Tallahassee Police Department

Personal History and Truth Verification Background Packet

All candidates desiring to enter the background investigation portion of the applicant process must complete this information package. **There are no exceptions.**

The submission of this biographical information package carries with it the understanding that you are authorizing the Tallahassee Police Department to contact any and all available sources of information for the purpose of obtaining information regarding your qualifications to be employed by, and/or to ensure that you meet the minimum standards of, the Tallahassee Police Department. Furthermore, you agree to hold harmless the Tallahassee Police Department and its staff from any and all liability attached to that effort.

**The information that you are required to provide in this document must be true, accurate, complete, and without omission of any kind. It is YOUR responsibility to provide complete and accurate information. Omissions, misstatements, withholding information, or intentionally providing inaccurate information on this questionnaire or during the truth verification examination may result in immediate disqualification from the hiring process.**

**I HAVE READ, UNDERSTAND, AND ACKNOWLEDGE THE ABOVE.** (Applicant’s initials)

Correct dates, addresses, zip codes, email addresses, fax numbers and telephone numbers are required and **it is your responsibility to provide them at the time of submission of this package.** Zip code information may be obtained from any U.S. Post Office, the telephone company directory, directory assistance, or through any public library. The internet should also be considered a valuable source of information for virtually any information you might need. Search engines such as Google, White Pages, Yellow Pages and People Search are available to assist you in obtaining information. If you do not own a computer with internet access, you may utilize a computer at any city/county public library.

This document will become part of your permanent record, and should be considered an employment document. It will be viewed by prospective employers. **All entries must be clear and legible. Documents containing cross-outs or whiteouts will not be accepted. Incomplete or sloppy documents or packages not complying with these instructions will be rejected.**

**I HAVE READ AND UNDERSTAND THE INSTRUCTIONS PROVIDED.**       (Applicant’s initials)

This portion of the selection process with the Tallahassee Police Department will cover your personal history, truthfulness and integrity. It is essential that you answer each question truthfully. Omitting, misstating or withholding information, or intentionally providing inaccurate information on this questionnaire or during the truth verification examination may result in immediate disqualification from the hiring process. Do not leave any blanks on this form and use “N/A” for any questions that do not apply to you. This information will be verified through interviews, background investigations and truth verification testing.

REMEMBER: You are applying with a law enforcement agency. Your honesty and integrity on this questionnaire are vital. The answers you give here are for our use in determining your suitability for employment with the Tallahassee Police Department.

I,       do hereby voluntarily, without any threat, coercion or promise made to me, agree that I will submit to a Computer Voice Stress Analyzer examination later in the application process. I further understand that I am free to leave this examination at any time for any reason. I hereby release, absolve, and forever hold harmless the Tallahassee Police Department, its servants, agents and anyone acting on its behalf, from any and all claims, demands, or other damages from any matter or act, arising out of the aforesaid examination. I understand that this examination will be video and/or audio recorded. To the best of my knowledge, I have no physical or mental condition that would prevent me from taking this examination.

APPLICANT’S INFORMATION

NAME:

 (Last Name) (First Name) (Full Middle Name)

Have you ever had your name changed? Yes [ ]  No [ ]

Aliases, Maiden, Nickname, Legal name changes, or any other names used:

Date and Location of Change:

Reason for change:

PHYSICAL RESIDENCE:

MAILING ADDRESS (If Different):

Telephone Numbers: Home:      Work:      Cell:

Best Number to Reach You:

Email address(s):

Date of Birth:       Age:

Place of Birth:

(City, County, State, Country)

Scars, Marks, Tattoos:

Driver License #:      State:      Expiration:

Class:           Endorsements:

Social Security Number:       -    -

UNITED STATES CITIZEN? Yes [ ]  No [ ]  Naturalization Certificate #:

Port of Entry: Date of Citizenship:

United States Permanent Resident Card #:       Date Expires:

If you are a male between the ages of 18 and 26, have you registered with the Selective Service? Yes [ ]  No [ ]

Have you ever applied with the Tallahassee Police Department? Yes [ ]  No [ ]  (If yes, what position and Month/Year)

MARITAL STATUS: Single [ ]  Married [ ]  Widowed [ ]  Divorced [ ]  Annulled [ ]

**SPOUSE INFORMATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Full name of spouse:

 (Last Name) (First Name) (Middle Name)

Maiden name:       Other names spouse has used:

Date of Birth:       Age:

Place of Birth:

 (City, County, State, Country)

UNITED STATES CITIZEN? Yes [ ]  No [ ]  Naturalization#:

Port of Entry:       Date of Citizenship:

United States Permanent Resident Card #:       Date Expires:

Current Address:

Telephone Numbers: Home:      Work:      Cell:      Other:

Email address(es):

INSTRUCTIONS FOR COMPLETING QUESTIONNAIRE

This is your opportunity to fully explain your history. Please take full advantage of this and be as specific and detailed as possible. If you are not completely honest and up front with your answers, or you intend to be intentionally vague with your responses, the result may be disqualification from the employment process.

If you need additional space to fully explain your answer to a question, **please use a separate sheet of paper** **and indicate the section and question number to which you are responding**. If you have any questions about what a question is asking or if you are not sure if your situation is pertinent to the question, please write down your question and discuss it with the examiner who will be conducting your Truth Verification Exam.

**Please TYPE your answers to all of the following questions. If a question or a section does not apply to your background history, please indicate so by typing “Not Applicable” or “N/A” in the answer section of the questionnaire. When submitting your questionnaire, please attach all pages of the questionnaire, including any sections you may feel are not applicable to you. Ensure the questionnaire is filled out completely.**

**This below requested information is for statistical and criminal background history use only.**

Applicant information:

Race:      Gender:      Weight:      Height: feet     inches     Eye Color:      Hair Color:

**Please list all persons 18 years old and older with who you have lived or who have lived at your residence in the past 12 months. Please identify any who you know have a criminal history by writing “Yes” in “History” column.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME (Last, First, Middle)** | **DOB** | **RACE** | **SEX** | **RELATIONSHIP** | **HISTORY** |
|       |       |   |   |       |     |
|       |       |   |   |       |     |
|       |       |   |   |       |     |
|       |       |   |   |       |     |
|       |       |   |   |       |     |
|       |       |   |   |       |     |

 LAW ENFORCEMENT EDUCATION/EXPERIENCE

1. Have you attended a Law Enforcement Academy?

Yes [ ] No [ ]  If so, name of the Academy

Address: (No. Street, Apt., City, State, Zip):

Class Coordinator:       Phone:      -     -

Certification Received: Yes [ ] No [ ]  Certification #:

Date Certified:      State:

If currently attending a Law Enforcment Academy, list your anticipated graduation date:

1. If you have not attended a Law Enforcement Academy, are you requesting TPD sponsor you?

Yes [ ]  No [ ]  N/A [ ]

Have you completed the CJBAT? Yes [ ]  No [ ]  N/A [ ]

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

      State:

1. Years       Months       Full-time Law Enforcement Officer experience (full-time Military Police experience also counts.)

5.Have you applied for employment with another law enforcement agency**?**

Yes [ ]  No [ ]  (If yes, please complete the following information, ADD ADDITIONAL SHEETS IF NECESSARY)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Agency | Date Applied | Status of Application | Offer of Employment | Reason Not Hired |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

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, who have known you well during the past five (5) years.**

Name:      Phone #    -   -

Address (No., Street, Apt., City, State, Zip)

Occupation       E-mail:

Name:       Phone #    -   -

Address (No., Street, Apt., City, State, Zip)

Occupation       E-mail:

Name:       Phone #    -   -

Address (No., Street, Apt., City, State, Zip)

Occupation       E-mail:

**Provide three (3) social acquaintances who have known you well during the past five (5) years. (Must be different from the three references listed above)**

Name:       Phone #    -   -

Address (No., Street, Apt., City, State, Zip)

Occupation       E-mail:

Name:       Phone #      -     -

Address (No., Street, Apt., City, State, Zip)

Occupation       E-mail:

Name:       Phone #      -     -

Address (No., Street, Apt., City, State, Zip)

Occupation       E-mail:

**Provide the following information about three (3) of your neighbors. Neighbors must be listed. Do not leave blank.**

Name:       Phone #      -     -

Address (No., Street, Apt., City, State, Zip)

Occupation       E-mail

Name:       Phone #      -     -

Address (No., Street, Apt., City, State, Zip)

Occupation      E-mail:

Name:       Phone #      -     -

Address (No., Street, Apt., City, State, Zip)

Occupation       E-mail:

**RESIDENTIAL INFORMATION**

**List ALL addresses where you have lived since the age of 16 and the dates you lived at each address. List the name and phone number of the landlord or management company for each rental property.**

1. Dates: from       to

Address (Street, City, State, Zip):

If rented, Landlord’s name       Phone:      -     -

2. Dates: from       to

Address (Street, City, State, Zip):

If rented, Landlord’s name       Phone:      -     -

3. Dates: from       to

Address (Street, City, State, Zip):

If rented, Landlord’s name      Phone:      -     -

4. Dates: from       to

Address (Street, City, State, Zip):

If rented, Landlord’s name       Phone:      -     -

5. Dates: from       to

Address (Street, City, State, Zip):

If rented, Landlord’s name       Phone:      -     -

6. Dates: from       to

Address (Street, City, State, Zip):

If rented, Landlord’s name       Phone:      -     -

7. Dates: from       to

Address (Street, City, State, Zip):

If rented, Landlord’s name       Phone:      -     -

8. Dates: from       to

Address (Street, City, State, Zip):

If rented, Landlord’s name       Phone:      -     -

9. Dates: from       to

Address (Street, City, State, Zip):

If rented, Landlord’s name       Phone:      -     -

**NOTE: If references, social acquaintances or neighbors are not listed, the application will not be processed.**

ADDITIONAL REFERENCE/RESIDENTIAL SPACE

Please use this space for any additional comments about your reference/residential history.

HISTORY

**DRIVING HISTORY:**

1. Do you have a valid driver license?

Yes [ ]  No [ ]  (If yes, State:       Driver License Number:       Exp.:

2. Has your driver license ever been suspended or revoked?

Yes [ ]  No [ ]  (If yes, explain details)

3. In what states have you had a driver license? (List all states and include temporary and learning permits and the dates you were licensed in each state. If available, also include driver license number(s).

4. Have you ever had a driver license in any other country?

Yes [ ]  No [ ]  (If yes, list the countries and dates)

5. Have you ever received a traffic citation? Please provide the approximate dates, violations, the agencies issuing the citations, and the final dispositions (paid, contested, attended school, not paid) of the citations. List ALL citations you have received.

Yes [ ]  No [ ]  (If yes, explain details)

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Violation: | Issuing agency | Final disposition: |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

6. Do you have any parking tickets which you have failed to pay? (i.e. high school, college, city, and/or county issued tickets)

Yes [ ]  No [ ]  (If yes, explain details)

7. Have you ever been involved in a traffic accident that was your fault? Yes [ ] No [ ]  (If yes, explain details)

8. If you have been involved in a traffic accident, were there injuries involved?

Yes [ ]  No [ ]  (If yes, explain details: year, location, state)

8. Has your auto insurance ever lapsed?

Yes [ ]  No [ ]  (If yes, explain details)

9. Have you ever knowingly driven a motor vehicle without a valid driver license or with a suspended or revoked driver license?

Yes [ ]  No [ ]  (If yes, explain details to include the number of times and dates)

10. Have you ever driven a vehicle (i.e. automobile, motorcycle, snowmobile, ATV, boat, jet ski or bicycle) in a manner and/or condition that you could have been arrested for?       When was the last time?

Explain the details:

**FINANCIAL HISTORY:**

1. Have you ever filed for bankruptcy?

Yes [ ]  No [ ]  (If yes, explain which chapter of bankruptcy you filed under and details surrounding the bankruptcy, to include court jurisdiction and when the bankruptcy was discharged)

2. Have you ever had anything repossessed?

Yes [ ]  No [ ]  (If yes, explain details)

3. Have you ever had your wages garnished?

Yes [ ]  No [ ]  (If yes, explain details)

4. Have you ever been involved in an eviction?

Yes [ ]  No [ ]  (If yes, explain details)

5. Have you ever been a plaintiff or defendant in any civil actions (past or present)? Include any lawsuits, adoptions, divorces, bankruptcies, restraining orders, injunctions, name changes, or any other civil court proceedings.

Yes [ ]  No [ ]  (If yes, explain details)

6. Have you ever had a lien or judgment filed against you or your business?

Yes [ ]  No [ ]  (If yes, explain details)

7. Are you currently more than three months behind on any bills?

 Yes [ ]  No [ ]  (If yes, explain details)

8. Are any creditors pursuing you for outstanding debts?

Yes [ ]  No [ ]  (If yes, explain details)

9. Are there any financial obligations or bills that you have refused to pay or for which you feel you are not responsible?

Yes [ ]  No [ ]  (If yes, explain details)

10. Have you ever been, or are you currently responsible for, any child support payments?

Yes [ ]  No [ ]  (If yes, explain details)

11. Estimate the amount of debt you owe:

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Debt** | **Payment per/month** | **Balance**  | **Status: (current, past due, collections)** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

12. Have you ever written a check that bounced or when you knew there were no funds to cover the value of the check?

Yes [ ]  No [ ]  (If yes, explain details)

How many times in your life have you done this?

13. Have you ever written a check using another person’s name without that person’s permission?

Yes [ ]  No [ ]  (If yes, explain details)

14. Have you ever used a fraudulent document to obtain money or services?

Yes [ ]  No [ ]  (If yes, explain details)

15. Which one of the following categories do you think will best reflect your credit report/rating?

Excellent [ ]  Fair [ ]  Poor [ ]  Explain why?

MILITARY HISTORY

**MILITARY SECTION: N/A** [ ]

**MILITARY:**

1. Have you ever served in any military organization of the United States?

Yes [ ]  No [ ]  If yes, what branch and years served?

2. What type of discharge did you receive from the military? (List all military discharges)

Honorable [ ]  Dishonorable [ ]  Honorable conditions [ ]  Other [ ]

3. Has your military separation or discharge ever been amended or changed?

Yes [ ]  No [ ]  (If yes, explain details)

4. Dates of active duty:

5. List all duty stations and training locations, along with the dates associated with these locations:

6. Are you on active status or inactive status at this time?

(Explain in detail)

7. Have you ever been tried, punished, reprimanded, fined, restricted to base, reduced in rank, OR the subject of any non-judicial punishment, Article 15, Office Hours, Captain’s Mast, or court martial, for an infraction of any rule, regulation, order, procedure, or violation of law or the Uniform Code of Military Justice, no matter what type or style or jurisdiction while in the armed forces?

Yes [ ]  No [ ]  (If yes, explain details for each incident)

8. Are there any incidents concerning your military career that could possibly affect your truth verification examination?

Yes [ ]  No [ ]  (If yes, explain details)

9. Have you ever served in a foreign military organization?

Yes [ ]  No [ ]  If yes, what Country or Countries?

10. What were your dates of service for all foreign military service?

11. Have you ever been employed by the government of any foreign nation?

Yes [ ]  No [ ]  If yes, what Country or Countries, and the dates associated with the employment?

12. Have you ever been contracted by the Government to provide security services in another Country?

Yes [ ]  No [ ]  (If yes, explain details)

**Include a copy of your DD214 – Member 4 Copy (with characterization of discharge) for each tour of duty.**

EDUCATION HISTORY

**High School:**

Name of High School:       Dates attended this school:

Did you graduate from this High School? Yes [ ]  No [ ]  (If no, but you received a General Education Degree, see G.E.D. Section)

If you graduated: Date of graduation:       Name that you used while attending this school:

Did you receive any discipline while attending this school? Yes [ ] No [ ]

(If yes please describe in detail)

Contact information for this school:

Street address:       City:       State:

Zip Code:       Phone number:      -     -       Fax number:      -     -

Additional information about the school: (School closed or changed names since you attended, awards you received, on-campus organizations or clubs you were a member of, etc. If the school is outside of the United States, provide full international contact information.)

**Additional High School Attended: Yes** [ ]  **No** [ ]

Name of High School:       Dates attended this school:

Did you graduate from this High School? Yes [ ]  No [ ]  (If no but you received a General Education Degree, see G.E.D. Section)

If you graduated: Date of graduation:       Name that you used while attending this school:

Did you receive any discipline while attending this school? Yes [ ] No [ ]

(If yes please describe in detail)

Contact information for this school:

Street address:       City:       State:

Zip Code:       Phone number:      -     -       Fax number:      -     -

Additional information about the school: (School closed or changed names since you attended, awards you received, on campus organizations or clubs you were a member of, etc. If the school is outside of the United States, provide full international contact information.)

DETAILED EMPLOYMENT HISTORY

ADDITIONAL EDUCATION HISTORY

**General Education Degree Section: N/A** [ ]

Name of institution where you received your G.E.D.:       Dates attended:

Date that G.E.D. was issued:       Name used to receive your G.E.D.:       G.E.D.#:

Did you receive any discipline while attending this institution? Yes [ ]  No [ ]

(If yes describe in detail)

Contact information for this school:

Street address:       City:       State:       Zip Code:       Phone number:      -     -

Fax number:      -     -

Additional information about the school: (School closed or changed names since you attended, awards you received, on campus organizations or clubs you were a member of, etc. If the school is outside of the United State,s provide full international contact information.)

**Additional Education Space: Use this section for additional High Schools you attended or any on campus clubs, organizations, athletic teams or special recognition groups, (i.e. honor society) you were a member of in High School.**

ADDITIONAL EDUCATION HISTORY

**College: N/A** [ ]

Name of College or University:       Did you graduate? Yes [ ]  No [ ]

Graduation Date:       Total credit hours obtained from this school:       G.P.A.: if known:

Type of degree you received:       Major studied:

Dates that you attended this College or University:

Name(s) used at this college or university:

Did you receive any discipline while attending this school? Yes [ ]  No [ ]  (If yes, describe in detail, i.e. academic probation, student conduct violation, etc.)

Contact information for this school:

Street address:       City:       State:       Zip Code:       OR

Did you obtain an online education only: Yes [ ]  No [ ]

Phone number:      -     -       Fax number:      -     -

Additional information about the school: (School closed or changed names since you attended, awards you received, on campus organizations, clubs, or athletic teams you were a member of, any special recognitions you were presented with such as Dean’s or President’s list, etc. If the school is outside of the United States, provide full international contact information.)

**College:**

Name of College or University:       Did you graduate? Yes [ ]  No [ ]

Graduation Date:       Total credit hours obtained from this school:       G.P.A.: if known:

Type of degree you received:       Major studied:

Dates that you attended this College or University:

Name(s) used at this college or university:

Did you receive any discipline while attending this school? Yes [ ] No [ ]  (If yes, describe in detail, i.e. academic probation, student conduct violation, etc.)

Contact information for this school:

Street address:       City:       State:       Zip Code:       OR

Did you obtain an online education only: Yes [ ]  No [ ]

Phone number:      -     -       Fax number:      -     -

Additional information about the school: (School closed or changed names since you attended, awards you received, on campus organizations, clubs, or athletic teams you were a member of, any special recognitions you were presented with such as Dean’s or President’s list, etc. If the school is outside of the United States, provide full international contact information.)

ADDITIONAL EDUCATION HISTORY

**College:**

Name of College or University:       Did you graduate? Yes [ ]  No [ ]

Graduation Date:       Total credit hours obtained from this school:       G.P.A.: if known:

Type of degree you received:       Major studied:

Dates that you attended this College or University:

Name(s) used at this college or university:

Did you receive any discipline while attending this school? Yes [ ]  No [ ]  (If yes describe in detail, i.e. academic probation, student conduct violation, etc.)

Contact information for this school:

Street address:       City:       State:       Zip Code:       OR

Did you obtain an online education only: Yes [ ]  No [ ]

Phone number:      -     -     Fax number:      -     -

Additional information about the school: (School closed or changed names since you attended, awards you received, on campus organizations,clubs, or athletic teams you were a member of, any special recognitions you were presented with such as Dean’s or President’s list, etc. If the school is outside of the United States, provide full international contact information.)

**Additional Education Space: (Use this section for additional Colleges or Universities you attended or any on campus clubs or organizations that you were a member of in college, etc.)**

DETAILED EMPLOYMENT HISTORY

In detail; list **ALL** of the jobs that you have worked in chronological order. Include all full time, part time, seasonal, temporary, and cash jobs, as well as internships (both paid and unpaid), volunteer positions and any other types of employment. All jobs must be listed regardless of the relevancy to the position for which you are applying. You must also account for all times of unemployment, by using a separate employment block for each time you were unemployed. In addition, if any of the jobs you have worked are not listed on your online employment application, you must also update your online application as well. **You must also include all law enforcement and/or government jobs (i.e. City, County, State, Federal and any Foreign Government employments) during your lifetime.** Failure to disclose an employer, regardless of how short your employment with the company was, will result in a time delay in processing your employment application and could result in you being disqualified from this process.

**Current Employer: N/A** [ ]

Dates of employment:       to       Name of employer:

Street address:       City:       State:       Zip Code:       Phone number:      -     -

Fax number:      -     -

Position held:       Name used while employed:

Ending pay rate:       (i.e. per hour or yearly) Name of last supervisor:

Did you receive any discipline while employed? Yes [ ] No [ ]  (If yes, describe in detail, i.e. suspensions, written and/or documented verbal reprimands, counseling forms, etc.)

Reason for leaving:

Did you give a 2 week notice prior to leaving? Yes [ ]  No [ ]  (If no, describe why you did not)

Are you eligible for reemployment with this employer? Yes [ ]  No [ ]

If this is a period of unemployment describe how you were able to financially support yourself:

EMPLOYMENT HISTORY CONTINUED

**Employer 2: N/A** [ ]

Dates of employment:       to       Name of employer:

Street address:       City:       State:       Zip Code:       Phone number:      -     -

Fax number:      -     -

Position held:       Name used while employed:

Ending pay rate:       (i.e. per hour or yearly) Name of last supervisor:

Did you receive any discipline while employed? Yes [ ]  No [ ]  (If yes, describe in detail, i.e. suspensions, written and/or documented verbal reprimands, counseling forms, etc.)

Reason for leaving:

Did you give a 2 week notice prior to leaving? Yes [ ]  No [ ]  (If no, describe why you did not)

Are you eligible for reemployment with this employer? Yes [ ]  No [ ]

If this is a period of unemployment describe how you were able to financially support yourself:

**Employer 3 : N/A** [ ]

Dates of employment:       to       Name of employer:

Street address:       City:       State:       Zip Code:       Phone number:      -     -

Fax number:      -     -

Position held:       Name used while employed:

Ending pay rate:       (i.e. per hour or yearly) Name of last supervisor:

Did you receive any discipline while employed? Yes [ ]  No [ ]  (If yes, describe in detail, i.e. suspensions, written and/or documented verbal reprimands, counseling forms, etc.)

Reason for leaving:

Did you give a 2 week notice prior to leaving? Yes [ ]  No [ ]  (If no, describe why you did not)

Are you eligible for reemployment with this employer? Yes [ ]  No [ ]

If this is a period of unemployment describe how you were able to financially support yourself:

EMPLOYMENT HISTORY CONTINUED

**Employer 4: N/A** [ ]

Dates of employment:       to       Name of employer:

Street address:       City:       State:       Zip Code:       Phone number:      -     -

Fax number:      -     -

Position held:       Name used while employed:

Ending pay rate:       (i.e. per hour or yearly) Name of last supervisor:

Did you receive any discipline while employed? Yes [ ]  No [ ]  (If yes, describe in detail, i.e. suspensions, written and/or documented verbal reprimands, counseling forms, etc.)

Reason for leaving:

Did you give a 2 week notice prior to leaving? Yes [ ]  No [ ]  (If no, describe why you did not)

Are you eligible for reemployment with this employer? Yes [ ]  No [ ]

If this is a period of unemployment describe how you were able to financially support yourself:

**Employer 5: N/A** [ ]

Dates of employment:       to       Name of employer:

Street address:       City:       State:       Zip Code:       Phone number:      -     -

Fax number:      -     -

Position held:       Name used while employed:

Ending pay rate:       (i.e. per hour or yearly) Name of last supervisor:

Did you receive any discipline while employed? Yes [ ] No [ ]  (If yes, describe in detail, i.e. suspensions, written and/or documented verbal reprimands, counseling forms, etc.)

Reason for leaving:

Did you give a 2 week notice prior to leaving? Yes [ ]  No [ ]  (If no, describe why you did not)

Are you eligible for reemployment with this employer? Yes [ ]  No [ ]

If this is a period of unemployment describe how you were able to financially support yourself:

EMPLOYMENT HISTORY CONTINUED

**Employer 6: N/A** [ ]

Dates of employment:       to       Name of employer:

Street address:       City:       State:       Zip Code:       Phone number:      -     -

Fax number:      -     -

Position held:       Name used while employed:

Ending pay rate:       (i.e. per hour or yearly) Name of last supervisor:

Did you receive any discipline while employed? Yes [ ] No [ ]  (If yes, describe in detail, i.e. suspensions, written and/or documented verbal reprimands, counseling forms, etc.)

Reason for leaving:

Did you give a 2 week notice prior to leaving? Yes [ ]  No [ ]  (If no, describe why you did not)

Are you eligible for reemployment with this employer? Yes [ ]  No [ ]

If this is a period of unemployment describe how you were able to financially support yourself:

**Employer 7: N/A** [ ]

Dates of employment:       to       Name of employer:

Street address:       City:       State:       Zip Code:       Phone number:      -     -

Fax number:      -     -

Position held:       Name used while employed:

Ending pay rate:       (i.e. per hour or yearly) Name of last supervisor:

Did you receive any discipline while employed? Yes [ ] No [ ]  (If yes, describe in detail, i.e. suspensions, written and/or documented verbal reprimands, counseling forms, etc.)

Reason for leaving:

Did you give a 2 week notice prior to leaving? Yes [ ]  No [ ]  (If no, describe why you did not)

Are you eligible for reemployment with this employer? Yes [ ]  No [ ]

If this is a period of unemployment describe how you were able to financially support yourself:

EMPLOYMENT HISTORY CONTINUED

**Employer 8: N/A** 

Dates of employment:       to       Name of employer:

Street address:       City:       State:       Zip Code:       Phone number:      -     -

Fax number:      -     -

Position held:       Name used while employed:

Ending pay rate:       (i.e. per hour or yearly) Name of last supervisor:

Did you receive any discipline while employed? Yes No (If yes, describe in detail, i.e. suspensions, written and/or documented verbal reprimands, counseling forms, etc.)

Reason for leaving:

Did you give a 2 week notice prior to leaving? Yes  No (If no, describe why you did not)

Are you eligible for reemployment with this employer? Yes [ ]  No [ ]

If this is a period of unemployment describe how you were able to financially support yourself:

**Employer 9: N/A** [ ]

Dates of employment:       to       Name of employer:

Street address:       City:       State:       Zip Code:       Phone number:      -     -

Fax number:      -     -

Position held:       Name used while employed:

Ending pay rate:       (i.e. per hour or yearly) Name of last supervisor:

Did you receive any discipline while employed? Yes [ ] No [ ]  (If yes, describe in detail, i.e. suspensions, written and/or documented verbal reprimands, counseling forms, etc.)

Reason for leaving:

Did you give a 2 week notice prior to leaving? Yes [ ]  No [ ]  (If no, describe why you did not)

Are you eligible for reemployment with this employer? Yes [ ]  No [ ]

If this is a period of unemployment describe how you were able to financially support yourself:

EMPLOYMENT HISTORY CONTINUED

**Employer 10: N/A** [ ]

Dates of employment:       to       Name of employer:

Street address:       City:       State:       Zip Code:       Phone number:      -     -

Fax number:      -     -

Position held:       Name used while employed:

Ending pay rate:       (i.e. per hour or yearly) Name of last supervisor:

Did you receive any discipline while employed? Yes [ ] No [ ]  (If yes, describe in detail, i.e. suspensions, written and/or documented verbal reprimands, counseling forms, etc.)

Reason for leaving:

Did you give a 2 week notice prior to leaving? Yes [ ]  No [ ]  (If no, describe why you did not)

Are you eligible for reemployment with this employer? Yes [ ]  No [ ]

If this is a period of unemployment describe how you were able to financially support yourself:

**Employer 11: N/A** [ ]

Dates of employment:       to       Name of employer:

Street address:       City:       State:       Zip Code:       Phone number:      -     -

Fax number:      -     -

Position held:       Name used while employed:

Ending pay rate:       (i.e. per hour or yearly) Name of last supervisor:

Did you receive any discipline while employed? Yes [ ] No [ ]  (If yes, describe in detail, i.e. suspensions, written and/or documented verbal reprimands, counseling forms, etc.)

Reason for leaving:

Did you give a 2 week notice prior to leaving? Yes [ ]  No [ ]  (If no, describe why you did not)

Are you eligible for reemployment with this employer? Yes [ ]  No [ ]

If this is a period of unemployment describe how you were able to financially support yourself:

EMPLOYMENT HISTORY CONTINUED

**Employer 12: N/A** [ ]

Dates of employment:       to       Name of employer:

Street address:       City:       State:       Zip Code:       Phone number:      -     -

Fax number:      -     -

Position held:       Name used while employed:

Ending pay rate:       (i.e. per hour or yearly) Name of last supervisor:

Did you receive any discipline while employed? Yes [ ] No [ ]  (If yes, describe in detail, i.e. suspensions, written and/or documented verbal reprimands, counseling forms, etc.)

Reason for leaving:

Did you give a 2 week notice prior to leaving? Yes [ ]  No [ ]  (If no, describe why you did not)

Are you eligible for reemployment with this employer? Yes [ ]  No [ ]

If this is a period of unemployment describe how you were able to financially support yourself:

**Employer 13: N/A** [ ]

Dates of employment:       to       Name of employer:

Street address:       City:       State:       Zip Code:       Phone number:      -     -

Fax number:      -     -

Position held:       Name used while employed:

Ending pay rate:       (i.e. per hour or yearly) Name of last supervisor:

Did you receive any discipline while employed? Yes [ ] No [ ]  (If yes, describe in detail, i.e. suspensions, written and/or documented verbal reprimands, counseling forms, etc.)

Reason for leaving:

Did you give a 2 week notice prior to leaving? Yes [ ]  No [ ]  (If no, describe why you did not)

Are you eligible for reemployment with this employer? Yes [ ]  No [ ]

If this is a period of unemployment describe how you were able to financially support yourself:

EMPLOYMENT HISTORY CONTINUED

**Employer 14: N/A** [ ]

Dates of employment:       to       Name of employer:

Street address:       City:       State:       Zip Code:       Phone number:      -     -

Fax number:      -     -

Position held:       Name used while employed:

Ending pay rate:       (i.e. per hour or yearly) Name of last supervisor:

Did you receive any discipline while employed? Yes [ ] No [ ]  (If yes, describe in detail, i.e. suspensions, written and/or documented verbal reprimands, counseling forms, etc.)

Reason for leaving:

Did you give a 2 week notice prior to leaving? Yes [ ]  No [ ]  (If no, describe why you did not)

Are you eligible for reemployment with this employer? Yes [ ]  No [ ]

If this is a period of unemployment describe how you were able to financially support yourself:

**Employer 15: N/A** [ ]

Dates of employment:       to       Name of employer:

Street address:       City:       State:       Zip Code:       Phone number:      -     -

Fax number:      -     -

Position held:       Name used while employed:

Ending pay rate:       (i.e. per hour or yearly) Name of last supervisor:

Did you receive any discipline while employed? Yes [ ] No [ ]  (If yes, describe in detail, i.e. suspensions, written and/or documented verbal reprimands, counseling forms, etc.)

Reason for leaving:

Did you give a 2 week notice prior to leaving? Yes [ ]  No [ ]  (If no, describe why you did not)

Are you eligible for reemployment with this employer? Yes [ ]  No [ ]

If this is a period of unemployment describe how you were able to financially support yourself:

ADDITIONAL EMPLOYMENT DETAILS

**ADDITIONAL EMPLOYMENT DETAILS:**

Please use this space for any additional comments about your employment history. Refer to the employer number, to which the additional information is pertaining, in this section. If you need to list more than 15 employers in your employment history, please do so in this section and attach as many additional sheets as you need to supply the required information. You may also use this section to provide additional information for the Military section of this document.

**GENERAL EMPLOYMENT HISTORY QUESTIONS:**

1. Have you ever been terminated or asked to resign from a job?

Yes [ ]  No [ ] (If yes, explain details)

2. Have you ever retired from a previous employer?

Yes [ ]  No [ ] (If yes, explain details)

3. Have you ever owned your own business or been self-employed?

Yes [ ]  No [ ] (If yes, explain details)

4. Have you ever been paid by an employer “under the table” and not claimed the income?

Yes [ ]  No [ ] (If yes, explain details)

5. Have you ever obtained or applied for a city, county or state occupational license?

Yes [ ]  No [ ] (If yes, explain details including the location where the application was submitted)

6. Have you ever been disciplined by your current or previous employers? (If discipline was by a law enforcement agency, refer to law enforcement experience questions)

Yes [ ]  No [ ] (If yes, explain details)

7. Have you ever been counseled or reprimanded by an employer? (Even if the documentation may no longer be in your personnel file)

Yes [ ]  No [ ] (If yes, explain details)

8. Have you ever resigned or been given the opportunity to resign from a job in which you were under investigation for a policy violation or any type of misconduct?

Yes [ ]  No [ ] (If yes, explain details)

9. Did you list **ALL** of your jobs for the past ten years on your employment application, to include part-time and temporary jobs?

Yes [ ]  No [ ] (If no, explain details)

10. Have you ever possessed, delivered, or used an illegal or controlled substance (not prescribed to you) while in the workplace?

Yes [ ]  No [ ]  (If yes, explain details)

11. Have you ever consumed alcohol in the workplace?

Yes [ ] No [ ]  (If yes, explain details)

12. Have you ever been told by someone to stop sexually harassing him or her?

Yes [ ]  No [ ]  (If yes, explain details)

13. Have you ever been the focus of a sexual harassment complaint, formally or informally?

Yes [ ]  No [ ] (If yes, explain details)

14. Have you ever taken a polygraph (lie detector) examination?

Yes [ ]  No [ ] (If yes, provide this information below: agency, dates, reason and results of examination)

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** | **Date Taken** | **Reason** | **Results** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

15. Have you ever taken a Computerized Voice Stress Analysis (CVSA) examination?

Yes [ ]  No [ ]  (If yes, provide this information below: agency, dates, reason and results of examination)

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** | **Date Taken** | **Reason** | **Results** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

16. Have you ever taken a psychological examination (screening) for employment?

Yes [ ]  No [ ] (If yes, explain details-provide location, dates and reason for examination)

BACKGROUND QUESTIONNAIRE

**CHARACTER:**

1.Is there anything that you know, have done, or that is in your background that someone can blackmail you about?

Yes [ ]  No [ ] (If yes, explain details)

2. Have you ever lied or provided false information to obtain any official document? (ie: passport, visa, driver license, marriage license, etc)

Yes [ ]  No [ ] (If yes, explain details)

3. Have you ever belonged to any organization, or associated with anyone belonging to any organization, past or present, that espoused violence and/or intolerance toward a person or group of people (e.g., KKK, Nazi organization, any gang, Sovereign Nations, organized crime groups, extremist groups, or any anti-government groups)?

Yes [ ]   No [ ] (If yes, explain details)

4. Have you ever belonged to any organization, or associated with anyone belonging to any organization, past or present, that would place the integrity of the Tallahassee Police Department in question?

Yes [ ]   No [ ] (If yes, explain details)

5. Do you now, or have you ever, had regular associations with persons whom you knew, or should have known, were under criminal investigation, or who had a reputation in the community (or with law enforcement agencies) for involvement in criminal behavior?

Yes [ ]   No [ ] (If yes, explain details)

**UNDETECTED CRIMES:**

1. Have you ever committed an act that you were not discovered doing, but if discovered, you could have been arrested for committing?

Yes [ ]  No [ ] (If yes, explain details)

2. Has the Tallahassee Police Department or any other law enforcement agency ever been called because of your involvement in something (as a victim, suspect, witness or reporter)?

Yes [ ]   No [ ] (If yes, explain details)

3. Have you ever filed a false police report?

Yes [ ]   No [ ] (If yes, explain details)

4. Have you ever **been involved** in any of the following illegal acts? (If yes to any, please include when, where, and value

 to the side or on the back of this page.)

1. Switching price tags Yes [ ]  No [ ]

2. Car theft Yes [ ]  No [ ]

3. Theft of car parts Yes [ ]  No [ ]

4. Buy, sell, or possessing stolen property Yes [ ]  No [ ]

5. Burglary (home/business) Yes [ ]  No [ ]

6. Embezzlement Yes [ ]  No [ ]

7. Retail theft Yes [ ]  No [ ]

8. Counterfeiting Yes [ ]  No [ ]

9. Passing Bad or Worthless Check Yes [ ]  No [ ]

 or Credit Cards

10. Uttering/Forgery Yes [ ]  No [ ]

11. Con games Yes [ ]  No [ ]

12. Leaving the scene of an accident Yes [ ]  No [ ]

13. Arson Yes [ ]  No [ ]

14. False report of a Fire Yes [ ]  No [ ]

15. False Official Statement Yes [ ]  No [ ]

16. Manufacture of a counterfeit controlled substance Yes [ ]  No [ ]

17. Sale of counterfeit controlled substance Yes [ ]  No [ ]

18. Fraudulent drug test Yes [ ]  No [ ]

19. Prescription fraud Yes [ ]  No [ ]

20. Possession/Sale/Delivery of a controlled substance Yes [ ]  No [ ]

21. Bombing (either making of or detonation of) Yes [ ]  No [ ]

22. Assault Yes [ ]  No [ ]

23. Domestic Violence Yes [ ]  No [ ]

24. Child Abuse, Neglect, Delinquency or Yes [ ]  No [ ]

 Dependence

25. Stalking Yes [ ]  No [ ]

26. Witness Tampering Yes [ ]  No [ ]

27. Violation of an injunction for protections Yes [ ]  No [ ]

28. Impersonating a Law Enforcement Officer Yes [ ]  No [ ]

29. Resisting an Officer Yes [ ]  No [ ]

30. Refusal to aid a Law Enforcement Officer Yes [ ]  No [ ]

31. Obstruction by disguise Yes [ ]  No [ ]

32. Perjury not in an official proceeding Yes [ ]  No [ ]

33. Prostitution or Lewdness Yes [ ]  No [ ]

34. Unnatural or Lascivious act Yes [ ]  No [ ]

35. Exposure of Sexual Organs Yes [ ]  No [ ]

36. Sexual Battery Yes [ ]  No [ ]

37. Battery Yes [ ]  No [ ]

38. Robbery Yes [ ]  No [ ]

39. Carrying concealed weapon/firearm Yes [ ]  No [ ]

40. Possession/Sale of a firearm with altered

 Serial numbers Yes [ ]  No [ ]

41. Failure to pay alimony or child support Yes [ ]  No [ ]

42. Illegally obtaining public assistance, workers

 compensation or unemployment by fraud Yes [ ]  No [ ]

5. Have you ever filed an insurance claim that was not accurate (intentionally overestimating losses)?

Yes [ ]   No [ ] (If yes, when and how many times , explain details)

6. Were you ever in a fight in which a weapon was used?

Yes [ ]   No [ ] (If yes, when and how many times, explain details)

7. Have you ever injured, or caused the death of, another person?

Yes [ ]   No [ ] (If yes, explain details)

8. Have you ever physically abused a spouse, significant other, girlfriend, boyfriend, parent, child or an elderly person?

Yes [ ]   No [ ] (If yes, when and how many times)

9. Have you ever intentionally damaged property belonging to another person?

Yes [ ]   No [ ] (If yes, when, how many times, and what were the circumstances)

10. Have you ever participated in a riot or disturbance?

Yes [ ]   No [ ] (If yes, when, how many times, and what were the circumstances)

11. Since your 24th birthday, have you ever had any type of sexual involvement with someone under 18 years old?

Yes [ ]   No [ ] If yes, how old were they?       How old were you?

How long ago?       (Explain details)

12. Have you ever had any type of sexual contact with a person who was under the age of 16?

 Yes [ ]  No [ ]  If yes, how old were they?       How old were you?

How long ago?       (Explain details)

13. Have you ever had any type of sexual contact with a person who was incapacitated? (by drugs, alcohol, or medical condition)

Yes [ ]   No [ ] (If yes, when and how many times )

14. Have you ever sexually assaulted anyone?

Yes [ ]   No [ ] (If yes, when and how many times )

15. Have you ever engaged in prostitution or used the services of a prostitute? (to include escort services or massage parlors)

Yes [ ]   No [ ] (If yes, when and how many times)

16. Have you ever been involved in the solicitation of sexual services or other illegal activities while using online community bulletin boards or other web sites? (ie: Craig’s List, chat rooms, or other social networking sites)

Yes [ ]   No [ ] (If yes, when and how many times)

17. Have you ever been accused of any type of sexual misconduct?

Yes [ ]   No [ ] (If yes, when and how many times)

18. Have you ever had sex while at work?

Yes [ ]   No [ ] (If yes, when and how many times)

19. Have you ever been questioned by a law enforcement agency as a suspect in an investigation? (Do not include situations in which you were a victim or witness to a crime.)

Yes [ ]   No [ ] (If yes, explain details)

20. Have you ever committed any computer related crimes? (downloading copyrighted materials such as songs, movies, programs or documents; thefts via the computer; cyberstalking; or any other crimes involving a computer, computer network or services, or financial instruments or property)

Yes [ ]   No [ ] (If yes, when and how many times)

21. Have you ever hacked into a company’s, or someone else’s, computer, email account or webpage?

Yes [ ]   No [ ] (If yes, when and how many times)

22. Have you ever been involved in stealing social security numbers or personal information for the purpose of selling or giving this information to another unauthorized individual or group?

Yes [ ]   No [ ] (If yes, when and how many times)

23. Have you ever been involved in any manner with identity theft?

Yes [ ]   No [ ] (If yes, when and how many times)

24. Have you ever used someone’s credit card without permission?

Yes [ ]   No [ ] (If yes, when and how many times)

25. Have you ever organized any type of gambling operation?

Yes [ ]   No [ ] (If yes, when and how many times)

26. Have you ever participated in any type of illegal gambling? (cards, dice, slot machines or wagers on sporting events, etc.)

Yes [ ]   No [ ] (If yes, when and how many times)

27. Do you owe anyone an outstanding debt associated with any type of gambling?

Yes [ ]   No [ ] (If yes, when and how many times)

28. Have you ever deliberately searched the internet for erotic or nude pictures of anyone under the age of 18?

Yes [ ]   No [ ] (If yes, when and how many times)

29. Have you ever viewed, manufactured, purchased or participated in an act of child pornography?

Yes [ ]   No [ ] (If yes, when and how many times)

30. Have you ever knowingly obtained or assisted in obtaining alcoholic beverages for a person under the legal age to possess or consume the alcoholic beverages?

Yes [ ] No [ ]  (If yes, explain details)

31. Have you been involved in any other acts, involving alcohol, which could be considered criminal?

Yes [ ] No [ ]  (If yes, explain details)

32. Other than what has already been covered, have you been involved in anything for which you could have been arrested?

Yes [ ]  No [ ] (If yes, explain details)

**ARREST RECORD:**

1. Have you ever been arrested, charged, or detained by a law enforcement agency, including military apprehensions? (Include any arrests in which the charges were dropped or reduced, you were found not guilty, or in which the records were sealed or expunged. Pursuant to Florida State Statutes, you must disclose records even when sealed or expunged. Failure to do so could result in termination of the application process. **A Notice to Appear is considered an arrest and must also be listed.**)

Yes [ ]  No [ ] (If yes, explain details to include the charge, arresting agency, date and the final disposition of the case)

2. Have you ever served court ordered probation, parole, community control, or community service?

Yes [ ]   No [ ]  (If yes, explain details)

3. Other than traffic fines, what fines have you been required to pay and were they paid on time?

4. Have you ever been fingerprinted by a law enforcement agency?

Yes [ ]   No [ ]  (If yes, provide agency, date, and the reason why you were fingerprinted)

**DRUG USAGE:**

1. Have you ever used marijuana? (Please include the settings around when you used marijuana i.e.: party setting, with friends, alone)

Yes [ ]  No [ ]  (If yes, complete the following and explain details)

1a. Have you used marijuana within the past three (3) years?

Yes [ ]  No [ ]  (If yes, complete the following and explain details)

1b. When was the last time that you used marijuana?

2. Have you ever used any of the following? **(If yes, include the date last used)**

A. Yes [ ]  No [ ] Speed Last Used

B. Yes [ ]  No [ ] Anabolic Steroids Last Used

C. Yes [ ]  No [ ] Barbiturates (Downers) Last Used

D. Yes [ ] No [ ] PCP (Angel Dust) Last Used

E. Yes [ ] No [ ] Amphetamines (Uppers) Last Used

F. Yes [ ] No [ ] Crack Last Used

G. Yes [ ] No [ ] Rush Last Used

H. Yes [ ] No [ ] Cocaine Last Used

I. Yes [ ] No [ ] Quaaludes Last Used

J. Yes [ ] No [ ] Heroin Last Used

K. Yes [ ] No [ ] LSD Last Used

L. Yes [ ] No [ ] Ecstasy Last Used

M. Yes [ ] No [ ] Hash Last Used

N. Yes [ ] No [ ] Designer Drugs (Molly, Flakka) Last Used

O. Yes [ ] No [ ] Ice or methamphetamine Last Used

P. Yes [ ] No [ ] Peyote Last Used

Q. Yes [ ] No [ ] Mushrooms Last Used

R. Yes [ ] No [ ] GHB Last Used

S. Yes [ ] No [ ] Mescaline Last Used

T. Yes [ ] No [ ] Angel Trumpets Last Used

U. Yes [ ] No [ ] Another person’s prescription Last Used

 If yes, what was the prescription?       Last Used

V. Yes [ ] No [ ] Acid Last Used

 Any other illegal substance not listed:

2a. Have you used any of these substances within the past ten (10) years?

Yes [ ]  No [ ]  (If yes, complete the following and explain details)

2b. When was the last time that you used the above identified substance(s)

3. Have you ever used inhalants, or any other legal substance, to get high? (paint thinner, gas, freon, aerosols, glue)

Yes [ ]   No [ ]  (If yes, list when)

4. Have you ever been involved in the purchase of any illegal drug? (Any amount at all: from a joint to a kilogram or more)

Yes [ ]   No [ ]  (If yes, include type of drug, the amount, the circumstances, and the last time)

6. Have you ever been involved in the sale of illegal drugs, either directly or indirectly?

Yes [ ]   No [ ] (If yes, include the type of drug, the amount, the circumstances and the last time)

7. Have you ever benefited from the sale of illegal drugs, to include money, property (car), free drugs or sexual favors? (Note: if you received any money from a friend or a family member involved in drug sales, list here and give details.)

Yes [ ]   No [ ] (If yes, explain details)

8. Have you ever arranged a drug deal?

Yes [ ]   No [ ] (If yes, explain details)

9. Have you ever been in the company of people using illegal drugs? (in a house, in a vehicle, at an event, or at any other place)

Yes [ ]   No [ ] (If yes, explain details and the last time)

10. Have you ever knowingly allowed anyone to have or use an illegal substance in your home or vehicle?

Yes [ ]   No [ ] (If yes, explain details)

11. Have you ever knowingly had a relationship with anyone who uses, possesses, sells or distributes any kind of illegal substances?

Yes [ ]  No [ ] (If yes, explain details)

12. Have you ever stolen money or drugs from a drug dealer?

Yes [ ]   No [ ] (If yes, explain details)

13. Have you ever driven a motor vehicle under the influence of illegal drugs?

Yes [ ]   No [ ] (If yes, explain details)

14. Have you ever tried to grow, cultivate, manufacture, or produce **ANY** type of illegal drugs?

Yes [ ]   No [ ] (If yes, explain details)

1. Have you ever taken narcotics or any prescription drugs for the purpose of getting high?

Yes [ ]  No [ ] (If yes, explain in detail)

1. Explain, in detail, any other information relating to illegal drug use or involvement which has not been

covered, to include transporting, manufacturing, etc.

**ALCOHOL USE**

1. Do you consume or have you ever consumed alcoholic beverages?

Yes [ ]  No [ ]  (If yes, in what quantities?)

1. Which do you usually drink? Beer       Wine       Liquor
2. When were you last intoxicated? (MM/YY)
3. Describe what “intoxication” means to you.

**TOBACCO USE:**

1. Have you ever used any product containing tobacco or nicotine, including but not limited to dip, snuff, chew, a pipe, cigars, cigarettes (including e-type), patch or gum?

Yes [ ]   No [ ]  (If yes, what type of product)

2. Do you currently use any tobacco product?

Yes [ ]   No [ ]  (If yes, explain details)

3. Have you used any tobacco product during the last six (6) months?

Yes [ ]   No [ ] 

3a. When was the last time you used any tobacco product?

**THEFT OF MERCHANDISE:**

1. Estimate the total amount of merchandise, tools and/or equipment that you have stolen during your life:

      $50,000      $5,000      $500      $75

      $40,000      $4,000      $400      $50

      $30,000      $3,000      $300      $25

      $20,000      $2,000      $200      $10

      $10,000      $1,000      $100      $5

      $0

2. Name the single most expensive item that you have ever stolen?

Item:       Amount:       Date:

3. Have you ever taken anything or shoplifted anything from a business? (Include personal and employee theft)

Yes [ ]   No [ ] (If yes, explain details)

4. Have you ever been with anyone who was stealing merchandise or equipment?

Yes [ ]   No [ ] (If yes, explain details)

5. Have you ever taken anything from a current or former employer? (to include all miscellaneous office supplies)

Yes [ ]   No [ ] (If yes, explain details)

6. Estimate the amount of cash you have stolen in your entire life and explain each incident. (Include personal cash thefts from family or friends and cash thefts from employers, along with any other incidents.)

7. Have you ever purchased, pawned, traded, or sold an item you knew or should have known had been stolen?

Yes [ ]   No [ ] (If yes, explain details)

8. Are there any other incidents in your life not mentioned herein which may reflect on your suitability for this job or which may

require further explanation?

Yes [ ]   No [ ] (If yes, explain details)

For our information, how did you become aware of the Police Officer/Police Trainee position?

Location/Name (of job fair, event, website, recruiter, etc.)

[[ ] ] Recruiter

 If you checked “Recruiter”, where did you meet him/her?

[[ ] ] Job Fair/Event

[[ ] ] Acquaintance/TPD Officer

[[ ] ] Job Advertisement

[[ ] ] Internet/Website

[[ ] ] Newspaper/Magazine

[[ ] ] Other (please specify)

**I certify that all the above information I provided is true and correct. I have been completely truthful in my answers to these questions.**

Signature:       Date Completed:

QUESTIONS FOR CURRENT OR FORMER LAW ENFORCEMENT, CORRECTIONAL AND SECURITY OFFICERS

If you answer “yes” to any of the following questions, please explain and provide details to include where you were employed at the time and the date of the occurrence. Use additional paper or the back of this questionnaire if necessary.

1. Have you ever accepted a cash bribe or gratuity?

Yes [ ]  No [ ] (If yes, explain in detail)

2. Have you ever taken (stolen) anything from an investigative or service call site?

Yes [ ]  No [ ] (If yes, explain in detail)

3. Have you ever stolen anything from a prisoner or detainee?

Yes [ ]  No [ ] (If yes, explain in detail)

4. Have you ever been investigated for or accused of using excessive force?

Yes [ ]  No [ ] (If yes, explain in detail)

5. Have you ever used more force than was necessary to subdue another person or have you ever witnessed an excessive force situation?

Yes [ ]  No [ ] (If yes, explain in detail)

6. Have you ever struck a handcuffed or restrained prisoner?

Yes [ ]  No [ ] (If yes, explain in detail)

7. Have you ever tampered with or mishandled evidence in an illegal manner?

Yes [ ]  No [ ] (If yes, explain in detail)

8. Have you ever falsified any report, covered up facts, took or destroyed facts or lied to protect another officer?

Yes [ ]  No [ ] (If yes, explain in detail)

9. Have you ever used your position as an officer for personal gain?

Yes [ ]  No [ ] (If yes, explain in detail)

10. Have you ever been the subject of an internal investigation? If yes, list all investigations in chronological order, including a short synopsis, the final outcome, and discipline received, if any. PLEASE BE SPECIFIC.

Yes [ ]  No [ ] (If yes, explain in detail)

11. Are you currently involved in any active or pending internal investigations or discipline?

Yes [ ]  No [ ] (If yes, explain in detail)

12. If you currently possess, or have possessed a law enforcement or correctional certificate or a security officer license, in Florida or another state, have you ever been under investigation or review by the state or issuing authority?

Yes [ ]  No [ ] (If yes, explain in detail)

13. As an officer, have you ever been disciplined? Please include oral and written reprimands, suspensions, and anything that would have been purged from your personnel file.

Yes [ ]  No [ ] (If yes, explain in detail)

14. Have you ever stolen anything from a place that had already been burglarized or robbed? Please give dollar amount and list items.

Yes [ ]  No [ ] (If yes, explain in detail)

15. Have you ever stolen cash, property, or valuables from a dead body, intoxicated person, or crime victim or while another person was being helped?

Yes [ ]  No [ ] (If yes, explain in detail)

16. Have you ever lied to a supervisor or manager?

Yes [ ]  No [ ] (If yes, explain in detail)

17. Have you ever told a friend, acquaintance, or relative about an investigation involving them?

Yes [ ]  No [ ] (If yes, explain in detail)

18. Have you ever provided confidential information to an unauthorized person?

Yes [ ]  No [ ] (If yes, explain in detail and include if you received any money)

19. Have you ever illegally removed, destroyed, or altered records or files?

Yes [ ]  No [ ] (If yes, explain in detail)

20. Have you ever disclosed the identity of a confidential informant to an unauthorized person?

Yes [ ]  No [ ] (If yes, explain in detail)

21. Have you ever disclosed the identity of an undercover law enforcement officer to an unauthorized person?

Yes [ ]  No [ ] (If yes, explain in detail)

22. Have you ever lied under oath? EXPLAIN CIRCUMSTANCES.

Yes [ ]  No [ ] (If yes, explain in detail)

23. Since becoming an officer, have you ever committed a felony crime?

Yes [ ]  No [ ] (If yes, explain in detail)

24. Have you ever used your position as an officer to take sexual advantage of anyone?

Yes [ ]  No [ ] (If yes, explain in detail)

25. As an officer, have you ever engaged in a sexual act on duty? EXPLAIN EACH INCIDENT.

Yes [ ]  No [ ] (If yes, explain in detail)

26. Have you ever been involved in any shooting incident?

Yes [ ]  No [ ] (If yes, explain in detail)

27. Have you ever been the subject of a grand jury investigation?

Yes [ ]  No [ ] (If yes, explain in detail)

28. Have you ever been the subject of any civil lawsuits, prior or pending?

Yes [ ]  No [ ] (If yes, explain in detail)

29. Have you ever been involved in any on-duty motor vehicle accident? Please list each one and include who was at fault.

Yes [ ]  No [ ] (If yes, explain in detail)

30. Since becoming an officer, have you ever used **ANY** illegal drugs?

Yes [ ]  No [ ] (If yes, explain in detail)

31. Have you ever used alcohol or illegal drugs on duty? (Other than for sanctioned law enforcement operations.)

Yes [ ]  No [ ] (If yes, explain in detail)

32. Explain any circumstances or incidents in which you have been involved as an officer that could have a negative impact on your employment with the Tallahassee Police Department.

Yes [ ]  No [ ] (If yes, explain in detail)

33. Did you ever cover up a crime committed by a fellow officer?

Yes [ ]  No [ ] (If yes, explain in detail)

34. Have you ever retained evidence or contraband for your own personal use?

Yes [ ]  No [ ] (If yes, explain in detail)

35. Have you ever worked while under the influence of alcohol, illegal drugs or any illegally obtained prescription drugs?

Yes [ ]  No [ ] (If yes, explain in detail)

**Should you fail to meet the minimum standards required by the Tallahassee Police Department, you will immediately be discontinued from the hiring process.**

**I certify that the above information provided is true and correct. I have been completely truthful in my answers to these questions.**

Print Name:

Signature:       Date Completed: