



WEST PALM BEACH POLICE DEPARTMENT

BACKGROUND BOOKLET

This document is part of your on-line application

for

POLICE OFFICER

UPLOAD INSTRUCTIONS

Your application will not be considered without this document.

- Save the original document to your computer.
- Complete the entire document.
- Log into your account via the on-line application system, where you registered, click on "Employment" under the City Services on the City of West Palm Beach website, and upload your completed application into your on-line profile under the Documents section located under Personal Information.

Please Be Completely Honest

Acknowledgment of prior drug use, arrest history, or other incidents of concern will not necessarily result in disqualification. However, omissions, untruthfulness, misrepresentation or any method of deception is likely to disqualify applicants from further or continued employment consideration.

THE CITY OF WEST PALM BEACH IS AN EQUAL OPPORTUNITY EMPLOYER

Veteran's Preference must be requested at the time your application is submitted.

Applicants with a disability who require accommodation during the application/interview process should direct a request in advance to Human Resources.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, familial status, marital status, or sexual orientation.

NOTICE REGARDING THE COLLECTION OF SOCIAL SECURITY NUMBERS

PURSUANT TO SECTION 119.071(5)(a), FLORIDA STATUTES, THE WEST PALM BEACH POLICE DEPARTMENT IS PROVIDING THE FOLLOWING STATEMENT REGARDING ITS COLLECTION OF SOCIAL SECURITY NUMBERS:

SOCIAL SECURITY NUMBERS ARE COLLECTED BY THE WEST PALM BEACH POLICE DEPARTMENT WHEN SPECIFICALLY AUTHORIZED BY LAW TO DO SO OR WHEN IT IS IMPERATIVE FOR THE PERFORMANCE OF THE POLICE OFFICER'S DUTIES AND RESPONSIBILITIES AS PRESCRIBED BY LAW. THE WEST PALM BEACH POLICE DEPARTMENT HAS COLLECTED YOUR SOCIAL SECURITY NUMBER FOR ONE OR MORE OF THE FOLLOWING PURPOSES: EMPLOYMENT; BACKGROUND INVESTIGATIONS; CREDIT WORTHINESS; BENEFIT PROCESSING; PAYROLL AND TAX REPORTING; REPORTING TO THE FLORIDA DEPARTMENT OF LAW ENFORCEMENT; IDENTIFICATION AND VERIFICATION; TO OBTAIN CRIMINAL HISTORY INFORMATION; BOOKING; AND CRIMINAL INTELLIGENCE AND INVESTIGATIONS.

GOOD MORAL CHARACTER

The Criminal Justice Standards and Training Commission defines failure to maintain good moral character as ANY act or acts which would constitute a felony offense whether criminally prosecuted or not; ANY act or acts which would constitute a serious misdemeanor whether criminally prosecuted or not.

The following non-criminal acts consists of but not limited to:

- Excessive use of force, under color of authority;
- Sexual harassment involving physical contact or misuse of official position;
- Misuse of official position as defined in section 112.313 (6), Florida;
- Engaging in sex while on duty;
- Unprofessional relationships with an inmate, detainee, probationer, parolee or community controller as follows: having written or oral communication that is intended to facilitate conduct which is prohibited by the Commission; engaging in physical contact which is prohibited by law or rule;
- False statements which are material to an investigation involving a sustained commission moral character violation;
- Conduct which violates the standards of commission test administration (cheating on the commission state officer examination certification);
- Any other conduct which subverts or attempts to subvert the commission, criminal justice training school, or employing agency examination process;
- The unlawful use of controlled substances.

Additional information: refer to Rule 11B 27.0011(4)(a d), F.A.C.

APPLICATION PROCESS

Candidates are required to check their i-recruitment account for status changes.

PLEASE READ CAREFULLY

Failure to complete **any** of the required steps below will disqualify your application. The selection process also consists of an evaluation of training, education, and a review of attendance records.

Employment Application to be completed on-line.

Background Booklet to be completed and attached to on-line application.

***Attention MAC Users:** A Mac file or Mac-formatted disk cannot be read by a PC. In order for your application to be reviewed by our agency, it must be saved in an appropriate format, such as Microsoft Word for Windows document (*.doc) or converted to a Microsoft Word for PDF file. Supplemental applications submitted in any other format are not visible for application screening purposes and unfortunately will not be permitted. An online ZIP or compression file program may be required to upload required documents successfully.*

Screening of Application - Ensures each candidate meets minimum posting requirements and standards.

Pre-Background Checks - Driver license, criminal history and credit.

Swim Test/PAT -- A completed Physician clearance form is required for the swim test.

Structured Oral Interview - A minimum qualifying score is required to continue in the selection process.

Truth Verification Examination

Ride Along Participation - Each candidate is required to complete two (2) ride-alongs.

Background Investigation - In accordance with West Palm Beach Police Department and Florida Department of Law Enforcement (FDLE) Standards.

Conditional Offer of Employment Letter

Post Offer Psychological Evaluation

Post Offer Physical, Drug & Alcohol Screening

Approval by Chief of Police or Designee

Start Date provided by City of West Palm Beach

POLICE OFFICER APPLICANTS REQUIRED MINIMUM CRITERIA

All applicants must meet the following requirements

Check appropriate box:

- 21 years of age.
- Must be United States citizen.
- High School Graduate or GED.

Check one:

- 1. Applying as Certified officer (Certified means: Current law enforcement officer, accepted into or currently attending a police academy, or completed a police academy and passed the Florida state exam.
- 2. Applying as Non-Certified (seeking academy sponsorship).
- Successfully complete the Criminal Justice Institute Physical Agility from a state accredited facility within one (1) year of application closing date and successfully pass WPBPD mandated swim test.
- Capable of performing the essential functions of the job with or without reasonable accommodation.
- Have a stable work history free of repeated disciplinary actions, suspensions, terminations, and resignations.
- Free of convictions involving domestic abuse or violence.
- Free of convictions of any felony.
- Free of convictions and violations pertaining to Florida Department of Law Enforcement Good Moral Character guidelines.
- Free of misdemeanor convictions involving perjury or false statements.
- Free of convictions or pleads of nolo contendere to any 1st or 2nd degree misdemeanor within the last three (3) years.
- Have not been dishonorably discharged from any of the Armed Forces of the United States.

- For application purposes, a valid driver's license from any state (equivalent to a State of Florida Class E) may be utilized. A current and valid Florida driver's license must be obtained within thirty (30) days from date of employment.

- Have not been convicted of driving under the influence of alcohol or control substances in the preceding five (5) year period in Florida or any other state.
- Have not had a Driver's license suspended under the point system in the past 5 years, as provided for in the Florida Statute, Chapter 322.
- Have not been convicted of three (3) moving violations in the preceding 36 months in Florida or any other state.
- Have not used marijuana in the one (1) year prior to employment application submission; all other illegal drug use in the three (3) years prior to employment application submission.
- Have not failed the WPBPD psychological evaluation or post offer physical, drug and alcohol screening within one year of the application date.
- Free of any tattoos or other markings located on the head, face, neck (above collarbone), hands (below wrist bone).
- Free of tattoos or other markings that promote racism/discrimination, indecency, extremist or supremacist philosophies, lawlessness, violence, or sexually explicit material.

I CERTIFY THAT I HAVE READ THE ABOVE INFORMATION AND MEET ALL OF THE REQUIRED MINIMUM CRITERIA. I FULLY UNDERSTAND NON-COMPLIANCE WITH ANY OF THE CRITERIA IS GROUNDS FOR REJECTION OF MY APPLICATION OR TERMINATION.

APPLICANT NAME

DATE

APPLICANT INFORMATION

1. Legal Name: Last: Suffix: First: Middle:

2. Date of Birth: Place of Birth:

3. Social Security Number: 4. Telephone Number:

5. Driver License Number: State: Expire Date:

6. List all other names you have used including circumstances and time periods you used them (For example: maiden name, former name(s), alias(es), or nickname(s). Include original documentation of legal name change (e.g. **marriage certificate and/or divorce decree**).

NAME:	CIRCUMSTANCE	DATE FROM (MM/YYYY)	DATE TO (MM/YYYY)

7. Are you a U.S. Citizen? YES NO
 If naturalized, list Naturalization Certificate Number:
 Date, Place, and Court:

7a. If not a U.S. Citizen, list alien registration

8. Spouse's Name: Spouse's Occupation:
 Spouse's Maiden Name: Spouse's Social Security Number:
 Spouse's Address (if different from your own): Spouse's Date of Birth:
 Street Address:
 City: County: State: Zip Code:

9. Name and address of former spouse(s):

NAME:	ADDRESS (street, city, state)	DATE TO (MM/YYYY)

RELATIVES EMPLOYED BY THE CITY OF WEST PALM BEACH

11. List all family member(s) including past and present in-laws in the space below. Use additional space on page 18, if needed.

I do not have any relative(s) working for the City of West Palm Beach

I do have relative(s) working for the City of West Palm Beach

	NAME	RELATIONSHIP	LOCATION WHERE ASSIGNED
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

RESIDENCES

12. List all residences for the past twenty (20) years. Beginning with the most recent.

Use additional space on page 18, if needed.

Current Residence

Month/Year:	From:	To:	Own	Rent
Street Address:				
City:		County:	State:	Zip Code:
Police Jurisdiction:				

Previous Residence

Month/Year:	From:	To:	Own	Rent
Street Address:				
City:		County:	State:	Zip Code:
Police Jurisdiction:				

Previous Residence

Month/Year:	From:	To:	Own	Rent
Street Address:				
City:		County:	State:	Zip Code:
Police Jurisdiction:				

Previous Residence

Month/Year:	From:	To:	Own	Rent
Street Address:				
City:		County:	State:	Zip Code:
Police Jurisdiction:				

Previous Residence

Month/Year:	From:	To:	Own	Rent
Street Address:				
City:		County:	State:	Zip Code:
Police Jurisdiction:				

Previous Residence

Month/Year:	From:	To:	Own	Rent
Street Address:				
City:		County:	State:	Zip Code:
Police Jurisdiction:				

Previous Residence

Month/Year:	From:	To:	Own	Rent
Street Address:				
City:		County:	State:	Zip Code:
Police Jurisdiction:				

Previous Residence

Month/Year:	From:	To:	Own	Rent
Street Address:				
City:		County:	State:	Zip Code:
Police Jurisdiction:				

Previous Residence

Month/Year:	From:	To:	Own	Rent
Street Address:				
City:		County:	State:	Zip Code:
Police Jurisdiction:				

EMPLOYMENT QUESTIONS

Entire Work History

1. May we contact your present employer? YES NO

2. Have you ever been dismissed, forced to resign, or asked to resign by an employer? YES NO
 Use additional space on page 18, if needed.
 If yes, please explain:

DATE	NAME OF EMPLOYER	REASON FOR LEAVING

3. Have you ever had any disciplinary actions taken against you by any employer, including military? This includes, but is not limited to, written warning(s), written counseling(s), suspension(s), or demotion(s). Use additional space on page 18, if needed.
 YES NO

DATE	NAME OF EMPLOYER	EXPLANATION

4. Have you ever applied to any other law enforcement and/or corrections agency? Use additional space on page 18, if needed.
 YES NO

DATE	AGENCY AND POSITION	DISPOSITION

5. Have you ever performed paid or unpaid services for a law enforcement and/or corrections agency (cadet, volunteer, intern, etc), or been employed by the West Palm Beach Police Department? Use additional space on page 18, if needed.
 YES NO

AGENCY AND POSITION	DATES EMPLOYED (MM/YYYY – MM/YYYY)

6. If you were employed as a Law Enforcement Officer, please list all the Internal Affairs Investigations in which you were a subject
 Use additional space on page 18, if needed.

DATE	AGENCY AND POSITION	CIRCUMSTANCES AND DISPOSITION

EMPLOYMENT HISTORY

List all places of employment for the past fifteen (15) years, starting with the most recent job first. Include all periods of military service, full-time schooling, and all periods of unemployment over three (3) months. List all temporary and seasonal employment. Failure to accurately list employment history will result in immediate disqualification of application. Use additional space on page 18, if needed.

Start Date:		Name of Employer:		
End Date:				
Salary:		Location of Employer:		
Contact Name:			Contact Phone/Email:	
Description of Duties:				
Reason for Leaving:				

Start Date:		Name of Employer:		
End Date:				
Salary:		Location of Employer:		
Contact Name:			Contact Phone/Email:	
Description of Duties:				
Reason for Leaving:				

Start Date:		Name of Employer:		
End Date:				
Salary:		Location of Employer:		
Contact Name:			Contact Phone/Email:	
Description of Duties:				
Reason for Leaving:				

Start Date:		Name of Employer:		
End Date:				
Salary:		Location of Employer:		
Contact Name:			Contact Phone/Email:	
Description of Duties:				
Reason for Leaving:				

Start Date:		Name of Employer:		
End Date:				
Salary:		Location of Employer:		
Contact Name:			Contact Phone/Email:	
Description of Duties:				
Reason for Leaving:				

Start Date:		Name of Employer:		
End Date:				
Salary:		Location of Employer:		
Contact Name:			Contact Phone/Email:	
Description of Duties:				
Reason for Leaving:				

EMPLOYMENT HISTORY (CONTINUED)

Start Date:		Name of Employer:		
End Date:				
Salary:		Location of Employer:		
Contact Name:			Contact Phone/Email:	
Description of Duties:				
Reason for Leaving:				

Start Date:		Name of Employer:		
End Date:				
Salary:		Location of Employer:		
Contact Name:			Contact Phone/Email:	
Description of Duties:				
Reason for Leaving:				

Start Date:		Name of Employer:		
End Date:				
Salary:		Location of Employer:		
Contact Name:			Contact Phone/Email:	
Description of Duties:				
Reason for Leaving:				

Start Date:		Name of Employer:		
End Date:				
Salary:		Location of Employer:		
Contact Name:			Contact Phone/Email:	
Description of Duties:				
Reason for Leaving:				

Start Date:		Name of Employer:		
End Date:				
Salary:		Location of Employer:		
Contact Name:			Contact Phone/Email:	
Description of Duties:				
Reason for Leaving:				

Start Date:		Name of Employer:		
End Date:				
Salary:		Location of Employer:		
Contact Name:			Contact Phone/Email:	
Description of Duties:				
Reason for Leaving:				

Start Date:		Name of Employer:		
End Date:				
Salary:		Location of Employer:		
Contact Name:			Contact Phone/Email:	
Description of Duties:				
Reason for Leaving:				

ORGANIZATION MEMBERSHIP

1. Have you now or have you ever been associated with or a member of a Fascist Organization, any Community Organization(s), Subversive Terrorist Organization, or any other organization that discriminates against gender, religion, racial, or ethnic background? YES NO
2. Are you now or have you ever been associated with or a member, or attended meetings of an organization that advocates violence against a group based on religion, gender, racial or other ethnic characteristics? YES NO
3. Are you now or have you ever been associated with or a member of any organization, association, movement group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the 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 of the United States by unconstitutional means? YES NO
4. Are you now associating with, or have you associated with any individuals, including relatives, and/or present or past in-laws, who you know or have reason to believe, are or have been, members of any other organizations referred to in questions 1 through 3? YES NO
5. Have you ever participated in any activities associated with organizations of the type described above? This includes making contributions, attending events or meetings, taking part in projects they sponsor, or distributing any materials produced by them or their affiliates.
YES NO
6. Have you ever made a financial or other material contribution to any organization of the type described in questions 1-3 above? YES NO
7. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? YES NO
8. Did you intend to promote any unlawful aims of those organizations listed in questions 1-3? YES NO

If yes to **any** of the answers above, describe the circumstances below & provide a full detailed statement. If associated with any of these organizations, specify nature and extent of association with each, including office or position held, also include dates, places and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organizations with which they were or are affiliated.

DRIVING HISTORY

1. Do you have a valid Florida driver's license: YES NO
 License Number: _____ Date of Expiration: _____ Restrictions: _____

2. Do you hold or have you ever held a driver's license in another state? YES NO

STATE	NAME USED	LICENSE NUMBER	DATE (MM/YYYY - MM/YYYY)

3. Have you ever been denied issuance of a driver's license or have you ever had a driver's license suspended or revoked?
 YES NO If yes, provide complete details including why the license was revoked.

STATE	DATE	REASON / CHARGE	DISPOSITION

4. List all vehicles you currently own or operate. Use additional space on page 18, if needed.

YEAR	MAKE	MODEL	COLOR	LICENSE PLATE NUMBER / STATE	OWN (YES / NO)

5. Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance?
 YES NO If yes, give details below.

DATE	REASON	OUTCOME

6. Have you had any traffic accidents within the last seven (7) years? YES NO If yes, give details below

DATE	AGENCY	CITY, STATE	REPORT NUMBER	CAUSE OF ACCIDENT	INJURY/NON-INJURY/FATALITY	DISPOSITION

7. Did job related traffic accidents result in discipline? YES NO If yes, please explain

8. List ALL traffic citations that you have EVER received (excluding parking citations) regardless of court disposition. Additional space on page 18, if needed.

CITY, STATE	AGENCY	DATE	VIOLATION CITED	FINAL DISPOSITION

ARREST HISTORY / COURT DATA

If you answer "YES" to any of the following questions, please explain in the space provided. An affirmative response may not be disqualifying

1. Have you EVER been questioned, detained, issued a Notice to Appear or arrested, by ANY law enforcement agency? List ALL arrests. Including juvenile or traffic. It is MANDATORY by Florida State Law that you include those ARRESTS that were SEALED or EXPUNGED, or ANY in which you plead NOLO CONTENDERE. ADDITIONAL SPACE ON PAGE 18, IF NEEDED.

AGENCY	CITY, STATE	DATE (MM/YYYY)	REPORT NUMBER	CIRCUMSTANCES/CHARGES	FINAL DISPOSITION (FINE/INCARCERATION/ETC)

2. Have you ever been investigated, arrested, or convicted of domestic violence? ADDITIONAL SPACE ON PAGE 18, IF NEEDED.

YES NO

AGENCY	CITY, STATE	DATE (MM/YYYY)	REPORT NUMBER	CIRCUMSTANCES/CHARGES	FINAL DISPOSITION (FINE/INCARCERATION/ETC)

2a. Have you ever been served with a restraining order. Injunction, or a no contact order? If yes, explain below. YES NO

3. Have you ever committed a crime for which you were not arrested or convicted? If yes, explain below. YES NO

4. To your knowledge have you ever been the subject or suspect in a criminal investigation? YES NO
If yes, explain below.

5. To your knowledge has any member of your immediate family ever been arrested for anything other than traffic violations?

YES NO If yes, indicate below:

NAME	RELATIONSHIP	OFFENSE	WHERE ARRESTED	DATE

6. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? YES NO

NAME OF ORGANIZATION	DATE	PURPOSE OF FINGERPRINTING

7. Have you ever been placed on probation? YES NO

MISCELLANEOUS

1. Are you now or have you ever been issued a license to engage in a business or profession? YES NO

If yes, name of business: _____

2. Was your business or occupational license ever cancelled, suspended, or revoked? YES NO

If yes, explain: _____

3. Do you have any sources of income other than your salary or the salary of your spouse? YES NO

If yes, explain: _____

4. Are you able to perform the duties set forth in the job description, job posting, and/or job information provided, with or without a reasonable accommodation? YES NO

If no, explain: _____

5. **Have you ever used, purchased, supplied, or sold marijuana (Vape/THC, edibles, or prescribed)** YES NO

If yes, please complete the following:

- a. Circumstances: _____
- b. Number of times used, purchased, supplied and/or sold: _____
- c. Date first time used, purchased, supplied and/or sold: _____
- d. Date last time used, purchased, supplied and/or sold: _____

6. Do you now, or have you ever used, purchased, possessed, supplied, and/or sold any other narcotics or controlled substances to include drugs that were not prescribed to you by a doctor, such as, but not limited to, hashish, cocaine, LSD, amphetamines, heroin, steroids, or any drug similar nature? **(DO NOT INCLUDE DRUGS LAWFULLY PRESCRIBED TO YOU.)**

YES NO

If yes, please complete the following:

- a. Circumstances: _____
- b. Number of times used, purchased, supplied and/or sold: _____
- c. Date first time used, purchased, supplied and/or sold: _____
- d. Date last time used, purchased, supplied and/or sold: _____

APPLICATION FOR VETERANS' PREFERENCE

Applicants wishing to claim Veterans' Preference in employment must complete this form and submit as an attachment to your employment application, along with required documentation.

I wish to claim Veterans' Preference in employment in accordance with Chapter 295 of the Florida Statutes. I qualify under the following category: (Check one)

- A Veteran with an existing compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the DVA and the Department of Defense.
- The spouse of a Veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a Veteran missing in action, captured in line of duty by a hostile force, or detained or interned in line of duty by a foreign government or power.
- A Veteran of any war who has served at least one day on active duty during a wartime period as defined in FSS 295.07, Section 1.01 (14), excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America or who has been awarded a campaign or expeditionary medal.
- The unremarried widow or widower of a Veteran who died of a service-connected disability.
- The mother, father, legal guardian, or unremarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the United States Department of Defense.
- A Veteran as defined in Section 1.01 (14), Florida Statutes: The term 'Veteran' means a person who served in the active military, naval, or air service and who was discharged under honorable conditions.
- A current member of any reserve component of the United States Armed Forces or The Florida National Guard.

Wartime Periods:

World War II: December 7, 1941 to December 31,
1946 Korean Conflict: June 27, 1950 to January 31,
1955 Vietnam Era: February 28, 1961 to May 7, 1975

Persian Gulf War: August 2, 1990 to January 2, 1992
Operation Enduring Freedom: October 7, 2001 to
TBD Operation Iraqi Freedom: March 19, 2003 to
TBD Operation New Dawn: September 1, 2010 to
TBD

Character of Discharge: (Check one)

Honorable General Dishonorable Other (explain) _____

Documents that must be submitted at time of application in order to claim preference:

Veterans, disabled Veterans, spouses of disabled Veterans and family members shall furnish a DD-214 or equivalent certification listing military status, dates of service and Character of Discharge.

Disabled Veterans shall also furnish a document from the Department of Defense, the OVA, or the Department certifying that the Veteran has a service-connected disability.

Spouses of disabled Veterans shall also furnish either a certification from the Department of Defense or the OVA that the Veteran is totally and permanently disabled or an identification card issued by the Department; spouses shall also furnish evidence of marriage to the Veteran and a statement that the spouse is still married to the Veteran at the time of the application for employment; the spouse shall also submit proof that the disabled Veteran cannot qualify for employment because of the service-connected disability.

Spouses of persons on active duty shall furnish a document from the Department of Defense or the OVA certifying that the person on active duty is listed as missing in action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign government or power; such spouses shall also furnish evidence of marriage and a statement that the spouse is married to the person on active duty at the time of that application for employment.

The mother, father, legal guardian, or unremarried widow or widower of a deceased Veteran shall furnish a document from the Department of Defense showing the death of service member while on duty status under combat-related conditions or the OVA certifying the service-connected death of the Veteran, and shall further furnish evidence of marriage. The legal guardian shall show the proper court documents establishing the legal authority for the Guardian.

Current reserve and National Guard members provide a letter from their Commanding Officer stating the dates of their military service.

Please use the following space to clarify your answers to any questions in this application. Please include the page and the question number.

APPLICANT'S CERTIFICATION

I understand my appointment or employment will be contingent upon the results of a complete background investigation. I am aware any omissions, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the West Palm Beach Police Department I agree to the conditions and certify all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph and/or CVSA (certified voice stress analysis) examination concerning the veracity of my responses to the information requested on the application or which is discovered as a result of the background investigation, or any medical or psychological, or drug test. I also understand I will be fingerprinted.

I understand the West Palm Beach Police Department has no funds available to reimburse any expenses I may incur in seeking this position. I recognize the time required to process and select applicants is lengthy and time consuming. No promises or commitments are expected as to a time when a hiring decision and/or actual hiring will take place.

I understand this application is the property of the West Palm Beach Police Department. Once submitted for pre-employment processing, it will not be returned to me.

I am also aware any and all documents or information (including this application) submitted to the West Palm Beach Police Department will be subject to Public Records Law with the exception of certain personal information which is exempted under Florida Statute(s), Chapter 119.

I further understand and agree my employment/appointment will be contingent upon the results of a complete drug test and I may be required to take drug tests during the term of my employment/appointment with the West Palm Beach Police Department.

I understand the West Palm Beach Police Department offers employment/appointment to those persons most qualified for a position.

I understand the use of alcohol by employees or appointees is prohibited during work or duty time, whether paid or unpaid, in any work area within the West Palm Beach Police Department, and police vehicles. .

I understand the use or possession of illegal drugs by employees or appointees is prohibited at any time, whether on or off duty.

I understand that employees or appointees are required to notify their immediate supervisors prior to or at the start of their work shift when they are either taking prescription medicine, or other medication which may impair their normal faculties.

I understand my continued employment/appointment may be contingent upon the results of medical or psychological examinations which I may be required to take during the term of my employment/appointment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the essential duties of my position or assignment with the West Palm Beach Police Department.

I understand and agree my acceptance for employment/appointment does not offer or guarantee any proprietary rights for continued employment/appointment.

I understand and agree any employment/appointment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash, in payment for overtime hours that I work, to the extent allowed by law. I understand, however, the City has the absolute discretion to periodically substitute cash, in whole or part, for my accrued compensatory time.

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

By typing your name and date below, you are acknowledging and agreeing to comply with all of the above statements.

Applicant Name/Signature

Date Signed

REFERENCES

List five (5) personal references. Do not include relatives, former employers, or supervisors, or persons living outside of The United States or its Territories.

Name: _____ Occupation: _____
Street Address: _____ City: _____ State: _____ Zip Code _____
Home Phone Number: _____ Email Address: _____
How long known: _____

Name: _____ Occupation: _____
Street Address: _____ City: _____ State: _____ Zip Code _____
Home Phone Number: _____ Email Address: _____
How long known: _____

Name: _____ Occupation: _____
Street Address: _____ City: _____ State: _____ Zip Code _____
Home Phone Number: _____ Email Address: _____
How long known: _____

Name: _____ Occupation: _____
Street Address: _____ City: _____ State: _____ Zip Code _____
Home Phone Number: _____ Email Address: _____
How long known: _____

Name: _____ Occupation: _____
Street Address: _____ City: _____ State: _____ Zip Code _____
Home Phone Number: _____ Email Address: _____
How long known: _____

NEIGHBORHOOD REFERENCES

MINIMUM OF THREE (3) REFERENCES REQUIRED

NAME	STREET ADDRESS,CITY,STATE,ZIP CODE	TELEPHONE NUMBER AND EMAIL	DATES WHEN PERSON WAS NEIGHBOR

OPTIONAL INFORMATION

The West Palm Beach Police Department is an employer with a voluntary Affirmative Action Plan. This plan and other governmental regulations require us to comply with certain regulations.

You are not required to complete this portion of the form, and any information you voluntarily provide will be maintained in a file separate from your employment application. This information will be used for the purpose of monitoring the success of the West Palm Beach Police Department Affirmative Action Plan programs and will not have any effect on any hiring decision. Please answer the questions below.

1. Sex: MALE FEMALE

2. Ethnicity : Regardless of your answer to #2, go to question 3.

Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.

3. Racial Category: Please select the racial category or categories with which you most closely identify. Check all that apply.

White A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native A person having origins in any of the original peoples of North or South America (including Central America) and who maintain tribal affiliation or community attachment.