

THIS APPLICATION IS FOR CERTIFIED RESERVE POLICE OFFICERS ONLY



APPLICATION INSTRUCTIONS:

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE."
2. Complete all pages except last page.
3. If more space is needed to complete any question, use additional comment sheet on page 16.
4. Print clearly in ink; incomplete or illegible applications will not be processed.
5. This application is for Reserve Officers only. If you are interested in Paid Employment, the online application on the Human Resources website must be used. Visit www.rivierabch.com.

Return to:
Riviera Beach Police Department
Attn: Reserve Program
600 W Blue Heron Blvd
Riviera Beach, FL 33404
(561) 845-4128

Personal History Questionnaire

Last Name		First Name		Middle Name	
Street Address				Apartment No.	
City		County		State	
Residence Telephone (Area Code)		Business Telephone (Area Code)			
Date of Birth (Month-Day-Year)		Social Sec. Num.		Drivers License Number	
				State	

APPLICANT NOTE:

This application form is intended to use in evaluating your qualifications for appointment to the Reserve Program only. This is not an application for paid employment or a contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. Affirmative action hiring may be requested by qualified applicants. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. You shall be required to complete a medical history form, be examined by a medical professional and be administered a drug screen test designated by the City.

**Attach Color Photo
Here**

Must have been taken no more than four months prior to submitting this application

City of Riviera Beach - Personal History Questionnaire

Note: This application must be handprinted using a black ball point pen. Do not use a typewriter or write in longhand

1.	LAST NAME	FIRST NAME	MIDDLE NAME	2.	MALE	FEMALE
3.	Alias(es), Nickname, Maiden Name, or other changes in name (Include official document(s) concerning any changes in name)					
4.	Race and/or nationality or both. Check appropriate box or boxes					
	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Asian American	<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other
5.	U.S. Citizen	Native	Native Certificate No.		If derived, parent	Date, Place and Court
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
6.	Height	Weight	Color of Eyes	Color of Hair	Scars, tattoos, and/or distinguished marks	
7.	Date of Birth (Month, Day, Year)		Place of Birth (Include photostatic copy of birth certificate)			
8.	Present residence address		Street or RFD	City or Post Office	State	Zip Code
9.	With whom do you reside?					
10.	Marital Status:					
	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Engaged <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	
11.	If married, are you living with your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	If not, state reason _____					
12.	Name of Fiancee (If applicable)					
	Name _____	Address _____		Employer _____	Address _____	
	Phone _____	Date of Birth _____		Phone _____		
13.	Include a photostatic copy of marriage certificate, separation petition and/or divorce decree. (If applicable)					
14.	Information concerning marriages: (List all marriages)					
	Date Married	Where performed	Spouse's name (wife's maiden name)	Date of Birth	Social Security No.	
15.	Name and address of spouse(s) if divorced or separated:					
	Name	Address (Street, City, State)			Phone No. (Area Code)	

16. If ever separated, annulled or divorced, indicate below the following information:

	Separated, annulled or decreed by law	Date of order or decree	By Whom - Where issued (Court and State)		
a.					
b.					
	Offending party as decreed by law	Reason			
c.					
d.					

17. List all of your children, stepchildren and adopted ones, and give the following information:

LAST, FIRST	BIRTH		RESIDENCE		
	Date	Place	Address	With Whom	Supported By

18. Are you now supporting all children born to you, adopted by you and stepchildren? Yes No
If not, give details: _____

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

Name	Address (Street, City, State)	Relationship	Percent of Support Provided

20. FAMILY

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

b. List all residences for the past five years, beginning with your present address. List the name, address and phone number of present and prior landlords, if applicable:

MONTH/YEAR MONTH/YEAR

From: _____ To: _____ Own: _____ Rent: _____

Street Address: _____

City: _____ Country: _____ State: _____ Zip Code: _____

Landlord's Name: _____

Landlord's Address: _____

City: _____ State: _____ Zip Code: _____

MONTH/YEAR	MONTH/YEAR
From: _____	To: _____ Own: _____ Rent: _____
Street Address: _____	
City: _____	Country: _____ State: _____ Zip Code: _____
Landlord's Name: _____	
Landlord's Address: _____	
City: _____	State: _____ Zip Code: _____

MONTH/YEAR	MONTH/YEAR
From: _____	To: _____ Own: _____ Rent: _____
Street Address: _____	
City: _____	Country: _____ State: _____ Zip Code: _____
Landlord's Name: _____	
Landlord's Address: _____	
City: _____	State: _____ Zip Code: _____

MONTH/YEAR	MONTH/YEAR
From: _____	To: _____ Own: _____ Rent: _____
Street Address: _____	
City: _____	Country: _____ State: _____ Zip Code: _____
Landlord's Name: _____	
Landlord's Address: _____	
City: _____	State: _____ Zip Code: _____

MONTH/YEAR	MONTH/YEAR
From: _____	To: _____ Own: _____ Rent: _____
Street Address: _____	
City: _____	Country: _____ State: _____ Zip Code: _____
Landlord's Name: _____	
Landlord's Address: _____	
City: _____	State: _____ Zip Code: _____

MONTH/YEAR	MONTH/YEAR
From: _____	To: _____ Own: _____ Rent: _____
Street Address: _____	
City: _____	Country: _____ State: _____ Zip Code: _____
Landlord's Name: _____	
Landlord's Address: _____	
City: _____	State: _____ Zip Code: _____

21. EDUCATION
List all elementary, junior high, and high schools attended: (include copies of high school or GED diploma)

NAME	LOCATION	DATE ATTENDED		YEARS COMPLETED	GRADUATED	
		FROM	TO		YES	NO
G.E.D. (If applicable)						

Higher education. List all information below for all colleges or universities attended. Include official transcript from last institution of higher education attended.

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	DATE ATTENDED		CREDIT HOURS		DEGREE RECEIVED	YEAR RECEIVED
	FROM	TO	SEMESTER	QUARTER		
Major and minor college courses:						

Higher education. List all information below for all colleges or universities attended. Include official transcript from last institution of higher education attended.

FROM	DATES		NAME OF SCHOOL AND LOCATION	COURSES STUDIED	CERTIFICATE	
		TO			YES	NO

Were you ever expelled or suspended from ANY SCHOOL or were you ever disciplined by any school official? Yes No
If yes, give particulars below:

22. FOREIGN LANGUAGE: Enter foreign language and indicate your knowledge of each by placing an "X" in the proper column.

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	EXC.	GOOD	FAIR	EXC.	GOOD	FAIR	EXC.	GOOD	FAIR	EXC.	GOOD	FAIR

23. SPECIAL QUALIFICATIONS AND SKILLS:

- a. Indicate type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and the date current license expires. (Except vehicle operator's license).
- b. Indicate special skills that you possess and machines and equipment that you can use. (For example, short wave radio, multilith, comptometer, computers, transcribing machine, scientific or professional devices): _____
- c. Approximate number of words per minute: Typing _____
- d. Indicate special qualifications not covered in application. Example: your most important publications (don't submit copies unless requested); your patents or inventions; public speaking and publications experience; membership in professional or scientific societies, etc.; and honor and fellowships received:

24. MILITARY

- a. Have you ever served in a military organization of the United States including R.O.T.C. Yes No
(If yes, INCLUDE A PHOTOSTATIC COPY OF DD214)
- b. Branch Service _____ Company _____
Regiment _____ Division _____ Ship _____
- c. What is your service number? _____
- d. Highest rank held: _____
- e. How many periods of active military service have you had? _____
- f. List all medals and decorations awarded to you as a member of the armed forces: _____

- g. What is the type of your discharge? Be exact:
Honorable Dishonorable General Medical Honorable Conditions Other: _____
- h. Give date and location of entrance to active duty: _____
- i. Give date and location of discharge: _____
- j. If you have had no military service, give reasons: _____

- k. Give period or periods of active military service
From _____ To _____ From _____ To _____
From _____ To _____ From _____ To _____
- l. Are you or were you ever on active or inactive duty of any branch of the United States Reserve Forces? Yes No
State which: Active Inactive
- m. Are you now or were you ever a member of the National Guard? Yes No
State _____ Regiment _____ Unit _____ Rank _____
From _____ To _____ Type of discharge _____
- n. What is your present draft classification? _____
Date of Classification? _____
Draft board number and location: _____
- o. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, desk court, captain's mast or company punishment, or any other disciplinary action while a member of the armed forces? Yes No
If yes, explain below: _____

p. List any disciplinary action taken against you in the National Guard or other reserve unit: _____

q. List any other information pertaining to military not requested above: _____

25. EMPLOYMENT

a. What is your occupation or trade? _____

b. 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: _____

c. What is your social security number? _____

d. Were you ever discharged, terminated, fired or forced to resign because of misconduct or unsatisfactory service (except military)? Yes No If yes, give name and address of employer, approximate date, and reasons in each case: _____

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

f. Do you object to wearing a uniform? Yes No

g. Do you object to working nights? Yes No

h. Have you had experience with shift work? Yes No

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

TYPE OF ASSISTANCE	LOCAL OFFICE	ADDRESS	FOR HOW LONG:

j. List all jobs you have held in the last TEN years. Place your present or most recent job FIRST. If you need more space, you may include additional sheets. Include military service in proper sequence and also all periods of unemployment. List all part-time, temporary, seasonal and voluntary jobs.

FROM DATE	NAME OF EMPLOYER	PART-TIME	FULL-TIME	JOB TITLE
		<input type="checkbox"/>	<input type="checkbox"/>	

TO DATE	STREET ADDRESS	PHONE NO. (Area Code)	DESCRIPTION OF DUTIES

SALARY BEGIN	CITY, STATE, ZIP CODE	NAME OF SUPERVISOR

SALARY END	WHY DID YOU LEAVE?	NAME OF CO-WORKER

FROM DATE	NAME OF EMPLOYER	PART-TIME	FULL-TIME	JOB TITLE
		<input type="checkbox"/>	<input type="checkbox"/>	

TO DATE	STREET ADDRESS	PHONE NO. (Area Code)	DESCRIPTION OF DUTIES

SALARY BEGIN	CITY, STATE, ZIP CODE	NAME OF SUPERVISOR

SALARY END	WHY DID YOU LEAVE?	NAME OF CO-WORKER

FROM DATE	NAME OF EMPLOYER	PART-TIME <input type="checkbox"/>	FULL-TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	PART-TIME <input type="checkbox"/>	FULL-TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	PART-TIME <input type="checkbox"/>	FULL-TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	PART-TIME <input type="checkbox"/>	FULL-TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	PART-TIME <input type="checkbox"/>	FULL-TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	PART-TIME <input type="checkbox"/>	FULL-TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER

FROM DATE	NAME OF EMPLOYER	PART-TIME <input type="checkbox"/>	FULL-TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	PART-TIME <input type="checkbox"/>	FULL-TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	PART-TIME <input type="checkbox"/>	FULL-TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	PART-TIME <input type="checkbox"/>	FULL-TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	PART-TIME <input type="checkbox"/>	FULL-TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	PART-TIME <input type="checkbox"/>	FULL-TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER

26. VEHICLE OPERATOR'S LICENSE: (Drivers, CDL, etc.)

- a. Can you operate a motor car? 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 _____
- b. Did you ever possess a driver's license by any other state other than Florida? Yes No If yes, provide the following information:
 Driver's Lic. # _____
- c. Was your license ever suspended or revoked? Yes No If yes, give reasons, date and length of suspension.

- d. Was your license ever restored? Yes No
- e. Have you ever been refused a driver's license by any state? Yes No

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

- g. 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 a red light; careless driving; etc.) _____
 _____ Injury or non-injury? _____ Who was charged with accident and court disposition? _____

- Date _____ Police Investigation? Yes No
 Location _____
 Cause of Accident (for example: ran a red light; careless driving; etc.) _____
 _____ Injury or non-injury? _____ Who was charged with accident and court disposition? _____

- Date _____ Police Investigation? Yes No
 Location _____
 Cause of Accident (for example: ran a red light; careless driving; etc.) _____
 _____ Injury or non-injury? _____ Who was charged with accident and court disposition? _____

- Date _____ Police Investigation? Yes No
 Location _____
 Cause of Accident (for example: ran a red light; careless driving; etc.) _____
 _____ Injury or non-injury? _____ Who was charged with accident and court disposition? _____

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

Locations (Street, City, State)	Approx. Date	Nature of Violation	Penalty or Disposition

i. List all vehicles that you currently own or operate.

YEAR	MAKE	MODEL	COLOR	TAG NUMBER	OWN	
					YES	NO

27. MOTOR VEHICLE INSURANCE:

a. Do you presently have automobile liability insurance? Yes No

If no, give details: _____

b. 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: _____

c. If you have been insured by this company for less than three 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: _____

d. List your present policy coverage _____ To: _____

e. Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance? Yes No

If yes, give details: _____

28. ARREST, DETENTION, AND LITIGATION: (Show all arrests including delinquent and traffic arrests.)

a. Have you ever been arrested, received a notice to appear, charged, convicted, pled nolo contendere, or pled guilty to any criminal violation regardless if the record was sealed or expunged?

Crime charged _____ Police agency _____

Date _____ Disposition of case _____

b. Have you ever been placed on probation? Yes No If yes, give details. _____

c. Have you ever been required to pay a fine? Yes No If yes, give details. _____

d. Have you ever been reported as a missing person or as a runaway? Yes No If the answer is yes, give complete details, including police jurisdiction, dates and outcomes. _____

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

Agency _____ Date _____ Purpose _____

Agency _____ Date _____ Purpose _____

Agency _____ Date _____ Purpose _____

Agency _____ Date _____ Purpose _____

f. Have you ever been advised of your Miranda rights? If yes, give complete details: _____

g. Have you ever been the subject of a police, criminal and/or internal affairs (Company/Departmental) investigation? If yes, give details including police department and date.

h. Have you ever had a polygraph examination? If yes, list date, examiner's name, location and purpose for each examination:

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

Name	Relationship	Offense	Where Arrested	Date

j. Have you or any members of your immediate family ever been a victim of crime? Yes No If yes, give particulars below

k. Do you know of anyone who is an enemy of who might try to harm you in any way? Yes No If yes, give details below:

l. Have you ever sued anyone (civil court plaintiff)? Yes No If yes, give details below and provide copies:

m. Have you or your spouse ever been sued by anyone (civil court defendant)? Yes No If yes, give details below and provide copies:

29. FINANCIAL INFORMATION

a. Do you own or are you buying real estate other than your place of residence? Yes No

Type of Real Estate _____ Amount Invested _____
 Bank or Company _____ City and State _____

b. Are you now issued or have you ever been issued a license to engage in a business or profession? Yes No

c. Do you have any sources of income other than your salary or the salary of your spouse? Yes No
 If yes, provide details: _____

d. List spouse's occupation, place of employment and salary.

e. List firms which you have, or have had charge accounts, list firms from whom you have borrowed money for any purpose.

Name of Firm _____ Type of Business _____
 Street Address _____ Date Closed _____ Amount Owed _____
 Original Amount Owed _____ Purpose: _____

Name of Firm _____ Type of Business _____
 Street Address _____ Date Closed _____ Amount Owed _____
 Original Amount Owed _____ Purpose: _____

Name of Firm _____ Type of Business _____
 Street Address _____ Date Closed _____ Amount Owed _____
 Original Amount Owed _____ Purpose: _____

Name of Firm _____ Type of Business _____
 Street Address _____ Date Closed _____ Amount Owed _____
 Original Amount Owed _____ Purpose: _____

Name of Firm _____ Type of Business _____
 Street Address _____ Date Closed _____ Amount Owed _____
 Original Amount Owed _____ Purpose: _____

Name of Firm _____ Type of Business _____
 Street Address _____ Date Closed _____ Amount Owed _____
 Original Amount Owed _____ Purpose: _____

f. What is your total indebtedness at the present time? _____

g. Have your creditors treated you fairly? Yes No If not, explain _____

h. Have you ever had accounts placed in the hands of a collection agency? Yes No If yes, explain _____

i. Have you ever filed for bankruptcy? Yes No If yes, give details below, including date and court filed _____

30. Do you currently, or have you ever used, possessed, supplied, or sold ANY illegal narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug or a similar nature? Yes No
 If YES, please complete the following:

- a. Drug: _____
- b. Circumstance: _____
- c. Number of times supplied/sold: _____
- d. First time supplied/sold: _____
- e. Last time used/supplied/sold: _____

31. CHARACTER REFERENCES: (Do not include relatives, former employers or supervisors, or persons living outside of the United States or its Territories.) List only character references who have definite knowledge of your qualifications and fitness for the position for which you are applying? List 8 character references.

a.	Name of Character Reference	Years Known	Address (Street, City, State, Zip Code)	Phone Number	
				Business	Home

b. Are you acquainted with or related to any member(s) of the Riviera Beach Police Department? If so, whom and relationships:

32. PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS

a. NAME, ADDRESS AND PHONE NO.	TYPE (Social, Fraternal Union, Professional of Academic)	Office or Position Held	Membership	
			From	To

b. SUBVERSIVE ORGANIZATIONS:

1. Are you now or have you ever been a member of the Communist Party U.S.A. or any Communist Organization(s)? Yes No

2. Are you now or have you ever been a member of a Fascist Organization? Yes No

3. Are you now or have you ever been a member of any organization, movement, group or combination of persons which advocates to overthrow our constitutional form of government, or which has adopted the policy of advocating 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

4. Are you now associating with, or have you associated with any 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

5. Are you now associating with, or have you associated with any 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

6. Have you ever been engaged in any of the following activities of any organization of the type described above: Contribution(s) to, attendance at or participation in any organization, 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 their agents or instrumentalities? Yes No

If you answered YES to any of the questions above, describe the circumstances. Attach sheets for a full detailed statement. If associated with any of these organizations, specify the nature and extent of association 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.

33. CIVIL SERVICE

a. List below police civil service competitive examinations you have taken, if none, so state.

AGENCY (City & State)	Approximate Date of examination	Position Applied For	Position on list	Present Status

b. Are you now on our eligibility list? Yes No If YES, give details below:

c. If you were ever placed on an eligibility list and were not hired, state why (If known).

d. Were you ever rejected for any civil service position? Yes No If YES, give details below:

e. Have you previously submitted an application for employment with the Riviera Beach Police Department or any other Law Enforcement agency? Yes No

APPROXIMATE DATE	NAME OF AGENCY

34. Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which may be required of you in law enforcement capacity or which might require further explanation? Yes No If yes, give details:

Blank lines for providing details to question 34.

35. REMARKS (Any comments you think are important)

Blank lines for providing remarks to question 35.

36. 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 Riviera Beach Police Department, or, if after my acceptance for employment, subsequent investigation should disclose misrepresentation, falsifications or omission, it will be just cause for immediate dismissal. **CAUTION: NOT TO BE SIGNED, UNLESS IN THE PRESENCE OF A NOTARY.**

Date _____

Signature of Applicant _____

Sworn to and subscribed before me this _____ day of _____ 20 _____

Notary Public _____

My Commission expires _____ 20 _____

**CITY OF RIVIERA BEACH
"SMOKE FREE" POLICE DEPARTMENT**

AFFIDAVIT

The City of Riviera Beach is progressing towards a "Smoke Free" Police Department. Thus, all applicants must be non-users of tobacco and tobacco products for a period of one (1) year immediately preceding application for employment and must retain that status for the entire period of employment as a certified Police Officer with the City of Riviera Beach.

I do hereby attest to either of the following:

(A) I _____, do hereby affirm that I have not been a user of tobacco products for at least one (1) year immediately preceding my application for employment as a Police Officer with the City of Riviera Beach, and I agree to refrain from using tobacco products for the entire period of employment should I accept a position.

(B) I _____, do hereby affirm that I have used tobacco and/or tobacco products in the preceding one (1) year. I am hereby requesting a waiver of the above standard and will agree to commit to be "Smoke Free" from the date of my application for employment as a Police Officer with the City of Riviera Beach, and the entire period of employment should I accept a position.

Under the penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

DATED and SIGNED THIS _____ day of _____, 20_____.

Printed Name of Applicant

Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, 20_____.

(Notary Seal)

Notary Public

My commission expires: _____

**AUTHORIZATION TO RELEASE INFORMATION
CITY OF RIVIERA BEACH**

TO WHOM IT MAY CONCERN:

I hereby authorize my employer or authorized representatives of the Riviera Beach Police Department bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, and disciplinary records; medical records; credit records; and criminal history records, thereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that this information is for the official use of the Riviera Beach Police Department. Consent is granted for the Riviera 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, 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 whatsoever, which may at anytime result to me, my heirs, family or associates because of the 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:

NOTE: NOT TO BE SIGNED UNLESS IN THE PRESENCE OF A NOTARY.

Sworn to and subscribed before me this _____ day of _____, 20 ____

Notary Public, State of Florida

**EMPLOYMENT WAIVER
CITY OF RIVIERA BEACH**

DATE _____

I, _____, thoroughly understand that I am being considered for employment as a Police Officer and must successfully complete a Background Investigation, Polygraph Examination, Psychological Evaluation and Drug Screening. I understand that should unfavorable information develop, I will be denied employment.

I am seeking employment on the basis that no unfavorable information will be developed by the Riviera 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 Riviera Beach Police Department has no funds available to reimburse any expenses that I may incur in seeking this position. I recognize that the time required to select a Police Officer is lengthy and time consuming. No promise or commitments are expected as to a time when a hiring decision and/or actual hiring will take place.

I understand that this application is the property of the Riviera Beach Police Department. Once submitted for pre-employment processing, it will not be returned to the applicant.

I am also aware that any and all documents or information (including this application), submitted to the Riviera Beach Police Department will be subject to public records law with the exception of portions of the background investigation, Psychological and medical examinations (which are exempted by Florida State Statute 119.07, Inspection and Examination of Records; exemptions).

I understand that the use of alcohol by employees or appointees is prohibited during work or duty time, whether paid or unpaid, in any work area within the City of Riviera Beach Police Department including Police Officer vehicles.

I understand the use or possession of illegal drugs by employees or appointees is prohibited at any time, whether on or off duty.

I have read and understood the above.

SIGNATURE OF APPLICANT

WITNESS



Florida Department of Law Enforcement

AFFIDAVIT OF APPLICANT

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



CJSTC 68

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

Social Security Number: _____

Applicant's Legal Name: _____
Last First MI

Employing agency: 0500700

Use this form to verify your compliance with the employment requirements of Section 943.13, F.S. I fully understand that to qualify for employment as a law enforcement, correctional, or correctional probation officer, I shall comply with the following provisions of Section 943.13, F.S.:

- Be at least 19 years of age.
Be a citizen of the United States.
Be a high school graduate or equivalent.
Not have been convicted of any felony or of a misdemeanor involving perjury or false statement.
Have been fingerprinted by the employing agency.
Have passed a physical examination by a licensed medical specialist approved in Rule 11B-27.002(1)(d), F.A.C..
Be of good moral character.
Have not received a dishonorable discharge from the U.S. Military.

True False NA In addition, I attest to the following statements: Each statement shall be checked "True" "False" or "NA"

Table with 11 rows of statements and checkboxes for True, False, and NA. Statements include: 1. I completed my employment application... 2. I provided documentation... 3. I meet the qualifications... 4. I had a criminal record sealed... 5. I am under investigation... 6. I separated or resigned... 7. I am currently serving... 8. I previously served... 9. I received a dishonorable discharge... 10. I am currently certified... 11. I authorize the employing agency...

NOTICE: This document shall constitute as an official statement within the purview of Section 837.06, F.S., and is subject to verification by the employing agency and the Criminal Justice Standards and Training Commission.

PLEASE READ CAREFULLY BEFORE SIGNING. You must complete the remainder of this affidavit in the presence of a notary public. Upon witnessing your signing of this affidavit, a notary public shall complete the notary block by entering the same date the affidavit is signed.

Applicant's Signature Date Signed

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach The forgoing instrument was acknowledged before me this date

By: _____ who is personally known

or who has produced identification. Type of identification: _____

Notary's Signature Print, type, or stamp Commissioned Name of Notary

Notary Seal: _____ Upon witnessing the agency administrator or designee's signing of this affidavit, the notary public shall complete the notary block.

*NOTE: Private Correctional facilities must submit original and shall forward the completed affidavit stapled to the Registration of Employment, Affidavit of Compliance Form CJSTC-60 to FDLE, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section

Affidavit of Application
CJSTC-68
When and How to Complete this Form

Use this form to verify your compliance with employment requirements of section 943.13, Florida Statutes.

4. Enter agency's county: County of _____
5. Enter your name: **personally appeared**
-

General Instructions

1. Type or print in black ink.
2. Use capital and small letters to write names, addresses and titles.

6. Applicant's signature. enter your signature on the signature line.
7. Date signed. Enter the date on which the affidavit was signed.
8. Upon witnessing your signing of this affidavit, a notary public will complete the notary block, entering the same date that you signed the affidavit.

How to Complete Each Item

1. SSN. Enter your social security number. Enter number as in this example: 000-00-000.
2. **Applicant's Name.** Enter your legal name. Enter last and first name. If you have a middle initial, enter it above (MI).
3. **Employing Agency.** Enter your employing agency's name.

You must complete the remainder of this affidavit in the presence of a notary public.

Criminal justice agencies shall maintain this affidavit within the personnel files. Private correctional agencies must send this completed affidavit stapled to the Registration Affidavit of Compliance to:

Division of Criminal Justice Standards and Training
Bureau of Standards
P.O. Box 1489
Tallahassee, Florida 32302-1489

APPLICATION FOR VETERANS PREFERENCE CITY OF RIVIERA BEACH

Applicants wishing to assert Veterans Preference in employment should complete this questionnaire and return it to the City of Riviera Beach Human Resources Department along with a copy of their DD214 form or equivalent certification from the Veteran's Administration and a completed employment application.

_____ I _____ wish to assert Veterans Preference in employment. I qualify under the following category:

CHECK THE CATEGORY WHICH APPLIES TO YOU

- 1) Honorably discharged disabled Veteran who has a service-connected compensable disability;
- 2) The spouse of a totally disabled Veteran; who because of this disability cannot qualify for employment; or the spouse of any person missing in action, captured in the line of duty or forcibly detained;
- 3) A Veteran of any war who served on active duty for 181 consecutive days or who has served 180 consecutive days since 1/31/55 if performed during wartime era. (See definition.)
- 4) The unremarried widow or widower of a veteran who died of a service connected disability.

Please complete the following information: (Applicants asserting a preference based on their spouse's service, should provide this information as it pertains to their spouse.)

Service Entry Date _____ Release Date _____

BRANCH _____

Veteran's Social Security # _____

Type of Discharge _____ (attach DD214 or other certification)

Did or does the Veteran have a Veteran disability rating from the VA? _____ Yes _____ No

If yes, is the present disability rating _____ less than 30% _____ 30% or more?

Have you previously asserted a Veteran's Preference when applying for any job after October 1, 1987?

_____ Yes _____ No

Have you received employment after October 1, 1987, as a result of asserting Veterans Preference?

_____ Yes _____ No

I hereby certify that that information provided above is true and correct to the best of my knowledge. I understand that falsifications of this information is a criminal violation and may subject me to prosecution and possible incarceration and/or fine and will result in my dismissal if employed. I have received notice of the appropriate procedures to follow in order to initiate an investigation into any noncompliance with the Veterans Preference Laws.

Applicant Signature

Date

Veterans Preference Information

The City of Riviera Beach in accordance with Chapter 295 of the Florida Statutes dealing with Veterans Preference, provides preference in employment to those veterans who were honorably discharged or to the spouses of veterans who fall within the following categories:

1. Disabled veterans who have served on active duty in any branch of the Armed Forces and who have a presently existing service-connected disability which is compensable under public laws administered by the Veterans Administration; or are receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the Veterans Administration or Department of Defense.
2. The spouse of any person who has a total or permanent service-connected disability and who, because of this disability, cannot qualify for employment; or who is missing in action, captured in the line of duty by a hostile force, or forcibly detained or interned in the line of duty by a foreign government or power.
3. A veteran of any war, as defined on the Veterans Preference Information Form, who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was discharged or separated there from with an honorable discharge or separated there from with an honorable discharge from the Armed Forces of the United States of America if any part such active duty was performed during the wartime era. Wartime era includes:
 - a. World War II; December 7, 1941 to December 31, 1946;
 - b. Korean Conflict; June 27, 1950 to January 31, 1955;
 - c. Vietnam Era; August 5, 1964 to May 7, 1975;
 - d. Persian Gulf War; August 2, 1990 to Present
4. The unmarried widow of a veteran who died of a service connected disability.

Should you qualify for the preference under any category and wish to assert it, please complete the other side of this form and return it to the Personnel Department along with your application. If you qualify for Veterans Preference, the City will give you special consideration with respect to your application.

Should the position for which you are applying be filled by someone who does not qualify for Veterans Preference and you feel that proper consideration of the Veterans Preference law has not been provided to you by the City or that the City has not complied with the Veterans Preference rules, please notify the City of your concerns at the Riviera Beach Human Resources Department at 845-4031.

You also have the right to initiate an investigation by the Florida Division of Veterans Affairs. You may do so by notifying the State of Florida Department of Administration, Division of Veterans Affairs within 21 calendar days from the date you receive notice that you were not selected for the position.

DRUG TESTING CONSENT FORM

In keeping with the efforts of the Riviera Beach Police Department to determine the most qualified individual, I understand that, as part of the pre-employment process, this agency will conduct an in-depth background investigation, (in accordance with Florida state statute 943,13(7)), in an effort to determine my suitability to fill the position for which I have applied.

As mandated by Florida state statute, all police officer applicants will undergo a urine drug test as part of the background investigation.

I, _____ do hereby voluntarily consent to the sampling and subsequent testing of my bodily fluids, including urine and blood. I understand that refusal to supply the necessary samples may be grounds for rejection of my application for employment. Further understand that the results of the testing may be utilized in conjunction with any other information developed during the pre-employment process to determine my eligibility for this position for which I have applied, and that written confirmatory laboratory reports may be subject to disclosure under Florida's public records law.

DATE

APPLICANT SIGNATURE

WITNESS SIGNATURE

**City of Riviera Beach
Drivers License
Standards for Police Officers**

A candidate must possess a Florida Driver's license prior to appointment and maintain it throughout employment as a Police Officer without any restrictions affecting job performance.

Within the most recent 4 years of driving, candidate must NOT have accumulated:

6 points or had 2 adjudications withheld for moving violations in 12 months,
9 points or had 3 adjudications withheld for moving violations in 18 months, or
12 points or had 4 adjudications withheld for moving violations in 36 months,

(Florida Highway Department point system)

Adjudication withheld = 3 points

A candidate who has had his or her license suspended or revoked for nonpayment of ticket(s) must have paid the violation and his or her license reinstated.

Within the most recent 4 years of driving, a candidate must NOT have had his or her license suspended or revoked for reasons associated with moving violations.

Within the most recent 5 years of driving, a candidate must NOT have been convicted of DWI, DUI, reckless driving, or fleeing & eluding.

Out of State licenses will be evaluated on an equivalent basis.

I heard about the police officer position through (check below)

Newspaper:

Palm Beach Post

News Sun Sentinel

Ft. Lauderdale News

Photo News

Miami Herald

Other _____

Friend

Relative

Employee of the City of Riviera Beach

Job Service Office

School Placement Office _____
Name of School

Posted on bulletin board at: _____
Name of Agency

Church _____
Name of Church

Radio/TV Station _____
Name of Station

Internet _____
Name of Source

Other _____
Please Specify

City of Riviera Beach Human Resources Department

APPLICANT—Do not write on this page FOR INTERVIEWER'S USE

INTERVIEWER	DATE	COMMENTS
POLICE		Fingerprinted <input type="checkbox"/> Identification No. _____ by _____
PHYSICIAN		Qualified: Yes <input type="checkbox"/> No <input type="checkbox"/> Comments _____ _____ M.D.
CIVIL SERVICE		Passed/Failed Examination For _____ Score _____ Date _____ By _____
APPROVED DEPT. HEAD		Dept. _____ Start Work _____ Range/Grade _____ Starting Salary _____

FOR TEST ADMINISTRATOR'S USE

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATION

REFERENCE CHECK

POSITION NUMBER	RESULTS OF REFERENCE CHECK	POSITION NUMBER	RESULTS OF REFERENCE CHECK
I		I	
II		II	
III		III	