

***City Marshal
Quinn L. Jones***



***State of Florida
City of Arcadia***

APPLICANT CHECKLIST

IN ORDER TO BE CONSIDERED AS A VALID APPLICANT FOR A POSITION WITH THE ARCADIA POLICE DEPARTMENT, EACH APPLICANT SHALL:

Applications that are not complete will not be accepted

1. Submit a completed Police Department application, in ink or typewritten to the Administrative Assistant at the Police Department either in person, by mail, email or fax. Persons with disabilities shall be reasonably accommodated provided the request is made prior to any scheduled selection procedures.
2. Fully, clearly, and accurately supply information on the application regarding education, experience, and qualifications.
3. Sign the application in ink in the presence of a notary/witness attesting to the truth of all statements contained on the application. (We have notaries at the Police Dept.)
4. Provide all the required documentation listed below:
 - ☐ COPY OF DRIVER'S LICENSE
 - ☐ COPY OF BIRTH CERTIFICATE
 - ☐ COPY OF HIGH SCHOOL DIPLOMA OR GED
 - ☐ COPY OF FDLE STATE CERTIFICATE OR PROOF OF PASSING FLORIDA CERTIFICATION TEST (LAW ENFORCEMENT APPLICANTS ONLY)
 - ☐ IF MILITARY VETERAN, A COPY OF YOUR DD-214 SHOWING HONORABLE DISCHARGE
 - ☐ IF YOU CARRY A DEGREE, A COPY OF YOUR CERTIFICATE OR CERTIFIED COPY OF COLLEGE TRANSCRIPTS
5. Please be sure that all names, addresses (including zip codes), and phone numbers of employers and personal references are accurate and complete. If there is not enough room on the application for ALL your employment history, please attach an additional page or resume with the COMPLETE history.

Your application is the first step in presenting yourself as a candidate for employment with the Arcadia Police Department. It is important that it is presented in a professional and detailed manner.

The Arcadia Police Department is an Equal Employment Opportunity/Affirmative Action Employer. We consider all qualified applicants for employment without regard to race, color, national origin, sex, age, disability, marital status, religion, protected veteran status, sexual orientation, or any other legally protected status.

ARCADIA POLICE DEPARTMENT
LAW ENFORCEMENT
EMPLOYMENT APPLICATION FORM

The Police Department is an Equal Employment Opportunity/Affirmative Action Employer. We consider all qualified applicants for employment without regard to race, color, national origin, sex, age, disability, marital status, religion, protected veteran status, sexual orientation or any other legally protected status.

NOTICE: The following additional documents must be attached to this application:

1. A certified copy of birth certificate
2. A certified copy of high school diploma or Florida Police Standards approved G.E. D.
3. A copy of military discharge (s).

_____ ARCADIA _____ CITY DATE: _____

POSITION APPLYING FOR: POLICE OFFICER _____ RECORDS _____
CROSSING GUARD _____ OTHER _____

INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

I understand that the submission of this application for sponsorship to a law enforcement academy does not constitute an application for employment or appointment with the sponsor-law enforcement agency. Moreover, I understand this law enforcement agency is under no obligation to sponsor me as a candidate for any law enforcement training program.

PERSONAL HISTORY

1. Full Name:

_____ Last Name First Middle Abbv.

2. Other: 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).)

Name	Circumstance	Dates From Mo./Yr.	Dates To Mo./Yr.

CONFIDENTIAL EMPLOYEE HISTORY

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

1. Applicant's Current Address:

Address			
City	County	State	Zip Code
Telephone Number		E-Mail	

2. Applicant's Social Security Number: _____

YOUR SOCIAL SECURITY NUMBER IS REQUESTED FOR THE SOLE PURPOSE OF EMPLOYMENT BACKGROUND INVESTIGATIONS AND ADMINISTERING EMPLOYMENT BENEFITS.

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

Name			
Address			
City	County	State	Zip Code

4. Children's Names and Ages:

Name	Date of Birth	Address (if different than applicants)

5. Former Spouse(s) Name and Address:

Name			
Address			
City	County	State	Zip Code

6. Are you now able to participate in defensive tactics, firearms or physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description or task analysis related to the position for which you applied? ☐ Yes ☐ No

7. This position may require a physical agility test, if such a test or examination is required, would you be able to take this test or examination? ☐ Yes ☐ No

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

Name _____

Address _____

City _____

State _____

Zip Code _____

Home Phone _____

Business Phone _____

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

Name _____

Address _____

City _____

State _____

Zip Code _____

Business Phone _____

DRUG HISTORY

The information contained herein MAY BE a confidential medical record under the Americans with Disabilities Act if the applicant is a rehabilitated drug or alcohol abuser or under section 119.071(4)(b) whether the medical information, if disclosed, would identify the applicant.

1. Do you currently use any narcotic or controlled substance, such as cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturate, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature, or have you used such a narcotic or controlled substance within the last year? ☐ Yes ☐ No
2. Have you ever illegally experimented with or used any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature?
☐ Yes ☐ No If yes, please complete the following:
 - a. Drug: _____
 - b. How taken: _____
 - c. Last time illegally experimented with or used: _____
3. Do you now or have you ever illegally obtained, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature?
☐ Yes ☐ No If yes, please complete the following:
 - a. Drug: _____
 - b. Circumstances: _____
 - c. Number of times illegally obtained/possessed/supplied/sold: _____
 - d. First time illegally obtained/possessed/supplied/sold: _____
 - e. Last time illegally obtained/possessed/supplied/sold: _____

4. Do you now or have you within the last year, abused or illegally obtained, possessed or sold any prescription drug?
☐ Yes ☐ No If yes, provide details, including drug, date, and circumstances.

5. Do you claim to be a rehabilitated alcohol, narcotics or drug user of any of the controlled substances as set forth above? ☐ Yes ☐ No If yes, provide details.

I understand that the "Applicants Certification" applies in all respects to the responses provided in this "Confidential Employee History" and "Drug History."

Signature of the applicant as usually written

Date

Witnessed by:

BACKGROUND INFORMATION

THIS INFORMATION IS REQUIRED TO CONDUCT BACKGROUND INVESTIGATION ONLY!

1. Date and Place of Birth:

_____|_____|_____|_____|_____|_____|
Date of Birth City County State Country (if not the United States)

2. Are you a United States citizen? ☐ Yes ☐ No

If naturalized, please provide:

_____|_____|_____|_____|_____|_____|
Date Place

_____|_____|_____|_____|_____|_____|
Court Naturalization No.

3. Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Never Married

4. Do you have or have you ever applied for a passport? ☐ Yes ☐ No Passport No. _____

5. Height: _____ Weight: _____

EDUCATION/TRAINING

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

2.	*College/University Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
		From	To	Qtr.	Sem.		

*Attach diploma or official transcript from last institution of higher education attended.

Major _____ Minor _____

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

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

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

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5. Indicate any foreign languages you can Speak:

Read:

Write:

Fluent	Good	Fair

6. Indicate any law enforcement education/training:

--

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

8. Has your law enforcement certificate ever been suspended, revoked, relinquished or subject to discipline or investigation by the CJST? ☐ Yes ☐ No If yes, explain.

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9. Describe any special abilities, interests, and hobbies including the degree of proficiency:

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

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

12. Have you had any training/education with K-9's? ☐ Yes ☐ No If yes, provide details:

EMPLOYMENT HISTORY

1. List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address of Employer	Dates Worked Mo./Yr.			Title or Position	Name of Supervisor	Reason for Leaving
	From	To				
Name						
Address						
City, State, Zip						
Area Code & Phone No.						
Name						
Address						
City, State, Zip						
Area Code & Phone No.						
Name						
Address						
City, State, Zip						
Area Code & Phone No.						
Name						
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City, State, Zip						
Area Code & Phone No.						
Name						
Address						
City, State, Zip						
Area Code & Phone No.						

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RESIDENCES	
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- [illegible]

ARREST HISTORY/COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? ☐ Yes ☐ No
2. Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)? ☐ Yes ☐ No
3. To your knowledge, has any member of your immediate family ever been arrested for other than traffic violations? ☐ Yes ☐ No If yes to question #1, #2 or #3, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. (Include your juvenile record and records of your arrest(s) which have been sealed, if any.)

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

Provide details for each response to question #1, #2, or #3:

4. Have you or your spouse ever been a plaintiff or defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.) ☐ Yes ☐ No If you answered yes, give date, place or court, case number, names of involved parties, nature of action, and final disposition.

5. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation? ☐ Yes ☐ No
6. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? ☐ Yes ☐ No If yes to questions #5 or #6, please provide details.

DRIVING HISTORY

1. Are you a licensed Florida automobile operator or chauffeur? ☐ 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.

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? ☐ Yes ☐ No If yes, please provide complete details including why license was revoked.

4. Have you ever had automobile insurance refused, withdrawn, or revoked? ☐ Yes ☐ No If yes, please provide complete details.

MILITARY HISTORY

1. Are you registered for Selective Service? ☐ Yes ☐ No

If yes, your Selective Service Number: _____

Classification: _____ Date of Classification: _____

Address of Local Board: _____

2. Have you ever served on active duty in the Armed Forces of the United States? ☐ Yes ☐ No

Branch of Service: _____ Highest Rank: _____

Serial #: _____ Duty Dates: From: _____ To: _____ From: _____ To: _____

From: _____ To: _____ From: _____ To: _____

3. Date and type of discharge: _____

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

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

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

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

7. Have you ever served in the Armed Forces of a foreign country. ☐ Yes ☐ No If yes, please specify countries and dates.

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

- ☐ 1. 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.
- ☐ 2. A veteran of any war who has served on active duty for 181 consecutive days or more or who has served 180 consecutive days or more since January 31, 1995 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty or training.
- ☐ 3. The unremarried widow or widower of a veteran who died of a service-connected disability.

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

If "yes," please give name of employer: _____

NOTE: Under Florida law, preference in appointment shall be given first to those persons included in #1 and #2 above, and second to those persons included in #3 and #4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veterans' Affairs, 11351 Ulmerton Road, Suite 311-K, Largo, FL 33778-1630.

BUSINESS INTERESTS & LICENSES

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? ☐ Yes ☐ No
2. Are you now issued or have you ever been issued a license to engage in a business or profession? ☐ Yes ☐ No
3. Was license ever cancelled, relinquished, suspended or revoked? ☐ Yes ☐ No
If yes to question #1, #2 or #3, please provide details including the type of license or certificate, the agency that issued the license, effective date of license and license number.

CREDIT DATA

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

2. Are you or your spouse indebted to anyone? ☐ Yes ☐ No If yes, please list all debts over \$500. Be sure to include student loans and charge accounts. Also, list any debt where payment is **past due**, regardless of amount.

Creditor	Address	Amount	Loan or Account Number

3. Have you, your spouse, or a company controlled by you filed for bankruptcy? ☐ Yes ☐ No, or declared bankruptcy? ☐ Yes ☐ No, or had a legal judgment rendered against you for a debt? ☐ Yes ☐ No, or been subject to a tax lien? ☐ Yes ☐ No If yes to any of these questions, please provide details.

ORGANIZATION MEMBERSHIP

1. List all clubs, societies of which you are or have been a member:

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

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? ☐ Yes ☐ No
3. Have you ever made a financial or other material contribution to any organization of the type described in question #2 above? ☐ Yes ☐ No If yes to question #2 or #3, answer questions #4 and #5 also.
4. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? ☐ Yes ☐ No
5. Did you intend to promote any unlawful aims of the organization? ☐ Yes ☐ No If yes to question #2, #3, #4, or #5, explain including name of organization and location.

PERSONAL REFERENCES & ACQUAINTANCES

1. Personal References: Give three (3) references (not 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.

Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____

Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____

Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____

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

Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____

Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____

Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____

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State of Florida
City of Arcadia

WAIVER AND RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT
(TASER Exposure)

In consideration of, and as a condition precedent to receiving information regarding TASER products and a CEW exposure (the "Event") the undersigned, for himself/herself, his/her personal representatives, heirs, next of kin, acknowledges, agrees and that he/she:

1. **HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE** the Arcadia Police Department, Arcadia, Florida, its officers, members, employees, other participants, operators, owners and lessees of the premises used to conduct the Event, and each of them, their officers and employees: the City of Arcadia, a political subdivision of the State of Florida, its employees, agents, the administration or members of the City Council and any other person affiliated therewith, all for the purposes herein referred to as "releasees," from all liability to the undersigned, his/her personal representatives, assigns, heirs, and next of kin for any and all damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence, or gross negligence, of the releasees or otherwise while the undersigned is participating, competing, observing, and/or working for, or for any purpose participating in the Event, I specifically waive any statutory rights I may have regarding the release of unknown claims.
2. **HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the releasees and each of them from any claims, loss, liability, damage, or cost they may incur due to the presence of the undersigned in any way participating, competing, observing, and/or working for, or for any purpose participating in the Event and whether caused by negligence, or gross negligence of the releasees or otherwise.
3. **HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** due to the negligence, or gross negligence of releasees or otherwise and/or while participating, competing, observing, and/or working for, or for any purpose participating in the Event.
4. **HEREBY EXPRESSLY ACKNOWLEDGES AND AGREES** that the Event is dangerous and involves the risk of serious injury and/or death and/or property damage. Each of the undersigned further expressly agrees that the forgoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue to full legal force and effect.
5. **NON-WAIVER WORKER'S COMPENSATION RIGHTS:** This release does not waive my rights I may have under Worker's Compensation Laws. However, I waive any Worker's Compensation subrogation rights against Released Parties and agree to defend and indemnify the Arcadia Police Department against any and all claims that may be brought against it by personal

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State of Florida
City of Arcadia

representatives, heirs, and next of kin. I agree that any recovery under Worker's Compensation Laws done not change, extend, or enlarge the waiver and protections inherent in this agreement.

6. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

This waiver, release, and indemnification agreement specifically embraces each and every event sanctioned, authorized or promoted by said releasees applies to each and every event or activity hereinabove mentioned, and has the same effect as if executed after each and every activity or event in which the undersigned participates so that the parties herein intended to be released and indemnified shall be fully and effectively released and indemnified as to each and every event hereinabove described. I affirm that I am competent to enter into and be bound by this agreement; that I have read and understand this Waiver and Release From Liability And Indemnity Agreement in its entirety; and that I sign it voluntarily and of my own free will. By signing below, I understand that I am giving up certain legal rights, including the right to recover damages in case of injury.

Signed: _____

Witness: _____

Printed Name: _____

Date: _____

Please Check One:

☐ I DO NOT have injuries, and/or physical or mental conditions, that could be aggravated by CEW exposure.

☐ I DO have injuries, and/or physical or mental conditions, that could be aggravated by CEW exposure.

APPLICANT'S CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Police Department. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Police Department and that it and the information received in response to the background examination are public records.

I also understand that I may be required to furnish the Police Department with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment.

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

I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

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

I further authorize the Police Department or agent of the Police Department, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law.

I further agree to execute any authorization as may be required by the Health Insurance Portability Accountability Act of 1996 (HIPAA) for health care providers to release the necessary medical information to process my application for employment.

I understand and agree that any employment or 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, that the Marshal has the absolute discretion to periodically substitute cash, in whole or part, for my accrued compensatory time.

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

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

I understand an investigation will be conducted on all of the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character or ability? ☐ Yes ☐ No If yes, provide your version or explain fully any such incident.

Witnessed by _____

Signature of applicant _____

Date _____

CERTIFICATION OF APPLICANT
For Special Process Server Only

I understand that any appointment offered to me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be the basis to revoke my appointment. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge. I understand that I may be required to submit to the Police Department a copy of my income tax return for the year prior to employment and may be required to submit a copy of my income tax return each year thereafter during my appointment. I also understand and agree that this application shall be the property of the Police Department.

I understand that any appointment is at the pleasure of the Marshal who shall retain the power to revoke my appointment at any time.

I understand that I shall be disinterested in any process I may serve and my service will be contingent upon appointment by the Marshal, whereby I will swear under oath to honestly, diligently, and faithfully exercise the duties of my office.

Signature of applicant

Date

We, the undersigned, do hereby swear under oath to personally know
_____, to vouch for his or
her good moral character and to have witnessed the signature of
_____ this _____ day
of _____, _____.

Witnessed by: _____

Witnessed by: _____

DOCUMENTS TO BE ATTACHED TO APPLICATION

1. Attach a certified copy of birth certificate.
2. Attach a certified copy of high school diploma or Florida Police Standards approved G.E.D.
3. Attach a copy of military discharge(s).
4. If required, a certified copy of an executed bond in the amount as required by Florida Statutes with a surety company authorized to do business in Florida.

OTHER REQUIREMENTS

When ordered by the Police Department, applicant will be fingerprinted and shall submit to a complete physical examination and electrocardiogram, if desired.

REMARKS

BACKGROUND INVESTIGATION WAIVER
Authority for Release of Information

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

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

YOUR SOCIAL SECURITY NUMBER IS REQUESTED FOR THE SOLE PURPOSE OF EMPLOYMENT
BACKGROUND INVESTIGATIONS AND ADMINISTERING EMPLOYMENT BENEFITS.

SOCIAL SECURITY NO.: _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFO: ARCADIA POLICE DEPARTMENT

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, education 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 photocopy 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 photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

ARCADIA POLICE DEPARTMENT

Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.

Pursuant to Section 943.13 (4), (5) and (7) 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 _____

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: _____



Florida Department of
Law Enforcement

**AUTHORITY FOR RELEASE
OF INFORMATION
(Background Investigation Waiver)**

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



**CJSTC
58**

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

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: _____

ADDRESS: _____

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

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

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

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

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