



# PERSONAL HISTORY QUESTIONNAIRE



## Boynton Beach Police Department

100 E. Boynton Beach Boulevard

Boynton Beach, Florida 33435

[www.bbpd.org](http://www.bbpd.org)

Position Applied for:

- Police Officer (Florida Certified Only)  Community Service Officer  
 Police Officer (Out of State Certified Only) (State: \_\_\_\_\_)  Reserve Police Officer  
 Police Officer (Not Certified)  Other \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

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

\_\_\_\_\_  
Apartment No.

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Residence Telephone (Area Code)

\_\_\_\_\_  
Business Telephone (Area Code)

\_\_\_\_\_  
Social Security Number (please see p.25)

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Date of Birth (Month/Day/Year)

Boynton Beach will use information concerning ethnicity, sex, age and disability for affirmative action purposes only, consistent with and pursuant to its obligation under federal law. We are an equal opportunity employer.

\_\_\_\_\_  
Where did you hear about this position?

### Race/Ethnicity

- American Indian   
Asian   
Black (Non-Hispanic)   
Haitian   
Hispanic   
White (Non Hispanic)   
Other

Revised: 02/20/08

### Photo

**NOTICE:**

Please read and follow these instructions exactly. Your ability to complete this document as requested will be evaluated and used as one basis for employment decisions. This document, when completed, will be used by the Boynton Beach Police Department as an investigative aid. Retention of this personal data will remain in the investigative files of the Human Resources Department.

**REQUIREMENTS:**

1. Candidates applying for the position of Police Officer or Reserve Officer must be twenty-one (21) years of age at the date of application and have a high school diploma or a Florida recognized G.E.D.;
2. In the absence of proof of successful high school completion or General Education Development (G.E.D.) tests, the Florida Police Standards and Training Commission will recognize an Associate's Degree, or transcript verification of successful completion of two (2) years of college work from any state recognized accrediting association, or grant exemption to those individuals who hold a certificate issued prior to December 31, 1974 by the United States Armed Forces Institute (U.S.A.F.I.) denoting that holder has successfully completed high school equivalency examinations;
3. Candidates must be available for all the tests as scheduled. All tests can not be scheduled or accomplished in one day. Upon successful completion of the written examination, candidates may be required to pass a physical fitness and agility test that requires a notarized waiver and release form completed prior to testing;
4. The remaining tests include B-PAD testing, a background investigation, voice stress analysis, a psychological test, interview with the Chief of Police and a drug screening and medical test. Failure to pass any portion of the requirements will result in being eliminated from any further consideration for the particular testing cycle.

**IMPORTANT! You will be denied employment if you:**

1. Are not a United States Citizen;
2. Do not have corrected vision to a standard of 20/40;
3. Have ever been convicted of, or plead no contest, as an adult, of any felony or a misdemeanor involving perjury or false statements;
4. Have been dishonorably discharged from the military;
5. Have ever used any illegal substance including, but not limited to Cocaine, Heroin, LSD, Quaalude, Hashish, PCP, etc;
6. Have ever illegally sold or distributed any narcotic, drug or similar substance, including marijuana;
7. Used any steroids not prescribed by a physician;
8. Misrepresent, falsify or omit any information on the application;
9. Been fired from a Police agency without exoneration through a review process. The circumstances must be resolved to the satisfaction of the prospective employer. It is the responsibility of the applicant to provide facts that support their suitability to perform as a Police Officer;
10. Have an unacceptable driving history, which would be indicative of a pattern of poor driving behavior, with particular regard to recent experience and seriousness of respective violations;
11. Have an unstable work history or a pattern of unreliable work practices including frequent or serious disciplinary actions from previous employers.

I understand that any of the above circumstances will disqualify me from consideration for a position of \_\_\_\_\_ with the Boynton Beach Police Department. I further attest, after carefully reviewing these stipulations, that I do, to the best of my knowledge, qualify for the aforementioned position. I understand that by making this claim, any information which surfaces to the contrary during my pre-employment processing or during my actual employment with the Boynton Beach Police Department, will result in my immediate termination of employment or consideration of employment.

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Applicant's Signature

**INSTRUCTIONS: (PLEASE READ CAREFULLY)**

- 1. Hand print clearly, in black ink and in your own handwriting.**
- 2. Answer every question. If a question does not apply to you, so state with N/A.**
- 3. Any unanswered, incomplete or omitted questions may result in rejection of your application or dismissal.**
- 4. If the space available is insufficient, use a separate sheet of 8 ½ x 11 paper and precede each answer with the number of the referenced block.**
- 5. Do not misstate or omit any material fact since the statements made herein are subject to verification to determine your qualifications for employment.**
- 6. Answer all questions accurately and completely. Do not make exaggerated, false or misleading statements as they may cause your rejection or dismissal.**
- 7. Each and every question has a purpose. Do not fail to answer each question completely, even if you feel it is “not important.”**

**SPECIAL INSTRUCTIONS:**

If you have expunged or sealed records, read this section before completing the Personal History Questionnaire.

Florida State Statute (FSS) 943.058 – Criminal History Record Expunction or Sealing

“When all criminal history records have been sealed or expunged, the subject of such records may lawfully deny or fail to acknowledge the events covered by the expunged or sealed records, except in the following circumstances:”

- a) When the person who is the subject of the record is a candidate for employment with a criminal justice agency.

This exception requires by law that you as an applicant for employment with a criminal justice agency (such as the Boynton Beach Police Department) may not lawfully deny or fail to acknowledge the events in any expunged or sealed records.

“I have read and I understand all the above instructions. I also understand that I will be asked to take a Voice Stress Test (lie detector) examination to determine the authenticity of the information provided in this questionnaire”.

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Signature

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Date

**VETERAN'S PREFERENCE**  
(Based upon Honorable Discharge)

Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Do you claim veteran's preference?  Yes  No (If No, proceed to question 1. If Yes, check the appropriate status below)

(Chapter 295, Florida Statutes, excludes non-disabled retired military persons from veteran's preference)

- A. Based on active duty during wartime or Vietnam era
- B. As a veteran with a compensable service-connected disability
- C. As the un-remarried spouse of a veteran who was killed in action or who died of a service-connected disability
- D. As the spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability or the spouse of a person missing in action, captured or forcible detained by a foreign power

Have you claimed and been employed through veteran's preference since October 1, 1987?  Yes  No

If Yes, give name of employer: \_\_\_\_\_

If No, you must submit current documentation of your veteran's preference status to receive preference.

Please attach a copy of your documentation to this application.

\_\_\_\_\_

Branch of Service

\_\_\_\_\_

Entry Date

\_\_\_\_\_

Date of Honorable Discharge

If any applicant claiming veteran's preference for a vacant position is not selected for the position, they may file a complaint with the Division of Veteran's Affairs, P.O. Box 1437, St. Petersburg, Florida 33731. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given, a complaint may be filed at any time.



12. Information concerning previous marriages (List all marriages):  
 (Include a photostatic copy of marriage certificate, separation agreement or divorce decree, if applicable)

<u>Date Married</u>	<u>Where performed</u>	<u>Spouse's Name</u> (Wife's maiden name)	<u>Date of Separation/Divorce</u>	<u>Social Security Number</u> (optional)
/ /			/ /	- -
/ /			/ /	- -
/ /			/ /	- -

13. List all your children, stepchildren and adopted children and give the following information:

<u>Name</u>	<u>Birthdate</u>	<u>Birth Place</u>	<u>Address</u>	<u>Resides With</u>	<u>Supported By</u>
	/ /				
	/ /				
	/ /				
	/ /				

14. Are you subject to court ordered support payments for the benefit of a minor child? Yes  No

Give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. If you claim income tax exemptions for support of dependents other than your spouse and children, provide the following information:

<u>Name</u>	<u>Address (Street, City, State)</u>	<u>Relationship</u>	<u>Percent of Support Provided</u>

16. List in the order given, showing relationship, parents, guardians, stepparents, parents-in-law, brothers and sisters, even if deceased. Include any others you have resided with or with whom a close relationship existed or exists:

<u>Relationship</u>	<u>Name</u>	<u>Present Address (if living)</u>	<u>Phone</u>	<u>Birthdate</u>
Father			( )	/ /
Mother (Maiden)			( )	/ /
			( )	/ /
			( )	/ /
			( )	/ /
			( )	/ /
			( )	/ /

17. List all residences for the past **TEN YEARS**, beginning with your present address.

From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  Own  Rent  Family

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord's Phone No. \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

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

Local Police Dept. \_\_\_\_\_ Phone No. \_\_\_\_\_

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From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  Own  Rent  Family

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord's Phone No. \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

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

Local Police Dept. \_\_\_\_\_ Phone No. \_\_\_\_\_

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From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  Own  Rent  Family

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord's Phone No. \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

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

Local Police Dept. \_\_\_\_\_ Phone No. \_\_\_\_\_

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From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  Own  Rent  Family

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord's Phone No. \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

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

Local Police Dept. \_\_\_\_\_ Phone No. \_\_\_\_\_

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From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  Own  Rent  Family

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord's Phone No. \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

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

Local Police Dept. \_\_\_\_\_ Phone No. \_\_\_\_\_

**EDUCATION**

18a. List all junior high and high schools attended (Include copies of high school or GED diplomas):

<u>Name</u>	<u>Location</u>	<u>Dates Attended</u>		<u>Years Completed</u>	<u>Graduated</u>	
		<u>From</u>	<u>To</u>		<u>Yes</u>	<u>No</u>
_____	_____	/	/	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	/	/	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	/	/	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	/	/	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	/	/	_____	<input type="checkbox"/>	<input type="checkbox"/>
18b. <u>GED (if applicable)</u>	_____	/	/	_____	<input type="checkbox"/>	<input type="checkbox"/>

18c. List information below for all colleges or universities attended (Include an official transcript from any institution awarding you a degree or certificate):

<u>Name and Location</u>	<u>Dates Attended</u>		<u>Credit Hours</u>	<u>GPA</u>	<u>Degree Received</u>	<u>Year Received</u>
	<u>From</u>	<u>To</u>				
_____	/	/	_____	_____	<input type="checkbox"/>	_____
_____	/	/	_____	_____	<input type="checkbox"/>	_____
_____	/	/	_____	_____	<input type="checkbox"/>	_____
_____	/	/	_____	_____	<input type="checkbox"/>	_____

18d. List other schools or training (trade, vocational, business or military):

<u>Name and Location</u>	<u>Dates Attended</u>		<u>Courses Studied</u>	<u>Certificate</u>	
	<u>From</u>	<u>To</u>		<u>Yes</u>	<u>No</u>
_____	/	/	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	/	/	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	/	/	_____	<input type="checkbox"/>	<input type="checkbox"/>

18e. Were you ever expelled or suspended from ANY SCHOOL or ever disciplined by any school official? Yes  No

If yes, give particulars: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FOREIGN LANGUAGE**

19. List all foreign languages and indicate your knowledge of each:

<u>Language</u>	<u>Reading</u>	<u>Speaking</u>	<u>Understanding</u>	<u>Writing</u>
_____	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
_____	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
_____	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair

**SPECIAL QUALIFICATIONS AND SKILLS**

20a. Indicate any special skills/qualifications (i.e. Radar, Traffic Homicide, Scuba Diving):

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

20b. Indicate special skills that you possess regarding personal computers and applicable software programs:

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

Typing: Approximate number of words per minute: \_\_\_\_\_

**MILITARY**

21a. Have you ever served in the U.S. Military, Military Reserve, National Guard or Coast Guard, including R.O.T.C.? Yes  No

*(If YES, INCLUDE A PHOTO COPY OF DD214; If NO, proceed to question 22)*

21b. Branch of service \_\_\_\_\_ Unit or Ship \_\_\_\_\_

21c. What is your service number? \_\_\_\_\_

21d. Highest rank held? \_\_\_\_\_

21e. How many periods of active military service have you had? \_\_\_\_\_

21f. List all medals and decorations awarded to you as a member of the armed forces:

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21g. What type of discharge? Honorable  Dishonorable  General  Honorable Conditions  Other

21h. Give date and location of entrance to active duty: \_\_\_\_\_

21i. Give date and location of discharge: \_\_\_\_\_

21j. Give period or periods of active military service:

From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_

21k. Are you currently a member of a National Guard or Reserve Unit? Yes  No

State \_\_\_\_\_ Regiment \_\_\_\_\_ Unit \_\_\_\_\_ Rank \_\_\_\_\_

21l. What is your present draft classification? \_\_\_\_\_  
(Not applicable for age 27 or above)

Date of classification? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Selective Service Number: \_\_\_\_\_

Draft board number and location: \_\_\_\_\_

21m. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, Article 15 or any other disciplinary action while a member of the armed forces? Yes  No

If yes, explain: \_\_\_\_\_

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21n. List any disciplinary action taken against you in the National Guard or other reserve unit: \_\_\_\_\_

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**EMPLOYMENT**

22a. Are you now or have you ever been engaged in any business as an owner, partner, or corporate member? Yes  No

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22b. Were you ever discharged, terminated, fired or forced to resign because of misconduct or unsatisfactory service for other than medical reasons (except military)? Yes  No

If yes, explain, give name and address of employer, approximate date and reasons for each case:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22c. Please list the number of sick hours used in the last year to date:

Explain any use: \_\_\_\_\_

22d. Please list the number of sick hours used in the last five (5) years to date:

Explain any use: \_\_\_\_\_

22e. Have your employers always treated you fairly? Yes  No  If not, explain:

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

22f. Please list any disciplinary action received in the last five (5) years:

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

22g. Do you object to working nights or shift work? Yes  No

22h. Have you ever received unemployment insurance or other Federal, State or local benefits or assistance? Yes  No

<u>Type of Assistance</u>	<u>Local Office</u>	<u>Address</u>	<u>For how long?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

22i. Are you currently under contract with your employer? Yes  No

22j. List all jobs you have held in the last **TEN YEARS**. Place your present or most recent job **FIRST**. Include military service in proper time sequence and also all periods of unemployment. List all part-time, temporary, seasonal and voluntary jobs. If you were self-employed, provide copies of tax returns.

From	Name of Employer	Part Time	Full Time	Job Title
/ /		<input type="checkbox"/>	<input type="checkbox"/>	
To Date	Street Address	Phone No.		Description of Duties
/ /		( ) -		
Begin Salary	City, State, Zip Code	Name of Supervisor		
\$				
Salary End	Why did you leave?	Name of Co-Worker		
\$				

From	Name of Employer	Part Time	Full Time	Job Title
/ /		<input type="checkbox"/>	<input type="checkbox"/>	
To Date	Street Address	Phone No.		Description of Duties
/ /		( ) -		
Begin Salary	City, State, Zip Code	Name of Supervisor		
\$				
Salary End	Why did you leave?	Name of Co-Worker		
\$				

From	Name of Employer	Part Time	Full Time	Job Title
/ /		<input type="checkbox"/>	<input type="checkbox"/>	
To Date	Street Address	Phone No.		Description of Duties
/ /		( ) -		
Begin Salary	City, State, Zip Code	Name of Supervisor		
\$				
Salary End	Why did you leave?	Name of Co-Worker		
\$				

22j.

From	Name of Employer	Part Time	Full Time	Job Title
/ /		<input type="checkbox"/>	<input type="checkbox"/>	
To Date	Street Address	Phone No.		Description of Duties
/ /		( ) -		
Begin Salary	City, State, Zip Code			Name of Supervisor
\$				
Salary End	Why did you leave?			Name of Co-Worker
\$				

From	Name of Employer	Part Time	Full Time	Job Title
/ /		<input type="checkbox"/>	<input type="checkbox"/>	
To Date	Street Address	Phone No.		Description of Duties
/ /		( ) -		
Begin Salary	City, State, Zip Code			Name of Supervisor
\$				
Salary End	Why did you leave?			Name of Co-Worker
\$				

From	Name of Employer	Part Time	Full Time	Job Title
/ /		<input type="checkbox"/>	<input type="checkbox"/>	
To Date	Street Address	Phone No.		Description of Duties
/ /		( ) -		
Begin Salary	City, State, Zip Code			Name of Supervisor
\$				
Salary End	Why did you leave?			Name of Co-Worker
\$				

From	Name of Employer	Part Time	Full Time	Job Title
/ /		<input type="checkbox"/>	<input type="checkbox"/>	
To Date	Street Address	Phone No.		Description of Duties
/ /		( ) -		
Begin Salary	City, State, Zip Code			Name of Supervisor
\$				
Salary End	Why did you leave?			Name of Co-Worker
\$				

From	Name of Employer	Part Time	Full Time	Job Title
/ /		<input type="checkbox"/>	<input type="checkbox"/>	
To Date	Street Address	Phone No.		Description of Duties
/ /		( ) -		
Begin Salary	City, State, Zip Code			Name of Supervisor
\$				
Salary End	Why did you leave?			Name of Co-Worker
\$				

**VEHICLE OPERATOR'S LICENSE** (Driver's, Chauffeur's, etc.)

23a. Can you operate a motor vehicle?  Yes  No  
Do you now or did you ever possess a valid driver's license from the state of Florida?  Yes  No  
Driver's Lic. # \_\_\_\_\_ Date Issued \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Restrictions: \_\_\_\_\_

23b. Did you ever possess a driver's license issued by any state other than Florida?  Yes  No  
If yes, provide the following information: Driver's Lic. # \_\_\_\_\_ State \_\_\_\_\_  
Date Issued \_\_\_\_ / \_\_\_\_ Restrictions: \_\_\_\_\_ Current  Yes  No

23c. Was your license ever suspended or revoked?  Yes  No If yes, give reasons, date and length of suspension:

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

23d. Was your license ever restored?  Yes  No If yes, give details: \_\_\_\_\_

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

23e. Have you ever been refused a driver's license by any state?  Yes  No If yes, give details:

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

23f. Has your driver's license ever been restricted due to traffic offense convictions or placed on negligent operator's probation?  Yes  No If yes, give details:

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

23g. Have you ever been involved in a motor vehicle accident?  Yes  No If yes, give complete details for each accident whether collision, non-collision or hit and run:

Date \_\_\_\_ / \_\_\_\_ Police Investigation?  Yes  No

Location \_\_\_\_\_

Cause of Accident (for example: ran red light, careless driving, etc.) \_\_\_\_\_

Were you charged with a violation? \_\_\_\_\_ Disposition: \_\_\_\_\_

23g. Date \_\_\_\_\_ / \_\_\_\_\_ Police Investigation?  Yes  No  
 Location \_\_\_\_\_  
 Cause of Accident (for example: ran red light, careless driving, etc.) \_\_\_\_\_  
 Were you charged with a violation? \_\_\_\_\_ Disposition: \_\_\_\_\_

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Date \_\_\_\_\_ / \_\_\_\_\_ Police Investigation?  Yes  No  
 Location \_\_\_\_\_  
 Cause of Accident (for example: ran red light, careless driving, etc.) \_\_\_\_\_  
 Were you charged with a violation? \_\_\_\_\_ Disposition: \_\_\_\_\_

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Date \_\_\_\_\_ / \_\_\_\_\_ Police Investigation?  Yes  No  
 Location \_\_\_\_\_  
 Cause of Accident (for example: ran red light, careless driving, etc.) \_\_\_\_\_  
 Were you charged with a violation? \_\_\_\_\_ Disposition: \_\_\_\_\_

23h. List below all traffic citations you have received: (include parking tickets)

<u>Location</u> ( <u>Street, City, State</u> )	<u>Approximate Date</u>	<u>Nature of Violation</u>	<u>Penalty or Disposition</u>
_____	_____/_____/_____	_____	_____
_____	_____/_____/_____	_____	_____
_____	_____/_____/_____	_____	_____
_____	_____/_____/_____	_____	_____
_____	_____/_____/_____	_____	_____
_____	_____/_____/_____	_____	_____
_____	_____/_____/_____	_____	_____
_____	_____/_____/_____	_____	_____

23i. List all vehicles you currently own or operate:

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Tag Number</u>	<u>Own</u>	<u>Lease</u>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**MOTOR VEHICLE INSURANCE**

24a. Do you presently have automobile liability insurance?  Yes  No If no, give details:

\_\_\_\_\_

24b. If you presently have automobile insurance, list the following information:

Name of Company      Policy Number      Name of Agent      Address      Phone Number

\_\_\_\_\_

List the dates of coverage: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

List your present policy coverage: \_\_\_\_\_

24c. If you have been insured by this company for less than three (3) years, list the previous insurance company:

Name of Company      Policy Number      Name of Agent      Address      Phone Number

\_\_\_\_\_

List the dates of coverage: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

24d. Have you ever had automobile insurance refused, withdrawn or revoked?  Yes  No

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARREST, DETENTION AND LITIGATION** (Show all arrests including juvenile delinquent and traffic arrests):

25a. Have you ever been arrested or detained by ANY law enforcement agency? Provide police and court records, if available. (Include any arrest in which the records were expunged or sealed in accordance with F.S.S. 943.058)

Crime Charged: \_\_\_\_\_ Police Agency: \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Disposition of Case \_\_\_\_\_

\_\_\_\_\_

Crime Charged: \_\_\_\_\_ Police Agency: \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Disposition of Case \_\_\_\_\_

\_\_\_\_\_

25b. Have you ever been placed on probation, parole or community control?  Yes  No

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

25c. Have you ever been required to pay a fine?  Yes  No If yes, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

25d. Have you ever been reported as a missing person or runaway?  Yes  No

If yes, give complete details, including police jurisdiction, date and outcome: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

25e. If you have been fingerprinted by a law enforcement agency for any reason, give details below. Your answers will be checked with the FBI and other agencies.

Agency _____	Date _____ / _____	Purpose _____
Agency _____	Date _____ / _____	Purpose _____
Agency _____	Date _____ / _____	Purpose _____
Agency _____	Date _____ / _____	Purpose _____

25f. Have you ever been advised of your Miranda rights?  Yes  No If yes, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

25g. Have you ever been the subject of a police investigation?  Yes  No

If yes, give details including police department and date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

25h. Has any member of your immediate family ever been arrested or convicted of a criminal offense?  Yes  No

If yes, give particulars below:

<u>Name</u>	<u>Relationship</u>	<u>Offense</u>	<u>Where Arrested</u>	<u>Date</u>
_____	_____	_____	_____	_____ / _____
_____	_____	_____	_____	_____ / _____
_____	_____	_____	_____	_____ / _____

25i. Have you or your spouse ever sued anyone (civil court plaintiff)?  Yes  No

If yes, give details and provide copies: \_\_\_\_\_

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

25j. Have you or your spouse ever been sued by anyone (civil court defendant)?  Yes  No

If yes, give details and provide copies: \_\_\_\_\_

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

**FINANCIAL INFORMATION**

26a. Do you have a savings account?  Yes  No

Name of Bank \_\_\_\_\_ City and State \_\_\_\_\_

26b. Do you have a checking account?  Yes  No

Name of Bank \_\_\_\_\_ City and State \_\_\_\_\_

26c. Do you own or are you buying your own home?  Yes  No

Amount invested \_\_\_\_\_ Company \_\_\_\_\_ City and State \_\_\_\_\_

Present mortgage balance \_\_\_\_\_ Monthly mortgage payment \_\_\_\_\_

Insurance coverage \_\_\_\_\_ Company \_\_\_\_\_ City and State \_\_\_\_\_

26d. Do you own or are you buying other real estate?  Yes  No

Type of real estate \_\_\_\_\_ Amount invested \_\_\_\_\_

Bank or Company \_\_\_\_\_ City and State \_\_\_\_\_

26e. What income other than salary do you have at the present time? \_\_\_\_\_

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

26f. List spouse's occupation, place of employment and salary \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26g. Have you ever had accounts placed in the hands of a collection agency?  Yes  No  
If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26h. Have you ever filed for bankruptcy?  Yes  No  
If yes, give details, including date and court filed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTROLLED SUBSTANCE USE**

27a. Have you *ever* possessed, smoked or ingested by any means, marijuana without legal authorization?  Yes  No  
If yes, how many times and when was the last time you used marijuana (explain the circumstances)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27b. Have you *ever* possessed, injected, inhaled, swallowed or ingested by any other means, any illegal drugs without legal authorization?  Yes  No  
If yes, how many times and when was the last time you used any illegal drugs (explain the circumstances)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHARACTER REFERENCES:** (Do not include relatives, former employers or persons living outside the United States or its territories). List only character references who have definite knowledge of your qualifications for the position for which you are applying. Do not repeat the names of supervisors. List four (4) characters.

28a.	Name of Character Reference	Years Known	Address (Street/City/State/Zip)	Business Phone	Residence Phone
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

28b. Are you acquainted with any members of the Boynton Beach Police Department? Yes No If so, whom?  
 \_\_\_\_\_

**NEIGHBOR REFERENCES:** List four (4) neighbors over the past three (3) years.

28c.	Name of Neighbor Reference	Address (Street/City/State/Zip)	Residence Phone
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS**

29a.	Name/Address/Phone No.	Type (Social, Fraternal, Unions, Professional, Academic, Etc.)	Office or Position held	Membership From	Membership To
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

**SUBVERSIVE ORGANIZATIONS:**

- Are you now or have you ever been a member of an organization that advocates the superiority of one racial group over another? Yes No
- Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the 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
- Are you now or have you ever been affiliated or associated with any organization of the type described above, as an agent, official, or employees? Yes No
- Are you now associating with, or have you associated with individuals, including relatives, who you know or have reason to believe are or have been members of any of the organizations identified above? Yes No

29b. 5. Have you ever been engaged in any of the following activities of any organization of the type  Yes  No described above: Contributions(s) to, attendance at or participation in any organizations, social, or other activities of said organizations or of any projects sponsored by them; the sale, gift, or distribution of any written, printed or other matter, prepared, reproduced or published, by them or any of their agents or instrumentalities?

If YES to any of the answers above, describe the circumstances. Attach sheets for a full detailed statement. If associated with any of these organizations, specify nature and extent of associations with each, including office or position held. Also include dates, places and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organizations with which they were or are affiliated.

**CIVIL SERVICE**

30a. List below **EVERY** Law Enforcement Agency to which you have applied?

<u>Agency</u>	<u>Approx. Date Applied</u>	<u>Position Applied For</u>	<u>Present Status</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

30b. Are you now on any eligibility list?  Yes  No If yes, give details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

30c. Were you ever rejected for any government position?  Yes  No If yes, give details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

30d. Is there anything not mentioned herein which may reflect upon your suitability to perform the duties which may be required of you in a law enforcement capacity or which might require further explanation?

Yes  No If yes, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

32. **The following is to be executed PRIOR to submission:**

I hereby swear or affirm that there are no misrepresentations or omissions in or falsifications of the above statements and answers to questions. I am aware that should investigation disclose such misrepresentations, falsifications or omissions, my application will be rejected and I will be disqualified from applying in the future for any position in the service of the Boynton Beach Police Department, or if after my acceptance for employment, subsequent investigation should disclose misrepresentations, falsifications or omissions, it will be just cause for immediate dismissal.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By \_\_\_\_\_ Check one:  Personally Known  Produced Identification  
(Name of Affiant) Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_ Notary Public, State of Florida at Large \_\_\_\_\_ Notary Public (Print Name)

My Commission expires \_\_\_\_\_, \_\_\_\_\_

# FORMS WHICH MUST ACCOMPANY THIS POLICE OFFICER APPLICATION

Note: All attached copies must be clear and sharp. Enlarge when necessary to insure details are readable.

Please check off the forms you have attached and indicate N/A if not applicable in your case:

- 1.  Birth Certificate
- 2.  Copy of High School Diploma or equivalency certificate (including GED grade scores)
- 3.  Notarized Agility Waiver and Release form
- 4.  Copy of DD214, if applicable
- 5.  Copy of current driver's license
- 6.  Copy of Social Security card
- 7.  If you are a certified Police Officer, a copy of your Police certification
- 8.  A photocopy of your Naturalization Certificate, if applicable
- 9.  CJ B.A.T. Test Scores
- 10.  Physical Agility Scores

List of other forms attached (college degrees, certificates, etc.):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**AGILITY WAIVER AND RELEASE FORM**

For and in consideration of the City of Boynton Beach, Florida, permitting the undersigned to apply for a position with the Boynton Beach Police Department, and whereas the undersigned knows and understands that prior to being accepted for employment by the City of Boynton Beach said City may require the undersigned to take certain physical fitness or agility tests in order to determine whether the undersigned is physically capable of carrying out the duties of a Police Officer, and whereas the undersigned knows and understands that such a rigorous physical fitness and agility test could result in injury to the undersigned, I, \_\_\_\_\_ do hereby waive all claims for any injuries which I may receive or sustain during or as a result of the physical fitness and agility tests; and I further *do hereby release the City of Boynton Beach*, its Officers, employees, and agents from any and all liability, for any and all injuries which I may receive or sustain during or as a result of the aforesaid physical fitness and agility tests. I further understand and agree that I am assuming the risk of any and all injuries which I may receive or sustain during or as a result of the physical fitness and agility tests. I further understand and agree that this Waiver and Release is binding on me, my dependents, heirs, personal representatives, successors and assigns.

Any and all medical, hospital and other expenses that may be incurred by me or by any person in my behalf in connection with an injury or injuries which I may receive or sustain during or as a result of the aforesaid physical fitness and agility tests are the sole and separate obligation of myself; and the City of Boynton Beach and its agents, officers, employees, successors and assigns are hereby released and discharged of and from any and all liability therefore.

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

\_\_\_\_\_  
Signature

SWORN AND SUBSCRIBED before me by the above-named applicant this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
My commission expires:

## **EMPLOYMENT WAIVER**

I, \_\_\_\_\_, thoroughly understand that I am being considered for employment as a Police Officer and must successfully complete Application Review, Administrative Review, B-PAD Evaluation and Background Investigation; and after a conditional offer of employment, a Psychological Evaluation, Chief of Police Interview and Medical Examination. I understand that should unfavorable information be developed, I will be denied employment.

I am seeking employment on the basis that I know that no unfavorable information will be developed by the Boynton Beach Police Department with the exception of what I have indicated on my application and has been explained by me in detail during the interview process.

I understand that the Boynton Beach Police Department has no funds available to reimburse any expenses I may incur in seeking this position. I recognize that the time required to process and select Police Officer applicants is lengthy and time consuming. No promises or commitments are expected as to a time when a hiring decision and/or actual hiring will take place.

I understand that certain non-exempt portions of the Background Investigation, Psychological Evaluation and Medical Examination may become available for inspection by the public pursuant to the public records law. I understand and agree to the contents of this statement.

---

Signature

---

Date

**NOTICE TO PERSONS REGARDING  
COLLECTION OF SOCIAL SECURITY NUMBERS**

The Boynton Beach Police Department collects the Social Security Number of persons who:

- 1. Apply for employment or are employed by this agency;
- 2. Apply to qualify with a firearm pursuant to HR 218, the Nationwide Concealed Carry Act for Retired Law Enforcement Officers;
- 3. Apply to volunteer with this agency; and
- 4. Are arrested by this agency.

Social Security Numbers are collected by the Boynton Beach Police Department for the following reasons, which are imperative for the performance of duties and responsibilities prescribed by law:

- 1. To verify identity;
- 2. To conduct employment background investigations;
- 3. To properly pay an employee and to credit the withholding of income taxes, social security and medicate taxes, retirement and other items pursuant to State and Federal law; and
- 4. To determine criminal history and to verity wants, warrants and/or capiases.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**BOYNTON BEACH POLICE DEPARTMENT  
NEW EMPLOYEE AGREEMENT  
(Police Recruit Applicant Only)**

All new employees and trainees who attend the basic recruit training program at the expense of the City must remain in employment or appointment with the City for a period of not less than one year as provided by Florida State Statute, section 943.16. If employment or appointment is terminated on the employee's/trainee's own initiative within one year of appointment, he or she shall reimburse the City for cost of participation in the training program. Further, the employee/trainee shall reimburse the City for the following expenses associated with his or her training program:

1. All costs associated with orientation and entering of field training;
2. All costs associated with instructions in the field of police science and education;
3. All costs associated with completion of field training program.

This Agreement does not constitute a waiver or otherwise prohibit the City from instituting civil action under section 943.16 to recoup tuition and other costs not reimbursed by the employee/trainee.

I have read and understood this agreement this \_\_\_\_\_ day of \_\_\_\_\_ .

\_\_\_\_\_  
Signature

# AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any representative of the Boynton Beach Police Department bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records, educational records, or departmental background investigations/information including, but not limited to, achievement, attendance, personal history, and disciplinary records; medical records, after a conditional offer of employment; credit records; and criminal history records. I hereby direct you to release any and all 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 Boynton Beach Police Department. Consent is granted for the Boynton Beach Police Department 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 after a conditional offer of employment, credit bureau or consumer reporting agency, including its officers, employees, or 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. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name \_\_\_\_\_  
(Signature)

Full Name \_\_\_\_\_  
(Printed Name)

Date \_\_\_\_\_

Current Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By \_\_\_\_\_ Check one:  Personally Known  Produced Identification  
(Name of Affiant) Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Florida at Large

\_\_\_\_\_  
Notary Public, Print Name

My Commission expires \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of new employee

