

Higher Education: List all colleges and universities attended. (Attach diploma or official transcript from last institution of higher education attended.)

College/University	Location	Hours (semester/ quarter)	Dates Attended (from/to)	Degree (when/type)

Major _____ Minor _____

Other Schools (Trade, vocational, business or military). Provide information requested below.

School	Location	Dates Attended (from/to)	Courses Studied	Certificate (yes/no)

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

b. What foreign languages do you speak? _____
Read? _____ Write? _____

c. Have you had any education/training in law enforcement? _____ No _____ Yes If yes, give details. _____

d. Did you receive a certificate for this training? Yes _____ No _____ Certificate Number _____

e. Are you a licensed Florida automobile operator? Yes _____ No _____

f. Have you ever been licensed to drive by another state? Yes _____ No _____ If yes, list the state and indicate any license that was revoked and why. _____

g. List any special abilities, interests, and hobbies with degree of proficiency: _____

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

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

j. Approximate number of words per minute: Typing _____ Shorthand _____

4. EMPLOYMENT

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

Name & Address of Employer	Dates				Salary	Position and Kind of Work	Name of Supervisor	Reason for Leaving
	From		To					
	Mo.	Yr.	Mo.	Yr.				
a. Name						Full _____ Part-time		
Address								
City								
b. Name						Full _____ Part-time		
Address								
City								
c. Name						Full _____ Part-time		
Address								
City								
d. Name						Full _____ Part-time		
Address								
City								
e. Name						Full _____ Part-time		
Address								
City								
f. Name						Full _____ Part-time		
Address								
City								

g. Have you ever been dismissed, asked to resign or had any disciplinary action taken against you from any employment or position you have held? _____ No _____ Yes _____
Employer's Name Date

Reason: _____

h. Do you have any sources of income other than your present salary, including spouse's income, stocks, bonds, mutual funds, interest on savings, rentals, etc.? _____ No _____ Yes If yes, list each source of income.

i. Have you ever applied to or been employed by any law enforcement agency? Yes _____ No _____ if yes, give name of agency and dates of employment or application.

5. CREDIT DATA

a. Has your credit record (including spouse) ever been unsatisfactory, or have you ever been refused credit?
 _____ No _____ Yes If yes, give dates, places, names of creditors and circumstances. _____

b. Are you or your spouse indebted to anyone? Yes _____ No _____ If yes, list all debts over \$200. Include name and address of creditor, amount of debt and account number.

c. List all debts that are past due. Include number of payments past due, amount of each payment, account number and location of account.

d. Have you ever filed for bankruptcy? Yes _____ No _____ If yes, give details, including date and court in which filed.

6. COURT DATA

a. Have you ever been arrested or charged with any criminal violation? Yes _____ No _____ (List all such matters even if not formally charged, or no court appearance, or found not guilty, or plead guilty or nolo contendere to any charge for which adjudication of guilt was withheld, or matter if settled by payment of fine or forfeiture of collateral.)

Date	Place	Agency	Charge	Final Disposition	Details

b. List all traffic citations, but not parking tickets. If none, so state.

Date	Place	Agency	Charge	Final Disposition	Details

e. Has your driving privilege ever been canceled _____suspended _____revoked _____? If yes, explain fully.

d. Has any member of your immediate family ever been convicted of a crime? (Exclude traffic violations.)

_____ No _____ Yes List all such matters:

Name	Date & Place of Birth	Relation	Date	Place	Agency	Conviction

e. Have you or your spouse ever been a plaintiff or defendant in a civil court action? _____ No _____ Yes

(Give date, place, court, names of parties involved, nature of action, and final disposition.) _____

7. MILITARY DATA

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

Highest rank attained in military service: _____

b. Were you permanently disabled because of such service? _____ No _____ Yes

c. Branch of military service	d. Serial Number	e. Dates of Active Duty
-------------------------------	------------------	-------------------------

L Discharge:

Type of _____

Basis for _____

Separation Center: _____

g. Member of Reserve _____ No _____ Yes _____ Ready _____ Standby

Service Branch _____

National Guard _____ Present _____ Former _____ None

h. Was any disciplinary action taken against you in the service?

_____ No _____ Yes

Date _____ Place _____

Nature of offense _____

Action taken _____

If you attend drills, meetings, or camps, give name of Unit & Location:

i. Have you ever served in the Armed Forces of a foreign country?

_____ No _____ Yes (specify countries; dates)

8. ORGANIZATION MEMBERSHIP

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

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

b. 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 _____ If yes, explain including name or organization and location.

9. PERSONAL REFERENCES

Give three references (not relatives, former employers, fellow employees or school teachers) who are responsible persons of reputable standing in their communities, such as householders, property owners, business or professional men or women including your family physician, if you have one, who have known you well during the past five years,

a. Complete name	Sex	Age	Address (street & city)	Telephone Number
			Residence	
No. Yrs. Acq.	Occupation		Business	
b. Complete name	Sex	Age	Address (street & city)	Telephone Number
			Residence	
No. Yrs. Acq.	Occupation		Business	
c. Complete name	Sex	Age	Address (street & city)	Telephone Number
			Residence	
No. Yrs. Acq.	Occupation		Business	

Give three social acquaintances in your own age group including both sexes.

d. Complete name	Sex	Age	Address (street & city)	Telephone Number
			Residence	
No. Yrs. Acq.	Occupation		Business	
e. Complete name	Sex	Age	Address (street & city)	Telephone Number
			Residence	
No. Yrs. Acq.	Occupation		Business	
f. Complete name	Sex	Age	Address (street & city)	Telephone Number
			Residence	
No. Yrs. Acq.	Occupation		Business	

10. FOREIGN TRAVEL

a. Have you ever visited or resided in any foreign country (including travel in the Armed Forces of the U.S.)

_____ No

_____ Yes

Date passport issued

Passport Number

Place Issued

b. Countries Visited	Dates		Reason for Travel
	From	To	

11. BUSINESS INTERESTS AND LICENSES

a. 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 _____ If yes, give details. _____

b. Are you now or have you ever been licensed to engage in a business or profession which license was cancelled, suspended or revoked. Yes _____ No _____ If yes, give details. _____

12. MARITAL STATUS

- a. Single _____ Married _____
- b. Spouse _____
Last Name First Middle (Maiden)
- c. Spouse's address _____
Street Address

City State Zip Code Telephone
- d. Spouse's place of employment _____
Employer

Address Telephone at work
- e. Are you a spouse of a totally disabled veteran, or are you the widow/widower of a veteran who died of a service connected disability, and who has served on active duty in any branch of the armed forces of the United States and who has been separated therefrom under honorable conditions? _____ No _____ Yes

13. RESIDENCES

- a. Current telephone numbers and residence address. Residence telephone: _____ Business telephone: _____
- _____ Apt. No. Street City State Zip Code
- b. Complete address to which you wish mail sent: _____
- c. List chronologically all of your residences for past 10 years (include addresses while attending school if away from home).

Dates				Apt. No.	Street Address, R.F.D., P.O. Box, etc.	City	State
From		To					
Mo.	Yr.	Mo.	Yr.				

14. PHYSICAL DATA

- a. Describe any past or present physical defects or disabilities, including extent of defective vision, if any, with and without glasses and deficiencies in color vision and hearing.

- b. Do you have any physical defects, including any which would preclude unrestricted, regular participation in all phases of firearms training, physical training, and defensive tactics? _____ No _____ Yes If yes, describe.

- c. Have you had any serious illnesses, operations or injuries? _____ No _____ Yes If yes, describe and give details.

- d. Give name and address of your personal or family physician: _____

- e. How many days have you been absent from work or school due to illness during the past 5 years? _____

- f. Have you ever been treated for or do you have any history of mental or emotional illness? If yes, describe.
 _____ No _____ Yes _____
- g. Do you now have or have you ever had any history of excessive use of alcohol? If yes, describe.
 _____ No _____ Yes _____
- h. Have you ever used, sold or experimented with any illegal drug? Yes _____ No _____ If yes, describe.
