



# Employment Application

FOR OFFICIAL USE ONLY REV 030309

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Date of Hire      Payroll ID      Position      Status

## INSTRUCTIONS

Type or print in ink. Illegible or incomplete applications will not be considered. Answer each question completely and honestly. The completed application must be notarized before submission. Any and all inquires that appear to be of a personal nature are necessary in order that information can be verified and complete background checks conducted. This is essential due to the nature, scope and confidentiality of this profession. Indian River Shores Public Safety is an Equal Opportunity Employer and considers applicants for all positions without regard to race, color, national origin, sex, handicap, marital status, religion or any other legally protected status. Indian River Shores is a Drug Free Workplace and complies with the American Disabilities Act.

## PERSONAL

\_\_\_\_\_      Position Desired     Public Safety Officer (Triple Certified)

Date of Application     Fire Medic

\_\_\_\_\_       Police Officer

Date Available         Instructor

\_\_\_\_\_       Administrative Support

Minimum Acceptable Salary      Full/Part Time     Full Time Only

Part Time Only

Full or Part Time

\_\_\_\_\_      Last Name      First      Middle      \_\_\_\_\_

Residence Physical Address (do not list post office boxes)      City      State      Zip      County

\_\_\_\_\_

Mailing Address (if different from physical address)      City      State      Zip      County

\_\_\_\_\_

Home Phone      Business Phone

\_\_\_\_\_

Cell Phone      Email

## EDUCATION

List all schools, beginning with high school, college and vocational/trade schools you have attended.

Institution Name Address, City, State	Dates Attended Month/Year		Years Completed	Date Graduated	Type of Diploma, Degree, or Certificate Earned
	From	To			
	From	To			
	From	To			
	From	To			
	From	To			
	From	To			
	From	To			

**EMPLOYMENT**

List all work experience in detail, beginning with your current or most recent job. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets using the same format as on the application. All information in this section must be completed as current and prior employers will be contacted. Resumes may be attached to provide additional information.

Name of Employer Address, City, State	Dates Worked Month/Year		Job Title or Position	Supervisor Name and Phone Number	Reason for Leaving
	From	To			
<b>Duties and Responsibilities</b>					

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	From	To			
<b>Duties and Responsibilities</b>					

**EMPLOYMENT**

Answer yes or no to the following questions. If you answer yes to any question, in the remarks section below, list the question number and provide specific details.

- Yes     No    1. May we contact your present employer?
- Yes     No    2. Have you ever been placed on probation?
- Yes     No    3. Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?
- Yes     No    4. Do you have any relatives who are working for this agency?
- Yes     No    5. Have you ever been dismissed, asked to resign, suspended, or had any disciplinary action taken against you from any employment position you have held in the past, future or present?
- Yes     No    6. Have you ever been sued by an employer?

Remarks

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**KNOWLEDGE, SKILLS, ABILITIES (KSA's)**

1. Indicate special skills you possess which relate to the position for which you are applying (i.e., computer, breathalyzer, firearms, jaws of life, etc.)

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2. List software you are proficient in \_\_\_\_\_

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3. I type \_\_\_\_\_ words per minute.

4. Indicate special abilities, interests, and hobbies \_\_\_\_\_

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5. Indicate memberships of any organizations, clubs, or societies? \_\_\_\_\_

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**LICENSE, REGISTRATION OR CERTIFICATION**

List trade or professional licenses you hold. Examples: Drivers License, Instructor Certification, Firefighter, Law Enforcement, Notary, etc.

License, Registration or Certification	Number	Date Received	Expiration Date	State Licensing Agency

### RESIDENTIAL

Chronologically, list all addresses where you have lived within the past 10 years starting at the most recent and working backwards.

Address, City, State	Month/Year		Own	Rent	Landlord Name, Address, Phone #
	From	To			

### DRIVING

If you answer yes to any question, in the remarks section below, list the question number and provide specific details.

- Yes      No     1. Have you ever been refused a drivers license by any state?
- Yes      No     2. Has your drivers' license ever been revoked or suspended?
- Yes      No     3. Have you ever received a traffic citation?
- Yes      No     4. Have you ever been involved in a motor vehicle accident?
- Yes      No     5. Have you ever had an accident while operating an emergency vehicle?
- Yes      No     6. Do you have any traffic citations which you failed to pay?
- Yes      No     7. Do you have any parking tickets which you failed to pay?
- Yes      No     8. Have you ever had automobile insurance withdrawn or revoked, or have you ever been refused automobile insurance?
- Yes      No     9. Have you ever been charged with any offense relative to the operation of a motor vehicle?
- Yes      No     10. Have you ever refused to submit to a breath, blood or urine test to determine the influence of alcohol beverages, chemical substances, or controlled substances?
- Yes      No     11. Have you ever been licensed to drive in another state?

Remarks (include traffic citations, parking tickets, traffic crashes, etc.)

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**CRIMINAL**

Answer yes or no to the following questions. If you answer yes to any question, in the remarks section below, list the question number and provide specific details. A yes answer will not automatically disqualify you from employment. The nature, job-relatedness, severity and the date of the offense in relation to the position for which you are applying are considered (see FS 112.011). However, failure to disclose, omit or conceal an offense will be considered deception and will terminate the hiring process.

- Yes     No      1. Have you ever been arrested, questioned or detained by any member of a law enforcement agency?
- Yes     No      2. Have you ever been placed on probation?
- Yes     No      3. Have you ever been required to pay a fine?
- Yes     No      4. Have you even been reported as a missing person?
- Yes     No      5. Have you ever been fingerprinted by a law enforcement agency?
- Yes     No      6. Have you ever been questioned as a suspect or witness for any crime?
- Yes     No      7. Have you ever been advised of your Miranda Rights?
- Yes     No      8. Have you ever been the subject of a police investigation?
- Yes     No      9. Have you ever had a polygraph or CVSA examination?
- Yes     No      10. Has any member of your family ever been arrested or convicted of a criminal offense?
- Yes     No      11. Have you or any member of your family been the victim of a crime?
- Yes     No      12. Do you know of anyone who is an enemy or who might try to harm you in any way?
- Yes     No      13. Have you or your spouse ever sued anyone?
- Yes     No      14. Are you currently involved in any civil litigation of any kind?
- Yes     No      15. Have you ever had any records sealed or expunged?
- Yes     No      16. Have you ever been arrested or detained as a juvenile?
- Yes     No      17. Have you ever been convicted of a felony?
- Yes     No      18. Have you ever been charged, investigated, arrested or convicted of domestic violence?
- Yes     No      18. Have you ever been served with a restraining order or a no contact order?

Remarks

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**MILITARY**

Answer yes or no to the following questions. If you answer yes to any question, in the remarks section below, list the question number and provide specific details.

- Yes     No      1. Have you ever served on active duty in the Armed Forces of the United States including ROTC?
- Yes     No      2. Have you ever served in the Armed forces of another country?
- Yes     No      3. Are you now or have you ever been a member of the Reserve Unit or the National Guard of any State?
- Yes     No      4. Were you ever tried, punished, reprimanded or reduced in rank for any infraction, rule or regulation of the Armed Forces?
- Yes     No      5. Did you receive an honorable discharge?
- Yes     No      6. Did you receive any medals, awards, or decorations?
- Yes     No      7. Are you on active duty at this time?
- Yes     No      8. Were you ever employed by the Government of a foreign nation?
- Yes     No      9. Are you registered with the Selective Service System?
- Yes     No      10. Have you received information from the Selective Service System indicating that you may be inducted into the Armed Forces in the near future?

Remarks (specific details may include branch served, highest rank, service number, periods of active duty dates, date and type of discharge, etc. If you answered yes to question 9 indicate date and location registered and classification number.)

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**PERSONAL REFERENCES**

Give five (5) references from people who have known you well for at least five (5) years. Do NOT list people residing at your address, who are related to you or who are former/current employers. Also, do NOT list persons who are related to each other. All the people you list will be contacted by the investigator to appraise your character, ability, experiences, personality and other qualities.

Name Address, City, State	Phone Number	Occupation	Years Known

**EXEMPTION FROM PUBLIC RECORDS DISCLOSURE**

- Yes     No    1. Are you a current or former law enforcement officer, other employee\*\* or the spouse or child of one, who is exempt from public records disclosure under 119.071, F.S.?

\*\*Other covered employees include correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families (see 119.071 F.S.).

**CITIZENSHIP**

- Yes     No    1. Are you a US citizen or legally authorized to work in the U.S.?  
Enter SS# \_\_\_\_\_, place of birth \_\_\_\_\_ and date of birth \_\_\_\_\_.

Indian River Shores Public Safety hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

**SELECTIVE SERVICE REGISTRATION**

- Yes     No    1. If you are a male between the ages of 18 and 26, do you have proof of registration with the Selective Service System or exemption from such registration?

All males between the ages of 18 and 26 must be registered with the Selective Service System or exempted.

**CONFIDENTIALITY AGREEMENT**

According to Florida Statutes Chapter 119, I agree that I will not, either during my employment or thereafter, directly or indirectly, disclose, divulge, discuss, copy, reproduce or communicate in any manner, to any person, firm group, cooperation or other entity, any information contained in any employees personnel file, or any other confidential material relating to the employment of any employee, including but not limited to any information concerning matters affecting or relating to the business of the Department, to include policy actions, reports, telephone conversation and suspects, and further agree to hold all confidential material and information in strictest confidence.

Upon leaving the employment of the Department, I agree not to retain or take with me any confidential data, drawings, customer lists, computer programs, records, policy manuals or any other confidential information obtained by me as a result of my employment, including reproductions of such information. All property to which I have access to or which is in my possession will be surrendered to the Department upon cessation of my employment or at any time upon request by the Department.

I agree that I am subject to discipline up to and including termination of employment for violation of the terms of this confidentiality agreement.

**APPLICANT STATEMENT**

Why do you want to work for Indian River Shores? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT**

In case of an emergency, who should we contact?

Name	Address	Phone Number	Relationship

**APPLICANT CERTIFICATION**

I understand that by submitting this application for employment, I agree to abide by the following terms and conditions:

- ⇒ Employment will be contingent upon the results of a complete background investigation. Any omission, falsification, misstatement, or misrepresentation may disqualify me for employment consideration. All statements made by me on the application are true, correct and complete, and made in good faith. I understand and consent to a polygraph examination concerning the validity of my response 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 I may be fingerprinted.
- ⇒ Employment will be contingent upon the results of a pre-employment drug test and that I may be required to undergo drug testing during the term of my employment.
- ⇒ 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.
- ⇒ Employment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position with the Department.
- ⇒ This employment application is the property of Indian River Shores Public Safety and it and the information received in response to the background investigation are public records according to FS Chapter 119.
- ⇒ I agree to abide by the Rules, Regulations and General Orders of the Public Safety Department and acknowledge that these Rules, Regulations and General Orders may be changed, interpreted, withdrawn or added to by the Public Safety Department, at its discretion, at any time and without any prior notice to me.
- ⇒ I understand and authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding employment eligibility with Indian River Shores Public Safety and I release all such parties from any and all liability for any damage that might result from furnishing such information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**AFFIDAVIT**

**STATE OF FLORIDA  
COUNTY OF INDIAN RIVER**

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 before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_ Personally Known

\_\_\_\_\_ Produced Identification - Type of ID Produced \_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_