

WEST PALM BEACH POLICE DEPARTMENT



Police Officer Application - Part 2

UPLOAD INSTRUCTIONS

This document is part of your online application.

Your application will not be considered without this document.

The first step in completing this application is to save this document on your computer, a portable disk or drive. The entire document needs to be filled out. However, 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 computer, you will need to log back into your account via the online 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 online profile under the **Documents** section located under **Personal Information**.

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.

Applications are valid for twelve (12) months from the opening date.

Please Be Completely Honest

Acknowledgement 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.

**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:

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 relationship with an inmate, detainee, probationer, parolee or community controllee 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

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 – Complete on-line.

Supplemental Application – Complete and attach to on-line application.

Attention MAC Users: A Mac file or Mac-formatted disk cannot be read a PC. As a result, please refrain from using the MAC application "Previewer" function when saving you supplemental application. 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.

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

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

Swim Test - Candidates are required to check their irectruitment account for status changes. A completed Physician clearance form is required for the swim test.

Polygraph

Ride Along Participation - Each candidate is required to complete two (2) rides along prior to the oral interview.

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

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

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
- Must be a Florida State Certified Police Officer by closing date of application.

Successfully complete the Criminal Justice Institute Physical Agility from a state accredited facility within one (1) year of application closing date.

- 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.
- Must present proof of automobile insurance upon offer of employment.
- Have not been convicted of driving under the influence of alcohol or control substances in the preceding 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 3 moving violations in the preceding 36 months in Florida or any other state.

- Have not used marijuana in the three (3) years prior to employment application submission; all other illegal drug use in the five (5) years prior to employment application submission.

Have not failed the psychological evaluation or post offer physical, drug and alcohol screening within one year from failure date.

Currently enrolled or accepted in a State of Florida Criminal Justice Basic Recruit Training Program.

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 / Signature

Date

1. Legal Name: Last Suffix First Middle

2. Date of Birth: Place of Birth:

3. Social Security #

4. Driver License # State: Exp. 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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Are you a U.S. citizen? Yes No
If naturalized, list Naturalization Certificate No.
Date, Place and Court

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

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

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

NAME	Address (Street, City, State)	Phone No. (Area Code)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 If yes, please explain.

DATE	NAME OF EMPLOYER	REASON FOR LEAVING
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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), suspensions(s), or demotion(s).
 Yes No If yes, please explain.

DATE	NAME OF EMPLOYER	REASON FOR LEAVING
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Have you **ever** resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?
 Yes No If yes, please explain.

DATE	NAME OF EMPLOYER	REASON FOR LEAVING
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Have you **ever** applied to, or performed, paid (or unpaid) services for a Law Enforcement Agency not listed as 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 If yes, please explain.

DATE	NAME OF AGENCY	POSITION HELD	DATE(S) EMPLOYED		APPLIED ONLY (Check)
			From	To	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

EMPLOYMENT HISTORY

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 3 months. Also list all temporary and seasonal employment. If required, list additional employment on a separate sheet and upload to your online employment application. Failure to list entire employment history will result in immediate disqualification of application.

Start Date:	Name of Employer:
End Date:	
Salary:	Location of Employer:
Contact Name:	Description of Duties:
Contact Phone# [A U] :	Reason for Leaving:

Start Date:	Name of Employer:
End Date:	
Salary:	Location of Employer:
Contact Name:	Description of Duties:
Contact Phone# [A U] :	Reason for Leaving:

Start Date:	Name of Employer:
End Date:	
Salary:	Location of Employer:
Contact Name:	Description of Duties:
Contact Phone# [A U] :	Reason for Leaving:

EMPLOYMENT HISTORY

Start Date:	Name of Employer:
End Date:	
Salary:	Location of Employer:
Contact Name:	Description of Duties:
Contact Phone# !AUJ:	Reason for Leaving:

Start Date:	Name of Employer:
End Date:	
Salary:	Location of Employer:
Contact Name:	Description of Duties:
Contact Phone# !AUJ:	Reason for Leaving:

Start Date:	Name of Employer:
End Date:	
Salary:	Location of Employer:
Contact Name:	Description of Duties:
Contact Phone# !AUJ:	Reason for Leaving:

Start Date:	Name of Employer:
End Date:	
Salary:	Location of Employer:
Contact Name:	Description of Duties:
Contact Phone# !AUJ:	Reason for Leaving:

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.

RESIDENCES (continued)

Month/Year From: To: Own Rent
Street Address:
City: County: State: Zip Code:
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Month/Year From: To: Own Rent
Street Address:
City: County: State: Zip Code:
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Month/Year From: To: Own Rent
Street Address:
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Month/Year From: To: Own Rent
Street Address:
City: County: State: Zip Code:
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Month/Year From: To: Own Rent
Street Address:
City: County: State: Zip Code:
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Month/Year From: To: Own Rent
Street Address:
City: County: State: Zip Code:
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DRIVING HISTORY

1. Are you a licensed Florida vehicle operator? Yes No License No.#
 Date of Expiration: Restrictions:

2. Do you hold or have you ever held an operator or chauffeur license in another state? Yes No
If yes, please provide state(s), name used and approximate dates license(s) was/were held.

STATE	NAME USED	DATE OF LICENSE(S) HELD
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 license was revoked.
 Use additional space on page 20, if needed.

STATE	DATE	REASON/CHARGE	OUTCOME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. List all vehicles you currently own or operate. Use additional space on page 20, if needed.

YEAR	MAKE	MODEL	COLOR	TAG NUMBER	OWN	
					YES	NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Do you presently have automobile liability insurance in accordance with Florida State Statutes?
 Yes No **If no**, give details.

6. Please provide proof of insurance for vehicles listed in #4 above. Use additional space on page 20, if needed.

NAME OF COMPANY	POLICY NUMBER	NAME OF AGENT	ADDRESS	PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

DATE	REASON/CHARGE	OUTCOME
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Have you had any traffic accidents within the last 7 years? Yes No **If yes**, give details.

WERE YOU CHARGED?	DATE OF ACCIDENT	EXPLAIN
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>

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

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

11. Have you **ever** received a ticket or been convicted of a traffic violation (exclude parking tickets)?
 Yes No **If yes**, explain.

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 arrested or given notice or summons to appear for any criminal violation even as a juvenile? (Include any arrest in which the records were sealed or expunged.) Yes No

Crime

Police Agency Date

Sentence

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

Crime

Police Agency Date

Sentence

2a. Have you ever been served with a restraining order or a no contact order?

Yes No **If yes**, attach explanation.

3. Have you **ever** committed a crime for which you were not arrested or convicted?

Yes No **If yes**, attach explanation.

3a. Have you ever plead guilty or nolo contendere to a crime other than traffic violation?

Yes No

Crime

Police Agency Date

Sentence

4. Have you ever had contact with any law enforcement agency for **any** reason, including minor traffic violations?

Yes No

If yes, explain.

5. To your knowledge have you **ever** been the subject of, or a suspect in, a criminal investigation?

Yes No

If yes, explain.

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

Name	Relationship	Offense	Where Arrested	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Name of Organization	Date	Purpose of Fingerprinting
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Have you **ever** been placed on probation? Yes No **If yes**, explain.

FAMILY INFORMATION

9. 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 3 years or with whom a close relationship existed or exists (i.e. roommate). **Use additional space on page 19, if needed.**

RELATIONSHIP	NAME	COMPLETE ADDRESS (Zip Code)	PHONE (Area Code)	DOB	OCCUPATION
Current Spouse					
Father					
Mother (Maiden)					

RELATIVES EMPLOYED BY THE CITY OF WEST PALM BEACH

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.

List all family member(s) including past and present in-laws in the space below. **Use additional space on page 19, if needed.**

Name		Relationship	Location Where Assigned
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

REFERENCES

Do not include relatives, former employers or supervisors, or persons living outside the United States or its Territories.

1. Name Occupation
Street Address
(House/Apt. Number, Street) (City) (State) (Zip Code)
Home Phone
(Include area code)
How Long Known

2. Name Occupation
Street Address
(House/Apt. Number, Street) (City) (State) (Zip Code)
Home Phone
(Include area code)
How Long Known

3. Name Occupation
Street Address
(House/Apt. Number, Street) (City) (State) (Zip Code)
Home Phone
(Include area code)
How Long Known

4. Name Occupation
Street Address
(House/Apt. Number, Street) (City) (State) (Zip Code)
Home Phone
(Include area code)
How Long Known

5. Name Occupation
Street Address
(House/Apt. Number, Street) (City) (State) (Zip Code)
Home Phone
(Include area code)
How Long Known

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
9. 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.

NEIGHBORHOOD REFERENCES

LIST THREE NEIGHBORS YOU HAVE HAD WITHIN THE LAST 3 YEARS

NAME	STREET ADDRESS, CITY, STATE, ZIP CODE	TELEPHONE NUMBER / AREA CODE	DATE WHEN THIS PERSON WAS A NEIGHBOR

MISCELLANEOUS

1. Are you now or have you **ever** been issued a license to engage in a business or profession?

Yes No **If yes**, explain.

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 marijuana? Yes No **If yes**, please complete the following:

a. Circumstances:	<input type="text"/>
b. Number of times used:	<input type="text"/>
c. First time used:	<input type="text"/>
d. Last time used:	<input type="text"/>

6. Have you **ever** purchased, possessed, supplied or sold marijuana?

Yes No **If yes**, please complete the following:

a. Circumstances:	<input type="text"/>
b. Number of times used, purchased, possessed, supplied and/or sold:	<input type="text"/>
c. First time used, purchased, possessed, supplied and/or sold:	<input type="text"/>
d. Last time used, purchased, possessed, supplied and/or sold:	<input type="text"/>

7. Do you now, or have you **ever** used, purchased, possessed, supplied, and/or sold any other narcotic or controlled substance such as, but not limited to, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature? (Exclude lawfully prescribed drugs)

Yes No **If yes**, please complete the following:

a. Drug:	<input type="text"/>
b. Circumstance:	<input type="text"/>
c. Number of times used, purchased, possessed, supplied and/or sold:	<input type="text"/>
d. First time used, purchased, possessed, supplied, and/or sold:	<input type="text"/>
e. Last time used, purchased, possessed, supplied and/or sold:	<input type="text"/>

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