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.

The first step in completing this application is to save this document on your device. The entire document needs to be completed. You may stop at any time to save the document, and go back to add to it later. Once the entire application has been completed and saved on your device, you will need to "print to PDF," and create separate files with smaller groups of pages (1-5, 6-10, etc). The file sizes must not be greater than 1.5mb due to iRecruitment file size restrictions. Log back into your iRecruitment application account. Click on "My Account," and scroll down to "Documents." Click on "add Document" and upload your completed Background Booklet files.

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 consist of, but are 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 Statutes;
- 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.

1. **Employment Application** to be completed on-line.
2. **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.*
3. **Screening of Application** – Ensures each candidate meets minimum posting requirements and standards.
4. **Pre-Background Checks** – Driver license, criminal history and credit.
5. **Swim Test/PAT** – A completed Physician clearance form is required for the swim test.
6. **Truth Verification Examination**
7. **Structured Oral Interview** – A minimum qualifying score is required to continue in the selection process.
8. **Ride Along Participation** – Each candidate is required to complete two (2) ride-alongs.
9. **Background Investigation** – In accordance with West Palm Beach Police Department and Florida Department of Law Enforcement (FDLE) Standards.
10. **Approval by Chief of Police or Designee**
11. **Post Offer Psychological Evaluation**
12. **Post Offer Physical, Drug & Alcohol Screening**
13. **Conditional Offer of Employment Letter**
14. **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 pleas 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.
- ☐ Possess a valid Florida driver's license.
- ☐ 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 is required. State of 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 controlled 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 from failure date.
- ☐ Free of any marking 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 | Phone Number

4. Driver License Number | State | Expire Date

5. 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)

6. Are you a U.S. Citizen? ○ Yes ○ No

If naturalized, list Naturalization Certificate Number

Date, Place, and Court

6a. If not a U.S. Citizen, list alien registration

7. Spouse

Spouse's Name | Spouse's Occupation

Spouse's Maiden Name | Spouse's Social Security Number

Spouse's Date of Birth | Spouse's Address (if different from your own) – Street Address

City | County | State | Zip Code

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

Name	Address (street, city, state)	Date To (MM/YYYY)



FAMILY INFORMATION

Required. List in the order given, showing relationship: current spouse, parents/guardian, stepparents, parents-in-law, brothers, sisters, all children, including step and adopted children.

Include any others you currently reside with or have resided with in the past three (3) years or with whom a close relationship existed or exists (i.e. roommate). **Use additional space on page 17, if needed.**

Relationship	Name	Complete Address	Phone	DOB	Occupation
Spouse					
Mother					
Father					

RELATIVES EMPLOYED BY THE CITY OF WEST PALM BEACH

Required. List all family member(s) including past and present in-laws in the space below. **Use additional space on page 17, 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

Required. List **ALL** residences for the past twenty (20) years. List address, police jurisdiction and email address of residences and present or prior landlords, if applicable. **Use Pg 17 as needed.**

Current Residence

From (MM/YYYY) | To (MM/YYYY) | Own / Rent | Police Jurisdiction

Street Address | City | County | State | Zip Code

Address/Email

Previous Residence 1

From (MM/YYYY) | To (MM/YYYY) | Own / Rent | Police Jurisdiction

Street Address | City | County | State | Zip Code

Address/Email

Previous Residence 2

From (MM/YYYY) | To (MM/YYYY) | Own / Rent | Police Jurisdiction

Street Address | City | County | State | Zip Code

Address/Email

Previous Residence 3

From (MM/YYYY) | To (MM/YYYY) | Own / Rent | Police Jurisdiction

Street Address | City | County | State | Zip Code

Address/Email

Previous Residence 4

From (MM/YYYY) | To (MM/YYYY) | Own / Rent | Police Jurisdiction

Street Address | City | County | State | Zip Code

Address/Email

Previous Residence 5

From (MM/YYYY) | To (MM/YYYY) | Own / Rent | Police Jurisdiction

Street Address | City | County | State | Zip Code

Address/Email

Previous Residence 6

From (MM/YYYY) | To (MM/YYYY) | Own / Rent | Police Jurisdiction

Street Address | City | County | State | Zip Code

Address/Email

Previous Residence 7

From (MM/YYYY) | To (MM/YYYY) | Own / Rent | Police Jurisdiction

Street Address | City | County | State | Zip Code

Address/Email

Previous Residence 8

From (MM/YYYY) | To (MM/YYYY) | Own / Rent | Police Jurisdiction

Street Address | City | County | State | Zip Code

Address/Email

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? *If yes, please explain:* ○ Yes ○ No

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). ○ Yes ○ No

Date	Name of Employer	Reason for Leaving

4. Have you ever resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? ○ Yes ○ No

Date	Name of Employer	Reason for Leaving

5. Have you ever applied to, or performed, paid (or unpaid) services for a Law Enforcement Agency not listed as an employer (i.e. cadet, volunteer, intern), or been employed by the West Palm Beach Police Department or any other Law Enforcement and/or Corrections Agency? ○ Yes ○ No

Date	Name of Agency	Position Held	Dates Employed From (MM/YYYY)	Dates Employed To (MM/YYYY)	Applied Only
					☐
					☐
					☐

6. If you were employed as a Law Enforcement Officer, please list all the Internal Affairs Investigations in which you were a subject **Use pg 17 as needed.**

EMPLOYMENT HISTORY

Required. List all places of employment 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. Also list all temporary and seasonal employment. If required, list additional employment on a separate sheet and upload it to your online employment application. **Failure to list entire employment history will result in an immediate disqualification of application.**

Start Date | End Date | Salary | Name of Employer

Location of Employer | Contact Name | Contact Phone/Email

Description of Duties

Reason for Leaving

Start Date | End Date | Salary | Name of Employer

Location of Employer | Contact Name | Contact Phone/Email

Description of Duties

Reason for Leaving

Start Date | End Date | Salary | Name of Employer

Location of Employer | Contact Name | Contact Phone/Email

Description of Duties

Reason for Leaving

Start Date | End Date | Salary | Name of Employer

Location of Employer | Contact Name | Contact Phone/Email

Description of Duties

Reason for Leaving

Start Date | End Date | Salary | Name of Employer

Location of Employer | Contact Name | Contact Phone/Email

Description of Duties

Reason for Leaving

Start Date | End Date | Salary | Name of Employer

Location of Employer | Contact Name | Contact Phone/Email

Description of Duties

Reason for Leaving

EMPLOYMENT HISTORY (CONTINUED)

Start Date | End Date | Salary | Name of Employer

Location of Employer | Contact Name | Contact Phone/Email

Description of Duties

Reason for Leaving

Start Date | End Date | Salary | Name of Employer

Location of Employer | Contact Name | Contact Phone/Email

Description of Duties

Reason for Leaving

Start Date | End Date | Salary | Name of Employer

Location of Employer | Contact Name | Contact Phone/Email

Description of Duties

Reason for Leaving

Start Date | End Date | Salary | Name of Employer

Location of Employer | Contact Name | Contact Phone/Email

Description of Duties

Reason for Leaving

Start Date | End Date | Salary | Name of Employer

Location of Employer | Contact Name | Contact Phone/Email

Description of Duties

Reason for Leaving

Start Date | End Date | Salary | Name of Employer

Location of Employer | Contact Name | Contact Phone/Email

Description of Duties

Reason for Leaving

Start Date | End Date | Salary | Name of Employer

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 a member of a Fascist Organization, any Communist 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 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 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 or have you **ever** been affiliated or associated with any organization of the type referred to in questions 1-3, as an agent, official, or employee? ○ Yes ○ No

5. 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

6. Have you **ever** been engaged in any of the following activities of any organization of the type described above? Contribution(s) to, attendance at or participation in any organizations, social, or other activities of said organization or any projects sponsored by them; the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced, or published, by them or any of their agents or instrumentalities? ○ Yes ○ No

7. Have you ever made a financial or other material contribution to any organization of the type described in questions 1-3 above? ○ Yes ○ No

8. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? ○ Yes ○ No ☐ N/A

9. Did you intend to promote any unlawful aims of those organizations listed in questions 1-3? ○ Yes ○ No ☐ N/A

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? *If yes, please provide the state(s), name used and approximate dates license(s) was/were held* ◯ Yes ◯ No

State	Name Used	Date of License(s) Held

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

State	Date	Reason / Charge	Outcome

4. List all vehicles you currently own or operate. **Use additional space on page 17, if needed.**

Year	Make	Model	Color	Tag Number	Own (Yes / No)
					◯ Yes ◯ No
					◯ Yes ◯ No
					◯ Yes ◯ No

5. Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance? *If yes, give details below.* ◯ Yes ◯ No

Date	Reason	Outcome

6. Have you had any traffic accidents within the last seven (7) years? *If yes, give details below* ◯ Yes ◯ No

Were You Charged?	Date of Accident	Explain
◯ Yes ◯ No		
◯ Yes ◯ No		
◯ Yes ◯ No		

7. Were the traffic accidents job related? *If yes, list year occurred and explain.* ◯ Yes ◯ No

Year occurred / explanation

8. Did job related traffic accidents result in discipline? *If yes, please explain* ◯ Yes ◯ No

Explanation

9. List all traffic citations that you have ever received, excluding parking citations. **Use pg.17 as needed.** ◯ Yes ◯ No

City, State	Agency	Date	Violation Cited	Final Disposition

ARREST HISTORY / COURT DATA

Answering yes to any of the following questions does not automatically disqualify you. Please use the space provided, or pg.17 to explain. Failure to disclose any/all law enforcement contact can lead to automatic disqualification.

1. Have you EVER been questioned, detained, issued a Notice to Appear or arrested, by ANY law enforcement agency? List ALL law enforcement contacts/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. Use pg. 17, as needed. ◯ Yes ◯ No

Agency	City, State	Date MM/YYYY	Report Number	Circumstances or Charges	Final Disposition (Fine, Incarceration, ETC)

2. Have you ever been investigated, arrested, or convicted of domestic violence? ◯ Yes ◯ No

Agency	City, State	Date MM/YYYY	Report Number	Circumstances or Charges	Final Disposition (Fine, Incarceration, ETC)

2a. Have you ever been served with a restraining, injunction order or a no contact order? *If yes, attach explanation* ◯ Yes ◯ No

3. Have you ever committed a crime for which you were not arrested or convicted? *If yes, attach explanation* ◯ Yes ◯ No

4. Have you ever had contact with any Law Enforcement agency for any reason, including minor traffic violations? *If yes, explain:* **List all, use pg.17 as needed.** ◯ Yes ◯ No

Explanation

5. To your knowledge have you ever been the subject of, or a suspect in, a criminal investigation? *If yes, explain:* ◯ Yes ◯ No

Explanation

6. To your knowledge has any member of your immediate family ever been arrested for anything other than traffic violations? *If yes, indicate below:* ◯ Yes ◯ No

Name	Relationship	Offense	Where Arrested	Date

7. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? ◯ Yes ◯ No

Name of Organization	Date	Purpose of Fingerprinting

8. Have you ever been placed on probation? *If Yes, attach explanation:* ◯ 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 (to include Vape/THC, edibles, or prescribed)? ○ Yes ○ No
If yes, please complete the following:

a. Circumstances

b. Number of times used

c. Date first time used

d. Date last time used

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? (exclude lawfully prescribed drugs) ○ Yes ○ No
If yes, please complete the following:

a. Circumstances

b. Number of times used, purchased, possessed, supplied and/or sold

c. Date first time used, purchased, possessed, supplied and/or sold

d. Date last time used, purchased, possessed, 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 DVA, 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 DVA 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 DVA 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 DVA 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.

ADDITIONAL INFORMATION

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, Police Office 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

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

Reference 1 – Name | Occupation
Street Address | City | State | Zip Code
Home Phone Number | Email Address | How long known

Reference 2 – Name | Occupation
Street Address | City | State | Zip Code
Home Phone Number | Email Address | How long known

Reference 3 – Name | Occupation
Street Address | City | State | Zip Code
Home Phone Number | Email Address | How long known

Reference 4 – Name | Occupation
Street Address | City | State | Zip Code
Home Phone Number | Email Address | How long known

Reference 5 – Name | Occupation
Street Address | City | State | Zip Code
Home Phone Number | Email Address | How long known

NEIGHBORHOOD REFERENCES

Required. Minimum of three (3) neighborhood references.

Neighbor 1 – Name | Telephone Number | Email Address | Dates When Person Was Neighbor
Street Address | City | State | Zip Code

Neighbor 2 – Name | Telephone Number | Email Address | Dates When Person Was Neighbor
Street Address | City | State | Zip Code

Neighbor 3 – Name | Telephone Number | Email Address | Dates When Person Was Neighbor
Street Address | City | State | Zip Code

Neighbor 4 – Name | Telephone Number | Email Address | Dates When Person Was Neighbor
Street Address | City | State | Zip Code

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.

Please answer the questions below. Please be aware you are not obligated to complete this portion of the form and any information you can provide voluntarily will be maintained in a file separate from your employment application. The 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 be used for, or have any effect on, any hiring decision.

1. Sex: ◯ Male ◯ Female

2. Race/Ethnicity

◯ **Hispanic or Latino**	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.
◯ **White (not Hispanic or Latino)**	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
◯ **Black or African American (not Hispanic or Latino)**	A person having origins in any of the black racial groups of Africa.
◯ **Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)**	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
◯ **Asian (not Hispanic or Latino)**	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 (not Hispanic or Latino)**	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
◯ **Two or More Races**	