

# **PALATKA POLICE DEPARTMENT**



## **APPLICATION/BACKGROUND PACKET LAW ENFORCEMENT OFFICER**

## **Notice to Applicant**

**If you have questions about how to fill out the application or the background information packet, please contact:**

**Detective Mike Lassiter (386) 329-0115  
Extension 225**

**Corporal Andy Snyder  
(386) 329-0115**

**Detective Danette Evey  
(386) 329-0115  
Extension 219**

**If you are seeking sponsorship to a law enforcement academy, please note that on page 8 of the application packet.**

## Table of Contents

|   |           |
|---|-----------|
| <b>Instruction Sheet</b>                            | <b>5</b>  |
| <b>Background Investigation Waiver</b>              | <b>6</b>  |
| <b>Required Documents</b>                           | <b>7</b>  |
| <b>Data for Affirmative Action</b>                  | <b>8</b>  |
| <b>Job Dimensions</b>                               | <b>9</b>  |
| <b>Certification Data</b>                           | <b>11</b> |
| <b>Personal Data</b>                                | <b>11</b> |
| <b>Criminal Activity</b>                            | <b>12</b> |
| <b>Drug Activity</b>                                | <b>13</b> |
| <b>Education and Training</b>                       | <b>14</b> |
| <b>Law Enforcement Employment History</b>           | <b>14</b> |
| <b>Employment History</b>                           | <b>16</b> |
| <b>Previous Law Enforcement Experience</b>          | <b>20</b> |
| <b>Conversion of Property / Goods from Employer</b> | <b>21</b> |
| <b>Alcohol Use</b>                                  | <b>22</b> |
| <b>Civil Court History</b>                          | <b>22</b> |
| <b>Driving History</b>                              | <b>22</b> |
| <b>Residences</b>                                   | <b>24</b> |
| <b>Military Service</b>                             | <b>26</b> |
| <b>Professional Licenses</b>                        | <b>26</b> |
| <b>References</b>                                   | <b>27</b> |
| <b>Supplemental Information</b>                     | <b>28</b> |
| <b>Personal Data Packet Certification</b>           | <b>29</b> |

**PALATKA POLICE DEPARTMENT**

110 North 11<sup>th</sup> Street

Gary S. Getchell  
Chief of Police

Phone (386) 329-0115  
Fax (386) 329-0159  
Email ppd@palatkapd.net



**Palatka, Florida 32177**  
State Accredited Agency

**NAME:**

---

**ADDRESS:**

**STREET NUMBER**

**CITY/STATE**

**ZIP CODE**

---

**HOME PHONE:**

**BUSINESS PHONE:**

---

**DATE OF BIRTH:**

**SS#:**

---

**LIST ANY OTHER NAMES YOU MAY HAVE USED:**

---

---

---

**DECLARATION OF APPLICANT**

“I understand that this questionnaire becomes the property of the Palatka Police Department, that all appointments are probationary, during which time the employees must demonstrate his/her fitness for employment. I also understands that any employment tendered me will be contingent upon the result of a complete character and employment investigation; and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the appointment. I agree to these conditions and authorize the Palatka Police Department to verify the conditions and authorize the Palatka Police Department to verify any and all statements made by me on this application. I hereby certify that all statements made by me on this application are true and correct to the best of my knowledge.”

**APPLICANT’S SIGNATURE**

**DATE**

---

Equal Opportunity Employer M/F/D/V

Palatka Police Department  
**Background Investigation  
Personal Data Packet  
Instruction Sheet**

### **Preparing the background packet**

All questions contained in the personal data packet must be answered **completely, accurately, and truthfully**. If a question does not pertain to you please indicate **N/A** (not applicable). Each question must be answered and have a response listed. Any information that is omitted will significantly impair the process of your background investigation, so be as accurate and complete as possible. **Type or use black ink when completing the application.**

Remember, all information provided by you will be checked and verified. **Misstatements, falsifications or omissions** may be grounds for disqualification and/or termination of employment from this department. You will be required to explain any discrepancies or inconsistencies to the background investigator.

All information must be legibly hand printed or typed on forms provided. Only originally completed forms will be accepted. No copies, facsimiles, or variations of the documents contained in this packet will be accepted. You may not computer generate your responses or reproduce these forms by any means. If any additional copies of any pages of this packet are need, please call the Palatka Police Department records section at (386) 329-0115.

All questions related to addresses, whether residential or business, must be complete and accurate. Verify all addresses and phone numbers (include area code) prior to submitting the packet. If previous employers have moved, use the new address. If the business no longer exists, use the old address and note "No longer in business".

Regarding your name, use your true legal name. Do not use nicknames. If you do not have a middle name write NMN (no middle name).

Any positive responses to questions regarding criminal activity **must be fully explained** in the supplemental information section. Included any arrest and conviction involving, or related to, any criminal activity including arresting agencies' name(s), address, phone number, and the date of arrest.

Questions regarding the use of illegal drugs or marijuana must be answered completely and truthfully. List all drug usage regardless of the amount used. Indicate the reason for using the substance on supplement page(s). If exact dates are not known, a month and year will suffice.

Any additional comments or explanations should be listed on supplemental page(s). The personal data packet must be notarized. Your signature is required in the presence of a notary.

**Authority For Release of Information  
(Background Investigation Waiver)**

---

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

**APPLICANT'S NAME:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_  
**SOCIAL SECURITY:** \_\_\_\_\_

**EMPLOYING AGENCY REQUESTING BACKGROUND INFO:** \_\_\_\_\_

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or the repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempted to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to: Palatka Police Department, 110 North 11<sup>th</sup> Street Palatka, Fl. 32177.

---

Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: - An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from such civil liability for such disclosure of its consequences. For the purpose of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760. Pursuant to Section 943.13 (4), (5) and (7) F.S., chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

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

---

AFFIDAVIT

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_  
Before me personally appeared \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore. Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. Personally Known \_\_\_\_\_ -or- Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

Notary Seal

\_\_\_\_\_  
Notary Public Signature



## REQUIRED DOCUMENTS

You must submit one copy of the following documents when you return the completed personal data information packet:

- Photocopy of your birth certificate
- Photocopy of your high school diploma or GED (if applicable)
- Your high school transcript which must be sent from the school directly to the background investigator
- Photocopy of your college diploma (if applicable)
- Your college transcript which must be sent from the school directly to the background investigator
- Photocopy of your current, valid drivers license
- Photocopy of your social security card
- Naturalization documents (if applicable). Bring original
- Photocopy of any name change documents (if applicable), such as marriage license, dissolution of marriage, legal name change, adoption papers, etc.
- Photocopies of military discharge papers, Member #4 DD 214 long form (if applicable).

Additional copies of information or documentation required (if applicable) from applicants who are presently, or have been, law enforcement officers, correctional officers, or who have received law enforcement training in the military.

- Law enforcement training academy graduation certificate.
- Any additional training certificates or documentation.
- Any other certificates, licenses, or other documents, which verify specialized training you have received.

**DATA FOR AFFIRMATIVE ACTION**

**NAME:**

---

**ADDRESS:**

---

**STREET NUMBER**

**CITY/STATE**

**ZIP CODE**

---

**HOME PHONE:**

**BUSINESS PHONE:**

---

**DATE OF BIRTH:**

**SEX: FEMALE**  **or MALE**

---

**CHECK ALL THAT APPLY**

**AMERICAN INDIAN**

**ASIAN OR PACIFIC ISLANDER**

**BLACK**

**ALASKAN NATIVE**

**WHITE**

**HISPANIC**

**HANDICAPPED**

**VETERAN**

**OTHER**

---

**MARTIAL STATUS**

**MARRIED**

**SINGLE**

**DIVORCED**

**SEPERATED**

**WIDOWED**

---

**Creed:**

---

The Civil Rights Act of 1964 prohibits discrimination in employment based on race, color, creed, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age and citizenship. The laws of most states also provide some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

NOTE: The above requested information will only be used for reporting purposes In recruitment of minorities, as required by our Affirmative Action Plan.

## **JOB DIMENSIONS**

Read the following job dimensions listed below. This is a list of qualities and skills necessary for a law enforcement officer to possess to adequately perform daily duties. If you have read and understood all the dimensions listed, sign and have witnessed.

### **Communication Skills**

Ability to express oneself clearly in writing and speech. Ability to read with good comprehension. Ability to write a report which accurately describes what happened. Ability to speak clearly and make oneself understood.

### **Problem Solving Ability**

Knowing how to size up a situation, identify the problem, and make a logical decision. Knowing when to take action and what kind of action is appropriate. Using good judgment in making decisions. Ability to see similarities and differences between the many situations confronted on a daily basis.

### **Learning Ability**

Ability to comprehend and retain factual information. Ability to recall factual information pertaining to laws, statutes, codes, etc. Ability to learn and to apply what was learned. Capability of learning the factual material, which is required of a law enforcement officer.

### **Judgment Under Pressure**

Applying good common sense in dealing with pressure situations. Capability of making sound decisions on the spot. Using good judgment in dealing with a potentially explosive situation. Ability to make effective and logical decisions under pressure.

### **Observational Skills**

Mental alertness, good observational skills, memory for details. Alertness to signals, which indicate that something is wrong. Inquisitive; senses when something is wrong. Suspicious inquisitive; able to sense when things are not satisfactory.

### **Willingness to confront Problems**

Ability to be assertive in a potentially explosive situation. Willingness to confront a problem and will not back away. Willingness to stop people who are behaving in a suspicious manner and to challenge them. Having the courage to confront a potentially dangerous situation.

### **Interest in People**

Wanting to understand people and be able to work with them. Having an active interest in working with people. Fairness in dealing with the public regardless of ethnic race, economic level, ext. Having a public service orientation. Wanting to help people.

### **Interpersonal Sensitivity**

Resolving problems in a way that shows some sensitivity for the feelings of people. Showing empathy when working with people. Does not enforce the law blindly. Effectiveness in dealing with people without arousing antagonism. Understanding the motives of people and how they will react.

**Desire for self-improvement**

Desire to go out and seek the knowledge, which is needed to be a competent law enforcement officer. Being one who is able for learning the job and a willingness to put in time needed to stay current with training. Having a high degree of interest and self-drive in wanting to improve skills and knowledge. Caring about one's competence as a law enforcement officer, and wanting to improve one's skills.

**Appearance**

Demeanor as determined by physical appearance, grooming and personal care. Having personal and professional pride in one's demeanor and appearance. Showing pride in appearance. Professional bearing as determined by neatness and overall grooming.

**Dependability**

Having the habit of submitting reports on time, not malingering on calls. Dependable: following through on assignments. Taking the extra effort required to be accurate in all details of the work. Working over a scheduled shift when needed to complete a job.

**Physical Ability**

Showing the endurance required to do the job. Measuring up to the physical demands of police work. Having good physical coordination, stamina, and agility. Being physically able to handle one's self when necessary.

**Integrity**

Refusing to yield to the temptations of bribes, gratuities, payoffs, etc.. Refusing to tolerate unethical or illegal conduct, on the part of other law enforcement personnel. Showing strong moral character and integrity on and off duty. Being honest in dealing with the public.

**Operation of a Motor Vehicle**

Possess a valid (Florida) Driver's License. Ability to drive safely. Ability to control a motor vehicle at high speeds, and Ability to operate a motor vehicle in all types of weather conditions.

**Creditability as a Witness in a Court of Law**

Ability to give testimony in a court of law without being subject to impeachment due to one's character for honesty or veracity (or their opposites), or due to a prior felony conviction.

I, \_\_\_\_\_ have read all the job dimensions listed above  
Applicant's Name (print)

and understand them fully. By signing below I am acknowledging that I possess or have the ability to perform the job dimensions listed above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Signature & Date

\_\_\_\_\_  
Witness's Signature & Date

## CERTIFICATION DATA

Have you been certified by the State of Florida for the position for which you are applying? YES:  NO:   
 If yes, complete the following:

**TRAINING CENTER YOU ATTENDED OR  
 ARE CURRENTLY ATTENDING**

**TELEPHONE:**

**ADDRESS:**

**DATE OF ATTENDANCE: FROM TO**

| ADDITIONAL TRAINING RECEIVED | TOTAL HOURS | DATE ATTENDED |
|------------------------------|-------------|---------------|
|                              |             |               |
|                              |             |               |
|                              |             |               |

Have you ever worked under a temporary employment authorization? If yes, when and where?

---



---



---

Have you ever applied for employment as a law enforcement officer with any other agency?

YES:  NO:

If yes, indicate the agency and date of application.

| AGENCY | CONTACT PERSON | DATE | STATUS |
|--------|----------------|------|--------|
|        |                |      |        |
|        |                |      |        |
|        |                |      |        |

Have you ever been denied employment with a law enforcement agency for any reason? YES:  NO:

If yes, indicate the agency and date of application.

| AGENCY | DATE |
|--------|------|
|        |      |
|        |      |
|        |      |

Have you ever taken a polygraph/voice stress examination?

YES:  NO:

If yes, indicate where, when and why?

| WHERE | WHEN | WHY |
|-------|------|-----|
|       |      |     |
|       |      |     |
|       |      |     |

## CRIMINAL ACTIVITY

It is important that you answer each of the following questions truthfully. Indicate if you have ever committed, been arrested or been charged for any of the following:

| OFFENSE TYPE                                     | YES                      | NO                       | AGE AT TIME |
|--|--------------------------|--------------------------|-------------|
| Burglary   | <input type="checkbox"/> | <input type="checkbox"/> |             |
| Armed Robbery                                    | <input type="checkbox"/> | <input type="checkbox"/> |             |
| Robbery  | <input type="checkbox"/> | <input type="checkbox"/> |             |
| Sale of Narcotics                                | <input type="checkbox"/> | <input type="checkbox"/> |             |
| DWI/DUI  | <input type="checkbox"/> | <input type="checkbox"/> |             |
| Passing Worthless Checks                         | <input type="checkbox"/> | <input type="checkbox"/> |             |
| Auto Theft                                       | <input type="checkbox"/> | <input type="checkbox"/> |             |
| Shoplifting                                      | <input type="checkbox"/> | <input type="checkbox"/> |             |
| Assault or Battery                               | <input type="checkbox"/> | <input type="checkbox"/> |             |
| Murder   | <input type="checkbox"/> | <input type="checkbox"/> |             |
| Theft  | <input type="checkbox"/> | <input type="checkbox"/> |             |
| Theft From Employer                              | <input type="checkbox"/> | <input type="checkbox"/> |             |
| Vandalism  | <input type="checkbox"/> | <input type="checkbox"/> |             |
| Rape/ Sex Crime                                  | <input type="checkbox"/> | <input type="checkbox"/> |             |
| Indecent Exposure                                | <input type="checkbox"/> | <input type="checkbox"/> |             |
| Perjury/False Statement                          | <input type="checkbox"/> | <input type="checkbox"/> |             |
| Possession/Distribution<br>Pornographic Material | <input type="checkbox"/> | <input type="checkbox"/> |             |
| Spouse Battery                                   | <input type="checkbox"/> | <input type="checkbox"/> |             |
| Child Abuse/Neglect                              | <input type="checkbox"/> | <input type="checkbox"/> |             |
| Forgery/Uttering                                 | <input type="checkbox"/> | <input type="checkbox"/> |             |
| Prostitution/Soliciting                          | <input type="checkbox"/> | <input type="checkbox"/> |             |
| Any Other Criminal Offense                       | <input type="checkbox"/> | <input type="checkbox"/> |             |

Have you ever been **arrested, charged, issued a notice to appear, cited, or pled no contest** for any offense? Yes:  No:

(Including any expunged) If yes, indicate the following:

| ARRESTING AGENCY | CITY/COUNTY/STATE | DATE |
|------------------|-------------------|------|
|                  |                   |      |
|                  |                   |      |
|                  |                   |      |

Were you ever convicted, had adjudication withheld, pled no contest or had any type of pre-trial diversion regardless of whether probation was imposed, for any of the previous listed offenses, or any other offenses, which may not have been listed?

Yes:  No:

If yes, please explain

---



---



---

Have you as an adult, had any sexual involvement with a child under the age of 18?

Yes:  No:

If yes, please explain.

---



---

## DRUG ACTIVITY

In the space provided indicate any and all illegal drug usage (if applicable).

| DRUG TYPE                  | DATE FIRST USED | DATE LAST USED | FREQUENCY | NEVER                    |
|----------------------------|-----------------|----------------|-----------|--------------------------|
| Hashish                    |                 |                |           | <input type="checkbox"/> |
| PCP/Angel Dust             |                 |                |           | <input type="checkbox"/> |
| STP/Speed                  |                 |                |           | <input type="checkbox"/> |
| Mushrooms/Psilocybin       |                 |                |           | <input type="checkbox"/> |
| Heroin                     |                 |                |           | <input type="checkbox"/> |
| Cocaine                    |                 |                |           | <input type="checkbox"/> |
| Crack                      |                 |                |           | <input type="checkbox"/> |
| Quaaludes                  |                 |                |           | <input type="checkbox"/> |
| Opium                      |                 |                |           | <input type="checkbox"/> |
| Uppers/Downers             |                 |                |           | <input type="checkbox"/> |
| Steroids                   |                 |                |           | <input type="checkbox"/> |
| Valium                     |                 |                |           | <input type="checkbox"/> |
| Ice/Ecstasy                |                 |                |           | <input type="checkbox"/> |
| Speedballs                 |                 |                |           | <input type="checkbox"/> |
| Rohypnol (Ruffies)         |                 |                |           | <input type="checkbox"/> |
| Inhalants                  |                 |                |           | <input type="checkbox"/> |
| LSD                        |                 |                |           | <input type="checkbox"/> |
| GHB/GBL                    |                 |                |           | <input type="checkbox"/> |
| Marijuana                  |                 |                |           | <input type="checkbox"/> |
| Others (please list below) |                 |                |           | <input type="checkbox"/> |

If you have sold and / or purchased any illegal drugs, including marijuana (even to/ from friends or relatives at no profit to yourself), figure out the dollar amount that the illegal drugs or marijuana would have been worth and check the amount that is the closest representation and attach an explanation.

| \$10,000                 | \$5,000                  | \$3,000                  | \$2,000                  | \$1,000                  | \$500                    | \$300                    | \$200                    | \$100                    | LESS THAN \$100          | NONE                     |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Have you ever held a job where the use of illegal drugs or marijuana during working hours was a common practice? Yes  No  if yes, please attach an explanation.

How many times have you used illegal drugs or marijuana during working hours (includes lunch or coffee breaks, please attach an explanation)?

|                     | 500                      | 400                      | 300                      | 200                      | 100                      | 75                       | 50                       | 25                       | 15                       | 10                       | 5                        | NONE                     |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| MARIJUANA           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER ILLEGAL DRUGS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## EDUCATION AND TRAINING

| NAME OF INSTITUTION/<br>ORGANIZATION | LOCATION/<br>ADDRESS | YEAR<br>TAKEN | AREA OF<br>STUDY/COURSE | GRADE/CERTIFICATION/<br>DIPLOMA/DEGREE | COMPLETED                |                          |
|--------------------------------------|----------------------|---------------|-------------------------|--|--------------------------|--------------------------|
|                                      |                      |               |                         |  | YES                      | NO                       |
|                                      |                      |               |                         |  | <input type="checkbox"/> | <input type="checkbox"/> |
|                                      |                      |               |                         |  | <input type="checkbox"/> | <input type="checkbox"/> |
|                                      |                      |               |                         |  | <input type="checkbox"/> | <input type="checkbox"/> |
|                                      |                      |               |                         |  | <input type="checkbox"/> | <input type="checkbox"/> |
|                                      |                      |               |                         |  | <input type="checkbox"/> | <input type="checkbox"/> |

## LAW EMPLOYMENT HISTORY

1. Are you now, or have you ever been employed by any law enforcement agency?  
 Yes:  No:

If yes, list names of agency(s), job title and length of employment.

---



---



---

2. Have you ever applied for employment with any law enforcement agency?  
 Yes:  No:

If yes, where, when and the date you applied? (Be specific)

---



---



---

3. Have you ever been dismissed, or asked to resign, or had any disciplinary action taken against you from any employment or position you have held?  
 Yes:  No:

---



---



---

4. Have ever resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?  
 Yes:  No:

If yes, to questions #3 and #4, please provide details on next page:



## EMPLOYMENT HISTORY

List chronologically all employment beginning with present employment including military service, temporary and part-time employment for the past ten (10) years. All time must be accounted for. If unemployed for a period, list dates of unemployment. If you're past employment record is refused by your current employer(s), you may be required to furnish a copy of this record to our investigator.

|                                   |                           |                           |                      |
|-----------------------------------|---------------------------|---------------------------|----------------------|
| <b>EMPLOYER AND LOCATION</b>      |                           | <b>FROM YYYY/MM/DD</b>    | <b>TO YYYY/MM/DD</b> |
| <b>SUPERVISOR</b>                 | <b>TELEPHONE NO.</b>      | <b>REASON FOR LEAVING</b> |                      |
| <b>POSITION HELD BY APPLICANT</b> | <b>JOB CLASSIFICATION</b> | <b>SALARY</b>             |                      |
| <b>DUTIES</b>                     |                           |                           |                      |
| <b>EMPLOYER AND LOCATION</b>      |                           | <b>FROM YYYY/MM/DD</b>    | <b>TO YYYY/MM/DD</b> |
| <b>SUPERVISOR</b>                 | <b>TELEPHONE NO.</b>      | <b>REASON FOR LEAVING</b> |                      |
| <b>POSITION HELD BY APPLICANT</b> | <b>JOB CLASSIFICATION</b> | <b>SALARY</b>             |                      |
| <b>DUTIES</b>                     |                           |                           |                      |
| <b>EMPLOYER AND LOCATION</b>      |                           | <b>FROM YYYY/MM/DD</b>    | <b>TO YYYY/MM/DD</b> |
| <b>SUPERVISOR</b>                 | <b>TELEPHONE NO.</b>      | <b>REASON FOR LEAVING</b> |                      |
| <b>POSITION HELD BY APPLICANT</b> | <b>JOB CLASSIFICATION</b> | <b>SALARY</b>             |                      |
| <b>DUTIES</b>                     |                           |                           |                      |

## EMPLOYMENT HISTORY

|                                   |                           |                           |                      |
|-----------------------------------|---------------------------|---------------------------|----------------------|
| <b>EMPLOYER AND LOCATION</b>      |                           | <b>FROM YYYY/MM/DD</b>    | <b>TO YYYY/MM/DD</b> |
| <b>SUPERVISOR</b>                 | <b>TELEPHONE NO.</b>      | <b>REASON FOR LEAVING</b> |                      |
| <b>POSITION HELD BY APPLICANT</b> | <b>JOB CLASSIFICATION</b> | <b>SALARY</b>             |                      |
| <b>DUTIES</b>                     |                           |                           |                      |
| <b>EMPLOYER AND LOCATION</b>      |                           | <b>FROM YYYY/MM/DD</b>    | <b>TO YYYY/MM/DD</b> |
| <b>SUPERVISOR</b>                 | <b>TELEPHONE NO.</b>      | <b>REASON FOR LEAVING</b> |                      |
| <b>POSITION HELD BY APPLICANT</b> | <b>JOB CLASSIFICATION</b> | <b>SALARY</b>             |                      |
| <b>DUTIES</b>                     |                           |                           |                      |
| <b>EMPLOYER AND LOCATION</b>      |                           | <b>FROM YYYY/MM/DD</b>    | <b>TO YYYY/MM/DD</b> |
| <b>SUPERVISOR</b>                 | <b>TELEPHONE NO.</b>      | <b>REASON FOR LEAVING</b> |                      |
| <b>POSITION HELD BY APPLICANT</b> | <b>JOB CLASSIFICATION</b> | <b>SALARY</b>             |                      |
| <b>DUTIES</b>                     |                           |                           |                      |

## EMPLOYMENT HISTORY

|                                   |                           |                           |                      |
|-----------------------------------|---------------------------|---------------------------|----------------------|
| <b>EMPLOYER AND LOCATION</b>      |                           | <b>FROM YYYY/MM/DD</b>    | <b>TO YYYY/MM/DD</b> |
| <b>SUPERVISOR-</b>                | <b>TELEPHONE NO.</b>      | <b>REASON FOR LEAVING</b> |                      |
| <b>POSITION HELD BY APPLICANT</b> | <b>JOB CLASSIFICATION</b> | <b>SALARY</b>             |                      |
| <b>DUTIES</b>                     |                           |                           |                      |
| <b>EMPLOYER AND LOCATION</b>      |                           | <b>FROM YYYY/MM/DD</b>    | <b>TO YYYY/MM/DD</b> |
| <b>SUPERVISOR-</b>                | <b>TELEPHONE NO.</b>      | <b>REASON FOR LEAVING</b> |                      |
| <b>POSITION HELD BY APPLICANT</b> | <b>JOB CLASSIFICATION</b> | <b>SALARY</b>             |                      |
| <b>DUTIES</b>                     |                           |                           |                      |
| <b>EMPLOYER AND LOCATION</b>      |                           | <b>FROM YYYY/MM/DD</b>    | <b>TO YYYY/MM/DD</b> |
| <b>SUPERVISOR-</b>                | <b>TELEPHONE NO.</b>      | <b>REASON FOR LEAVING</b> |                      |
| <b>POSITION HELD BY APPLICANT</b> | <b>JOB CLASSIFICATION</b> | <b>SALARY</b>             |                      |
| <b>DUTIES</b>                     |                           |                           |                      |

## EMPLOYMENT HISTORY

|                                   |                                 |                           |                      |
|-----------------------------------|---------------------------------|---------------------------|----------------------|
| <b>EMPLOYER AND LOCATION</b>      |                                 | <b>FROM YYYY/MM/DD</b>    | <b>TO YYYY/MM/DD</b> |
| <b>SUPERVISOR-REFERENCE</b>       | <b>SUPERVISOR TELEPHONE NO.</b> | <b>REASON FOR LEAVING</b> |                      |
| <b>POSITION HELD BY APPLICANT</b> | <b>JOB CLASSIFICATION</b>       | <b>SALARY</b>             |                      |
| <b>DUTIES</b>                     |                                 |                           |                      |
| <b>EMPLOYER AND LOCATION</b>      |                                 | <b>FROM YYYY/MM/DD</b>    | <b>TO YYYY/MM/DD</b> |
| <b>SUPERVISOR</b>                 | <b>TELEPHONE NO.</b>            | <b>REASON FOR LEAVING</b> |                      |
| <b>POSITION HELD BY APPLICANT</b> | <b>JOB CLASSIFICATION</b>       | <b>SALARY</b>             |                      |
| <b>DUTIES</b>                     |                                 |                           |                      |
| <b>EMPLOYER AND LOCATION</b>      |                                 | <b>FROM YYYY/MM/DD</b>    | <b>TO YYYY/MM/DD</b> |
| <b>SUPERVISOR</b>                 | <b>TELEPHONE NO.</b>            | <b>REASON FOR LEAVING</b> |                      |
| <b>POSITION HELD BY APPLICANT</b> | <b>JOB CLASSIFICATION</b>       | <b>SALARY</b>             |                      |
| <b>DUTIES</b>                     |                                 |                           |                      |

Have your employers always treated you fairly? YES  NO  If no, please explain:

---



---



---



## CONVERSION OF PROPERTY/GOODS FROM EMPLOYERS

Occasionally, people take something from a place of employment that they really did not have permission to take. This includes, but is not limited to, the actual taking, illegal giving away of merchandise to friends, relatives, or co-workers, borrowing with or without permission and failing to return merchandise, property, or company equipment. Figure out, in approximate dollars, the value of property you may have taken from all employers combined and circle the amount that is the closest representation and explain:

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| \$5,000                  | \$4,000                  | \$3,000                  | \$2,000                  | \$1,000                  | \$500                    | \$400                    | \$300                    | \$200                    | LESS THAN \$100          | NONE                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

---



---



---

Many people have held jobs, which require them to handle money or have expense accounts, and may have taken money without permission from their employer. This includes the direct taking of cash, borrowing and not returning money, or padding expense accounts. Estimate the amount of money you have taken from all employers and circle the amount that is the closest representation and explain:

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| \$5,000                  | \$4,000                  | \$3,000                  | \$2,000                  | \$1,000                  | \$500                    | \$400                    | \$300                    | \$200                    | LESS THAN \$100          | NONE                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

---



---



---

Some employers have strict rules concerning the acceptance of gratuities, and other employers have few, if any guidelines. With some jobs, the regular acceptance of gratuities is a way of life, such as a waiter or waitress. In such companies, refusing a gift may actually alienate a valuable business contact.

In the last five years have you held a job where you have received any gratuities?                      Yes  No

If yes, please circle the approximate value of all gratuities you have received during this time and explain what the gratuities were:

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| \$20,000 TO \$25,000     | \$15,000 TO \$10,000     | \$5,000                  | \$3,000                  | \$2,000                  | \$1,000                  | \$500                    | \$400                    | \$300                    | \$200                    | \$100                    | LESS THAN \$100          | NONE                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

---



---



---

Did your former employer(s) have rules regarding the acceptance of gratuities?                      Yes  No

If yes, please explain the rules. Some examples would include no rules at all, gratuities limited to gifts under a certain dollar amount, gratuities limited to meals or food/drinks consumed at one sitting, or no gratuities allowed.

---



---



---



---

## ON THE JOB USE OF ALCOHOL

Have you ever held a job where use of alcohol (on the job) was a common practice? Yes  No   
 If yes, please explain:

---



---



---

How many times have you consumed alcoholic beverages during work hours? This includes lunch and coffee breaks, as well as while you were actually working? If any, please explain:

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 500                      | 400                      | 300                      | 200                      | 100                      | 75                       | 50                       | 25                       | 15                       | 10                       | 5                        | NONE                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

---



---



---

## CIVIL COURT HISTORY

Have you ever been, or are you currently, a party to a civil suit? (This includes divorces, small claims, evictions, foreclosures, etc.) Yes  No

Please explain and provide county and state information where case was filed:

---



---



---

## DRIVING HISTORY

Do you have a valid driver's license? Yes  No

If yes, please provide the following information:

| STATE | D/L NUMBER | TYPE | EXPIRATION DATE |
|-------|------------|------|-----------------|
|       |            |      |                 |
|       |            |      |                 |
|       |            |      |                 |

Does your licenses have any restrictions? (Must wear glasses, daytime driving only, etc.) Yes  No   
 If yes, please explain:

---



---



---

## DRIVING HISTORY

List any other state where you have possessed a driver's license.

| STATE | D/L NUMBER | TYPE |
|-------|------------|------|
|       |            |      |
|       |            |      |
|       |            |      |
|       |            |      |

Have you ever had your driver's licenses suspended, cancelled or revoked? This includes all states where you have had driver's license. Yes  No

If yes, please explain:

---



---



---

In the past five years, have you been issued any traffic citations for moving violations such as speeding, reckless driving, DWI/DUI, running a red light, careless driving, improper lane change etc.? Yes  No   
 If yes, please check the appropriate number.

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 25                       | 24                       | 23                       | 22                       | 21                       | 20                       | 19                       | 18                       | 17                       | 16                       | 15                       | 14                       | 13                       | 12                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11                       | 10                       | 9                        | 8                        | 7                        | 6                        | 5                        | 4                        | 3                        | 2                        | 1                        | NONE                     |                          |                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |

If you answered yes to the previous question, list the type of violation(s), where you committed the violation and the date you received the citation.

| VIOLATION TYPE | CITY/COUNTY/STATE | DATE |
|----------------|-------------------|------|
|                |                   |      |
|                |                   |      |
|                |                   |      |
|                |                   |      |

In the past five years, have you been involved in any traffic accidents in which you were the driver, whether you were at fault or not? Yes  No

If yes, state the number of accidents and explain the circumstances. Also, list the investigating agency and location of the accident (if known).

---



---



---



---

## RESIDENCES

You must list all places you have resided during the past ten (10) years starting with your present address. If you live with a roommate and the residence where you live was in the roommate's name, please give the name, address and phone number of the roommate. Do not use post office box numbers when other addresses can be used. If you own your residence free and clear, indicate that in the Land/Mortgage Company section.

Note: Make sure to complete all blank spaces in this section. This section must be complete for you to be processed.

|  |                            |                        |                      |
|--|----------------------------|------------------------|----------------------|
| <b>ADDRESS</b>                                 |                            | <b>FROM YYYY/MM/DD</b> | <b>TO YYYY/MM/DD</b> |
| <b>STREET</b>                                  | <b>CITY/STATE/ZIP CODE</b> | <b>COUNTY</b>          |                      |
| <b>NAME OF LANDLORD/MORTGAGE CO. /ROOMMATE</b> |                            | <b>TELEPHONE NO.</b>   |                      |
| <b>LANDLORD/MORTGAGE CO./ROOMMATE ADDRESS</b>  |                            |                        |                      |
| <b>ADDRESS</b>                                 |                            | <b>FROM YYYY/MM/DD</b> | <b>TO YYYY/MM/DD</b> |
| <b>STREET</b>                                  | <b>CITY/STATE/ZIP CODE</b> | <b>COUNTY</b>          |                      |
| <b>NAME OF LANDLORD/MORTGAGE CO. /ROOMMATE</b> |                            | <b>TELEPHONE NO.</b>   |                      |
| <b>LANDLORD/MORTGAGE CO./ROOMMATE ADDRESS</b>  |                            |                        |                      |
| <b>ADDRESS</b>                                 |                            | <b>FROM YYYY/MM/DD</b> | <b>TO YYYY/MM/DD</b> |
| <b>STREET</b>                                  | <b>CITY/STATE/ZIP CODE</b> | <b>COUNTY</b>          |                      |
| <b>NAME OF LANDLORD/MORTGAGE CO. /ROOMMATE</b> |                            | <b>TELEPHONE NO.</b>   |                      |
| <b>LANDLORD/MORTGAGE CO./ROOMMATE ADDRESS</b>  |                            |                        |                      |

## RESIDENCES

|   |                     |                 |               |
|---|---------------------|-----------------|---------------|
| ADDRESS                                 |                     | FROM YYYY/MM/DD | TO YYYY/MM/DD |
| STREET                                  | CITY/STATE/ZIP CODE | COUNTY          |               |
| NAME OF LANDLORD/MORTGAGE CO. /ROOMMATE |                     | TELEPHONE NO.   |               |
| LANDLORD/MORTGAGE CO./ROOMMATE ADDRESS  |                     |                 |               |
| ADDRESS                                 |                     | FROM YYYY/MM/DD | TO YYYY/MM/DD |
| STREET                                  | CITY/STATE/ZIP CODE | COUNTY          |               |
| NAME OF LANDLORD/MORTGAGE CO. /ROOMMATE |                     | TELEPHONE NO.   |               |
| LANDLORD/MORTGAGE CO./ROOMMATE ADDRESS  |                     |                 |               |
| ADDRESS                                 |                     | FROM YYYY/MM/DD | TO YYYY/MM/DD |
| STREET                                  | CITY/STATE/ZIP CODE | COUNTY          |               |
| NAME OF LANDLORD/MORTGAGE CO. /ROOMMATE |                     | TELEPHONE NO.   |               |
| LANDLORD/MORTGAGE CO./ROOMMATE ADDRESS  |                     |                 |               |

## MILITARY SERVICE

Were you ever in any branch of military service?  
If yes, which branch or branches?

Yes  No

| DATES OF SERVICE | BRANCH | DUTIES |
|------------------|--------|--------|
|                  |        |        |

Did a military court martial ever convict you?  
If yes, please explain.

Yes  No

---



---



---

Did you receive anything less than an honorable discharge?  
If yes, please explain.

Yes  No

---



---



---

## PROFESSIONAL LICENSES

**This section should only be completed if you possess any type of professional licenses (Examples are CPA, Real Estate, etc.).**

Do you possess any type of professional licenses?  
If yes, please the type, state issued, and date of expiration.

Yes  No

| TYPE | STATE | EXPIRATION DATE |
|------|-------|-----------------|
|      |       |                 |
|      |       |                 |
|      |       |                 |

Have you ever had a professional license suspended or revoked in any state that you may have been licensed in?  
If yes, please explain.

Yes  No

---



---



---

Have you ever been refused a surety bond, or been refused a job that required a surety bond?  
If yes, please explain.

Yes  No

---



---



---

## REFERENCES

You must provide the names, addresses and phone numbers of five (5) persons not related to you and not former employers who have known you for a substantial period, preferably for more than five (5) years.

|                   |                  |                |  |
|-------------------|------------------|----------------|--|
| NAME              |                  | ADDRESS:       |  |
| RESIDENTIAL PHONE | BUSINESS ADDRESS | BUSINESS PHONE |  |
| NAME              |                  | ADDRESS:       |  |
| RESIDENTIAL PHONE | BUSINESS ADDRESS | BUSINESS PHONE |  |
| NAME              |                  | ADDRESS:       |  |
| RESIDENTIAL PHONE | BUSINESS ADDRESS | BUSINESS PHONE |  |
| NAME              |                  | ADDRESS:       |  |
| RESIDENTIAL PHONE | BUSINESS ADDRESS | BUSINESS PHONE |  |
| NAME              |                  | ADDRESS:       |  |
| RESIDENTIAL PHONE | BUSINESS ADDRESS | BUSINESS PHONE |  |



**PERSONAL DATA PACKET INFORMATION CERTIFICATION**

I, \_\_\_\_\_, hereby certify that all answers or statements in this personal data packet are true and complete to the best of knowledge and belief. I understand and agree that any misstatements, falsifications, or omissions herein may cause any offer of employment made by the City of Palatka to be withdrawn, or my employment with the City of Palatka terminated. I further understand that information provided herein is public record and may be subject to review upon request. I hereby certify that I have given sufficient opportunity and time to review the question and their intent, and that I have answered them correctly.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF PUTNAM

Subscribed and sworn (or affirmed) to before me this \_\_\_\_\_ day  
Of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_  
who is personally known to me or has produced \_\_\_\_\_  
(Type of Identification)  
\_\_\_\_\_ as identification.  
(Identification Number)

\_\_\_\_\_  
Notary Public Signature

Notary Seal



