

# WINTER HAVEN

## *The Chain of Lakes City*

Dear Prospective Applicant:

Congratulations on taking the first step towards being considered for employment with the City of Winter Haven. Having presented you with the attached job application, this is an opportune time to share with you some details about the following.

*The City's hiring process:*

- Applications are accepted through the advertised closing date.
- When the job closes, all applications received are processed and screened to determine eligibility for interview.
- If you are selected for interview, you will be contacted by telephone within 10 working days following the advertised closing date.
- After all interviews are conducted, department staff will make a recommendation for hire that is subject to the City Manager's approval. Once the recommendation is approved in writing, a thorough background screening is done and if satisfactory, the candidate is offered employment pending the results of a post offer of employment physical examination with a drug screen.

*City paid wages:*

- A fair wage is paid in exchange for working with the City.
- Pay rates typically begin at the minimum for advertised positions.
- Employees are paid bi-weekly, and direct deposit is available.
- If funding in the budget is approved, pay adjustments are granted per the annual Step for Performance Pay Plan, at the employee's annual performance evaluation each year.<sup>1</sup>

*Certain benefits mutually funded by the City and its full time employees:*

- Optional health insurance program participation - Full time employees may elect to participate in the City's medical, dental, prescription and basic life insurance plan; the employee cost is only \$48.69 per pay period. Eligible dependent medical, prescription and dental insurance coverage is also available; employees can pay an additional \$128.58 per pay period to insure one dependent, or \$154.29 per pay period to insure two dependents or \$185.16 to insure an entire family. An optional insurance premium tax-deferred program is offered too.

- Mandatory pension program participation - All full-time City employees are required by ordinance to contribute to the fire or police pension plan or general employee 401(a) plan, whichever is applicable. The certified firefighter contribution is 10% of salary; the certified police officer contribution is 8.2% of salary and the general employee contribution is 3% of salary. Pre-tax contributions are payroll deducted bi-weekly and can only be disbursed upon retirement or other employment termination. Employees who terminate prior to being vested have the option of rolling their contributions over into another plan or receiving a refund of their contributions plus interest and minus taxes.

The City of Winter Haven is an employer of choice that embraces and supports innovation, creativity, and diversity. Eager to build a workforce dedicated to serving this community and its citizens, the City seeks to hire well qualified professionals possessing the core values of pride, honesty, integrity, respect and a willingness to make a long-term commitment to accomplishing established goals and objectives.

If you meet this criteria and are interested in further pursuing the potential for joining the City's team, complete the employment application in detail. Be thorough and honest, because all information contained in this document is subject to being verified by the City. If something is omitted or found to be untrue, this could immediately disqualify you for employment consideration.

Please submit your completed application to a Human Resources' staff member on or before the advertised closing date.

Sincerely,

Shawn Dykes  
Human Resources Director

<sup>1</sup> Employees in certain union represented job classifications may experience a delay in receiving a pay adjustment because such adjustments are subject to collective bargaining.

Thank you for your interest in employment with the Winter Haven Police Department (WHPD). This application must be either typed or printed in legible form. Non-legible applications will be returned. Applications **must include a resume** and be submitted to Human Resources or to the Winter Haven Police Department. Incomplete applications may not be considered for employment.

Complete the application as follows:

1. Answer all questions. If they do not apply to you, place an "N/A" in the blank space provided for your answer.
2. Provide names and complete mailing addresses, including zip code of former employers, dates of employment, and your job title.
3. List complete and correct mailing and physical addresses, including zip code of former residences.
4. List complete and correct mailing addresses, including zip code of all references.
5. Notarize pages of the application before submitting it to Human Resources or to the Winter Haven Police Department.

You are hereby informed that a thorough background investigation, including information regarding your character, general reputation, personal characteristics, and mode of living will be part of the application process. This information is solely for the purpose of evaluating your qualifications and eligibility for employment with the WHPD.

Any falsification of information on your application will automatically disqualify you from consideration for employment with the WHPD.

The submission of this application carries the understanding that you are authorizing the WHPD to contact any and all available sources for the purpose of obtaining information regarding your qualifications. Expected duration of the selection process may take up to eight weeks.

This application must include certified copies of the following:

1. Birth Certificate
2. High School Diploma or State Equivalency
3. Proof of Name Change (if applicable)

This application must also include copies of the following:

1. DD 214 Form - Military Service Discharge Documents (if applicable)
2. Driver License
3. College Transcripts (Submit a sealed copy of the transcripts with the application or provide the email address [khoverkamp@mywinterhaven.com](mailto:khoverkamp@mywinterhaven.com) for electronic transcripts sent directly from the educational institution.)
4. Social Security Card
5. Police Academy Certificate (if applicable)
6. State Law Enforcement (LE) Certification (if applicable)

POLYGRAPH EXAMINATION

Prior to making a final recommendation for hire applicants being considered for employment/placement will be required to undergo a polygraph examination regarding personal background and other aspects of their character. Employment will be contingent upon the results of the polygraph examination as well as the availability of a position with the WHPD.

The following is a list of subject areas from which polygraph questions will be drawn: Credit History; Work Record; Honesty; Use of Alcohol; Driving History; Arrests and Convictions; Drugs, Narcotics, and Marijuana; Gambling; Blackmail; Friends and Associates; and Loyalty to the United States.

Position(s) Applying For: \_\_\_\_\_

How did you learn of this employment opportunity? \_\_\_\_\_ Newspaper \_\_\_\_\_ Radio  
 \_\_\_\_\_ City Website \_\_\_\_\_ City Employee  
 \_\_\_\_\_ Other: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
 (Last) (First) (Middle Name)

Social Security Number\*: \_\_\_\_\_  
*\*In accord with Resolution R-08-06, this information is collected and solely used by the City of Winter Haven for identity verification and service, security background checks.*

Address: \_\_\_\_\_  
 (Number) (Street) (City) (State) (Zip)

Primary Phone: ( ) \_\_\_\_\_ Secondary Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

	No	Yes	Give Details
Do you have a valid Florida driver license?			License Class: _____ License Number: _____ Expiration Date: _____
Have you had one or more chargeable motor vehicle crashes or code violations (i.e. speeding ticket, seat belt violation, etc.) within the past three years?			If yes, complete the chart below. Attach a separate sheet of paper for additional incidents.

	Date of Incident	Nature of Violation/Charge	City/County/State	Action Taken
1.				
2.				
3.				

	No	Yes	Give Details
Are you at least 18 years of age for civilian employment or 19 years of age for sworn employment?			
Are you legally authorized to work in the U.S.?			<i>Note: Employment is subject to verification of minimum legal age and the provision of documentation to confirm U.S. work authorization.</i>
Have you ever served in the U.S. Armed Forces?			Branch: _____ Entry Date: _____ Discharge Date: _____ Discharge Type: _____  <i>Note: Explain a dishonorable discharge, so the underlying circumstances can be weighed individually and an improper disqualification may be avoided.</i>
Are you claiming veteran's employment preference?			If yes, file documentation with application.

Are you now using or have you ever used illegal controlled substances or illegal drugs? If so, explain.			
Have you ever been employed by the City of Winter Haven?			When: _____ Where: _____
Have you ever been dismissed from a job for inefficiency, delinquency, misconduct or any other reason?			When: _____ Describe circumstances: _____ _____
Have you ever been formally or informally accused of unlawful harassment or discrimination?			When: _____ Describe circumstances: _____ _____ _____
Are you now under charges for any offense against the law?			Describe charges: _____ _____
Have you <u>EVER</u> at any time had adjudication withheld, plead guilty, no contest or been convicted of <u>ANY</u> offense against the law?			Describe circumstances: _____ _____ <i>Note: A conviction is not necessarily a disqualifying factor; truthfully give all facts so a decision can be made.</i>
Have you ever been a defendant in a civil action for an intentional tort?			Explain: _____ _____

**EDUCATION**

Level of Education	School Name Street Address City / State / Zip	Course of Study	Years to Complete or Number of Credits	Degree/Diploma Received		
				No	Yes	Type
G.E.D.						
Home School						
High School						
Trade School						
College/ University						

List other education or special courses taken; include total hours and the training provider/sponsor name.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Answer only if applicable:

Is G.E.D. sanctioned by a State Board of Education? \_\_\_\_\_ Yes \_\_\_\_\_ No

While in school were you ever suspended, expelled, or otherwise disciplined? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answer "YES" please explain:

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List honors, awards, scholarships, etc: \_\_\_\_\_

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Extracurricular activities: \_\_\_\_\_

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Foreign language spoken: \_\_\_\_\_

Foreign language read: \_\_\_\_\_

Foreign language written: \_\_\_\_\_

Certification/License Type	Are you certified or licensed?		Issued in/by Which State	Date Issued (Mo./Yr.)	Expiration Date (Mo./Yr.)
	No	Yes			
Building Inspector					
Code Enforcement – Level I, II or III					
Emergency Medical Technician (EMT)					
Firefighter Minimum Standards					
Lifeguard					
Paramedic					
Police Officer Minimum Standards					
Wastewater Treatment Operator A, B or C					
Water Treatment Operator A, B or C					
Water Safety Instructor (WSI)					
Other:					

**EMPLOYMENT HISTORY**

Begin with present employer and list all jobs held since you started working.  
This section must be completed even with a resume attached to the application.

<p>1. Comp. Name: _____ Street: _____ City/State/Zip: _____ Telephone Number: _____ Supervisor Name: _____ Reason for leaving: _____ _____</p>	<p>Employed: From: _____ To: _____ Pay Rate: Start: _____ End: _____ Job Title: _____ Duties: _____ _____ _____</p>
<p>2. Comp. Name: _____ Street: _____ City/State/Zip: _____ Telephone Number: _____ Supervisor Name: _____ Reason for leaving: _____ _____</p>	<p>Employed: From: _____ To: _____ Pay Rate: Start: _____ End: _____ Job Title: _____ Duties: _____ _____ _____</p>
<p>3. Comp. Name: _____ Street: _____ City/State/Zip: _____ Telephone Number: _____ Supervisor Name: _____ Reason for leaving: _____ _____</p>	<p>Employed: From: _____ To: _____ Pay Rate: Start: _____ End: _____ Job Title: _____ Duties: _____ _____ _____</p>
<p>4. Comp. Name: _____ Street: _____ City/State/Zip: _____ Telephone Number: _____ Supervisor Name: _____ Reason for leaving: _____ _____</p>	<p>Employed: From: _____ To: _____ Pay Rate: Start: _____ End: _____ Job Title: _____ Duties: _____ _____ _____</p>

<p>5. Comp. Name: _____          Street: _____          City/State/Zip: _____          Telephone Number: _____          Supervisor Name: _____          Reason for leaving: _____          _____</p>	<p>Employed: From: _____ To: _____          Pay Rate: Start: _____ End: _____          Job Title: _____          Duties: _____          _____          _____</p>
<p>6. Comp. Name: _____          Street: _____          City/State/Zip: _____          Telephone Number: _____          Supervisor Name: _____          Reason for leaving: _____          _____</p>	<p>Employed: From: _____ To: _____          Pay Rate: Start: _____ End: _____          Job Title: _____          Duties: _____          _____          _____</p>
<p>7. Comp. Name: _____          Street: _____          City/State/Zip: _____          Telephone Number: _____          Supervisor Name: _____          Reason for leaving: _____          _____</p>	<p>Employed: From: _____ To: _____          Pay Rate: Start: _____ End: _____          Job Title: _____          Duties: _____          _____          _____</p>
<p>8. Comp. Name: _____          Street: _____          City/State/Zip: _____          Telephone Number: _____          Supervisor Name: _____          Reason for leaving: _____          _____</p>	<p>Employed: From: _____ To: _____          Pay Rate: Start: _____ End: _____          Job Title: _____          Duties: _____          _____          _____</p>

*(Attach additional sheet if necessary.)*

Note: Employers listed above will be contacted, unless you indicate otherwise. Please specify which employer, if any, you prefer not be contacted and state the reason why.

Do not contact: Employer Number(s) \_\_\_\_\_ Reason: \_\_\_\_\_



The information you provide from this point forward will not be presented to the pre-screening panel that determines which applications continue on in the hiring process. Only the previous pages will be viewed by the panel. If the panel agrees your application merits further consideration, then the information provided on the remaining pages will be used to conduct a background investigation.

**PERSONAL DATA**

Applicant Name: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

City / County / State

Are you eligible to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever had your name legally changed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "YES" to the above question, what was:

a. Your previous name(s): \_\_\_\_\_

b. Date and Location of Change: \_\_\_\_\_

c. Reason for Change: \_\_\_\_\_

Have you ever been known by any other name? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "YES", list all, including nicknames and street names:

\_\_\_\_\_

List all social networking addresses: \_\_\_\_\_

List below in chronological order all previous places of residence since elementary school. Begin with your present address and work backward. Attach a separate sheet of paper for additional residences if necessary.

From/To (Month/Year)	Address	City	State	Zip
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CAREER INTEREST**

Names of relatives or friends employed by the WHPD:

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Have you ever worked for or applied to the WHPD before?       Yes       No

If "YES" explain: \_\_\_\_\_

Have you ever applied to or been employed by any other law enforcement agency?  Yes       No

If "YES" state name of agency and dates of employment or application: \_\_\_\_\_

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If you were not hired, state reason(s) for non-selection: \_\_\_\_\_

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Are you now on any employment eligibility list?       Yes       No

If "Yes" state where and for what position? \_\_\_\_\_

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Have you had any law enforcement training by any local, state or federal agency?       Yes       No

If "Yes" state when, where and what training received \_\_\_\_\_

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Did you receive a certificate for this training?       Yes       No

If "Yes" list the certificate title and its date: \_\_\_\_\_

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Please answer the following question if you are applying for a sworn officer position. If it became necessary in the course of performing police duties to take a human life would you have reluctance to do so?

Yes       No

If "YES" please explain:

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Have you ever been dismissed, disciplined, or asked to resign employment because of misconduct or unsatisfactory service?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If "Yes" list those employers who either (1) Dismissed you; (2) Disciplined you; or (3) Requested that you resign or be terminated:

Employer's Name	Date	Supervisor Involved
_____	_____	_____
_____	_____	_____
_____	_____	_____

May we contact previous employers?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If "No" please state your reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact your present employer in the final post offer stages of processing?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If "No" please state your reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DRUG USE**

Have you ever used an illegal drug?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If "YES" please explain by listing when, what type of drug and the circumstances that led to the use.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever used a prescription drug prescribed for someone else?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If "YES" please explain by listing when, what type of drug and the circumstances that led to the use.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**SOCIAL HISTORY**

List all clubs, societies, civic, and/or fraternal organizations to which you are or have been a member.

Name of Organization Street, City, State, Zip Code	Active Yes / No	No Longer a Member	Date of Initial Membership	Phone Number

**FAMILY BACKGROUND**

List alphabetically by last name first all members of your immediate family, spouse included, and all members of your spouses' immediate family. Immediate family shall include father, step-father, mother, step-mother, brothers, sisters, guardians, and/or foster parents. This includes those relatives who are deceased.

Relationship	Surname, First Name, and Middle Name	Street Address, City, State and Zip Code	Occupation



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MILITARY RECORD

If you have never served in the Armed Forces of the United States, please sign the below statement:

I, \_\_\_\_\_ have never served in any branch of the United States Armed Forces.  
(Print Name)

\_\_\_\_\_  
Signature of Applicant

If you have served in the Armed Forces of the United States please complete the following.

Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Service #: \_\_\_\_\_

Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Service #: \_\_\_\_\_

Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Are you now or have you ever been a member of the Reserve Unit or the National Guard? \_\_\_\_\_Yes \_\_\_\_\_No

If Yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps: \_\_\_\_\_

\_\_\_\_\_

Military specialization and duties \_\_\_\_\_

Have you ever been tried on charges, or were you the subject of a summary court, court martial, deck court, Captain's Mast, company punishment, or any other type of disciplinary action while a member of the armed forces?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide details:

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Nature of Offense: \_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_



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FOREIGN MILITARY RECORD

Have you ever served in the Armed Forces of any foreign nation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes" indicate the nation \_\_\_\_\_

Date of entry \_\_\_\_\_ Date of Separation \_\_\_\_\_

Highest rank held \_\_\_\_\_ Type of Separation \_\_\_\_\_

RESIDENCE

\_\_\_\_\_ Own/Buying \_\_\_\_\_ Renting \_\_\_\_\_ Leasing \_\_\_\_\_ Living with relatives/friends \_\_\_\_\_ Other

If other, please explain: \_\_\_\_\_

FINANCIAL HISTORY

Have you ever been a party to a financially related court action? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "YES" please explain:

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

If you are responsible for making child support payments has legal action ever been taken against you for either failing to make payments or delaying payments? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "YES" please explain:

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

Have you ever been bonded? \_\_\_\_\_ Yes \_\_\_\_\_ No

If employed by the WHPD, do you anticipate any income other than your salary? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes" list the source: \_\_\_\_\_



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**CRIMINAL AND JUVENILE RECORD**

Have you ever been arrested, charged or received a notice or summons to appear for any criminal violations?

\_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes" explain below.

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes" explain below.

To your knowledge, has any member of your family ever been arrested for any reason other than traffic violations?

\_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes" explain below.

If you answered yes to any of the questions above, list all such matters, even if you were not formally charged; did not appear in court; pled not guilty or nolo contendere; had adjudication withheld or deferred; were found not guilty; or had the matter settled by payment of a fine or forfeiture of collateral. Include all matters taking place while you were classified as a juvenile under the law of any state.

Applicant	Place & Dept	Charge	Court & Place	Date of Charge	Disposition
Relative's Name / Relationship	Place & Dept	Charge	Court & Place	Date of Charge	Disposition

Have you ever been reported as a missing person? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "YES" please explain:

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Have you or your spouse ever been a plaintiff or defendant in a civil and/or criminal court action?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "YES" please explain:

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Have you ever been detained by any law enforcement officer for investigative purposes OR have you ever been the subject of OR a suspect in any criminal investigation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "YES" please explain:

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**GANGS / GROUPS**

Have you ever belonged to or been associated with any criminal youth gang such as the Bloods, Crips, Latin Kings, Folk Nation, People Nation, etc. either locally or in another state? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes" please explain:

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Have you ever belonged to or been associated with any criminal motorcycle gang such as the Hell's Angels, Pagans, Outlaws, etc. either locally or in another state? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes" please explain:

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Have you ever been the member of any local or national group that advocates hatred against other races?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes" please explain:

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Have you belonged or associated with any local or national groups which advocate the overthrow of the government of the United States?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If "Yes" please explain:

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**Tattoos / Markings**

Do you have any tattoos or other markings?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please explain and attach photos of them:

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If you have neck or arm tattoos are they visible when wearing a collared or short sleeve shirt?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please explain and attach photos of the neck or arm area:

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Do any of your tattoos or other markings indicate past or current gang membership, affiliation, or activity?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If "Yes" please explain:

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Do you have any tattoos or other markings that represent hatred against other races or cultures?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If "Yes" please explain:

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Do you have any tattoos or other markings which indicate participation in any type of criminal activity?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If "Yes" please explain:

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**MOTOR VEHICLE OPERATING RECORD**

Can you operate a motor vehicle?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Has your driver license ever been suspended or revoked?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If "Yes" indicate the (1) Date, (2) Location, (3) Charge(s), (4) Injuries, and (5) Final Disposition of any police charges or civil liability:

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Have you ever been refused a driver license by any state?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If "Yes", state the reason(s) for the refusal: \_\_\_\_\_

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Have you "ever" received a traffic citation other than parking? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", list the (1) City, County, and State, (2) Name(s) of Agency issuing the citation(s), (3) Date, (4) Charges, and (5) Final Disposition.

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Do you have any unpaid or outstanding summonses against you for any parking violations?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", list how many and where? \_\_\_\_\_

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Have you ever been declined an automobile insurance policy or had a policy cancelled? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "YES" please explain:

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**REFERENCES**

**Fill in the names of persons, not related to you and not former employers, who have known you for at least five (5) years. All persons that you list may be asked to appraise your character, ability, experience, personality, and other qualities.**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_ Email Address: \_\_\_\_\_

***Note: Please make sure to list complete address information including zip code.***

**PERSONAL REFERENCES**

**Fill in the names of persons who have seen you frequently during the past year. List persons who are not related to you or who are not former employers. All persons that you list may be asked to appraise your character, ability, experience, personality, and other qualities.**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Note: Please make sure to list complete address information including zip code.**

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**LOYALTY**

Have you ever, by word of mouth or in writing, advocated, advised, or taught the doctrine that the Government of the United States of America, or any political subdivision thereof, should be overthrown by force, violence, or any unlawful means?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

**POLYGRAPH EXAMINATION**

Are you willing to take a polygraph examination to verify all information supplied in this application and all other information supplied by you to the WHPD?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

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

If "No", state your reason(s) \_\_\_\_\_  
\_\_\_\_\_

**TRAINING STATUTE**

Be it enacted by the Legislature of the State of Florida: Section 1. Section 943-16, Florida Statutes, is amended to read:

*943-16: Payment of tuition or officer certification examination fee by employing agency; reimbursement of tuition, other course expenses, wages and benefits.*

- (1) An employing agency is authorized to pay any costs of tuition of a trainee in attendance at an approved basic recruit training program.
- (2) A trainee who attends such approved training program at the expense of any employing agency must remain in the employment or appointment of such employing agency for a period of not less than two (2) years after graduation from the basic recruit training program. If employment or appointment is terminated on the trainee's own initiative within two (2) years, he or she shall reimburse the employing agency for the full cost of his or her tuition and other course expenses.
- (3) An employing agency may institute a civil action to collect such cost of tuition and other course expenses as provided in this section if it is not reimbursed, provided that the employing agency gave written notification to the trainee of the two-year employment commitment during the employment screening process. The trainee shall return signed acknowledgement of receipt of such notification.
- (4) For purposes of this section, the term "other course expenses" included the cost of meals.

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(5) This section does not apply to trainees who terminate employment with the employing agency and resign their certification upon termination in order to obtain employment for which certification under this chapter is not required. Further, this section does not apply to trainees attending auxiliary officer training.

I, \_\_\_\_\_, have read and agree to the contents of the aforementioned Statute.  
Print Name

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





**READ THIS APPLICATION AND YOUR ANSWERS CAREFULLY BEFORE SIGNING BELOW**

I, (print name) \_\_\_\_\_ affirm that all statements made by me on this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that if I make any misstatements or omissions of fact, I am subject to disqualification or dismissal and to such other penalties prescribed by law, personnel policy or regulations. I am aware that statements made by me in this application are subject to later investigation. I am further aware that should any investigation disclose any misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and my name removed from the eligibility lists. If already appointed, I may be dismissed. I voluntarily give the City of Winter Haven Human Resources' Office, or its duly authorized representative, the right to make a thorough investigation of my past employment and activities. I agree to cooperate in such investigation and I further release from all liability and responsibility any and all persons, companies or corporations supplying such information.

***Please sign below in the presence of a Notary.***

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**State of Florida**

**City/County of** \_\_\_\_\_

**Sworn to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Notary**

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**DO NOT WRITE BELOW THIS LINE  
(For Human Resources' Office Use Only)**

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**FCRA NOTICE AND CONSENT  
CITY OF WINTER HAVEN**

**PLEASE READ THIS NOTICE AND CONSENT FORM CAREFULLY**

This notice and consent form is provided to you in compliance with the Fair Credit Reporting Act ("FCRA"). The FCRA is a federal law governing the provision of certain data to employers by third-party providers called "consumer reporting agencies."

In connection with your application and/or employment, and provided that you give your written consent below, the City may obtain a consumer report containing information about you. A consumer report is defined as a written, oral, or other communication of any information by a consumer reporting agency bearing on your creditworthiness, credit standing, credit capacity, character, general reputation, general personal characteristics, or mode of living (including criminal history and background), which will be used or will be expected to be used or collected whole or in part for the purpose of serving as a factor in establishing your eligibility for employment. Please be informed and understand that you may obtain a copy of any such report, and that you may dispute the accuracy or completeness of the information report to the City by writing or calling the consumer reporting agency directly.

**I hereby agree and consent to the City of Winter Haven security consumer report(s) on me, and using the consumer report(s) in whole or in part in arriving at a decision regarding my employment.**

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Applicant

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Date

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### A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance or
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

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- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **Enforcement and other rights.** States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.



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The information requested below is used for EEO purposes only and NOT to evaluate your application for employment with the City of Winter Haven. Completion of this form by you is strictly voluntary. You are not legally required to supply this information. However, your assistance in doing so is appreciated. Thank you.

Date _____	Position Applied For _____
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Gender		Female
		Male

Age Group		16 – 22
		23 – 39
		40 – 70
		Over 70

Race Ethnic Origin		White, Non-Hispanic or Latino
		Black or Black and White, Non-Hispanic or Latino
		Hispanic or Latino
		Asian or Asian and White, Non-Hispanic or Latino
		American Indian/Alaskan Native, Non-Hispanic or Latino
		Native Hawaiian-Other Pacific Islander, Non-Hispanic or Latino
		Balance 2+ Races, Non-Hispanic or Latino

Disabled		No	Description of Disability
		Yes	

Military Status		Non-Veteran	Actively Served During (Circle Applicable)
		Veteran	WWII/Korea, Persian Gulf, Vietnam, Iraq/Afghanistan; Operation Enduring Freedom, Other
		Disabled Veteran	

How did you learn of the position you are applying for?			
	Walk-in, General Job Search		Winter Haven News Chief
	Search Firm or Employment Agency		The Lakeland Ledger
	Civic/Professional Organization		Other Newspaper
	Internet/City Web Site		Magazine/Publication
	City of Winter Haven Employee		Word of Mouth
	College or University:		Other:



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: Winter Haven Police Department

ADDRESS: 125 N. Lake Silver Drive NW, Winter Haven, Florida 33881-2450

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:

Winter Haven Police Department

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