

**TOWN OF HAVANA
HAVANA POLICE DEPARTMENT**

An Equal Opportunity Employer
121 East Seventh Avenue - Havana, Florida 32333
(850) 539-2802



**POLICE DEPARTMENT EMPLOYMENT HISTORY
STATEMENT**

PLEASE TYPE OR PRINT CLEARLY

Separate application for each position; Faxed copies accepted through closing date. Hard copy must follow and be postmarked no later than the position's closing date.

OFFICIAL USE ONLY
Position Applied For:
Date Received:
Applicant Tracking Code:
Closing Date:

CURRENT PERSONAL DATA

Position Applying For:		Date:	
Last Name:		First Name:	
Middle Name:		Social Security:	
Date of Birth:		State:	
Do you have a valid driver's license? (If applicable) Yes <input type="checkbox"/> No <input type="checkbox"/>		Driver's License #: _____	
Mailing Address:			
City:		State:	
County:		Zip Code:	
Home Phone #: (Include Area Code)		Work Phone #: (Include Area Code)	
Do you have any relatives employed by the Town of Havana? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please name: _____	
Have you ever worked for the Town of Havana? Yes <input type="checkbox"/> No <input type="checkbox"/>		Position/Department: _____	
Dates of Employment: _____		Have you ever had your name changed? (example; marriage) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Race: _____		1. Previous Name(s): _____	
Gender: _____		2. Date and location of change: _____	
		3. Reason for change: _____	

EDUCATION

Your name if different while attending school:	
High School:	Address:
Phone #: (Include Area Code)	Received: <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Certificate <input type="checkbox"/> None <input type="checkbox"/>

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (Transcripts may be required)

Name of School	Location	Dates of Attendance	Major/Minor Course of Study	Degree Earned

JOB-RELATED TRAINING OR COURSE WORK: (Vocational, Trade, Governmental, Business, Armed Forces, etc.)

Name of School	Location	Dates of Attendance	Major/Minor Course of Study	Degree Earned

List any special skills, knowledge, or abilities that you possess which may be relevant to the position applied for. For example; list equipment operation abilities, bilingual ability, knowledge of computer hardware/software, typing or shorthand, etc. (Used separate sheet if necessary):

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

Training or Specialized Skills

List training or certifications you possess and believe relevant to the position you seek, such as fingerprint classification, narcotics investigation, computer skills, fluency in language(s) etc. * Attach additional sheets if necessary

Training Type	Date	Experience in Years

CRIMINAL HISTORY INFORMATION

1) Have you ever unlawfully sold, delivered, manufactured, smuggled, trafficked in, or possessed illegal substances or drug paraphernalia? Yes No If yes, when and how often? _____

2) Are you currently engaged in or have you ever engaged in the unlawful use of illegal substances? Yes No If yes, when and how often? _____

3) Have you ever committed a crime, whether arrested or not, that would constitute a felony or first degree misdemeanor? Yes No If yes, what crime (s) did you commit and when? _____

NOTE: Information contained in sealed or expunged records is not exempt for Law Enforcement applicants pursuant to F.S. 119.07. However, some exemptions do apply specifically to law enforcement personnel records.

Have you ever been arrested, detained by Law Enforcement authorities, received a notice to appear, charged, convicted, pled Nolo Contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? Yes No If yes, list below. A misdemeanor arrest or conviction will not necessarily disqualify you from employment.

CHARGE	DATE	DISPOSITION	AGENCY

Have you ever received a domestic violence injunction? Yes No If yes, What jurisdiction?

Note: If you are arrested, detained, cited by a Law Enforcement Agency while undergoing process, it is your responsibility to notify this department. Your failure to do so will result in suspension of your application.

If you are not sure or do not remember what happened in a criminal case(s), contact the appropriate county, state, or federal agency so that you can report accurate information on your criminal history.

Law Enforcement Education/Experience

Law Enforcement Academy _____

Address _____
(Number) (Street) (City) (State) (Zip Code)

Phone Number (____) _____

Certificate Received Yes No Certificate Number _____

Date Certified _____ State _____

If not presently working as a Law Enforcement Officer, date last worked as a certified Law Enforcement Officer

Date _____ State _____

Number of years and months experience as a Law Enforcement Officer:

Years _____ Months _____

Have you ever applied to the Town of Havana Police Department? Yes No

Have you ever applied to another Law Enforcement Agency? Yes No If yes, what agency? (List below)

Agency Name _____

Address _____
(number) (Street) (City) (State) (Zip Code)

Date Applied ____ / ____ / ____ / Status of Application _____

Agency Name _____

Address _____
(number) (Street) (City) (State) (Zip Code)

Date Applied ____ / ____ / ____ / Status of Application _____

Agency Name _____

Address _____
(number) (Street) (City) (State) (Zip Code)

Date Applied ____ / ____ / ____ / Status of Application _____

Agency Name _____

Address _____
(number) (Street) (City) (State) (Zip Code)

Date Applied ____ / ____ / ____ / Status of Application _____

Have you ever been involved in an internal investigation while assigned to any of the above agencies? Yes No
If yes, list circumstances below. _____

* Attach additional sheets if necessary

References

Provide three (3) references (not relatives, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as heads of households, property owners, business or professional men or women, neighbors, who have known you well during the past five (5) years. **References must be listed. Do not leave blank.**

1. _____
(Name) (Home Phone Number)

(Home Address) (City) (State) (Zip Code)

(Occupation) (Business Phone Number)

2. _____
(Name) (Home Phone Number)

(Home Address) (City) (State) (Zip Code)

(Occupation) (Business Phone Number)

3. _____
(Name) (Home Phone Number)

(Home Address) (City) (State) (Zip Code)

(Occupation) (Business Phone Number)

Provide three (3) social acquaintances that have known you well during the past five (5) years. (Must be different from the three references listed above) **Social acquaintances must be listed. Do not leave blank.**

1. _____
(Name) (Home Phone Number)

(Home Address) (City) (State) (Zip Code)

(Occupation) (Business Phone Number)

2. _____
(Name) (Home Phone Number)

(Home Address) (City) (State) (Zip Code)

(Occupation) (Business Phone Number)

3. _____
(Name) (Home Phone Number)

(Home Address) (City) (State) (Zip Code)

(Occupation) (Business Phone Number)

Veteran's Preference Claim

Have you ever claimed and been employed through Veterans' Preference? Yes No

If yes, give the name and address of employer: _____

IF NO, ARE YOU CLAIMING VETERANS; PREFERENCE? (In accordance with chapter 55A -7, Florida Administrative Code, and chapter 295, Florida Statutes.

Yes No If yes, what category are you claiming: (Please indicate number from Veterans' Preference categories below.)

- 1) A veteran with a service connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans; Affairs and the Department of Defense, or
- 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 forcible detained by a foreign power, or
- 3) A veteran of any war who had served on active duty of one 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, or
- 4) The un-remarried widow or widower of a veteran who died of a service connected disability.

HAVE YOU EVER BEEN EMPLOYED BY ANY GOVERNMENTAL ENTITY WITHIN THE STATE OF FLORIDA? Yes No

ARE YOU A RESIDENT OF THE STATE OF FLORIDA? Yes No

NOTE: If you are claiming Veterans' Preference, you must meet the criteria and substantiate your claim by furnishing a DD214 (Certificate of Release or Discharge from Active Duty) or comparable document which serves as a certificate of release or document which serves as a certificate of release or discharge at the time of application. In addition, applicants claiming categories 1,2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55-A7.013, F.A.C. Wartime periods are defined in 1.01, F.S. Veterans' Preference shall expire after an eligible person has been employed by the state to those person in categories 1 and 2 and then those in categories 3 and 4. If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs Post Office Box 31003, St. Petersburg, Florida 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given or received.

Driving History

Have you ever had a driver's license in any state other than the State of Florida? Yes No

If yes, provide the following information from each state where licensed.

State	Month/Year Issued	Driver's License Number	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all moving and non-moving traffic citations, i.e., speeding, running red light, expired registration, etc. that you have received in the past five years, starting with the most recent, exclude parking tickets. (use additional sheets if necessary.)

State	Date	Violation	Disposition

Has your driver's license ever been suspended or revoked? Yes No

If yes, for what reason(s)? _____

Length of suspension(s): _____

Month(s) and Year(s) reinstated: _____

MILITARY HISTORY INFORMATION

Have you ever served in a military organization of the United States? Yes No If yes, give periods of active or inactive military service and other data requested: Service Number: _____

If applicant between the ages of 18-25 list your selective service registration number: _____

From	To	Branch of Service	Rank	Type Discharge	Reason for Discharge

While in any military organization of the United States have you ever been disciplined under the United States Military Code of justice? Yes No If yes, list circumstances below. (*attach additional pages if necessary)

PERIODS OF EMPLOYMENT

All employment information must be filled out in this section. Resumes and other attachments will not be accepted in place of filling out this section, but may be provided as supplemental information.

Describe your work experience in detail beginning with your present or most recent job, and describe all periods of employment and periods of unemployment if longer than six months Be sure to provide complete information regarding each position.

IMPORTANT, indicate supervisory responsibility and number of employees supervise. Eligibility determinations are based on dates of employment, hours worked per week, and description of job duties and responsibilities. For the purposes of the City, supervisory responsibility involves having the authority, in the interest of the employer, to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees, or responsibility to direct them or to adjust their grievances, or effectively to recommend such action, where the exercise of such authority requires the use of independent judgment.

May we contact your current employer? Yes No May we contact your former employer? Yes No

1 Name of Present or Last Employer: _____
 Address: _____ Phone No.: (____) _____
 Your Job Title: _____ Supervisor's Name and Title: _____
 From: _____ To: _____ Number of Hours Worked Per Week _____ Annual Salary: _____
 Supervisory Responsibility (see definition above): Yes No Number of employees supervised: _____
 Duties & Responsibilities: _____
 Reason for Leaving: _____

2 Name of Present or Last Employer: _____
 Address: _____ Phone No.: (____) _____
 Your Job Title: _____ Supervisor's Name and Title: _____
 From: _____ To: _____ Number of Hours Worked Per Week _____ Annual Salary: _____
 Supervisory Responsibility (see definition above): Yes No Number of employees supervised: _____
 Duties & Responsibilities: _____
 Reason for Leaving: _____

PERIODS OF EMPLOYMENT cont.

3 Name of Present or Last Employer: _____
Address: _____ Phone No.: () _____
Your Job Title: _____ Supervisor's Name and Title: _____
From: _____ To: _____ Number of Hours Worked Per Week _____ Annual Salary: _____
Supervisory Responsibility (see definition above): Yes No Number of employees supervised: _____
Duties & Responsibilities: _____
Reason for Leaving: _____

4 Name of Present or Last Employer: _____
Address: _____ Phone No.: () _____
Your Job Title: _____ Supervisor's Name and Title: _____
From: _____ To: _____ Number of Hours Worked Per Week _____ Annual Salary: _____
Supervisory Responsibility (see definition above): Yes No Number of employees supervised: _____
Duties & Responsibilities: _____
Reason for Leaving: _____

5 Name of Present or Last Employer: _____
Address: _____ Phone No.: () _____
Your Job Title: _____ Supervisor's Name and Title: _____
From: _____ To: _____ Number of Hours Worked Per Week _____ Annual Salary: _____
Supervisory Responsibility (see definition above): Yes No Number of employees supervised: _____
Duties & Responsibilities: _____
Reason for Leaving: _____

6 Name of Present or Last Employer: _____
Address: _____ Phone No.: () _____
Your Job Title: _____ Supervisor's Name and Title: _____
From: _____ To: _____ Number of Hours Worked Per Week _____ Annual Salary: _____
Supervisory Responsibility (see definition above): Yes No Number of employees supervised: _____
Duties & Responsibilities: _____
Reason for Leaving: _____

* Attach additional sheets if necessary

ITEMS TO BE RETURNED WITH APPLICATION

- 1. Copy of Birth Certificate; verify U.S. Citizenship
- 2. Copy of Driver's License; to obtain traffic history and validate license
- 3. Copy of Social Security Card; verify U.S. Citizenship and employment eligibility
- 4. Copy of High School Diploma or GED Equivalent; verify education requirements
- 5. Copy of College Transcript/Diploma; verify education requirements
- 6. Copy of Military Separation papers (DD 214); verify discharge
- 7. Copy of Marriage Certificate or Divorce Decree; verify legal name
- 8. Copy of Law Enforcement Certificate; verify compliance
- 9. Copy of Resume'; accomplishments and goals

AFFIDAVIT

STATE OF _____

COUNTY OF _____

Before me this day personally appeared _____ who, being duly sworn, deposes and say I understand that any omissions, falsifications, misstatements, or misrepresentations may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information that I give may be investigated as allowed by law. I hereby certify and affirm to the best of my knowledge and belief, all the statements contained herein and on any attachments are true, correct, and made in good faith.

(Signature of person making affidavit)

Sworn to and subscribed before me this _____ day
of _____ A. D., 20____.

May commission expires

Notary Public
State of Florida

Commission Number

**TOWN OF HAVANA
711 NORTH MAIN STREET
HAVANA, FLORIDA 32333**

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

Date: _____

The following information is requested on a voluntary basis to allow us to evaluate the effectiveness of our Equal Employment Opportunity/Affirmative Action programs. The data will be used strictly for research and reporting purposes, and will not be used in any way as part of the hiring process. Please note that the survey is anonymous, you are not required to provide your name or any other information which would specifically identify you. Your application will not be rejected because of your race, color, sex, religion, creed, handicap, national origin, political beliefs or age, except as provided by law. Your cooperation will be greatly appreciated.

Ethnic Background (Please check appropriate line):

____ Hispanic

____ Asian or Pacific Islander

____ African American (not Hispanic origin)

____ Caucasian (not Hispanic origin)

____ American Indian/Alaskan Native

____ Other:

Birth Date: _____ Gender: Male Female

Social Security Number: _____

Will you be able to perform the duties of the job for which you have applied in a manner safe to you and other employees? Yes No

Please check if you are a military veteran:

Referred by:

____ Florida State Employment Office

____ Newspaper

____ Internet

____ Verbal

____ Other: _____

TOWN OF HAVANA
HAVANA POLICE DEPARTMENT
121 E. 7th. AVENUE
HAVANA, FLORIDA 32333

AUTHORITY FOR RELEASE OF INFORMATION
(Background Investigation Waiver)

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

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER (Optional): _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: Havana Police Department

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information you 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. 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, 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 likability 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:

Havana Police Department ATTN: Employment Application 121 E 7th. Ave. Havana, Florida, FL 32333

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 fro 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 Section 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 _____

AFFIDAVIT

STATE OF _____ COUNTY OF _____

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

Sworn and subscribed in my presence this _____ day of _____, 20 _____. My commission expires on _____, 20 _____. Personally Known _____ -or- Produced

Identification _____ Notary Public: _____

Type of identification produced: _____ Notary Public Seal: _____