



# Graceville Police Department

5348 Cliff Street  
Post Office Drawer 637  
Graceville, Florida 32440

Phone: (850)263-3944

Fax: (850)263-3606

## EMPLOYMENT APPLICATION

POSITION DESIRED \_\_\_\_\_

DATE \_\_\_\_\_

### INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions. If you require special disability accommodations, notify the agency's hiring authority in advance.

### PERSONAL HISTORY

1. Full Name:

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

\_\_\_\_\_  
Residence Address Apt. No. Mailing Address Apt. No.

\_\_\_\_\_  
City County State Zip Code

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Telephone Number (Home) Work/Other Cell

\_\_\_\_\_  
E-mail Address Date of Birth / /

2. Social Security Number. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

3. Date/Place of Birth:

\_\_\_\_\_  
Date City County State Country (if not the United States)

4. Other: List all other names you have used including circumstances and time periods you used them. For example:  
former

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

The Graceville Police Department is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, handicap, marital status, religion or any other legally protected status.

Graceville Police Department App. Form (REV 4-2-19)



5. Indicate any law enforcement education / training:

\_\_\_\_\_

6. Did you receive a certificate for this training? \_\_\_\_ Yes \_\_\_\_ No (Attach copy)

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Describe any word processing or computer skills and list all software used:

\_\_\_\_\_

\_\_\_\_\_

9. On what date are you available for work? \_\_\_\_\_

10. Are you available to work? \_\_\_\_ Full Time \_\_\_\_ Part Time

12. The Police Officer position will require a flexible schedule, Are you available to work rotating shifts? \_\_\_\_ Yes  
\_\_\_\_ No

### EMPLOYMENT HISTORY

1. List chronologically all employment including current employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for any length of time, indicate dates of unemployment. Please attach a separate sheet of paper for additional employment history if necessary.

**1** Name of present or last employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Your Job Title: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FROM: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Supervisor's Name: \_\_\_\_\_

Duties and Responsibilities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

\_\_\_\_\_

**2** Name of employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Your Job Title: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_  
\_\_\_\_\_

**3** Name of employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Your Job Title: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_  
\_\_\_\_\_

4 Name of employer:

Address:

Your Job Title: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Duties and Responsibilities:

Reason For Leaving:

5 Name of employer:

Address:

Your Job Title: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Duties and Responsibilities:

Reason For Leaving:

2. May we contact your present employer? \_\_\_Yes \_\_\_No

3. Have you ever been dismissed or asked to resign? Yes, No If yes, please explain: \_\_\_\_\_

4. Have you had any disciplinary action, to include verbal, written warnings, reprimands, suspensions and counseling, taken against you from any employment or position you have held? \_\_\_\_\_

Yes, No If yes, please provide details. \_\_\_\_\_

5. Have you resigned, or left a job by mutual agreement, for any reason? Yes, No If yes, please provide details.

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6. Have you ever applied or worked with any law enforcement agencies? \_\_\_Yes \_\_\_No If yes, please provide the following:

Agency and/or Department \_\_\_\_\_ Date Applied \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Position applied for: \_\_\_\_\_ Status: \_\_\_\_\_

Agency and/or Department \_\_\_\_\_ Date Applied \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Position applied for: \_\_\_\_\_ Status: \_\_\_\_\_

Agency and/or Department \_\_\_\_\_ Date Applied \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Position applied for: \_\_\_\_\_ Status: \_\_\_\_\_

Agency and/or Department \_\_\_\_\_ Date Applied \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Position applied for: \_\_\_\_\_ Status: \_\_\_\_\_

7. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? \_\_\_Yes \_\_\_No If yes, please provide name and address of business, corporation or organization and describe your relationship or position.

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8. Have you ever performed paid or unpaid services for a law enforcement agency not listed as an employer to include extra duty details and auxiliary? \_\_\_Yes \_\_\_No If yes, please provide name and address of business, corporation or organization and describe your relationship or position. \_\_\_\_\_

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## RESIDENCES/LANDLORD

1. Actual places of residence for past 10 years - list chronologically all addresses, including residences while at school and in military. For college or campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office. If apartment complex, give name, phone number and point of contact/manager. Attach a separate sheet of paper for additional residences if necessary.

Residence Address \_\_\_\_\_ Apt. No. \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates From - \_\_\_\_ Mo. \_\_\_\_ Yr. To: \_\_\_\_ Mo. \_\_\_\_ Yr.

Landlord \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Residence Address \_\_\_\_\_ Apt. No. \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates From - \_\_\_\_ Mo. \_\_\_\_ Yr. To: \_\_\_\_ Mo. \_\_\_\_ Yr.

Landlord \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Residence Address \_\_\_\_\_ Apt. No. \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates From - \_\_\_\_ Mo. \_\_\_\_ Yr. To: \_\_\_\_ Mo. \_\_\_\_ Yr.

Landlord \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Residence Address \_\_\_\_\_ Apt. No. \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates From - \_\_\_\_ Mo. \_\_\_\_ Yr. To: \_\_\_\_ Mo. \_\_\_\_ Yr.

Landlord \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Residence Address \_\_\_\_\_ Apt. No. \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates From - \_\_\_\_ Mo. \_\_\_\_ Yr. To: \_\_\_\_ Mo. \_\_\_\_ Yr.

Landlord \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

**ARREST HISTORY / COURT DATA**  
**DRIVING HISTORY**

1. Have you ever been arrested, charged or received a notice or summons to appear for any criminal violations? \_\_\_Yes \_\_\_No
2. Have you ever been convicted of a felony or misdemeanor? \_\_\_Yes \_\_\_No
3. To your knowledge, has any member of your family ever been arrested for other than traffic violations? \_\_\_Yes \_\_\_No
4. If yes to question #1, #2, or #3, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter was settled by payment of fine or forfeiture of collateral. (Include your juvenile charges and charges which have been sealed, if any.)

Applicant	Place & Department	Charge	Court & Place	Date of Charge	Disposition

5. Have you or your spouse ever been a plaintiff or defendant in a court action? \_\_\_Yes \_\_\_No
6. Have you ever been detained by any law enforcement officer for investigative purposes OR have you ever been the subject of OR a suspect in any criminal investigation? \_\_\_Yes \_\_\_No
7. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? \_\_\_Yes \_\_\_No

If yes to question #5 or #6, please provide details. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1. Are you a licensed Florida automobile operator or chauffeur? \_\_\_Yes \_\_\_No License No.: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_

2. Do you hold or have you ever held an operator or chauffeur license in another state? \_\_\_Yes \_\_\_No If yes, please provide state(s), name used, driver license(s) number and approximate dates license(s) was/were held.

3. Have you ever received a ticket or been charged with a traffic violation? \_\_\_Yes \_\_\_No If yes, list charge, date, and disposition.

4. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No If yes, please provide complete details including reason and place.

MILITARY HISTORY

1. Have you ever served on active duty in the Armed Forces of the United States? \_\_\_ Yes \_\_\_ No

Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Service #: \_\_\_\_\_ Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

2. Are you now or have you ever been a member of the Reserve Unit or the National Guard? \_\_\_ Yes \_\_\_ No

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

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3. Have you ever been tried on charges, or were you the subject of a summary court, court martial, deck court, Captain's Mast, company punishment, or any other type of disciplinary action while a member of the armed forces? \_\_\_ Yes \_\_\_ No

If yes, please provide details:

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Nature of Offense: \_\_\_\_\_

Action Taken: \_\_\_\_\_

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4. VETERANS' PREFERENCE: Documentation for eligibility of veteran's preference will be required at the time of application if you are claiming veteran's preference under the following circumstances.

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. Veteran's Administration 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 forcibly detained by a foreign power, or

3. A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 to October 15, 1976 and August 20, 1990 to January 2, 1992 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or

4. The un-remarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed using veterans' preference since October 1, 1987? \_\_\_ Yes \_\_\_ No

If "yes", please give name of employer: \_\_\_\_\_

NOTE: Under Florida law, preference in appointment shall be given first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, Florida 33731

**BUSINESS INTERESTS & LICENSES**

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

Name: \_\_\_\_\_

City & State: \_\_\_\_\_  Former Member  Present Member

List position held (describe activity)

\_\_\_\_\_

**ORGANIZATION MEMBERSHIP**

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?  Yes  No

3. Have you ever made a financial or other material contribution to any organization of the type described in question #2 above?  Yes  No If yes to question #2 or #3, answer question #4 and #5 also.

4. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?  Yes  No

5. Did you intend to promote any unlawful aims of the organization?  Yes  No  
If yes to questions #2, #3, #4, or #5, explain including name of organization and location.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages?  Yes  No

2. Are you now issued or have you ever been issued a license to engage in a business or profession?  Yes  No

3. Was license ever canceled, suspended or revoked?  Yes  No  
If yes to question #1, #2, or #3, please provide details including the type of license or certificate, the agency that issued the license, effective date of license and license number.

\_\_\_\_\_  
\_\_\_\_\_

## LIVING RELATIVES, SPOUSES, AND CHILDREN

List all living relatives, spouses, and children, and include all contact information.

Name	Address	Telephone Number	Relation

## PERSONAL REFERENCES & ACQUAINTANCES

1. Personal References: Give three (3) references (not relatives, former or present employer, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation. Provide complete mailing addresses and phone numbers.

<b>Complete Name (and relationship to the applicant)</b>  <div style="text-align: center; font-size: small;">(Last, First, Middle)</div>		Home Address: _____ City, State & Zip: _____ Home Phone: ( ) _____ Business Address: _____ City, State & Zip: _____
Yrs. Acq.	Occupation	
<b>Complete Name</b>  <div style="text-align: center; font-size: small;">(Last, First, Middle)</div>		Home Address: _____ City, State & Zip: _____ Home Phone: ( ) _____ Business Address: _____ City, State & Zip: _____
Yrs. Acq.	Occupation	
<b>Complete Name</b>  <div style="text-align: center; font-size: small;">(Last, First, Middle)</div>		Home Address: _____ City, State & Zip: _____ Home Phone: ( ) _____ Business Address: _____ City, State & Zip: _____
Yrs. Acq.	Occupation	

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

My appointment or employment will be contingent upon the results of a complete background investigation. Any omission, falsification, misstatement or misrepresentation may disqualify me as an applicant or cause my dismissal from the Graceville Police Department. All statements made by me on this application are true, correct and complete, to the best of my knowledge.

I consent to a background investigation or any physical examination or drug test. My employment or appointment will be contingent upon the results of a complete drug test. I may be required to take drug tests during the term of my employment or appointment with the Graceville Police Department. I authorize all persons and organizations referenced in this application to furnish the Graceville Police Department information, personal or otherwise, regarding my ability and fitness for employment or appointment. I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Graceville Police Department.

I understand that this employment application shall become the property of the Graceville Police Department. The application and information received in response to the background investigation are public records.

If employed by, or appointed to, the Graceville Police Department, I accept and agree to abide by the following conditions:

I will obey and abide by all directives, procedures, rules, regulations and General Orders issued by the Graceville Police Department's and its official representatives. I understand my position will require use of agency supplied equipment and/or uniform(s).

In the event that I am eligible for, and accumulate, overtime work hours, the Graceville Police Department may, at its option, adjust my work schedule, grant me compensatory time or reimburse me monetarily.

Any property or equipment issued or loaned to me by Graceville Police Department shall be maintained in good repair at all times. I will report any discrepancies to my supervisor immediately. I may be required to reimburse the Graceville Police Department for any property or equipment that is damaged or lost through my own negligence or misconduct. If funds from the damage or loss of such property are due and owing at the termination of my employment, I agree that said funds may be deducted from my paycheck in accordance with state and federal wage and hour laws.

I acknowledge that all property belonging to the Graceville Police Department, or utilized by me in the course and scope of my employment, is subject to search or inspection at any time without notice. I also agree to, and fully realize that, I have no expectation of privacy, whether subjective or objective, in the use of such property.

I understand that, if employed, I will be required to have "direct deposit" into a checking or savings account.

**AFFIDAVIT (Must be notarized)**

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_  
Date

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ Yr. \_\_\_\_\_

by \_\_\_\_\_, who is personally known to me or who has produced  
\_\_\_\_\_ as identification. \_\_\_\_\_

\_\_\_\_\_  
Signature of person taking acknowledgment \_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title or Rank





The following questions are to be completed by Police Officer applicants only!

1. Are you a United States Citizen? \_\_Yes \_\_No
2. Have you ever accepted a bribe? \_\_Yes \_\_No
3. Have you ever falsified any official report? \_\_Yes \_\_No
4. Have you ever been accused of using excessive force? \_\_Yes \_\_No
5. Have you ever lied under oath? \_\_Yes \_\_No
6. As a Law Enforcement Officer have you ever engaged in any sexual act while on duty? \_\_Yes \_\_No
7. Have you ever removed, destroyed, or altered police records or files? \_\_Yes \_\_No
8. Have you ever been the subject of an Internal Affairs Investigation? \_\_Yes \_\_No
9. Has the applicant ever unlawfully sold, delivered, manufactured, smuggled, trafficked in, or possessed illegal substances or drug paraphernalia? If so, when and how often? \_\_Yes \_\_No
10. Has the applicant engaged in current or recent unlawful use of illegal substances? \_\_Yes \_\_No
11. Has the applicant ever committed a crime, whether arrested or not, that would constitute a felony or first degree misdemeanor? If so, what crime(s) were committed and when? \_\_Yes \_\_No

If yes to any questions, provide full details:

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Sign in the presence of a notary.

\_\_\_\_\_  
 Applicant's Signature Date

\_\_\_\_\_  
Address Apt. No.

\_\_\_\_\_  
City State Zip Code

AFFIDAVIT  
(Must be notarized)

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ yr. \_\_\_\_\_

by \_\_\_\_\_, who is personally known to me or  
who has produced \_\_\_\_\_ as identification who did (did not) take an oath.

\_\_\_\_\_  
Signature of person taking acknowledgment

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title or Rank

Equal Opportunity Employer M/F/D/V  
GRACEVILLE POLICE DEPARTMENT  
APPLICATION INSERT

PHOTOCOPIES OF THE FOLLOWING MUST BE INCLUDED WITH YOUR APPLICATION

(Applications missing ANY of the following supporting documents will NOT be processed accepted)

- Birth Certificate or naturalization papers
- Social Security Card
- High School Diploma, GED or College Transcripts
- If a Veteran, copy of Form DD-214 stating "Honorable" Discharge (member 4 copy) or Uncharacterized
- Males between the ages of 18-25 a copy of Selective Service card. [www.sss.gov](http://www.sss.gov)
- Copy of FDLE State Certification and proof of passing State Certification Test
- Name change documents (marriage, adoption, etc.)
- 2 passport size photographs

FLORIDA LAW REQUIRES THE FOLLOWING MINIMUM QUALIFICATIONS TO BE CONSIDERED FOR LAW ENFORCEMENT:

- Be at least 19 years age.
- Be a High School graduate or its equivalent.
- Not have been convicted of any felony or of a misdemeanor involving perjury or false statement, not have received a dishonorable discharge from any of the Armed Forces of the United States. Any person who, after July 1, 1981 pleads guilty or nolo contendere to or is found guilty of a felony or a misdemeanor involving perjury or false statement shall not be eligible for employment or appointment as an officer, notwithstanding, suspension of sentence or withholding of adjudication.  
Must be fingerprinted by employing agency.
- Must pass a physical examination and drug screening
- Must be of good moral character as determined by an extensive background investigation, which by Agency policy includes a Certified Psychological Examination.
- Must meet or surpass all requirements of a background investigation
- Current, valid Florida license at the time of hire

Mail your completed application and all supporting documentation to;

Graceville Police Department  
ATTN: Administrative Staff  
P.O. Drawer 637  
Graceville, FL 32440