

# CITY OF HIGH SPRINGS, FLORIDA



## POLICE DEPARTMENT

## PERSONAL HISTORY STATEMENT

# CITY OF HIGH SPRINGS, FLORIDA

*"AN EQUAL OPPORTUNITY/EQUAL ACCESS EMPLOYER"*

## POLICE DEPARTMENT

### PERSONAL HISTORY STATEMENT (PHS) BOOKLET

Read every question carefully and answer each accurately, thoroughly, and truthfully; Applicants **MAY BE DISQUALIFIED FROM PROCESSING FOR OMISSIONS OR FALSE STATEMENTS.** If space is insufficient for complete answers attach an 8 1/2" x 11" sheet of paper to this PHS. Do not attach a Résumé. Applicants must initial each page. Questions not applying to you should be marked "N/A" to acknowledge its inapplicability.

**It is the Applicant's responsibility to have both documents at the end of this PHS Notarized prior to scanning and uploading to your online application.**

**A COPY OF THE FOLLOWING DOCUMENTS MUST BE SCANNED TOGETHER AS ONE (1) PDF DOCUMENT IN THE ORDER LISTED BELOW ALONG WITH YOUR COMPLETED PHS (ORIGINALS DUE UPON REQUEST)**

**PLEASE INDICATE WITH A CHECKMARK ALL DOCUMENTS INCLUDED WITH YOUR PHS**

- Birth Certificate
- High School Diploma or GED (transcripts required if GED)
- College Degree(s) (if applicable)
- College Transcripts (Unofficial Transcripts - School Certified-Sealed transcripts will be due upon request)
- Adoption or Legal Name Change (if applicable)
- DD-214 Member 4 form (one for each Branch served)
- Driver's License
- Social Security Card
- Naturalization papers
- Florida CJSTC Basic Training Certificate or other State Certification (Certified Officers only)
- Criminal Justice Basic Abilities Test (CJBAT) Results

Applicant initials: \_\_\_\_\_

Your Social Security Number is requested for the purpose of employment eligibility verification, applicant and employee background checks, income report, and processing employment benefits, and will be used solely for those purposes.

**All Applicants may be disqualified from processing for omissions or false statements.** Before you complete this Statement, you will not be processed if it is learned you have left information out or were dishonest with entries.

Those applying to the position of Police Officer or Reserve Police Officer will automatically be **DISQUALIFIED** for:

- Omissions concerning previous employment
- Failed High Springs Background Investigation or Psychological Exam in the past year
- DUI Arrest and/or conviction in the last five years
- Arrest and/or conviction involving Domestic Violence and Conviction Omissions
- Military Discharge must not have been Dishonorable
- Recent use of any illegal controlled substance
- Five or more traffic moving violations in the last five years or an overall poor driving record
- Two or more drivers' license suspensions in the last five years
- Failure to disclose traffic tickets or convictions

By initialing each page on the bottom right corner, you acknowledge that you have read and understand the listed disqualifiers. Your initials also demonstrate your thorough review and entry on each page of the PHS.

POSITION APPLIED FOR \_\_\_\_\_ DATE: \_\_\_\_\_

Certified Police Officer?  No  Yes, in the State of \_\_\_\_\_ for \_\_\_\_\_ years and \_\_\_\_\_ months.

Applicant initials: \_\_\_\_\_

**SECTION A. PERSONAL HISTORY**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_ SUFFIX (Jr., II, Sr.) \_\_\_\_\_

List other names you have used, including nicknames, maiden name, or aliases:

\_\_\_\_\_  
\_\_\_\_\_RESIDENCE ADDRESS (Include Apt. #) \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_  
How long at present residence?

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME TELEPHONE (\_\_\_\_) \_\_\_\_\_ WORK NUMBER (\_\_\_\_) \_\_\_\_\_

CELL TELEPHONE (\_\_\_\_) \_\_\_\_\_ PAGER NUMBER (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS; \_\_\_\_\_ WEBSITE: \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

DATE OF BIRTH (Month-Day-Year) \_\_\_\_\_ PLACE OF BIRTH (City, State, County, Country) \_\_\_\_\_

AGE \_\_\_\_\_ GENDER \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

Are you a United States Citizen?  Yes  No  Legal Resident  Permanent Resident

Work Authorization # \_\_\_\_\_ If a Naturalized Citizen provide date: \_\_\_\_\_

Certificate number: \_\_\_\_\_ Location \_\_\_\_\_

Race/Nationality:  White-non Hispanic  African American-non Hispanic  Hispanic  
 Asian  American Indian  Other-Specify \_\_\_\_\_Marital Status:  Married  Divorced  Separated  Widow (er)  Never Married

Applicant initials: \_\_\_\_\_

List your residences for the last **five** years; begin with your most recent residential address.

| MONTH/YEAR-FROM/TO                   | STREET ADDRESS | CITY          | STATE | ZIP CODE |
|--------------------------------------|----------------|---------------|-------|----------|
| With whom did you reside? Give name: |                | Relationship: |       |          |
| With whom did you reside? Give name: |                | Relationship: |       |          |
| With whom did you reside? Give name: |                | Relationship: |       |          |
| With whom did you reside? Give name: |                | Relationship: |       |          |
| With whom did you reside? Give name: |                | Relationship: |       |          |
| With whom did you reside? Give name: |                | Relationship: |       |          |
| With whom did you reside? Give name: |                | Relationship: |       |          |
| With whom did you reside? Give name: |                | Relationship: |       |          |

Have you ever been foreclosed on or evicted from any residence? NO YES, provide details:

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Applicant initials: \_\_\_\_\_

## SECTION B. EMPLOYMENT HISTORY

List jobs held for the past **five** years, beginning with your present or most recent position; list periods of unemployment. Include part-time employment and volunteer work.

| NAME & ADDRESS OF EMPLOYER | DATES EMPLOYED                     | ANNUAL SALARY | TITLE OF LAST POSITION | SUPERVISORS NAME(s) | REASON FOR LEAVING |
|----------------------------|------------------------------------|---------------|------------------------|---------------------|--------------------|
| NAME                       | FROM                               |               |                        |                     |                    |
| ADDRESS                    | TO                                 |               |                        |                     |                    |
| CITY, STATE, ZIP           | <input type="checkbox"/> Full-time |               |                        |                     |                    |
| PHONE (    )               | <input type="checkbox"/> Part-time |               |                        |                     |                    |
| DUTIES:                    |                                    |               |                        |                     |                    |
| NAME                       | FROM                               |               |                        |                     |                    |
| ADDRESS                    | TO                                 |               |                        |                     |                    |
| CITY, STATE, ZIP           | <input type="checkbox"/> Full-time |               |                        |                     |                    |
| PHONE (    )               | <input type="checkbox"/> Part-time |               |                        |                     |                    |
| DUTIES:                    |                                    |               |                        |                     |                    |
| NAME                       | FROM                               |               |                        |                     |                    |
| ADDRESS                    | TO                                 |               |                        |                     |                    |
| CITY, STATE, ZIP           | <input type="checkbox"/> Full-time |               |                        |                     |                    |
| PHONE (    )               | <input type="checkbox"/> Part-time |               |                        |                     |                    |
| DUTIES:                    |                                    |               |                        |                     |                    |
| NAME                       | FROM                               |               |                        |                     |                    |
| ADDRESS                    | TO                                 |               |                        |                     |                    |
| CITY, STATE, ZIP           | <input type="checkbox"/> Full-time |               |                        |                     |                    |
| PHONE (    )               | <input type="checkbox"/> Part-time |               |                        |                     |                    |
| DUTIES:                    |                                    |               |                        |                     |                    |
| NAME                       | FROM                               |               |                        |                     |                    |
| ADDRESS                    | TO                                 |               |                        |                     |                    |
| CITY, STATE, ZIP           | <input type="checkbox"/> Full-time |               |                        |                     |                    |
| PHONE (    )               | <input type="checkbox"/> Part-time |               |                        |                     |                    |
| DUTIES:                    |                                    |               |                        |                     |                    |

Applicant initials: \_\_\_\_\_

What is your current occupation? \_\_\_\_\_

Are you currently engaged in any business as an owner or partner (active or silent)?  No  Yes  
 If yes, please provide details: \_\_\_\_\_

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Have you ever applied for employment with the City of High Springs?  No  Yes

Date \_\_\_\_\_ Position sought \_\_\_\_\_ Status \_\_\_\_\_

Have you ever applied with any other Police Department, Public Safety Department, or other Governmental Agency?  No  Yes – If yes, please provide the following details:

| AGENCY NAME | APPLICATION DATE | POSITION(S) SOUGHT | STATUS OF PROCESSING   |
|-------------|------------------|--------------------|--|
|             |                  |                    | <input type="checkbox"/> In Progress <input type="checkbox"/> Disqualified<br><input type="checkbox"/> Pending <input type="checkbox"/> Withdrew<br>Explain: |
|             |                  |                    | <input type="checkbox"/> In Progress <input type="checkbox"/> Disqualified<br><input type="checkbox"/> Pending <input type="checkbox"/> Withdrew<br>Explain: |
|             |                  |                    | <input type="checkbox"/> In Progress <input type="checkbox"/> Disqualified<br><input type="checkbox"/> Pending <input type="checkbox"/> Withdrew<br>Explain: |
|             |                  |                    | <input type="checkbox"/> In Progress <input type="checkbox"/> Disqualified<br><input type="checkbox"/> Pending <input type="checkbox"/> Withdrew<br>Explain: |

Have you ever been: (a) Dismissed by any employer?  No  Yes

(b) Asked to resign by any employer?  No  Yes

(c) Had any disciplinary action taken against you by an employer, or Supervisor?  No  Yes

If you answered "Yes" to any of these questions, provide details:

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Have you resigned or left a job: (a) by mutual agreement?  No  Yes

(d) after allegations of misconduct?  No  Yes

(e) for unsatisfactory job performance?  No  Yes

(f) in lieu of termination?  No  Yes

If you answered "Yes" to any of these questions, provide details:

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Applicant initials: \_\_\_\_\_

Have you previously been employed by any Law Enforcement Agency? No Yes:

| AGENCY, STATE | DATES | POSITION(S) |
|---------------|-------|-------------|
|               |       |             |
|               |       |             |
|               |       |             |

If "Yes", were you ever the subject of Internal Affairs investigations? No  Yes

N/A Explain the circumstances of each case:

| DATE | AGENCY | NATURE OF CASE | DISPOSITION |
|------|--------|----------------|-------------|
|      |        |                |             |
|      |        |                |             |
|      |        |                |             |

If previously employed by a Law Enforcement Agency, did you fail to pass Probation or resign prior to the end of the Probationary Period? N/A No Yes, provide details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you related to anyone currently employed by the City of High Springs in any capacity?

No Yes, please provide:

Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

Employee's name: \_\_\_\_\_ Position held: \_\_\_\_\_

Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

Employee's name: \_\_\_\_\_ Position held: \_\_\_\_\_

Have you ever worked for the City of High Springs? No Yes, when \_\_\_\_\_

Department assignment: \_\_\_\_\_ Job title: \_\_\_\_\_

Applicant initials: \_\_\_\_\_

**SECTION C. EDUCATION HISTORY**

High Schools

| NAME, ADDRESS, CITY, STATE | DATES ATTENDED<br>MO/YR<br>FROM TO | YEARS<br>COMPLETED | GRADUATE   | DIPLOMA<br>TYPE |
|----------------------------|------------------------------------|--------------------|--|-----------------|
|                            |                                    |                    | <input type="checkbox"/> No <input type="checkbox"/> Yes |                 |
|                            |                                    |                    | <input type="checkbox"/> No <input type="checkbox"/> Yes |                 |

Colleges/Universities

| NAME, ADDRESS, CITY, STATE | DATES ATTENDED<br>MO/YR<br>FROM TO | CREDIT HOURS<br>EARNED<br>QTR. SEM. | GRADUATE   | DEGREE TYPE<br>MAJOR/MINOR |
|----------------------------|------------------------------------|-------------------------------------|--|----------------------------|
|                            |                                    |                                     | <input type="checkbox"/> No <input type="checkbox"/> Yes |                            |
|                            |                                    |                                     | <input type="checkbox"/> No <input type="checkbox"/> Yes |                            |

Other Schools (Trade, Vocational, Business, Military, or Criminal Justice Institute)

| NAME, ADDRESS, CITY, STATE | DATES ATTENDED<br>MO/YR<br>FROM TO | CREDIT<br>HOURS<br>EARNED | AREA OF<br>STUDY | GRADUATE   | DEGREE/<br>CERTIFICATION TYPE |
|----------------------------|------------------------------------|---------------------------|------------------|--|-------------------------------|
|                            |                                    |                           |                  | <input type="checkbox"/> No <input type="checkbox"/> Yes |                               |
|                            |                                    |                           |                  | <input type="checkbox"/> No <input type="checkbox"/> Yes |                               |

Were you ever dismissed from a School or College, or was **any** disciplinary action, including Scholastic Probation, ever taken against you?  No  Yes, indicate below:

| SCHOOL OR COLLEGE | DATE | TYPE OF ACTION | REASON |
|-------------------|------|----------------|--------|
|                   |      |                |        |
|                   |      |                |        |

Describe Awards, Honors and Citations, positions held in School Organizations, and any other special recognition you received while attending Schools, Colleges and Universities:

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Applicant initials: \_\_\_\_\_

Indicate language(s), other than English, you can: (N/A)

|       |  |   |
|-------|--|---|
| _____ | <input type="checkbox"/> Speak, at what level? | <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent |
| _____ | <input type="checkbox"/> Read, at what level?  | <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent |
| _____ | <input type="checkbox"/> Write, at what level? | <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent |
| _____ | <input type="checkbox"/> Speak, at what level? | <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent |
| _____ | <input type="checkbox"/> Read, at what level?  | <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent |
| _____ | <input type="checkbox"/> Write, at what level? | <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent |

Indicate special skills you possess and equipment you can use which may be related to Law Enforcement. (For example: Two-way Radio Communications, Breathalyzer, Speed Detection Equipment, Firearms):

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Have you used computers or computer terminals in your prior or current position, in during your personal time? No Yes, list programs, software, hardware used:

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Applicant initials: \_\_\_\_\_

**SECTION D. ARREST HISTORY**

**AS AN APPLICANT, YOU MUST LIST ANY AND ALL ARRESTS (ADULT OR JUVENILE); INCLUDING RECORDS WHICH WERE SEALED, EXPUNGED, OR OTHERWISE CLOSED TO PUBLIC INSPECTION AS PER FSS 943.058.**

Have you ever been arrested, detained or taken into custody by a Federal, State or Local Law Enforcement Agency in the United States of America or any foreign land, as a juvenile or as an adult, for any criminal charge or civil law-related offense? No Yes, Explain:

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**ATTACH ARREST REPORT, DISPOSITION AND ALL SUPPORTING DOCUMENTS**

| DATE | AGENCY NAME<br>CITY, STATE, COUNTRY | CHARGE | COURT NAME,<br>CITY & STATE | DISPOSITION &<br>CIRCUMSTANCES OF<br>ARREST   |
|------|-------------------------------------|--------|-----------------------------|---|
|      |                                     |        |                             | Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Disposition: |
|      |                                     |        |                             | Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Disposition: |
|      |                                     |        |                             | Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Disposition: |
|      |                                     |        |                             | Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Disposition: |

Have you ever been, or suspect you may have been, investigated by any Federal, State or Local Law Enforcement Agency in the United States of America or any foreign land as an adult or juvenile? No Yes, Explain: \_\_\_\_\_

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| DATE | AGENCY INVOLVED | CIRCUMSTANCES  |
|------|-----------------|--|
|      |                 | Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Circumstance: |
|      |                 | Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Circumstance: |
|      |                 | Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Circumstance: |
|      |                 | Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Circumstance: |

Have you ever entered into a Pre-Prosecution Diversionary/First Offender Program? No Yes, Explain:

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Applicant initials: \_\_\_\_\_

Have you ever been convicted of, pled guilty to, or pled nolo contendere to any criminal charge(s) in a court in any country as an adult or juvenile?  No  Yes, explain in detail:

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| DATE | PLACE & DEPARTMENT | CHARGE | COURT & PLACE | DISPOSITION   |
|------|--------------------|--------|---------------|---|
|      |                    |        |               | Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Disposition: |
|      |                    |        |               | Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Disposition: |

Explain in detail, any arrest, charge, conviction, guilty plea or any other criminal matter expunged or sealed from your record as either a juvenile or adult:  N/A

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Have you ever been placed on Probation for a criminal matter by a Federal, State, or Local Court in the United States of America or any other country as an adult or juvenile?  No  Yes, explain in detail:

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| COURT LOCATION | CHARGE(S) | DISPOSITION | DATES OF PROBATION |
|----------------|-----------|-------------|--------------------|
|                |           |             |                    |
|                |           |             |                    |
|                |           |             |                    |
|                |           |             |                    |

Applicant initials: \_\_\_\_\_

Have you ever been fingerprinted for any reason (Arrest, Job Application, Military, etc.)?

No Yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been investigated, charged or convicted of any charge involving Domestic Violence? No Yes, provide details:

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

Have you ever been served with a restraining order, injunction or any other court order to stay away from someone? No  Yes, explain:

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

**SECTION E. CIVIL COURT HISTORY**

Were you ever summoned or subpoenaed to Court in a Civil Proceeding, or were you ever a Party (Plaintiff or Defendant) in a Civil Action in this State or elsewhere? No Yes, explain in detail: \_\_\_\_\_

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

Applicant initials: \_\_\_\_\_

## SECTION F. PERSONAL REFERENCES

1. List **five** responsible, adult references of reputable standing in their communities. Such as property owners, business or professional men or women, who have known you well for the **past five years**. (NO relatives, former or present employers, co-workers, or people you reside with) If retired, list former occupation.

|                        |          |                                |            |
|------------------------|----------|--------------------------------|------------|
| Complete Name          |          | Home Phone: (    )             |            |
| Email address:         |          | Cellular Phone: (    )         |            |
| Home Address           |          | Business/Daytime Phone: (    ) |            |
| City & State, Zip Code |          | Yrs. Acquainted                | Occupation |
| Complete Name          |          | Home Phone: (    )             |            |
| Email address:         |          | Cellular Phone: (    )         |            |
| Home Address           |          | Business/Daytime Phone: (    ) |            |
| City & State, Zip Code |          | Yrs. Acquainted                | Occupation |
| Complete Name          |          | Home Phone: (    )             |            |
| Email address:         |          | Cellular Phone: (    )         |            |
| Home Address           |          | Business/Daytime Phone: (    ) |            |
| City & State           | Zip Code | Yrs. Acquainted                | Occupation |
| Complete Name          |          | Home Phone: (    )             |            |
| Email address:         |          | Cellular Phone: (    )         |            |
| Home Address           |          | Business/Daytime Phone: (    ) |            |
| City & State           | Zip Code | Yrs. Acquainted                | Occupation |
| Complete Name          |          | Home Phone: (    )             |            |
| Email address:         |          | Cellular Phone: (    )         |            |
| Home Address           |          | Business/Daytime Phone: (    ) |            |
| City & State           | Zip Code | Yrs. Acquainted                | Occupation |

Applicant initials: \_\_\_\_\_

**SECTION G. DRIVING HISTORY**

Do you possess a Florida Driver's License? No Yes

License Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Restrictions: N/A \_\_\_\_\_ Endorsements: N/A \_\_\_\_\_

Do you possess a C.D.L.? No Yes License # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Do you now, or have you ever possessed an Operator's and or a Chauffeur's License issued by any State other than Florida? No Yes, specify:

| STATE | LICENSE NUMBER & TYPE | EXPIRATION DATE |
|-------|-----------------------|-----------------|
|       |                       |                 |
|       |                       |                 |
|       |                       |                 |

Was your Driver's License ever suspended or revoked? No Yes, explain in detail:

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Applicant initials: \_\_\_\_\_

List all traffic accident involvement:

| DATE | LOCATION | INJURIES   | DEATH  | POLICE AGENCY | AT FAULT   |
|------|----------|--|--|---------------|--|
|      |          | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |               | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|      |          | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |               | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|      |          | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |               | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|      |          | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |               | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Applicant initials: \_\_\_\_\_

**SECTION H. MILITARY HISTORY**

Are you registered with Selective Service? No  Yes, date registered: \_\_\_\_\_

Board Location: \_\_\_\_\_

Have you ever served with any branch of the U.S. Armed Forces? No Yes

Branch:\_\_\_\_\_ Highest Rank at discharge: \_\_\_\_\_

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

Date of Discharge:\_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Were you ever Court Martialed, tried on charges, or the Subject of a Summary Court, Deck Court, Captains Mast, Article 15, Company Punishment, Page 7, or any other disciplinary action while in the Military? N/A No Yes, explain in detail, including reason, type of disciplinary action, date(s), charge(s), final disposition:

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

Are you now or have you ever been a Member of any Military Reserve or National Guard Organization? No Yes, provide details:

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

Are you required to attend Military Training meetings? No Yes, explain in detail, including obligation completion date: \_\_\_\_\_

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

List specialized schools you attended while in the Armed Forces. N/A

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

List Commendations and Citations awarded to you as a Member of the Armed Forces. N/A

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

Have you ever served in a Military or Para-Military organization of any Foreign Government? No Yes, provide details including type of discharge:

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

Applicant initials: \_\_\_\_\_

**SECTION I. FINANCIAL HISTORY**

Are you or your spouse/significant other indebted to anyone? No Yes If yes, list all debts over \$5000, including student loans and charge accounts.

| CREDITOR                 | ADDRESS | BALANCE DUE |
|--------------------------|---------|-------------|
|                          |         |             |
|                          |         |             |
|                          |         |             |
|                          |         |             |
|                          |         |             |
|                          |         |             |
| <b>TOTAL BALANCE DUE</b> |         |             |

Do you have any other source of income? No Yes explain if so:

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Applicant initials: \_\_\_\_\_

Have you, your spouse/significant other or a company or business you controlled:

- a. Ever filed for bankruptcy? No Yes
- b. Declared bankruptcy? No Yes
- c. Had a legal judgment rendered against you for a debt? No Yes

If you answered "Yes" to any of these questions, provide details:

**SECTION J. CONTROLLED SUBSTANCES**

Do you now use any illicit drugs, non-prescribed medications or other controlled substances? No Yes

a. Have you ever experimented with illicit drugs, prescription medications or other controlled substances in the past without a Physician's prescription?  
 ("Experimented" means smoking, inhaling, swallowing, placing to gums, lips or tongue, injecting, or ingesting by any other means.) No Yes

b. Do you now or have you ever possessed illicit drugs, prescription medications, or other controlled substances without a Physician's prescription? No Yes

c. Do you now or have you ever unlawfully supplied, made or sold illicit drugs, prescription medications, or other controlled substances? No Yes

d. Have you ever illegally purchased any form of illicit drug, prescription medication, or other controlled substance? No Yes

e. Have you ever made any form of illicit drug or other controlled substance? No Yes

If you answered "Yes" to any of these questions, provide details:

| ILLICIT DRUG, NON-PRESCRIBED MEDICATION OR OTHER CONTROLLED SUBSTANCE  | FIRST TIME USED (MO/YR) | DATE LAST USED (MO/YR) | NUMBER OF TIMES |
|--|-------------------------|------------------------|-----------------|
| <input type="checkbox"/> USED <input type="checkbox"/> MADE <input type="checkbox"/> SOLD<br><input type="checkbox"/> POSSESSED <input type="checkbox"/> PURCHASED |                         |                        |                 |
| TYPE OF ACTIVITY/EXPLANATION:  |                         |                        |                 |

| ILLICIT DRUG, NON-PRESCRIBED MEDICATION OR OTHER CONTROLLED SUBSTANCE  | FIRST TIME USED (MO/YR) | DATE LAST USED (MO/YR) | NUMBER OF TIMES |
|--|-------------------------|------------------------|-----------------|
| <input type="checkbox"/> USED <input type="checkbox"/> MADE <input type="checkbox"/> SOLD<br><input type="checkbox"/> POSSESSED <input type="checkbox"/> PURCHASED |                         |                        |                 |
| TYPE OF ACTIVITY/EXPLANATION:  |                         |                        |                 |

| ILLICIT DRUG, NON-PRESCRIBED MEDICATION OR OTHER CONTROLLED SUBSTANCE  | FIRST TIME USED (MO/YR) | DATE LAST USED (MO/YR) | NUMBER OF TIMES |
|--|-------------------------|------------------------|-----------------|
| <input type="checkbox"/> USED <input type="checkbox"/> MADE <input type="checkbox"/> SOLD<br><input type="checkbox"/> POSSESSED <input type="checkbox"/> PURCHASED |                         |                        |                 |

**SECTION K. MISCELLANEOUS**

Do you now or have you ever used any tobacco products? No Yes? If you answered "Yes", provide details:

| TYPE TOBACCO PRODUCT USE | FIRST TIME USED (MO/YR) | DATE LAST USED (MO/YR) | HOW OFTEN DAILY/WEEKLY/MONTH |
|--------------------------|-------------------------|------------------------|------------------------------|
|                          |                         |                        |                              |

Has your name ever been legally changed? No Yes, please give dates, names and reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever used a firearm or other deadly weapon? No Yes, explain in detail:

\_\_\_\_\_

\_\_\_\_\_

Are you now, or have you ever been, associated with any individual or organization which was investigated, or is being investigated for involvement in criminal activity? No Yes, explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you learn about the position for which you are applying?

- City Employee                       Visit to Human Resources                       City/Department's Web Page
- Employment Agency               College/High School                                       Job/Career Fair:

Where? \_\_\_\_\_

- Internet site: \_\_\_\_\_
- Newspaper Ad – Specify \_\_\_\_\_
- Recruitment Posting at: \_\_\_\_\_
- Other \_\_\_\_\_

Applicant initials: \_\_\_\_\_



# IMPORTANT

After you have finished filling out this application, go back to the **first page**. Make sure that you have filled in all the information that is required. Do not leave any request for information **blank**. If the information does not apply, write “NA” or “not applicable.” Use the extra pages provided to give detailed explanation to include phone numbers and e-mail address for further contact. **Missing information may be grounds for disqualification for employment, or at the very least, delay in processing your application.** Please ensure your hand writing is legible. When you are finished reviewing the application for a second time you must scan and upload, as one (1) complete .pdf file, this PHS followed by all applicable documents in list order on page 2 to your online application prior to submitting it. **Please retain your original PHS and supporting documentation as it will be required at point of interview.**

Applicant initials: \_\_\_\_\_

**AFFIDAVIT**

I, \_\_\_\_\_, am being considered for employment for the position of \_\_\_\_\_ . I understand the attached Personal History Statement is considered part of my official application for the above position. By signing this document, I hereby certify all information contained in the attached Personal History Statement and all accompanying documents submitted are true, accurate and complete to the best of my knowledge and there is no material falsification, misrepresentation or omission. I also understand all statements and accompanying documents are subject to investigation and any material falsification, misrepresentation, omission or other unfavorable information developed during any phase of the background investigation process or anytime thereafter, is sufficient cause for immediate disqualification, immediate dismissal from City service and/or subject to prosecution for the criminal violation of perjury as specified in Section 837.012, Florida Statutes.

In addition, I hereby authorize for one year, from the date of execution hereof, any authorized representative of the City of High Springs Police Department bearing this release to obtain any information pertaining to 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 request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

I also consent to submit to the following background investigation procedures which may include, but not limited to: medical evaluation, drug detection by hair analysis, psychological evaluation, computer voice stress analysis (CVSA), polygraph, fingerprint processing, job interview and other means as deemed necessary and proper by the City of High Springs Police Department to complete its investigation as to my fitness and suitability for the position for which I have applied. I thoroughly understand I must successfully complete the above-mentioned processes.

I understand the City of High Springs/High Springs Police Department will not reimburse any expenses I might incur in seeking this position. I recognize the time required to process and select employees for this position is lengthy and time consuming. No promises or commitments are expected by me as to a time when a hiring decision and/or actual hiring might take place.

I understand and consent to all of the above statements and conditions.

\_\_\_\_\_  
PRINT NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

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

Sworn to or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
MONTH YEAR

By: \_\_\_\_\_

Personally known by me.

Produced Identification; type of Identification produced \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC-STATE OF \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME OF NOTARY

Stamp Commissioned Name of Notary Public

Applicant initials: \_\_\_\_\_



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



**CJSTC 58**

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

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 768.065, 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 700, 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 \_\_\_\_\_