following requirements in order to participate in the take home vehicle program:

1. Successful completion of the Field Training Program;
2. Reside within Polk County;
3. Able to meet the requirements of the Lake Hamilton Take Home Vehicle Policy;
4. Have an assignment and/or duties that require the sworn member to respond directly to an emergency, critical incident, crime scene, etc.; or
5. As approved by the Chief of Police.

I, _____ acknowledge and understand the above policy.

Signature of Applicant: _____



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 2001-84, 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 _____