



High Springs Police Department
110 N.W. 2nd Avenue • P.O. Box 1008
High Springs, Florida 32643/32655
Chief James Troiano

June 28, 2011

Dear Applicant,

Thanks for taking the interest and applying for a police officer position with the city of High Springs Police Department (HSPD). The following information has been provided for your review. The HSPD is only hiring fully certified Florida Police Officers.

BENEFITS:

Beginning salary for a certified police officer is \$32,000.00 per year. This is a unionized position.

Paid Holidays:

Martin Luther King's Birthday
New Year's Day
Memorial Day
Independence Day
Labor Day

Veterans Day
Thanksgiving Day & day after
Christmas Eve
Christmas Day
Employee Birthday

Vacation Leave:

- For the first year, vacation leave will be earned at 3.33 hours every second pay period of each month. 40 hours total.
- For years two to five, vacation leave will be earned at 8 hours every second pay period of each month. 96 hours total.
- For years six to ten, vacation leave will be earned at 10 hours every second pay period of each month. 120 hours total.
- For years eleven to twenty, vacation leave will be earned at 13.33 hours every second pay period of each month. 160 hours total.
- For plus Twenty Years, vacation leave will be earned at 16.66 hours every second pay period of each month. 200 hours total.

Sick Leave:

- 8 hours of sick leave is earned each month.

INSURANCE: ***

The City of High Springs provides the Florida Retirement System (FRS) for all Police Department employees. Beginning July 1, 2011, each employee will be responsible for the payment of 3% of their annual salary to the Florida Retirement System (FRS).

Health-Aetna

- Employee – \$20.00 per month
- Spouse - \$560.00 per month
- Children - \$420.00 per month
- Family - \$980.00 per month

Dental – Standard

- Employee – \$17.76 to \$26.44 per month
- Spouse – \$36.20 to \$54.00 per month
- Children - \$39.84 to \$64.08 per month
- Family - \$58.28 to \$94.64 per month

Vision – Humana

- Employee – City paid
- Plus One - \$4.46 per month
- Family - \$7.46 per month

Life Insurance (One Years Salary)

- Employee Only – City paid

Long Term Disability and Accidental Death and Dismemberment

- Employee Only – City paid

**** At the time of writing this letter, the High Springs City Commission (HSCC) is deciding what direction to take with the renewal of our insurance. A decision will be made and announced before October 1, 2011.*

APPLICATION INSTRUCTIONS:

All statements in this application are subject to verification. Any applicant intentionally giving false information will be subject to disqualification. If a question does not apply to you, write "n/a" (not applicable). If the space provided is inadequate, please document the additional information on a separate sheet of paper (8 ½ x 11) and indicate the question you are responding to. More than one answer may be put on a sheet. This application form may be completed by typewriter or legibly printed in black or blue ink. When completing the application, please pay special attention to the following:

- All questions must be answered or the application will not be processed.
- The Applicant's Certification page must be signed and witnessed. The Background Investigation Waiver must be completed, signed and notarized. Notary service is available at the police department or at city hall.
- On the Employment History and Reference sections, provide telephone numbers and complete mailing addresses, including zip codes. Please list all employment you have held during the past ten years, even if the company is closed or has relocated. Please include information from any law enforcement agency that you have worked for (even if more than 10 years ago) or have applied to. Also, include self-employment, military, part-time, temporary, and volunteer work. Begin with your present or most recent employment and work backward.
- On the Employee History section, document any instances of usage of illegal drugs, i.e., inhalation, injection, any other form of ingestion of any illegal drug or any illegally obtained drug.
- Legible copies of the following documents **MUST** be returned with the completed application:
 1. Driver License
 2. High School Diploma/GED, and/or college transcript
 3. Birth Certificate
 4. Social Security Card
 5. DD 214 (military)
 6. CJSTC Exam Score
 7. Copy of any certifications

THE HIRING PROCESS:

Once the applications are processed, those who qualify will be interviewed by a panel chosen by the Chief of Police. Applicants who successfully pass this process will be ranked and the top three candidates will have a thorough background investigation completed. The best applicant will receive a conditional offer of employment and once accepted, the applicant must submit to a polygraph examination, drug screening, psychological examination and physical, as well as any other tests deemed necessary for the position. The application process can take several months to complete. Once hired, each employee will be required to successfully complete the HSPD Field Training Officer Program and shall serve a 365 day probationary period.

The HSPD requires all applicants to exhibit a professional appearance to the public while representing the city of High Springs. HSPD directives set standards for hair, clothing, uniforms, accessories and general appearance. Beards and visible tattoos are not allowed unless a doctor has stated otherwise. A copy of these directives is available upon request.

The HSPD prohibits discrimination against any person in recruitment, examination, appointment, assignment, training, transfer, promotion or any other personnel action because of political or religious opinions or affiliations, race, color, sex, marital status, national origin, sexual orientation, age or physical handicap.

For more information on the HSPD, please visit us online at www.highspringspd.com. If I can be of further assistance, please do not hesitate to contact me at 386-454-1415, or jtroiano@highspringspd.com.

Sincerely,

James Troiano 

James Troiano,
Chief of Police

/jt

Attachment: Employment Application
2 Page Job Description

PERSONAL HISTORY - CONTINUED

If naturalized, please provide: Date: _____ Place: _____

Marital Status: Married Divorced Separated Widowed Single

Spouse's Name and address:			
Last	First	MI	
Address	City	State	Zip

Please provide name and address of next of kin or other person to be contacted in case of emergency:

Name	Relationship		
Address	City	State	Zip Code
() _____ - _____	() _____ - _____		
Home Phone	Business Phone		

If you have children, please provide the following information:

Legal Name and Age	Relationship to You

Please provide the name and address of your personal or family physician to be contacted in case of an emergency:

Name			
Address	City	State	Zip Code
() _____ - _____	() _____ - _____		
Business Phone	Fax		

PERSONAL HISTORY - CONTINUED

Can you speak, write or read a foreign language? If yes, please indicate the language: _____ and if you can: Speak Write Read

Do you have or have you ever applied for a passport? Yes No

Passport No: _____

Other: List all other names you have used including circumstances and time periods you used them. (For example: former, maiden, birth name(s), alias(es), or nickname(s)).

Name	Circumstance

List any clubs, societies, civic or fraternal organizations to which you are or have been member: _____

Do you have any sources of income other than your salary or the salary of your spouse? Yes No If so, specify each with an estimated annual amount:

If you answer yes to any of the next 11 questions, please use an additional sheet to explain.

Are you or your spouse indebted to anyone? Yes No If yes, please list all debts over \$500. Be sure to include student loans and charge accounts. Also, list any debt where payment is *past due*, regardless of amount.

Have you, your spouse, or a company controlled by you filed for bankruptcy?

PERSONAL HISTORY - CONTINUED

Yes No, or declared bankrupt? Yes No, or had a legal judgment rendered against you for a debt? Yes No. If you answered yes to any of these, please provide details on separate sheet.

Have you, your spouse, or ex-spouse ever had your wages attached? Yes No

Have you, your spouse, or ex-spouse ever been a party to a small claims or other court action? Yes No

Do you, your spouse, or ex-spouse have any immediate civil action pending? Yes No

Have you, your spouse, or ex-spouse ever had a judgment rendered against you? Yes No

Have you ever been refused a life, automobile, health, or other insurance policy? Yes No

Have you ever been refused credit? Yes No

Have you, your spouse, or ex-spouse ever had any property repossessed? Yes No

Have you ever been bonded or had a bond refused? Yes No

If employed by the High Springs Police Department, do you anticipate any income other than your police salary? Yes No If yes, please list:

EDUCATION/TRAINING

High School Name/City/State	Dates Attended (Mo./Yr.)		Years Completed	Did you Graduate ?	Type of Diploma (HS/GED)
	From	To			
College/University Name/City/State	Dates Attended (Mo./Yr.)		Credit Hours Earned	Did you Graduate ?	Type of Degree/ Major
	From	To			

Other Schools (Law Enforcement, Trade, Vocational, Business or Military):

School Name/City/State	Dates Attended (Mo./Yr.)		Credit Hours Earned	Did you Graduate?	Type of Degree/ Certification
	From	To			

EMPLOYMENT HISTORY

Describe below all employment you have held during the past ten years, even if the company is closed. Please include information from any law enforcement agency that you have worked for (even if over 10 years ago.) Also, include self-employment, military, part-time, temporary, and volunteer work. Begin with your present or most recent employment and work backward. **If you were employed under a different name with any employer, indicate below.** Applicants may be required to furnish proof of experience claimed. Use a separate sheet or copy this form if necessary. May we contact your present employer? Yes No (If you state "no" and we offer you a job, we must contact your current employer at that time.)

Name & Address of Employer (Most Recent First)	Dates Worked (Mo./Yr.)		Salary	Title or Position	Name of Supervisor	Reason For Leaving
	From	To				
Name:						
Address:						
City, State, Zip:						
Area Code & Phone No:						
Name & Address of Employer	Dates Worked (Mo./Yr.)		Salary	Title or Position	Name of Supervisor	Reason for Leaving
Name:	From	To				
Address:						
City, State, Zip:						
Area Code & Phone No:						
Name & Address of Employer	Dates Worked (Mo./Yr.)		Salary	Title or Position	Name of Supervisor	Reason for Leaving
Name:	From	To				
Address:						
City, State, Zip:						
Area Code and Phone No:						
Name & Address of Employer	Dates Worked (Mo./Yr.)		Salary	Title or Position	Name of Supervisor	Reason For Leaving
Name:	From	To				
Address:						
City, State, Zip:						
Area Code and Phone No:						

Name:						
Address:						
City, State, Zip:						
Area Code & Phone No:						
Name & Address of Employer	Dates Worked (Mo./Yr.)		Salary	Title or Position	Name of Supervisor	Reason For Leaving
	From	To				
Name:						
Address:						
City, State, Zip:						
Area Code & Phone No:						
Name & Address of Employer	Dates Worked (Mo./Yr.)		Salary	Title or Position	Name of Supervisor	Reason For Leaving
	From	To				
Name:						
Address:						
City, State, Zip:						
Area Code & Phone No:						

Please answer the following questions as they relate to all prior employers, even if more than ten years ago.

Have you ever been terminated, asked to resign or left by mutual agreement from any employment or position you have ever held for any reason, including allegations of misconduct or unsatisfactory performance? Yes No

If yes, please provide details:

EMPLOYMENT HISTORY- CONTINUED

Have you ever had any disciplinary action taken against you as a result of any employment or position you have ever held? Yes No If yes, provide details.

Have you ever performed paid or unpaid services for a law enforcement agency not listed as an employer? Yes No If yes, please provide name of agency and dates of service:

Do you have a close association or affiliation with a known felon? Yes No
If yes, please explain:

PERSONAL REFERENCE & ACQUAINTANCES

Personal References: Give three (3) references (not relatives or present employers) who are responsible adults of reputable standing in their communities not residing in same home, who have known you well during the past three (3) years. If retired, give former occupation.

Name: _____ Last First MI			Relationship: _____	Occupation: _____
Address: _____				
Street		City	State	Zip
Home Phone: () _____ - _____			Work Phone: () _____ - _____	

Name: _____ Last First MI			Relationship: _____	Occupation: _____
Address: _____				
Street		City	State	Zip
Home Phone: () _____ - _____			Work Phone: () _____ - _____	

Name: _____ Last First MI			Relationship: _____	Occupation: _____
Address: _____				
Street		City	State	Zip
Home Phone: () _____ - _____			Work Phone: () _____ - _____	

RESIDENCES

List places of residence for past 5 years. List chronologically beginning with present all addresses, including residences while at school and in military. When listing campus residences, give school name, dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state.

Dates (Mo./Yr.)		Street Address (If apartment complex, include complex name)	City	State & Zip Code
From	To			

ARREST HISTORY/COURT DATA

In accordance with Florida State Statute 943.13, an applicant who has pled guilty or nolo contendere (no contest) to, or who was found to be guilty of any felony or misdemeanor involving perjury or false statement is **NOT** eligible for employment with the HSPD even if the sentence was suspended or adjudication was withheld by a court. The applicant must be of good moral character and have no felony or misdemeanor convictions involving moral character or false statements.

Have you ever been fingerprinted for any reason? Yes No If yes, please provide details:

ARREST HISTORY/COURT DATA - CONTINUED

Have you ever been arrested, cited, plead no contest, charged or received a notice of summons to appear for any offense? Yes No If yes, provide details in the table below.

Agency Name/Location	Date	Charges	Disposition

Have you ever been detained or investigated by a law enforcement officer for investigative purposes? Yes No If yes, provide details

To your knowledge, have you ever been the subject or a suspect in any criminal investigation? Yes No If yes, provide details.

Have you ever been a plaintiff or defendant in a court proceeding? Include divorces, small claims, evictions, foreclosures, child support, judgments, bankruptcies, etc. Yes No If yes, provide details.

DRIVING HISTORY

During the past 3 years, the applicant **must not** have accumulated more than 12 points on their license, or have a driving record that reflects repeated infractions and a flagrant disregard for the traffic laws. During the past 5 years, the applicant **must not** have had a license suspension, revocation for traffic violations, or a conviction of, or pled to "Driving under the Influence."

Any affirmative answer to any of the aforementioned is an immediate disqualifier for the applicant.

Driver license No: _____ State: _____ Expiration: _____

Restrictions: _____

Do you have or have you ever been issued a driver license in another state?

Yes or No If yes, please provide state(s), license number, name used and approximate dates license(s) was/were issued.

Have you ever been denied issuance of a driver license or have you ever had a driver license suspended, canceled or revoked? Yes No If yes, provide details.

MILITARY HISTORY

In accordance with FSS 943.13, any applicant dishonorably discharged from the United States Military is not eligible for employment with the HSPD.

Have you **ever** been a member of the United States Armed Forces?

Yes No If yes, complete the portion below.

Branch:	Active Service: From: _____ To: _____
Highest Rank:	Type/Date of Discharge:
Reserve/National Guard Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Dates: From: _____ To: _____
Military Specialization/Duties:	

Are you registered for Selective Service? Yes No If yes, list your Selective Service Number: _____

Classification: _____

Date of Classification: _____

Address of Local Board: _____

VETERANS' PREFERENCE: Check the appropriate block if you are claiming veteran's preference. **Documentation substantiating your claim must be furnished at the time of application.**

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.

2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power.

MILITARY HISTORY - CONTINUED

3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America.
4. The un-married widow or widower of a veteran who died of a service – connected disability.
5. The Armed Forces Expeditionary Medal, as well as the Global War on Terrorism Expeditionary Medal are qualifying for Veteran’s Preference, provided the individual is otherwise eligible.
6. Have you ever claimed and been employed using veteran’s preference?
 Yes No If “yes”, please provide the name of employer:

NOTE: Under Florida Statute 295, preference in appointment shall be given first to those persons included in #1 and #2 above, and second to those persons included in #3 and #4 above. If an applicant claiming veteran’s preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Florida Department of Veteran’s Affairs, Mary Grizzle Office Bldg, 11351 Ulmerton Road, Room 311-K, Largo, FL 33778 or www.FloridaVets.org.

CONFIDENTIAL EMPLOYEE HISTORY

Drug Use Questionnaire

Other than your own prescriptions, have you ever used or had experience with any of the following substances, drugs, or narcotics? Any use, possession, experimentation, of marijuana in the past 12 months will be an immediate disqualifier for the applicant. Any use, possession, experimentation of any illegal drug or controlled substance other than marijuana in the past 5 years will be an immediate disqualifier for the applicant. Any sale or delivery of any illegal/controlled substance at any time is an immediate disqualifier for the applicant.

Substance	Have you ever used/sold? List used (U) or sold (S) in Yes Column. If no, put (X) in the No Column			Last time you used/sold? List number of years last used/sold?			List number of times used/sold?		
	Yes	No	Past Year	1 to 10 years ago	More than 10 years ago	1 to 2 times	3 to 10 times	10 to 50 times	50 times or more
Amphetamines (Uppers)									
Barbiturates (Downers)									
Cocaine									
Crack Cocaine									
Ecstasy (MDMA)									
GHB/GBL									
Hashish									
Heroin									
Inhalants/Whippets									
Marijuana (THC)									
Mushrooms									
Opium									
PCP/Angel Dust									
Quaaludes									
Rohypnol/Roofies									
Speedballs									
Steroids									
Others: Please list Below									

CONFIDENTIAL EMPLOYEE HISTORY - CONTINUED

Are you able to participate in defensive tactics, firearms or physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description or task analysis related to the position for which you applied?

Yes No If no, please explain:

If your answer to the above is no, would you be able to perform these tasks with an accommodation? Yes No

If a test or examination is required for this position, would you be able to take this test or examination with an accommodation? Yes No

Explain what accommodation(s) you would need to perform these tasks or take the test or examination:

Have you ever filed a claim for Worker's Compensation? Yes No If yes, please explain:

Have you ever had an extended absence because of a personal illness?

Yes No If yes, please explain:

Approximately how many days have you lost from work or school due to an illness during the past 5 years? _____

CONFIDENTIAL EMPLOYEE HISTORY - CONTINUED

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

Have you ever made a financial or other material contribution to any organization of the type described above? Yes No If yes, please explain what you provided or facilitated to provide:

At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? Yes No If yes, please explain:

Do you have or have you had a social networking account (Facebook, MySpace, etc.)? If so, please let us know what you have or have had. If you currently have an account, please provide your login and password. If this section does not apply to you, place N/A on the first line below.

APPLICANT CERTIFICATION

I understand that my employment with the HSPD will be contingent upon the results of a complete background investigation and other pre-employment tests and evaluations. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant, or my dismissal from the HSPD. I agree to these conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I consent to a polygraph examination which includes, but is not limited to, questions related to criminal activity, finances, military, driver record, character, employment history, criminal and medical history. I fully understand that if my responses asked during the polygraph indicate that I have not truthfully answered any question on my application, I will be disqualified from employment.

I understand that this employment application shall become the property of the City of High Springs and the information received in response to the background examination may be public records. I further understand that my employment will be contingent upon the results of a complete drug test, and that I may be required to take random drug tests during the term of my employment with the HSPD. I also understand that I may be required to furnish the High Springs Police Department a copy of my Income Tax Return for the year preceding this application and for each year during my employment. I understand that the use of illegal drugs is not permitted and understand that the use of alcohol is not permitted during work or duty time, whether paid or unpaid, unless specifically authorized by the Chief of Police to consume only alcohol in the performance of a specific mission or assignment.

I understand that my continued employment may be contingent upon the results of medical and psychological examinations that I may be required to take during the term of my employment or appointment; and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment with the HSPD.

I authorize the City of High Springs to deduct from my final paycheck and/or my leave pay out check the amount needed to cover the cost of any HSPD equipment not returned after my employment with the HSPD terminates. If I fail to complete the required field training program or leave the agency before the first two years of employment is completed, I authorize the City of High Springs to collect any expenses utilized to process my application and complete any employment processes.

I understand that my employment will not result in an employment contract for any specific term.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment with the HSPD, and I release all such parties from all liability for any damage that might result from furnishing such information to the HSPD.

I agree to conform to the policies of the City of High Springs and the Directives of the HSPD. I understand an investigation will be conducted on all of the information listed on this application.

MUST BE SIGNED AND WITNESSED

Signature of applicant as usually written

Date

Witnessed by:

Signature: _____

Date

Print Name: _____



**AUTHORITY FOR RELEASE
OF INFORMATION
(Background Investigation Waiver)**



**CJSTC
58**

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

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

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER (Optional): _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: High Springs Police Department

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 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 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:

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 _____

AFFIDAVIT

STATE OF _____ COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20____. My Commission expires on _____, 20____. Personally Known _____ -or-

Produced Identification _____ Notary Public: _____

Type of identification produced: _____

Effective: 8/9/2001 Pursuant to
Sections 943.134(2)(a) and (4), F.S.

Original - Employing Agency

Revised 8/3/2006



HIGH SPRINGS POLICE DEPARTMENT

Police Officer

DESCRIPTION OF POSITION:

- Responsible work of a general law enforcement nature with primary emphasis on the protection of life and property and the routine enforcement of federal, state and local laws. Work involves an element of personal danger. Employees must be able to act effectively without direct supervision and to exercise discretion, caution, common sense, reasonable calmness and self control under adverse conditions while maintaining control of a particular situation or emergency.
- Duties may entail other special assignments of similar complexity, including providing assistance to those who are unable to care for themselves, the intoxicated, addicted, mentally ill, physically disabled and persons of all ages. Work may be performed either in uniform or plain clothes, on foot or in an automobile, and on any assigned shift.
- Employees will report to a Sergeant and are responsible to adhere to the chain of command at all times. Performance is evaluated through reports, personal contact, inspection, examination, discussions, and appropriate employee performance evaluations.
- The official duties of this position may be initiated by the following:
 1. Chief of Police
 2. Lieutenant
 3. Sergeant
 4. Police Officer
 5. Dispatcher
 6. Citizen's Request
 7. Self Initiated

EXAMPLES OF SPECIFIC DUTIES AND RESPONSIBILITIES: (See Note Below)

- Pursue and effect the immediate apprehension and arrest of persons suspected of committing criminal violations directed to his/her attention.
- Investigate all complaints which are assigned or brought to his/her attention, and report or take law enforcement action in the jurisdiction of the City of High Springs, or while acting under an executed and valid mutual aide agreement.
- Provide citizens with general information, advice, etc., whenever possible.
- Utilize the best efforts to prevent the commission of crimes, suppress all forms of commercialized vice, and detain and apprehend criminals. Under no circumstances should they make public any information that may jeopardize the successful completion of an investigation or the apprehension of a perpetrator.
- Observe all persons who arouse suspicion and investigate any person whose appearance, conduct, or presence seems suspicious. Upon the interview of such persons, attempt to obtain information which will aid the reduction of criminal activity.

- Be thoroughly familiar with the boundaries of High Springs in relation to neighboring cities and counties, as well as being familiar with the proper names and locations of all streets, avenues, terraces, roads, drives, places, courts, main thoroughfares, alleys, public buildings, hospitals, etc., in High Springs.
- Be thoroughly familiar with criminal laws and keep up to date with all new changes in Florida State Statutes; also, be familiar with federal law and county and city ordinances.
- Provide rescue/first aid services in accidents, disasters or other emergency situations.
- Provide referral and follow-up services to resolve domestic and civil crises.
- Advise merchants and the general public regarding suitable crime prevention methods.
- Constantly be on alert to cultivate sources of information that will aid in the solving of crime, the apprehension of offenders, the suppression of vice and organized crime and establish informants.
- Respond to situations involving in-progress or recent criminal activity, restore or maintain order, gather information and evidence accordingly.
- Patrol areas, giving particular attention to and re-checking locations where crime hazard is great.
- Be available for service at all times while on duty either by radio or telephone
- Write all reports as directed by HSPD Directives, Memorandums and IOC's. Complete and relinquish all reports prior to completing a work shift, unless authorized by a supervisor.
- Take into official custody property that has been lost, stolen, or abandoned in accordance with HSPD Directives.
- Testify in court or depositions as necessary.
- Conduct in-depth investigations of criminal incidents, either independently or as part of a coordinated effort.
- Observe, report and whenever feasible, follow-up on conditions which pose potential threats to public safety and health.
- Maintain an alert and military bearing upon the streets or while in a vehicle.
- Maintain cleanliness and operational readiness of all assigned equipment.

Note: This job description is not intended to be a comprehensive list of duties and responsibilities of the position. The omission of specific job functions or tasks does not absolve an employee from being required to perform additional tasks incidental to or inherent in the position.

SPECIAL REQUIREMENTS:

- Will be required to work any 8 or 12 hour shift as assigned by a supervisor.
- May be required to work overtime with or without prior notice.

WORK CONDITIONS:

- Working hours for the classification of police officer are generally stable, however due to the emergency nature of this assignment; this position may require continuous scheduling adjustments without prior notice.
- Individuals assigned to this classification will be required to do some moderate to heavy lifting, pushing, pulling and carrying moderate to heavy loads.
- Individuals assigned to this classification will be required to work in all types of inclement weather conditions, to include driving, directing traffic, supervising subordinates, answering calls for service and any other duties assigned by a supervisor or higher authority.
- Individuals assigned to this classification will be required to work in unstable and potentially dangerous conditions above and beyond what will be expected of any non-sworn employee or civilian. **NOTE:** Employees are not required to expose themselves to unnecessary dangers or to perform a potentially life threatening task in which they are not qualified to perform.
- Individuals assigned to this classification may be required to work days, evenings, nights, weekends and holidays.

QUALIFICATIONS:

EDUCATIONAL REQUIREMENTS:

- High School/GED Required
- Associate's Degree Preferred
- Bachelor's Degree Preferred
- Suggested College Major(s): Criminal Justice or related field.

EXPERIENCE AND TRAINING:

- Meet or exceed all applicable standards required by the Florida Criminal Justice Standards and Training Commission (CJSTC).
- Successfully complete the HSPD Field Training program.

CERTIFICATION AND LICENSING:

- Current, valid CJSTC/FDLE Law Enforcement Certification.
- Current, valid Florida driver license.

OTHER REQUIREMENTS:

- Must be at least 21 years of age at time of employment.
- Must be a citizen of the United States.
- Must successfully pass the pre-employment background and testing process.

PHYSICAL REQUIREMENTS:

- Ability to sit/stand for extended periods of time.
- See and hear at normal range.
- Speak, read, write and understand English fluently.
- Ambulate independently.
- Lift/carry 150 pounds.
- Bend and squat.
- Manual dexterity.
- Drive a vehicle.
- Successfully pass all required HSPD and CJSTC training on an annual basis.

KNOWLEDGE, SKILLS, AND ABILITIES:

- Ability to act effectively in extremely divergent interpersonal settings.
- Ability to analyze problems quickly and take appropriate action under stress.
- Ability to apply modern law enforcement principles and procedures to solve practical problems; to handle sensitive and hostile public contacts.
- Ability to communicate effectively, both orally and in writing; to comprehend and follow orders.
- Ability to obtain relevant and accurate information through interview, interrogation and observation.
- Skill in the use and care of firearms, and the operation of law enforcement vehicles, and other required law enforcement equipment.
- Ability to cope with situations firmly, courteously and tactfully, and with respect for the rights of others.
- Ability to maintain physical condition needed to affect arrests, subdue resisting individuals, chase fleeing suspects, lift and carry equipment and injured persons, force entry into buildings, climb flights of stairs, walk, stand, sit or drive for long periods of time, endure exposure to extreme weather and perform life saving procedures (CPR and Basic Life Support).
- Ability to see at a normal range.
- Ability to hear at a normal level.
- Ability to maintain the mental alertness needed to observe activities and implement appropriate action.
- Ability to maintain emotional and psychological stability.
- Ability to remember names, faces, details of incidents and physical surroundings.
- Working knowledge of current federal, state and local laws; county and city ordinances, as well as agency rules, regulations, policies and procedures.
- Knowledge of inspection procedures, issued equipment and safety procedures.
- Awareness of available agency and community resources.
- Knowledge of proper administrative procedures.
- Good knowledge of grammar, punctuation and spelling.