FLAGLER BEACH POLICE

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS **Date:** _____

The Flagler Beach Police Department does not offer sponsorships for the Academy at this time, nor are we accepting any part-time/reserve positions.

PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION. APPLICATION MUST BE LEGIBLE AND COMPLETED IN FULL TO BE CONSIDERED.

DO NOT leave any areas blank. Résumé's may **NOT SUBSTITUTE** for any information requested on this application.

FLAGER BEACH POLICE DEPARTMENT is an equal opportunity employer.

Completed applications and supporting documentation will be emailed to: Recruiting@FBPD.ORG

PERSONAL INFORMATION

- -

Social Security Number

Last Name | First Name | Middle Name

Residence Address (No PO Box) | Apt. Number | Apartment Complex Name

City | State | Zip Code

Mailing Address

City | State | Zip Code

Home Phone | Work Phone | Extension | Cell Phone/Other

Email Address: _____

Social Networks Used: ☐ Facebook ☐ Instagram ☐ TikTok ☐ SnapChat ☐ LinkedIn ☐ Other(s)

Have you EVER applied for employment with the Flagler Beach Police Department? ☐ YES ☐ NO

If YES, please supply dates: _____

Have you ever used any other name? ☐ YES ☐ NO If YES, please list those names here:

Last Name | First Name | Middle Name

Last Name | First Name | Middle Name

Are you a United States Citizen? ☐ Yes ☐ No

If naturalized, please provide:

Date Place

Court Naturalization No.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the employment eligibility verification form upon hire.

MILITARY HISTORY

Are you currently or have you ever been a member of the Armed Forces of the United States (include Reserve status and National Guard)?
☐ YES ☐ NO

Branch	Highest Rank Achieved	
Entry Date	Discharge Date	Type of Discharge

Was any type of disciplinary action taken against you in the Service? ☐ YES ☐ NO

If yes, explain:
1. Have you ever attempted to join the military? ☐ Yes ☐ No
2. Did you receive any other than honorable separation from the service? ☐ Yes ☐ No
3. While in the service did you ever receive a court-martial? ☐ Yes ☐ No
4. Was any type of disciplinary action taken against you in the service ☐ Yes ☐ No
5. Were you ever the subject of any military investigations? ☐ Yes ☐ No

INDICATE ITEM NUMBER TO WHICH THE ANSWERS APPLY.

ITEM NO.	RESPONSE

EDUCATION/TRAINING

Are you a high school graduate? ☐ YES ☐ NO ☐ GED Date of Graduation: _____

High School Name	City	State

Colleges/Universities Attended

☐ **Check here if not applicable**

College/University		City	State
To (mm/yy)		Completed Credit Hours	
From (mm/yy)			
Type of Degree Earned			
Date of Degree (mm/yy)		Field of Study	
College/University		City	State
To (mm/yy)		Completed Credit Hours	
From (mm/yy)			
Type of Degree Earned			
Date of Degree (mm/yy)		Field of Study	
College/University		City	State
To (mm/yy)		Completed Credit Hours	
From (mm/yy)			
Type of Degree Earned			
Date of Degree (mm/yy)		Field of Study	

Academy, Business, Trade or Other Schools Attended - Indicate any Law Enforcement Training (Attach list, if applicable)

☐ **Check here if not applicable**

Academy/School Name		City	State
To (mm/yy)		Completed Class Hours	
From (mm/yy)			
Type of Certificate Earned			
Date of Graduation (mm/yy)		Field of Study	
Academy/School Name		City	State
To (mm/yy)		Completed Class Hours	
From (mm/yy)			
Type of Certificate Earned			
Date of Graduation (mm/yy)		Field of Study	

Current Professional Licenses or Certifications

☐ **Check here if not applicable**

Type of License/Certification		State	
Date Issued (mm/yy)			
Expiration (mm/yy)		Issuing Agency	
Type of License/Certification		State	
Date Issued (mm/yy)			
Expiration (mm/yy)		Issuing Agency	

Computer Skills: ☐ **Word** ☐ **Excel** ☐ **Outlook** ☐ **Power Point**

Indicate any special skills you possess and equipment you can use which may be related to the position for which you are applying, i.e., breathalyzer, speed detection equipment and firearms _____

EMPLOYMENT HISTORY

If you answer yes to the following questions, please explain below.

1. Have you ever been terminated from employment for any reason? ☐ YES ☐ NO
2. Have you ever quit a job in lieu of being terminated? ☐ YES ☐ NO
3. Have you ever been asked to resign? ☐ YES ☐ NO
4. Have you ever stolen anything from an employer? ☐ YES ☐ NO
5. Have you ever applied for a job with any other law enforcement agencies? ☐ YES ☐ NO
6. Have you ever been denied employment with any law enforcement agency? ☐ YES ☐ NO
7. Have you ever consumed alcoholic beverages or used illegal drugs while at work? ☐ YES ☐ NO
8. Have you ever taken a polygraph for employment or for any other reason? ☐ YES ☐ NO
9. Have you ever received any disciplinary action (suspensions/reprimands) from an employer? ☐ YES ☐ NO

Indicate item number to which answers apply.

ITEM NO.	RESPONSE

List chronologically all employment for the last 10 years including current employment, summer and part-time employment while attending school. All time must be accounted for. Any length of time not employed, indicate dates of unemployment. Please attach a separate sheet of paper for additional employment history, if necessary. Also list any business which you own, are a partner, or corporate officer in the work history section.

May we contact your present employer? ☐ YES ☐ NO

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____	From _____ To _____
Employer Phone		Part Time ☐ Full Time ☐	
		Starting Salary $	Last Salary $
Fax Number		Email Address	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	

Employer Name		Hours per Week	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time ☐ Full Time ☐	From _____ To _____
Employer Phone		Starting Salary $	Last Salary $
Fax Number		Email Address	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time ☐ Full Time ☐	From _____ To _____
Employer Phone		Starting Salary $	Last Salary $
Fax Number		Email Address	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	

Employer Name		Hours per Week _____	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised _____ Part Time ☐ Full Time ☐	From _____ To _____
Employer Phone		Starting Salary $	Last Salary $
Fax Number		Email Address	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	

Employer Name		Hours per Week	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised	From To
		Part Time ☐ Full Time ☐	
Employer Phone		Starting Salary $	Last Salary $
Fax Number		Email Address	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	

Employer Name		Hours per Week	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised	From To
		Part Time ☐ Full Time ☐	
Employer Phone		Starting Salary $	Last Salary $
Fax Number		Email Address	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	

Employer Name		Hours per Week	Dates of Employment (mm/dd/yy)
Employer Address City, State, Zip		Number you Supervised	From To
		Part Time ☐ Full Time ☐	
Employer Phone		Starting Salary $	Last Salary $
Fax Number		Email Address	
Position		Supervisor's Name	
Detailed Job Duties			
Reason for Leaving		Name When Employed	

PERSONAL REFERENCES

List three (3) references (do not include relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. You must give *complete* information for each reference. If retired, give former occupation.

Name					
Address City, State, Zip					
Daytime Phone or Cellphone		Email Address			
Occupation		Relationship		Years Known	
Name					
Address City, State, Zip					
Daytime Phone or Cellphone		Email Address			
Occupation		Relationship		Years Known	
Name					
Address City, State, Zip					
Daytime Phone or Cellphone		Email Address			
Occupation		Relationship		Years Known	

RESIDENCES

List chronologically all addresses, including residences while at school and in military. For college on campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street addresses, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

Dates (mm/yy)							
From	To	Apt. No.	Street Address	City	Zip Code	County	State

CONTROLLED SUBSTANCES

Drug testing is required for this position. All applicants must complete a drug questionnaire when applying for a position. This is part of the application process and must be completed before the application will be reviewed. Failure to complete this section will result in disqualification of your application. Prior drug usage is not necessarily a disqualifier; however, failure to disclose prior usage will result in disqualification. Applicants who are found, through investigation or personal admission, to have experimented with illegal drugs, except those medically prescribed, will not be considered for employment with the Flagler Beach Police Department.
Do you NOW, or have you EVER tried, purchased or sold any illegal drugs or controlled substances?

("Tried" includes smoking; inhaling; swallowing; placing/rubbing on gums, lips, or tongue; injecting; or ingesting by any other means as a juvenile or as an adult.) ☐ YES ☐ NO If you answered YES, list details below.

Name of Drug or Controlled Substance	Tried	Purchased	Sold	First Time (mm/yy)	Last Time (mm/yy)
Marijuana/"Pot"	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Cocaine/"Crack"/ Blow/ Smow/ Powder/ Flake, Rock/ C. Stardust	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Steroids/ Anabolic / Androgineic, Testosterone/ Roids/ Juice	Total # of cycles _____	Total # of times purchased _____	Total # of times sold _____		
Methylenedioxymethamphetamine/ Ecstasy/ MDMA/ MDA	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Methamphetamine/ "Meth"	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
LSD/"Acid"	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Heroin	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
PCP / Angel Dust	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Psilocybin Mushrooms/ Srhooms	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Methaqualone / Ludes/ 747s	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Diazepam / Valium	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Oxycodone / Percodan / Percocet	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Rohyphnol / Roofies	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Ketamine / Special K / K	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Barbituate / Goofballs/ Barbs / Yellows / Blues / Reds / Rainbows/ Seconal / Phenobarbital, Nembutal or Amytal	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Amphetamine / Methamphetamine Biphetamine / Bennies/ Spped, UPS / Meth, Crystal Meth / Benzedrine/ Dexedrine, Desoxyn, Medrine	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Miscellaneous Other Substances / Nitrous/ Oxide/ Glue/ Gasoline/ Freon/ Pam/ Whippets/ or any other inhalants / propellants ie. Whipped Cream	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Designer Drugs by Other Names / ICE/ GHB/ GBL/ NEXUS/ FANTS-I/ EVE, Double Stack/ PMA/ DXM/ CAT/ YABA / China White	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Antihistamines or other over-the-counter medications except as directed for symptoms of illness - Sudafed / Dristan/ Nyquil/ and any other over-the counter medications	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Other: Name drug _____	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		

CRIMINAL HISTORY

CHARGES: When applying for a position with a law enforcement agency, Florida law requires that **ALL** arrests and charges be disclosed, regardless of the disposition. These include, but are not limited to all such matters, even if not formally charged or no court appearance, or found not guilty, or nolo contendre to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. (Include your juvenile record and records of your arrest which have been sealed, if any.)

CONVICTIONS: The circumstances surrounding the conviction are considered, such as: the nature, number, severity, date of the offense, subsequent history, efforts at rehabilitation, and relation of the offense to the requirements of the position for which you are applying.

1. Have you or a family member EVER been arrested by ANY law enforcement agency for ANY reason? This includes arrests or detentions [held for questioning] as a juvenile or for violations which were not prosecuted or where some type of pre-trial intervention was offered, and includes all arrests regardless of your plea. ☐ YES ☐ NO (If yes, please explain below)

2. Have you or a family member EVER been convicted of, or have you EVER been found to have committed any civil or criminal law violation other than minor traffic violations? ☐ YES ☐ NO (If yes, please explain below)

3. Have you or a family member EVER had a criminal charge or record sealed, expunged or purged? ☐ YES ☐ NO (if yes, please explain below)

4. Have you or a family member ever been a plaintiff or defendant in a court action? ☐ YES ☐ NO (if yes, please explain below)

5. Have you or a family member ever been fingerprinted for any reason (arrest, job application, military, etc)? ☐ YES ☐ NO

Indicate item number to which answers apply.

IF YES, LIST ALL CRIMINAL AND CIVIL LAW VIOLATIONS. INCLUDE DISPOSITIONS (Copies of all court dispositions must be submitted with application.) Be sure to include charges from all states, regardless of the outcome or timeframe. Attach additional pages if necessary

Charge		**Date (mm/yyyy)**
Arresting Agency		
Disposition or Outcome		**Date (mm/yyyy)**
Charge		**Date (mm/yyyy)**
Arresting Agency		
Disposition or Outcome		**Date (mm/yyyy)**
Charge		**Date (mm/yyyy)**
Arresting Agency		
Disposition or Outcome		**Date (mm/yyyy)**

DRIVER'S LICENSE

State of Issue	License Number	Date of Expiration

Restrictions

1. Is your driver's license currently restricted, suspended, or expired? ☐ YES ☐ NO
2. Has your driver's license ever been denied, restricted, revoked, or suspended? ☐ YES ☐ NO
3. Have you received a ticket or been charged with any traffic violation(s) during the past seven (7) years? ☐ YES ☐ NO
4. Do you owe money to any court for settlements, judgments, fines or unpaid tickets? ☐ YES ☐ NO
5. Have you been involved in any lawsuits stemming from a crash? ☐ YES ☐ NO
6. Have you been involved in any vehicle accidents and listed at fault? ☐ YES ☐ NO

Indicate item number to which answers apply.

CIVIL HISTORY

If you answer yes to the following questions, please explain below.

1. Do you have any type of civil process or litigation pending at this time? ☐ YES ☐ NO
2. Has a legal judgment even been issued against you (i.e. Divorce, Child Support, Alimony or any other type)? ☐ YES ☐ NO
3. Have you ever had any property repossessed? ☐ YES ☐ NO
4. Have you ever had your wages garnished? ☐ YES ☐ NO
5. Have you ever had a lien or judgment filed against you or your business? ☐ YES ☐ NO
6. Have you, your spouse, or a company controlled by you, filed for bankruptcy? ☐ YES ☐ NO Declared bankruptcy ☐ YES ☐ NO

Indicate item number to which answers apply

APPLICANT CHECKLIST

Please note that you will have to provide the documents listed below at conditional offer of employment.

- ❑ Valid Florida Driver's License
- ❑ Social Security Card
- ❑ Birth Certificate issued by State Vital Records (not hospital)
- ❑ High School Diploma or GED
- ❑ College Degree; college transcripts if no degree (if applicable)
- ❑ Proof of Legal Name Change
- ❑ D214/Military Discharge Character of Service and Reenlistment Code
- ❑ Court Disposition Papers (if applicable)
- ❑ Certificate of Completion from Training Academy (if applicable)
- ❑ State of Florida Certificate of Compliance (if applicable)
- ❑ F.D.L.E. Examination Results (if applicable)

ADDITIONAL PERSONAL INFORMATION

1. Are any family members / relatives (by blood or marriage) employed by the City of Flagler Beach? ☐ YES ☐ NO
2. Do you have any personal acquaintances (friends, etc.) employed by the City of Flagler Beach? ☐ YES ☐ NO
3. Have you applied with any other Florida law enforcement agency in the last twelve months? ☐ YES ☐ NO
4. Do you speak a foreign language? ☐ YES ☐ NO Are you fluent? Speak ☐ Write ☐ Read ☐
5. How did you hear of employment opportunities with the Flagler Beach Police Department?
   - ☐ Website
   - ☐ Job Posting
   - ☐ Employ Florida
   - ☐ Career / Job Fair
   - ☐ FBPD Employee _____
   - ☐ Other _____

Are you able to perform all the essential functions of the position for which you have applied for with or without accommodation?
☐ YES ☐ NO **(If no, please explain below)**
Indicate item number to which answers apply

APPLICANT CERTIFICATION

The Flagler Beach Police Department is authorized to verify any or all of the information contained on the application form. A false answer to any question(s) in this application may be grounds for non-selection or for termination after you begin work. All statements are subject to investigation, including a check of your training and experience statements. All information you give will be considered in reviewing your application. Your application may be subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida Statutes.

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement, misrepresentation or falsification of facts shall cause forfeiture of all rights to employment with the Flagler Beach Police Department. If accepted for employment I agree to abide by and comply with all rules, regulations, and policies and procedures of the Flagler Beach Police Department. I understand and agree that I am free to terminate my employment at any time. I further understand and agree that my employer has the right to terminate my employment during my initial probationary period with or without cause. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the rules, regulations, policies and procedures of the Flagler Beach Police Department.

_____ _____

Applicant's Signature Date

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF _____

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

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

expires on _____, _____. _____

Notary Public

❑ Personally Known **– or –** ❑ Produced Identification

* Type of Identification Produced: _____

MILITARY SERVICE & VETERANS' PREFERENCE

Complete this section if you served in the U.S. Armed Forces.

NAME: _____

DATES OF SERVICE: _____to _____

SERVICE BRANCH: _____

RANK: _____ TYPE OF DISCHARGE: _____

ARE YOU IN THE NATIONAL GUARD OR RESERVES? ☐ Yes ☐ No

PLEASE INDICATE IF YOU ARE CLAIMING VETERANS' PREFERENCE.
(Note: Attach DD form 214, Certificate of Discharge or separation from active duty, or other official documents (to include military discharge papers, or equivalent certification from DVA listing military status, dates of service, and discharge type) issued by the branch of service are required as verification of eligibility for Veterans' Preference.)

☐ **I DO NOT CLAIM VETERANS' PREFERENCE.**

☐ **I CLAIM VETERANS' PREFERENCE BECAUSE I AM (check one below):**

☐ 1. A veteran with a compensable service-connected disability and I am eligible to receive compensation, disability retirement or a pension under public laws administered by the U.S. Veterans' Administration and the Department of Defense.
☐ 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.
☐ 3. A veteran of any war who has served on active duty for one (1) day or more during a wartime period, excluding active duty for training, and who was discharged under HONORABLE conditions from the Armed Forces of the United States of America, if any part of such active duty was performed during a wartime era.
☐ 4. The unremarried widow or widower of a veteran who died of a service-connected disability.
☐ 5. Receipt of any Armed Forces Expeditionary Medal (AFEM) or Global War on Terrorism Expeditionary Medal (GWTEM) is qualifying for Veterans' Preference.

Have you claimed and been employed through Veterans' Preference since October 1, 1987?

☐ YES Name of Employer : _____
Hire Date: _____

☐ NO

I hereby certify that the information on my Veterans' Preference status is true and correct to the best of my knowledge. I understand that falsification of this information can be a criminal violation and may result in my dismissal, if employed.

Signature: _____Date: _____

NOTE: Applicants who claim a Veterans' Preference and are not selected for a position may file a complaint with the Florida Department of Veterans Affairs, P.O. Box 31003, St. Petersburg, FL 33731. A complaint shall be filed within 21 days after notice of hiring decision. If a notice of hiring decision is not given, a complaint may be filed at any time.

FDLE
Florida Department of
Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION
(Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.

CJSTC 58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: Flagler Beach Police Department

ADDRESS: 204 South Flagler Avenue, Flagler Beach, FL 32136

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Flagler Beach Police Department , 204 South Flagler Avenue, Flagler Beach FL 32136

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. ***Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.***

_____ _____

Applicant's Signature **Date**

_____

Applicant's Address

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ **COUNTY OF** _____

Sworn to (or affirmed) and subscribed before me this _____

day of _____, **year** _____, **By** _____

_____

Signature of Notary Public – State of Florida

_____

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known ☐ **OR Produced Identification** ☐

Type of Identification Produced _____

EQUAL EMPLOYMENT OPPORTUNITY AND RECRUITING SURVEY

The information requested on this form regarding race, sex, age, veteran, and disability status is needed to analyze and assure compliance with the Federal equal Employment Opportunity laws and to meet the reporting requirements of those laws.

This form is maintained separately from your original Employment Application and is not used during the employment process. Your cooperation in voluntarily completing this information is appreciated.

Today's Date (mm/dd/yy)

Position Applied For

Date of Birth (mm/dd/yy)

Sex
☐ **Male** ☐ **Female**

Marital Status
☐ **Married** ☐ **Single**

Age Group

- ☐ Under 18
- ☐ 18-39
- ☐ 40-70
- ☐ Over 70

Disability

The American Disabilities Act of 1990 (ADA) requires an employer to provide a reasonable accommodation to qualified individuals with disabilities who are applicants for employment.

Do you have a disability that qualifies for a reasonable accommodation? ☐ NO ☐ YES

If Yes, please briefly state disability_____

Education

☐ highest grade completed 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐

☐ High School Graduate
☐ GED
Year

☐ College Graduate
Year

Degree | Major | Minor

Race/Ethnic Category
Check only one. See chart to the right for descriptions.

- ☐ **White** (not of Hispanic origin)
- ☐ **Black** (not of Hispanic origin)
- ☐ **Hispanic** (regardless of race)
- ☐ **Asian/Pacific Islander**
- ☐ **American Indian/Alaskan Native**

Description of EEOC Race/Ethnic Categories

White	All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
Black	All persons having origins in any of the Black groups of Africa.
Hispanic	All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture, regardless of race.
Asian/ Pacific Islander	All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.
American Indian/ Alaskan Native	All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.