Police Officer

Minimum Requirements for Employment:

1) Be at least 19 years of age.
2) Be a citizen of the United States.
3) Be a high school graduate or equivalent.
4) Not have been convicted of a felony or a misdemeanor that involves perjury or a false statement.
5) Not have pled guilty or nolo contendere after July 1, 1981, to a felony or a misdemeanor that involves perjury or a false statement, whether or not adjudication was withheld or sentence suspended.
6) Not have received a dishonorable discharge from any of the Armed Forces of the United States.
7) Have been fingerprinted and processed by the FDLE and FBI.
8) Have passed a physical examination by a licensed physician, to include drug screen.
9) Have good moral character as determined by a background investigation.
10) Successfully pass a psychological evaluation
11) Successfully pass a computer voice stress analysis evaluation, if required.
12) No more than 3 moving traffic violations within a 5 year period
13) Visual ability must fall within normal ranges regarding color distinction and dept perception Vision correctable to 20/20
14) Complete commission-approved basic recruit training.
15) Achieve an acceptable score on the Officer Certification exam. Must be pass on CJSTC Form.
16) Comply with continuing training or education requirements.

Minimum Requirements for Maintaining Employment:

1) **Complied with mandatory retraining for continuing training or education requirements.**
2) **Maintain good moral character status.**
3) **Maintain proficiency requirements as identified by the department.**
4) **Not have been convicted of any felony or of a misdemeanor involving perjury or false statement.**

Annual Salary Range: $32,500 - $45,015

Special Requirements: Applicant must reside within a 30 mile radius from the Quincy Police Department, and possess an Operators/Class "E", State of Florida driver's license at the time of appointment.

Work Schedule: Officers generally work 12 hour shifts; two rotations; and generally are 6a-6p or 6p-6a. Special assignment officers and investigators may work less than 12 hour shifts and various days off.

Benefits: In addition to the City benefit package, sworn personnel are eligible for uniforms, educational assistance, and salary incentives set forth by the Florida Administrative Code.

To apply for this position please do the following:

1. Download the City application in (PDF) or (Word) or stop by Human Resources and pick up an application.
2. Download the Personal History Statement in PDF format or stop by Human Resources and pick up a Personal History Statement.
3. Completely fill out the Application and Personal History Statement. Note: **Failure to sign or notarize application will void application process.**
4. Birth certificate - a copy of the document must be from the Bureau of Vital Statistics from the state of your birth.
5. Social Security Card - a photocopy of your card.
6. Driver's license - a photocopy of your current driver's license (front and back of diver's license if renewal information is located on the back).
7. Proof of name change (if applicable), (divorce decree).
8. A certified College Transcript reflecting a degree received from an accredited college of university. Official transcripts may be sent directly from the College or may be included with your application in a tamper evident envelope sealed by the College.
9. Download and complete the Florida Department of Law Enforcement Information Wavier. http://www.fdle.state.fl.us/cjst/rules_and_forms/forms/CJSTC-058-5-6-04.pdf
10. Driver's record - a recent copy of your 5 - year driver's history transcript from every state (except Florida) in which you have held a valid driver's license.
11. Military Record - DD214 reflecting character of service for each tour of active duty.
12. Naturalization Papers (if applicable) - **Federal Law prohibits copy of naturalization papers. The actual papers must be presented at the time of application.**
13. Denial of Military Service (if applicable)
14. Then mail the information to the address listed below:

Quincy Police Department
ATTN: Personnel and Training
121 East Jefferson Street
Quincy, Florida 32351

NOTE: DO NOT return the above documents until application is completed. The application must be completed in ink or typed. If the question does not apply to you, then write "N/A" in the blank. Many applicants fail to complete the required forms or to bring proper documents such as birth certificates, diplomas, or other support documents. Therefore, in order to give every applicant the best opportunity for employment, a preliminary background investigation will not begin on an applicant until all forms and documents are returned to the Police Department's Personnel and Training section. Applications not containing all documents will be treated as incomplete and will not be processed.

SELECTION PROCESS - POLICE OFFICER

1. Review of application to insure that all minimum requirements are met
2. Review of Criminal, Driving, Military and Credit History
3. Background Investigation
4. Oral Board Interview
5. Medical examination & Drug Screening
6. Psychological Interview and Evaluation (MMPI/CPI included)

CITY OF QUINCY
An Equal Opportunity Employer
404 West Jefferson Street - Quincy, Florida 32351
(850) 618-0030 ext 6680

OFFICIAL USE ONLY
Position Applied For:
Date Received:
Applicant Tracking Code:
Closing Date:

POLICE DEPARTMENT EMPLOYMENT HISTORY STATEMENT

PLEASE TYPE OR PRINT CLEARLY

Separate application for each position; Faxed copies accepted through closing date. Hard copy must follow and be postmarked no later than the position's closing date.

CURRENT PERSONAL DATA

Position Applying For: _____ Date: _____

Last Name: _____ First Name: _____

Middle Name: _____ Social Security: _____ Date of Birth: _____

Do you have a valid driver's license? (If applicable) Yes ☐ No ☐ Driver's License #: _____ State: _____

Mailing Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

Home Phone #: (Include Area Code) _____ Work Phone #: (Include Area Code) _____

Do you have any relatives employed by the City of Quincy? Yes ☐ No ☐ If yes, please name: _____

Have you ever worked for the City of Quincy? Yes ☐ No ☐ Position/Department: _____ Dates of Employment: _____

Race: _____

Gender: _____

Have you ever had your name changed? (example; marriage) Yes ☐ No ☐

1. Previous Name(s): _____
2. Date and location of change: _____
3. Reason for change: _____

EDUCATION

Your name if different while attending school: _____

High School: _____ Address: _____

Phone #: (Include Area Code) _____ Received: ☐ Diploma ☐ GED ☐ Certificate ☐ None ☐

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (Transcripts may be required)

Name of School	Location	Dates of Attendance	Major/Minor Course of Study	Degree Earned

JOB-RELATED TRAINING OR COURSE WORK: (Vocational, Trade, Governmental, Business, Armed Forces, etc.)

Name of School	Location	Dates of Attendance	Major/Minor Course of Study	Degree Earned

List any special skills, knowledge, or abilities that you possess which may be relevant to the position applied for. For example; list equipment operation abilities, bilingual ability, knowledge of computer hardware/software, typing or shorthand, etc. (Used separate sheet if necessary): _____

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

Training or Specialized Skills

List training or certifications you possess and believe relevant to the position you seek, such as fingerprint classification, narcotics investigation, computer skills, fluency in languages(s) etc. * Attach additional sheets if necessary

Training Type	Date	Experience in Years

CRIMINAL HISTORY INFORMATION

1) Have you ever unlawfully sold, delivered, manufactured, smuggled, trafficked in, or possessed illegal substances or drug paraphernalia? Yes ☐ No ☐ If yes, when and how often? _____

2) Are you currently engaged in or have you ever engaged in the unlawful use of illegal substances? Yes ☐ No ☐ If yes, when and how often? _____

3) Have you ever committed a crime, whether arrested or not, that would constitute a felony or first degree misdemeanor? Yes ☐ No ☐ If yes, what crime (s) did you commit and when? _____

NOTE: Information contained in sealed or expunged records is not exempt for Law Enforcement applicants pursuant to F.S. 119.07. However, some exemptions do apply specifically to law enforcement personnel records.

Have you ever been arrested, detained by Law Enforcement authorities, received a notice to appear, charged, convicted, pled Nolo Contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? Yes ☐ No ☐ If yes, list below. A misdemeanor arrest or conviction will not necessarily disqualify you from employment.

CHARGE	DATE	DISPOSITION	AGENCY

Have you ever received a domestic violence injunction? Yes ☐ No ☐ If yes, What jurisdiction?

Note: If you are arrested, detained, cited by a Law Enforcement Agency while undergoing process, it is your responsibility to notify this department. Your failure to do so will result in suspension of your application.

If you are not sure or do not remember what happened in a criminal case(s), contact the appropriate county, state, or federal agency so that you can report accurate information on your criminal history.

Law Enforcement Education/Experience

Law Enforcement Academy _____

Address _____
(Number) (Street) (City) (State) (Zip Code)

Phone Number (____) _____

Certificate Received Yes ☐ No ☐ Certificate Number _____

Date Certified _____ State _____

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

Date _____ State _____

Number of years and months experience as a Law Enforcement Officer:

Years _____ Months _____

Have you ever applied to the Quincy Police Department? Yes ☐ No ☐

Have you ever applied to another Law Enforcement Agency? Yes ☐ No ☐ If yes, what agency? (List below)

Agency Name _____

Address _____
(number) (Street) (City) (State) (Zip Code)

Date Applied ____/____/____/ Status of Application _____

Agency Name _____

Address _____
(number) (Street) (City) (State) (Zip Code)

Date Applied ____/____/____/ Status of Application _____

Agency Name _____

Address _____
(number) (Street) (City) (State) (Zip Code)

Date Applied ____/____/____/ Status of Application _____

Agency Name _____

Address _____
(number) (Street) (City) (State) (Zip Code)

Date Applied ____/____/____/ Status of Application _____

Have you ever been involved in an internal investigation while assigned to any of the above agencies? Yes ☐ No ☐
If yes, list circumstances below. _____

* Attach additional sheets if necessary

References

Provide three (3) references (not relatives, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as heads of households, property owners, business or professional men or women, neighbors, who have known you well during the past five (5) years. **References must be listed. Do not leave blank.**

1. _____ (Name) _____ (Home Phone Number)

_____ (Home Address) (City) (State) (Zip Code)

_____ (Occupation) _____ (Business Phone Number)

2. _____ (Name) _____ (Home Phone Number)

_____ (Home Address) (City) (State) (Zip Code)

_____ (Occupation) _____ (Business Phone Number)

3. _____ (Name) _____ (Home Phone Number)

_____ (Home Address) (City) (State) (Zip Code)

_____ (Occupation) _____ (Business Phone Number)

Provide three (3) social acquaintances that have known you well during the past five (5) years. (Must be different from the three references listed above) **Social acquaintances must be listed. Do not leave blank.**

1. _____ (Name) _____ (Home Phone Number)

_____ (Home Address) (City) (State) (Zip Code)

_____ (Occupation) _____ (Business Phone Number)

2. _____ (Name) _____ (Home Phone Number)

_____ (Home Address) (City) (State) (Zip Code)

_____ (Occupation) _____ (Business Phone Number)

3. _____ (Name) _____ (Home Phone Number)

_____ (Home Address) (City) (State) (Zip Code)

_____ (Occupation) _____ (Business Phone Number)

Veteran's Preference Claim

Have you ever claimed and been employed through Veterans' Preference? Yes ☐ No ☐

If yes, give the name and address of employer:_____

IF NO, ARE YOU CLAIMING VETERANS; PREFERENCE? (In accordance with chapter 55A -7, Florida Administrative Code, and chapter 295, Florida Statutes.
Yes ☐ No ☐ If yes, what category are you claiming: (Please indicate number from Veterans' Preference categories below.)

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. Department of Veterans; Affairs 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 forcible detained by a foreign power, or
3) ☐ A veteran of any war who had served on active duty of one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions form the Armed Forces of the United States of America, or
4) ☐ The un-remarried widow or widower of a veteran who died of a service connected disability.

HAVE YOU EVER BEEN EMPLOYED BY ANY GOVERNMENTAL ENTITY WITHIN THE STATE OF FLORIDA? Yes ☐ No ☐
ARE YOU A RESIDENT OF THE STATE OF FLORIDA? Yes ☐ No ☐

NOTE: If you are claiming Veterans' Preference, you must meet the criteria and substantiate your claim by furnishing a DD214 (Certificate of Release or Discharge from Active Duty) or comparable document which serves as a certificate of release or document which serves as a certificate of release or discharge at the time of application. In addition, applicants claiming categories 1,2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55-A7.013, F.A.C. Wartime periods are defined in 1.01, F.S. Veterans' Preference shall expire after an eligible person has been employed by the state to those person in categories 1 and 2 and then those in categories 3 and 4.
If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs Post Office Box 31003, St. Petersburg, Florida 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given or received.

Driving History

Have you ever had a driver's license in any state other than the State of Florida? Yes ☐ No ☐
If yes, provide the following information from each state where licensed.

State	Month/Year Issued	Driver's License Number	Expiration Date

List all moving and non-moving traffic citations, i.e., speeding, running red light, expired registration, etc. that you have received in the past five years, starting with the most recent, exclude parking tickets. (use additional sheets if necessary.)

State	Date	Violation	Disposition

Has your driver's license ever been suspended or revoked? Yes ☐ No ☐
If yes, for what reason(s)?_____
Length of suspension(s): _____
Month(s) and Year(s) reinstated:_____

MILITARY HISTORY INFORMATION

Have you ever served in a military organization of the United States? Yes ☐ No ☐ If yes, give periods of active or inactive military service and other data requested: Service Number: _____

If applicant between the ages of 18-25 list your selective service registration number: _____

From	To	Branch of Service	Rank	Type Discharge	Reason for Discharge

While in any military organization of the United States have you ever been disciplined under the United States Military Code of justice? Yes ☐ No ☐ If yes, list circumstances below. (*attach additional pages if necessary)

PERIODS OF EMPLOYMENT

All employment information must be filled out in this section. Resumes and other attachments will not be accepted in place of filling out this section, but may be provided as supplemental information.
Describe your work experience in detail beginning with your present or most recent job, and describe all periods of employment and periods of unemployment if longer than six months Be sure to provide complete information regarding each position.
IMPORTANT , indicate supervisory responsibility and number of employees supervise. Eligibility determinations are based on dates of employment, hours worked per week, and description of job duties and responsibilities. For the purposes of the City, supervisory responsibility involves having the authority, in the interest of the employer, to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees, or responsibility to direct them or to adjust their grievances, or effectively to recommend such action, where the exercise of such authority requires the use of independent judgment.

May we contact your current employer? Yes ☐ No ☐ May we contact your former employer? Yes ☐ No ☐

1 Name of Present or Last Employer: _____

Address: _____ Phone No.: (___) _____

Your Job Title: _____ Supervisor's Name and Title: _____

From: _____ To: _____ Number of Hours Worked Per Week _____ Annual Salary: _____

Supervisory Responsibility (see definition above): Yes ☐ No ☐ Number of employees supervised: _____

Duties & Responsibilities: _____

Reason for Leaving:

2 Name of Present or Last Employer: _____

Address: _____ Phone No.: (___) _____

Your Job Title: _____ Supervisor's Name and Title: _____

From: _____ To: _____ Number of Hours Worked Per Week _____ Annual Salary: _____

Supervisory Responsibility (see definition above): Yes ☐ No ☐ Number of employees supervised: _____

Duties & Responsibilities: _____

Reason for Leaving:

PERIODS OF EMPLOYMENT cont.

3 Name of Present or Last Employer: _____

Address: _____ Phone No.: (___) _____

Your Job Title: _____ Supervisor's Name and Title: _____

From: _____ To: _____ Number of Hours Worked Per Week _____ Annual Salary: _____

Supervisory Responsibility (see definition above): Yes ☐ No ☐ Number of employees supervised: _____

Duties & Responsibilities: _____

Reason for Leaving:

4 Name of Present or Last Employer: _____

Address: _____ Phone No.: (___) _____

Your Job Title: _____ Supervisor's Name and Title: _____

From: _____ To: _____ Number of Hours Worked Per Week _____ Annual Salary: _____

Supervisory Responsibility (see definition above): Yes ☐ No ☐ Number of employees supervised: _____

Duties & Responsibilities: _____

Reason for Leaving:

5 Name of Present or Last Employer: _____

Address: _____ Phone No.: (___) _____

Your Job Title: _____ Supervisor's Name and Title: _____

From: _____ To: _____ Number of Hours Worked Per Week _____ Annual Salary: _____

Supervisory Responsibility (see definition above): Yes ☐ No ☐ Number of employees supervised: _____

Duties & Responsibilities: _____

Reason for Leaving:

6 Name of Present or Last Employer: _____

Address: _____ Phone No.: (___) _____

Your Job Title: _____ Supervisor's Name and Title: _____

From: _____ To: _____ Number of Hours Worked Per Week _____ Annual Salary: _____

Supervisory Responsibility (see definition above): Yes ☐ No ☐ Number of employees supervised: _____

Duties & Responsibilities: _____

Reason for Leaving: _____

* Attach additional sheets if necessary

ITEMS TO BE RETURNED WITH APPLICATION

- ☐ 1. Copy of Birth Certificate; verify U.S. Citizenship
- ☐ 2. Copy of Driver's License; to obtain traffic history and validate license
- ☐ 3. Copy of Social Security Card; verify U.S. Citizenship and employment eligibility
- ☐ 4. Copy of High School Diploma or GED Equivalent; verify education requirements
- ☐ 5. Copy of College Transcript/Diploma; verity education requirements
- ☐ 6. Copy of Military Separation papers (DD 214); verify discharge
- ☐ 7. Copy of Marriage Certificate or Divorce Decree; verify legal name
- ☐ 8. Copy of Law Enforcement Certificate; verify compliance
- ☐ 9. Copy of Resume'; accomplishments and goals

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF _____

Before me this day personally appeared_____ who, being duly sworn, deposes and say I understand that any omissions, falsifications, misstatements, or misrepresentations may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information that I give may be investigated as allowed by law. I hereby certify and affirm to the best of my knowledge and belief, all the statements contained herein and on any attachments are true, correct, and made in good faith.

_____
(Signature of person making affidavit)

Sworn to and subscribed before me this_____ day of _____ A. D., 20_____ .

_____
May commission expires

_____
Notary Public
State of Florida

_____
Commission Number

CITY OF QUINCY
404 W. JEFFERSON STREET
QUINCY, FLORIDA 32351

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

Date: _____

The following information is requested on a voluntary basis to allow us to evaluate the effectiveness of our Equal Employment Opportunity/Affirmative Action programs. The data will be used strictly for research and reporting purposes, and will not be used in any way as part of the hiring process. Please note that the survey is anonymous, you are not required to provide your name or any other information which would specifically identify you. Your application will not be rejected because of your race, color, sex, religion, creed, handicap, national origin, political beliefs or age, except as provided by law. Your cooperation will be greatly appreciated.

Ethnic Background (Please check appropriate line):

_____Hispanic

_____Asian or Pacific Islander

_____African American (not Hispanic origin)

_____Caucasian (not Hispanic origin)

_____American Indian/Alaskan Native

_____Other:

Birth Date: _____ Gender: Male ☐ Female ☐

Social Security Number: _____

Will you be able to perform the duties of the job for which you have applied in a manner safe to you and other employees? Yes ☐ No ☐

Please check if you are a military veteran: ☐

Referred by:

____ Florida State Employment Office
____ Newspaper
____ Internet
____ Verbal
____ Other: _____

FDLE

Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION
(Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.

CJSTC 58

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

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: _____

ADDRESS: _____

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other 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 attempt to comply with it. A copy 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 copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

_____

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. *Pursuant to Sections 943.134(2)(a) and (4), 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

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF_____ COUNTY OF_____

Sworn to (or affirmed) and subscribed before me this_____

day of_____, year _____, By_____

_____

Signature of Notary Public – State of Florida

_____

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced_____

FDLE

Florida Department of Law Enforcement

PHYSICIAN'S ASSESSMENT

Incorporated by Reference in Rules 11B-27.002(1)(d), F.A.C.

CJSTC 75

1. **Applicant's Name:** _____
   Last First MI

2. **Applicant's Home Address:** _____

3. **Last Four Digits of the Applicant's Social Security Number:** _____

4. **Hiring Agency:** _____

5. **The Applicant Is Requesting Employment in one of the Following Disciplines:**

   Law Enforcement ☐ **Correctional** ☐ **Correctional Probation** ☐

   Note: A position description was provided that describes the job duties the applicant will perform.

6a. To the Examining Physician:

The examination of this applicant is for employment as an officer, and shall include a complete physical examination at a level of specificity sufficient to determine whether there is any medical or physiological reason that would prevent the applicant from performing the essential functions for employment as an officer for the discipline indicated in number 5 above. Disabilities, impairment, or limitations identified by the examination, which would prevent the applicant from performing the essential functions for the officer position, should be reported to the employing agency.

6b. Physician's Attestment:

☐ I hereby attest that I have examined the above named applicant and find him/her **CAPABLE** of performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment reflected in number 5 above.

☐ I hereby attest that I have examined the above named applicant and find him/her **NOT CAPABLE** of performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment reflected in number 5 above.

7. **Pre-existing Conditions:** Sections 112.18 and 943.13, F.S., require agency knowledge of the following three pre-existing conditions. However, these outcomes do not statutorily disqualify the applicant from employment.

   Please respond to the following "in my professional opinion, this examination":

   7a. Did ☐ or did not ☐ reveal evidence of tuberculosis.

   7b. Did ☐ or did not ☐ reveal evidence of heart disease.

   7c. Did ☐ or did not ☐ reveal evidence of hypertension.

8. _____ _____ _____
   Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature **Printed Name** **Examination Date**

9. _____ _____
   Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number **Licensing State**

10. _____
    Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Professional Address

INSTRUCTIONS FOR COMPLETING FORM CJSTC-75

Use this form to document and verify the applicant's compliance with the employment requirements of Section 943.13, F.S.

GENERAL INSTRUCTIONS

- This form or an equivalent form, indicating that the officer is capable of performing the essential functions of the law enforcement, correctional, or correctional probation officer duties for which the applicant is seeking employment, **is required** and shall be used in conjunction with the Patient Information form CJSTC-75A or an equivalent form, to assist the physician, certified advanced registered nurse practitioner, or physician assistant, by providing testing guidelines to examine the applicant.
- An employing agency shall provide a position description to the physician, certified advanced registered nurse practitioner, or physician assistant that describes the job duties the applicant will perform. The position description will assist in determining whether the applicant is capable of performing the essential functions of a law enforcement, correctional, or correctional probation officer duties for which the applicant is seeking employment.
- This form or an equivalent form shall be used to satisfy the requirements of Section 943.13(6), F.S., and Rule 11B-27.002(1)(d), F.A.C. The completed form CJSTC-75 or an equivalent form shall be completed for each new employment or appointment of an officer, and shall not be completed more than one year prior to an officer's employment or appointment. A CJSTC-75 form completed for a specific employing agency shall not be used by any other employing agency.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

1. **Applicant's Name:** Enter the applicant's full legal name.
2. **Applicant's Address:** Enter the applicant's home address.
3. **Last Four Digits of the Social Security Number:** Enter the last four digits of the applicant's social security number as in this example: 000-00-1234.
4. **Hiring Agency:** Enter the hiring agency's name.
5. **Request for Employment as an officer:** Place a check mark in the box for one of the following disciplines: Law Enforcement, Correctional, or Correctional Probation.

6a. **Examining Physician:** The examining physician shall examine the applicant for any medical or physiological reasons that would prevent the applicant for employment as an officer pursuant to the attached job duties.

6b. **Physician's Attestment:** The physician, certified advanced registered nurse practitioner, or physician assistant shall mark the appropriate box attesting that the applicant is capable or not capable of performing the essential functions of the law enforcement, correctional, or correctional probation officer discipline for which the officer/applicant is seeking employment.

7. Sections 112.18 and 943.13, Florida Statutes, require agency knowledge of the following three pre-existing conditions for potential future disability claims. These outcomes are not disqualifying for employment.

   a. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of tuberculosis.

   b. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of heart disease.

   c. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of hypertension.

8. **Signature:** The physician, certified advanced registered nurse, or Physician Assistant shall sign and print his or her name and enter the examination date.
9. **License Number:** Enter the physician, certified advanced registered nurse practitioner, or physician assistant's license number.

   Licensing State: Enter the state in which the physician, certified advanced registered nurse practitioner, or physician assistant is licensed.

10. **Professional Address:** Enter the physician, certified advanced registered nurse, or physician assistant's professional address.

FDLE
Florida Department of Law Enforcement

PATIENT INFORMATION

Incorporated by Reference in Rule 11B-27.002(1)(d), F.A.C.

CJSTC 75A

1. Applicant's Name: _____
   Last First MI
2. Applicant's Address: _____
   Street, Apt. or Post Office Box Number City State Zip Code
3. Last Four Digits of Social Security Number: _____ Phone: _____ Date of Birth: _____
   (In accordance with the Federal Privacy Act of 1974, disclosure is voluntary)
4. Hiring Agency: _____ 5. Position Applied For: _____

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

Please note the presence of eyeglasses, contact lenses, hearing aids, or devices such as braces, supports, canes, crutches, or prostheses.

_____

1. Gender: _____ 2. Height (in inches): _____ 3. Weight (pounds): _____ 4. Blood Pressure: _____
5. Resting Pulse: _____(please note any irregularity) 6. Oral Temperature: _____
7. Resting Respiratory Rate: _____ 8. Corrected Visual Acuity: Right Eye: _____ Left Eye: _____
9. **Physical Examination.** Please check Normal or Abnormal after each entry and make comments at the bottom of the form.

	Normal	Abnormal
Color Perception	☐	☐
Estimated Field of Vision	☐	☐
Estimated Auditory Acuity	☐	☐
Head, Eyes, Ears, Nose, Throat, Neck, and Thyroid Gland	☐	☐
Thorax and Lungs	☐	☐
Heart	☐	☐
Abdomen	☐	☐
Skin	☐	☐
Neurologic	☐	☐
Spine	☐	☐
Extremities	☐	☐
Mental Status	☐	☐
Electrocardiogram	☐	☐
Urinalysis	☐	☐
Complete Blood Count	☐	☐
Blood Chemistry Panel	☐	☐

10. Comments: _____

_____

11. Results of tuberculosis skin test: _____
12. Sections 112.18 and 943.13, F.S. requires agency knowledge of the following three pre-existing conditions. However, these outcomes do not statutorily disqualify the applicant from employment. Accordingly, please respond to the following: In my professional opinion, this examination:
    - A. Did ☐ or did not ☐ reveal evidence of tuberculosis.
    - B. Did ☐ or did not ☐ reveal evidence of heart disease.
    - C. Did ☐ or did not ☐ reveal evidence of hypertension.

INSTRUCTIONS FOR COMPLETING FORM CJSTC-75A

Please type or print in black or blue ink and use capital and small letters to write names and addresses.

GENERAL INSTRUCTIONS

This form or an equivalent form is to be provided to the examining physician, certified advanced registered nurse practitioner, or physician assistant to use when conducting a physical examination and shall be used in conjunction with the Physician's Assessment form CJSTC-75 or an equivalent form.

Upon completion of the physical, a completed copy shall be provided to the applicant or employing agency.

Employing Agencies Instructions for Completing Form CJSTC-75A

1. **Applicant's Name:** Enter the applicant's full legal name.
2. **Applicant's Address:** Enter the applicant's home address.
3. **Social Security Number (optional):** Enter the last four digits of the applicant's social security as in this example: 000-00-0000.
4. **Hiring Agency:** Enter the hiring agency's name.
5. **Position Applied For:** Enter one of the following disciplines: Law enforcement, correctional, or correctional probation.

Physician's Instructions for Completing Form CJSTC-75A

Note: Indicate the presence of supportive devises by specifying on the provided lines.

1. **Gender:** Enter the sex of the applicant.
2. **Height:** Enter the height of the applicant in inches.
3. **Weight:** Enter the weight of the applicant in pounds
4. **Blood Pressure:** Enter the applicant's systolic and diastolic blood pressure rate.
5. **Resting Pulse:** Enter the applicant's resting pulse rate. Note any irregularities.
6. **Oral Temperature:** Enter the applicant's oral temperature.
7. **Resting Respiratory Rate:** Enter the applicant's resting respiratory rate.
8. **Corrected Visual Acuity** Enter the applicant's corrected visual acuity of the right and left eye.
9. **Physical Examination.** Enter NORMAL or ABNORMAL in the boxes that details the tests and physical examination of the applicant.
10. **Comments:** Enter any additional comments.
11. **Results of the Tuberculosis Skin Test:** Enter the applicant's results of the Tuberculosis Skin Test.
12. Sections 112.18 and 943.13, Florida Statutes, require agency knowledge of the following three pre-existing conditions for potential future disability claims. These outcomes are not disqualifying for employment.
    - **A.** Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of tuberculosis.
    - **B.** Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of heart disease.
    - **C.** Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of hypertension.

FDLE
Florida Department of Law Enforcement

NAME CHANGE APPLICATION

Incorporated by Reference in Rule 11B-27.002(2)(b), F.A.C.

CJSTC 79

Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses

Use this form when an officer's official name changes because an officer marries (include hyphenation, if any), an officer obtains legal name change through court action, or a discrepancy occurs in the officer's name, such as spelling, etc.

1. **Last Four Digits of Social Security Number:** _____

2. **Officer's Previous Name:** _____
   Last First MI

3. **Officer's New Name:** _____
   Last First MI

4. **Agency ORI: FL:** _____
   Enter the last seven digits of the originating agency's identifier number.

5. **Agency Name:** _____

6. **Attach supporting documentation and maintain on file a copy of marriage license, divorce decree, birth certificate, naturalization certificate, current U.S. passport, or legal name change documents to support the officer's name change.**

   - ☐ Marriage
   - ☐ Divorce
   - ☐ Legal name change through court process
   - ☐ Name entered incorrectly into ATMS
   - ☐ Other

_____ _____
Agency Administrator or Designee's Signature **Date Signed**

AGENCY REQUIREMENTS

Submit the completed name change form and attachments to the following address: **Florida Department of Law Enforcement, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention: Records Section. Fax Number 850-410-8605.**

HIPAA Privacy Authorization Form

**Authorization for Use or Disclosure of Protected Health Information

(Required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164)**

1. Authorization

I authorize _____ (healthcare provider) to use and disclose the protected health information described below to _____ (individual seeking the information).

2. Effective Period

This authorization for release of information covers the period of healthcare from:

a. ☐ _____ to _____.

OR

b. ☐ all past, present, and future periods.

3. Extent of Authorization

a. ☐ I authorize the release of my complete health record (including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse).

OR

b. ☐ I authorize the release of my complete health record with the exception of the following information:

☐ Mental health records

☐ Communicable diseases (including HIV and AIDS)

☐ Alcohol/drug abuse treatment

☐ Other (please specify): _____

4. This medical information may be used by the person I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.

5. This authorization shall be in force and effect until _____ (date or event), at which time this authorization expires.

6. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

7. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

8. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

_____

Signature of patient or personal representative

_____

Printed name of patient or personal representative and his or her relationship to patient

_____

Date

Brady Lee Hudson, Ph.D.
Licensed Psychologist
Clinical and Forensic Psychology Assessment Services

Ph: 850.322.5383
Fax: 850.254.9650
BLHudsonPhD@gmail.com

2704 Apalachee Parkway
Tallahassee, FL 32301

August 9, 2016

Glenn Sapp, Chief
Quincy Police Department
339 East Jefferson Street
Quincy, FL 32351

RE: Pre-Employment Psychological Evaluations

Chief Sapp,

The Pre-Employment Psychological Evaluations I conduct are focused on providing the prospective employer with helpful information to make an informed hiring decision. These evaluations consist of psychological testing, review of available background or other relevant information, and a clinical interview. The goal is to assist the agency in selecting individuals who are emotionally stable and possess psychological characteristics and traits suitable for the agency and work environment. I make every attempt to adhere as closely as possible to the IACP Pre-Employment Psychological Evaluation Guidelines (IACP, 2014).

Evaluations consist of providing the Candidate with an Informed Consent Form prior to involvement in any psychological testing or interview. Candidates are administered the following psychological tests:

- Minnesota Multiphasic Personality Inventory – 2 – Restructured Form
- California Personality Inventory

Once psychological tests are scored, the candidate undergoes a Clinical Interview where background information is obtained, questions are asked about any potentially problematic issues noted in background or other relevant information provided by the referring agency and any clarification needed for personality test results in obtained. If the candidate has a recent history of treatment for a specific mental illness, or has recently been prescribed a psychotropic medication, releases of information are requested and treatment information is obtained. The subsequent report is an integration of the available information with a recommendation regarding suitability for employment as a law enforcement or public safety officer with the referring agency.

I look forward to the opportunity to continue to provide this service for your Agency.

Brady Lee Hudson, Ph.D.
Licensed Psychologist

FL License: PY7427
GA License: PSY3115

INFORMED CONSENT FOR PREEMPLOYMENT PSYCHOLOGICAL EVALUATION FOR THE QUINCY, FLORIDA POLICE DEPARTMENT

The Quincy, Florida, Police Department (hereinafter referred to as "the Agency") has requested that you be given a pre-employment psychological evaluation by Brady Lee Hudson, Ph.D. Dr. Hudson is a licensed psychologist who practices clinical, forensic, and police psychology, and he conducts pre-employment psychological evaluations for local and state public safety agencies.

The evaluation will be based upon an interview, personality testing, and other information in order to provide a professional psychological opinion regarding your suitability for the position for which you are being considered. A report of the evaluation will be provided to the Agency that may include pertinent personal, psychological, and medical information about you, and a recommendation regarding employment which is advisory to the Agency and could result in your not being employed by the Agency. The Agency will be responsible for the final decision about your employment.

You have the right to refuse to participate in this evaluation.

You have the right to refuse to answer any particular question or questions. If you do not answer questions truthfully it could count against you.

I have read and I understand this "Informed Consent for a Preemployment Psychological Evaluation" and I agree to be evaluated by Dr. Hudson. I also agree as follows:

I hereby authorize Brady Lee Hudson, Ph.D. to release to the Agency any information (including personal health and mental health information) about me obtained from current and prior psychological tests, clinical interviews, and other means.

I am not a client of Dr. Hudson . The Agency is his client and will pay for this evaluation. The Agency will receive his written and/or oral report. I will not receive a copy of the report.

I understand that Dr. Hudson's recommendations to the Agency are advisory. I will not hold Dr. Hudson liable for any decisions regarding employment or other matters made by the Agency.

_____ _____

Signature Date

_____

Witness

Brady Lee Hudson, Ph.D. 2704 Apalachee Parkway Tallahassee, FL 32301

THE CITY OF QUINCY
POLICE DEPARTMENT
404 West Jefferson Street Quincy, Florida 32351 Telephone: (850) 618-0030 Fax: (866) 780-7910

Voice Stress Questionnaire

This portion of the selection process with the City of Quincy Police Department will cover your truthfulness and integrity. It is essential that you answer each question truthfully. Holding information back or intentionally lying on this questionnaire or during the examination can result in immediate disqualification from the hiring process. This information will be verified through interviews, background investigations and truth verification testing. If there is any information that has not been previously disclosed during the selection process, now is your opportunity to explain the circumstances of why non-disclosure occurred so that a fair evaluation can be made.

***REMBER, YOU ARE APPLYING WITH A LAW ENFORCEMENT AGENCY. YOUR HONESTY AND INTEGRITY ON THIS QUESTIONNAIRE IS VITAL. THE ANSWERS YOU GIVE HERE ARE FOR OUR USE IN DETERMINING YOUR SUITABILITY FOR EMPLOYMENT WITH THE CITY OF QUINCY POLICE DEPARTMENT.**

I, do hereby voluntarily, without any threat, coercion or promise made to me submit to a Computer Voice Stress Analysis Examination. I further understand that I am free to leave at any time for any reason. I hereby release, absolve and forever hold harmless the City of Quincy, it's servants, agents and anyone acting in it's behalf, from any and all claims, demands, or any damages from any matter or act, arising out of the aforesaid examination. I understand that this examination may be video and/or audio tape recorded. To the best of my knowledge, I have no physical or mental condition that would prevent me from taking this examination.

Signature of person being examined	Signature of examiner
Date	Date

QUINCY POLICE DEPARTMENT
DENIAL OF MILITARY SERVICE

Date: _____

I, _____, ATTEST THAT I HAVE NOT SERVED IN THE MILITARY OR ARMED SERVICES IN THE UNITED STATES OF AMERICA, OR ANY ARMED SERVICES OR MILITARY OF ANY FOREIGN NATION, COUNTRY, OR STATE.

I ATTEST THAT IF I DID, I WOULD HAVE MADE THIS FACT KNOWN TO THE QUINCY POLICE DEPARTMENT. I UNDERSTAND THAT ANY FALSE STATEMENT IS GROUNDS FOR REMOVAL OF MY APPLICATION AND COULD SUBJECT ME TO CJSTC COMMISSION SANCTIONS.

_____

Applicant's Signature

_____

Applicant's Printed Name

THE CITY OF QUINCY
POLICE DEPARTMENT
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Background Questionnaire

You may use the back page of the questionnaire to further explain your answers if necessary. If you have any questions concerning your background or truth verification testing, write them on the back of the last page.

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

UNDETECTED CRIMES

1. Have you ever committed and act that you were not caught doing, but if caught, you would have been arrested? Yes____ No____ (If Yes, explain details)

2. Have you ever been involved in any one of the following? (if yes to any, please include when, where and the value on the back of this page)

A.	Switching Price Tags	Yes	No
B.	Car Theft	Yes	No
C.	Theft of Car Parts	Yes	No
D	Robbery	Yes	No
E.	Burglary (Home/ Business)	Yes	No
F.	Embezzlement	Yes	No
G.	Concealed Weapon	Yes	No
H.	Fires you started	Yes	No
I.	Con Games	Yes	No
J.	Leaving the Scene of an Accident	Yes	No
K.	Counterfeiting	Yes	No
L.	Fire Bombing	Yes	No
M.	Mugging	Yes	No
N.	Assault/Battery	Yes	No
O.	Buy, sell or possess stolen property	Yes	No
P.	Using stolen credit cards	Yes	No
Q.	Failure to pay alimony or child support	Yes	No
R.	Illegally obtaining public assistance, workers	Yes	No
S.	Compensation or unemployment by fraud	Yes	No
T.	Retail Theft	Yes	No
U.	Unnatural and/or lascivious act	Yes	No
V.	Theft of Utilities/cable services	Yes	No

YES ___ NO ___ (If Yes, to any of the above questions, explain details)

THE CITY OF QUINCY
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3. Have you ever filed an insurance claim that was not accurate (overestimating losses)?

4. When did you last write a check that bounced or when you knew that there were no funds to cover the value of the CHECK? _____,

5. How many in lifetimes? Have you written a check using another person's name?
   YES ____ NO ___ (If yes, explain details)
6. Have you ever used a fraudulent document to obtain money?
   YES ____ NO ___ (If yes, explain details)

7. Were you ever in a fight in which a weapon was used?
   YES ____ NO ___ (If yes, explain details)

8. Have you ever injured or caused the death of another person?
   YES ____ NO ___ (If yes, explain details)
9. Have you ever physically abused a spouse, girlfriend, boyfriend or child?
   YES ____ NO ___ (If yes, explain details)

10. Have you ever intentionally damaged property belonging to another person?
    YES ____ NO ___ (If yes, explain details)

11. Have you ever filed a false police report
    YES ____ NO ___ (If yes, explain details)

12. What is the most serious act you have ever done in your life?
    YES ____ NO ___ (If yes, explain details)

13. Have you ever participated in a riot or disturbance?
    YES ____ NO ___ (If yes, explain details)

14. Since you have been an adult (18 years old), have you ever had any sexual involvement with someone under 18 years of age. If Yes, how old were they? How old were you? ____ How long ago? _____ (Explain Details)

15. Have you ever participated in any unnatural or lascivious sex acts?
    Yes __ No __ (If Yes, explain details)

16. Have you ever engaged in prostitution or used the services of a prostitute?
    YES ____ NO ___ (If yes, explain details)

17. Have you ever been accused of any misconduct?
    YES ____ NO ___ (If yes, explain details)

18. Have you been questioned by a law enforcement agency as a suspect in an investigation? (Do not included situations in which you were a victim or a witness to a crime) YES ____ NO ___ (If yes, explain details)

19. Other than what has already been covered, have you been involved in anything that you could have been arrested for? YES ____ NO ___ (If yes, explain details)

20. Have you ever belonged to or associated with anyone belonging to any organization, past or present that would place the integrity of the City of Quincy Police Department in question? YES ____ NO ___ (If yes, explain details)

21. Do you now or have you ever had regular associations with persons whom you knew, or should have known, were under criminal investigation, or who had a reputation in the community or with law enforcement agencies for involvement in criminal behavior? YES ____ NO ___ (If yes, explain details)

MILITARY

1. Have you ever served in any military organization of the United States?
   YES ____ NO ___ (If yes, explain details)

2. What types of discharge did you received?
   Honorable ___ Dishonorable _____ Honorable conditions ___ General ___ Other ___

3. Date of active duty: _____

4. Have you ever received a court martial, tried on charges, or were you the subject of an investigation under Uniform Code of Military Justice?
   YES ____ NO ___ (If yes, explain details)

5. Are there any incidents concealing your military career that could possibly affect this examination?

ARREST RECORD

1. Have you ever been arrested, charged, or detained by a law enforcement agency? (Include any arrests in which the charges were dropped, reduced, found not guilty, or in which the records were sealed or expunged. Failed to do so could result in termination of application process. A notice to appear is considered an arrest and must also be listed).
   YES ____ NO ___ (If yes, explain details)

2. Have you ever been found guilty, pled no contest, or had the adjudication withheld on a misdemeanor or felony charge?
   YES ____ NO ___ (If yes, explain details)

3. What Fines have you been required to pay, and were they paid on time? (This is to include traffic fines? _____ .

4. Have you ever been issued a traffic citation?
   YES ____ NO ___ (If yes, explain details)

5. Have you ever been fingerprinted by a law enforcement agency?
   YES ____ NO ___ (If yes, explain details)

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DRUG USAGE

1. How many times in your life have you used marijuana? (Please include approximate dates and how many times weekly, monthly)_____

2. When was the last time you used marijuana? _____

3. Have you used any of the following? (If yes, include the total number of times and the date you last used?

__ Speed	__Barbiturates (downers)	__ Amphetamines (Uppers)
__ Rush	__ Quaaludes	__Designer Drugs
__ Hash	__ LSD	__ Ice or Methamphetamine
__ Peyote	__ Ecstasy	__ Crack
__ Mescaline	__ Steroids	__ PCP (angel dust)
__ Cocaine	__ Heroin	__ Mushrooms
__ Other Persons prescription		

4. Have you ever used inhalants, or any other legal substance, to get high? (Paint Thinner, Aerosol, Glue) YES ____ NO ___ (If yes, explain details)

THEFT OF MERCHANDISE

1. Estimate the total amount merchandise, tools and equipment that you have taken:
2. Name of the most expensive item you have taken: Item _____ Amount _____ Date _____

3. Have you ever taken anything or shoplifted anything from a business? (Include personal and employee theft) YES ____ NO ___ (If yes, explain details)

4. Have you ever been with anyone who was stealing any merchandise or equipment? YES ____ NO ___ (If yes, explain details)

5. Have you ever taken anything from a current or form employer? YES ____ NO ___ (If yes, explain details)

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

7. Have you ever purchased, pawned, or sold an item in which you knew or should have known it to have been stolen? YES ____ NO ___ (If yes, explain details)

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EMPLOYMENT HISTORY

1. Have you ever been terminated or asked to resigned from a job?
   YES ____ NO ___ (If yes, explain details

2. Have you ever been disciplined by your current or previous employer? (If discipline was by a law enforcement agency, refer to law enforcement experience questions) YES ____ NO ___ (If yes, explain details

3. Have you ever resigned or been given the opportunity to resign from a job in which you were under investigation for policy violation or misconduct?
   YES ____ NO ___ (If yes, explain details

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

Signature: _____ Date: _____

THE CITY OF QUINCY
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QUESTIONS FOR CURRENT AND FORMER LAW ENFORCEMENT OFFICERS

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

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

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

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

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

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

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

7. Have you ever handle evidence in an illegal manner?

8. Have you ever falsified any type of office report?

9. Have you ever used your position as a law enforcement officer for personal gain?

10. Have you ever been the subject of an internal investigation? (If yes, list in chronicle order, short synopsis and outcome to include discipline received. **(PLEASE BE SPECIFIC)**?

11. Do you have any active or pending internal investigations or discipline:

12. As a law enforcement officer, have you ever been disciplined? Please include oral and written reprimands, suspensions, and anything that would currently or have been purged from your personnel file.

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

Signature: _____ Date: _____

THE CITY OF QUINCY
POLICE DEPARTMENT
404 West Jefferson Street Quincy, Florida 32351 Telephone: (850) 618-0030 Fax: (866) 780-7910

QUESTIONS FOR CURRENT OR FORMER CORRECTIONAL OFFICER

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

1. Have you ever introduce contraband into a correctional facility for an inmate or another officer?

2. Since becoming a correctional officer, have you had sexual involvement with an inmate or another officer on duty?

3. Have you ever accepted a bribe from an inmate?

4. Have you ever had or maintained a friendship or relationship with an inmate after they were released?

5. Have you ever kept, used or given away inmates property?

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

Signature: _____ Date: _____