



Gainesville Police Department

VOLUNTEER PACKET



ATTENTION APPLICANTS:

Any person seeking a volunteer opportunity with the Gainesville Police Department should contact the Volunteer Coordinator directly before completing this packet. There is a mandatory screening process that will take place before you are eligible to submit this application to Personnel.

Volunteer Coordinator
Mortlake Nembhard
(352)393-7716

nembhardmo@cityofgainesville.org

VOLUNTEERING WITH THE GAINESVILLE POLICE DEPARTMENT

At the Gainesville Police Department, we are thankful that volunteers in the community have offered their time and skills to our law enforcement agency. You, the citizen volunteers, help supplement and support our police and civilian personnel by allowing them to concentrate on their primary duties. Volunteer roles may include performing clerical tasks, serving as an extra set of “eyes and ears,” or any of the many other necessary and important tasks at the police department.

Please complete the following materials which are included in this packet:

A. VOLUNTEER/INTERNSHIP* APPLICATION (If already completed, skip to Part B)

** Students desiring to obtain course credit via the internship program must complete required school documentation prior to undergoing GPD's background process.*

B. AGREEMENT FOR INDIVIDUAL/INTERNSHIP VOLUNTEER SERVICES

C. PERSONAL DATA INFORMATION*

** Reserve/Auxiliary Police applicants must complete the full length (Police Officer) data packet.*

D. FDLE AUTHORITY FOR RELEASE OF INFORMATION (CJSTC Form 58)

REQUIRED DOCUMENTS

You must provide one copy of the following documents when you return the completed data packet:

- Copy of birth certificate
- Copy of a valid FL driver's license.
- Copy of any name change documents, such as marriage license, court order, etc.
- Copy of military discharge papers or DD-214, if applicable.

PERSONAL DATA INSTRUCTIONS

All questions in this packet must be answered completely, accurately, and truthfully. Each question must be addressed and have a response listed. Indicate “N/A” if a question does not apply to you. Any information that is omitted will slow the progress of your background investigation. Note: all information you provide will be verified. Misstatements, falsifications, or omissions may be grounds for disqualification from the selection process or termination of volunteer position. You may be required to explain discrepancies or inconsistencies to the background investigator.

Information provided in the Volunteer Information **Packet must be typed** via Microsoft Word (any version). The MS Word version may be electronically saved for your personal convenience.

Any positive responses to questions about criminal activity and drug usage must be fully explained. *This will not necessarily disqualify you from the background process.* Include arrests and convictions involving or related to any criminal activity, including the nature of the arrest, the charge (including charges that may have been dropped), the arresting agency name(s), address, date of arrest, and agency case report number (if known). This includes any criminal activity you may have committed but were not charged with. Regarding drug usage, explain the circumstances including date(s) used, place, and setting.

The personal data packet and FDLE release form must be **notarized**. Your signature is required in the presence of a notary.

If at any time during the background phase you wish to discontinue your application, please notify the background investigator or volunteer coordinator immediately.

VOLUNTEER/INTERN APPLICATION

Last Name: _____ First Name: _____ M.I.: _____
 Maiden/other names used: _____ E-mail: _____
 Street Address: _____ Apt.: _____ Phone: () _____
 City: _____ State: _____ Zip: _____
 Occupation: _____ Employer: _____ Phone: () _____
 Emergency Contact: _____ Relationship: _____ Phone: () _____

Education/Experience: HS/GED AA/AS BA/BS MA/MS PhD Other Major: _____

Other certifications/licenses/skills:

Past volunteer experience location, dates & duties:

Hours/days of availability:

VOLUNTEER OPPORTUNITIES: Volunteers can benefit us in many ways; please check item(s) of interest:

- | | | |
|---|--|--|
| <input type="checkbox"/> Administrative/Clerical | <input type="checkbox"/> Airport | <input type="checkbox"/> Backgrounds/Selections |
| <input type="checkbox"/> Citizens on Patrol | <input type="checkbox"/> Crime Analysis | <input type="checkbox"/> Crime Prevention |
| <input type="checkbox"/> Detectives Bureau | <input type="checkbox"/> Downtown Unit | <input type="checkbox"/> Fingerprinting |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Juvenile/Youth Programs | <input type="checkbox"/> Mounted Unit |
| <input type="checkbox"/> Property Unit | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Reserve or Auxiliary Police Officer |
| <input type="checkbox"/> Special/Community Events | <input type="checkbox"/> Traffic Unit | <input type="checkbox"/> Training Unit |
| <input type="checkbox"/> Victim Advocate | <input type="checkbox"/> Other _____ | |

Have you ever been convicted (plead “guilty” or “*nolo contendere*”) of a crime? Y / N If yes, please describe:

I understand that the City of Gainesville, to protect its citizens, will conduct a background check of my name through law enforcement agencies, license bureaus, child protective service agencies, and hereby authorize the City to do so. I understand that a criminal offense or agency record will not automatically exclude me from all volunteer positions; however, certain convictions will exclude me from volunteering in some positions. Accordingly, I authorize those parties contacted by the City to conduct the check and to cooperate by releasing information as requested to the City.

 Applicant Signature

 Date

**** Please read and sign next page ****

Declaration

As an applicant for volunteerism in a positive position of trust for the City, I hereby attest that I am of good moral character and that I have not plead "Guilty" or "*Nolo Contendere*" to, or been found guilty by a jury or a court, of a misdemeanor involving:

- ✓ physical violence
- ✓ theft
- ✓ driving under the influence of drugs
- ✓ possession or sale of drugs

-OR-

any felony described in the below-cited provisions of Florida Statutes or under similar statutes of other jurisdictions:

- ✓ 782.04, F.S. ➤ relating to murder
- ✓ 782.07, F.S. ➤ relating to manslaughter
- ✓ 782.071, F.S. ➤ relating to vehicular homicide
- ✓ 782.09, F.S. ➤ relating to killing of an unborn child by injury to the mother
- ✓ 784.011, F.S. ➤ relating to assault, if the victim of the offense was a minor
- ✓ 784.021, F.S. ➤ relating to aggravated assault
- ✓ 784.03, F.S. ➤ relating to battery, if the victim of the offense was a minor
- ✓ 784.045, F.S. ➤ relating to aggravated battery
- ✓ 787.01, F.S. ➤ relating to kidnapping
- ✓ 787.02, F.S. ➤ relating to false imprisonment
- ✓ 787.04, F.S. ➤ relating to removing a child from the State or concealing a minor contrary to court order
- ✓ 794.011, F.S. ➤ relating to sexual battery
- ✓ Former F.S. 794.041 ➤ relating to sexual activity with or solicitation of a child by a person in familial or custodial authority.
- ✓ 796, F.S. ➤ relating to prostitution
- ✓ 798.02, F.S. ➤ relating to lewd and lascivious behavior
- ✓ Ch. 800, F.S. ➤ relating to lewdness and indecent exposure
- ✓ 806.01, F.S. ➤ relating to arson
- ✓ 812.13, F.S. ➤ relating to robbery
- ✓ 826.04, F.S. ➤ relating to incest
- ✓ 827.03, F.S. ➤ relating to child abuse, aggravated child abuse, or neglect of a child
- ✓ 827.04, F.S. ➤ relating to contributing to the delinquency or dependency of a child
- ✓ 827.071, F.S. ➤ relating to sex performance by a child
- ✓ 825.102, F.S. ➤ relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult
- ✓ 825.103, F.S. ➤ relating to exploitation of an elderly person or disabled adult, if the offense was a felony
- ✓ Ch. 847, F.S. ➤ relating to obscene literature
- ✓ Ch. 893, F.S. ➤ relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor

I further attest that I have not been judicially determined to have committed abuse against a child as defined in Section 39.10 (2), Florida Statutes, or to have a substantiated, indicated report of abuse as defined in chapter 415, Florida Statutes, or to have committed an act, which constitutes domestic violence as defined in Section 741.28, Florida Statutes, or have been found to have committed a delinquent act, regardless of whether or not adjudication has been withheld and/or probation imposed. Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true to the best of my knowledge and belief.

I do hereby covenant with the City of Gainesville that I will never sue nor bring any legal action or proceeding against the City of Gainesville, its officers, agents, or employees for any amount in excess of their automobile insurance coverage for or on account of any injury or damage sustained by virtue of or arising out of any volunteer activity.

Applicant Signature

Date

All completed applications should be turned into Officer Ernest Graham. He may be contacted at 352-393-7753.

AGREEMENT FOR INTERN/INDIVIDUAL VOLUNTEER SERVICES

Last Name: _____ First Name: _____ M.I.: _____
Address: _____ Apt. No: _____
City: _____ State: _____ Zip: _____
Telephone: (____) _____ E-Mail: _____

I understand that I will not receive any compensation for the work and that volunteers are NOT considered City of Gainesville (CITY) employees for any purpose other than tort claims and injury compensation. I understand that volunteer service is not creditable for any other employee benefits. I also understand that either the CITY or I may cancel this agreement at any time by notifying the other party.

I do hereby volunteer my services, to assist the Police Department of the City of Gainesville in its authorized work. I hereby grant to the CITY the right and permission to make and use artwork and photographs created or taken of me; with respect to any printed matter in connection therewith, to include such artwork and photographs in any CITY informational or promotional advertising publicity or reports, in any media, and to use my name, in connection with the foregoing.

I acknowledge that my participation is completely voluntary. I do hereby covenant with the City of Gainesville that I will never sue nor bring any legal action or proceeding against the City of Gainesville, its officers, agents, or employees, and the owners of any real property visited and the drivers of any transportation vehicles associated with this volunteer activity for any amount in excess of their automobile insurance coverage for or on account of any injury or damage sustained by virtue of, or arising out of, any volunteer activity I engage in.

Signature of Volunteer

Date

Signature of GPD staff supervising Volunteer

Date

This Form is a legal instrument approved by the City Attorney. The City Attorney must authorize any deviations from its intended use.

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PERSONAL DATA

TODAY'S DATE: / /		POSITION APPLIED FOR: <input type="checkbox"/> Volunteer <input type="checkbox"/> Student Intern	
YOUR FULL LEGAL NAME :		ALIAS OR FORMER NAME(S):	
DATE OF BIRTH: / /		SOCIAL SECURITY NUMBER: - -	
STREET ADDRESS:		CITY:	STATE: ZIP:
DRIVER'S LICENSE # :		STATE OF ISSUANCE:	PLACE OF BIRTH:
HOME PHONE: () -	CELL PHONE: () -	PRIMARY E-MAIL ADDRESS:	
ADULT MEMBERS RESIDING WITH YOU (NAME, SEX, RACE, DATE OF BIRTH, AND RELATIONSHIP FOR EACH):			
MARITAL STATUS (check one): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			

NAME CHANGES

List any name changes in order of most recent to the oldest. Include adoption, marriage, and divorce. Documentation must be provided for each name change, e.g. marriage certificate, court order, etc.

PREVIOUS NAME:	DATE OF CHANGE:	REASON:
PREVIOUS NAME:	DATE OF CHANGE:	REASON:

Spouse's Full Name and Address (List only if different than above)*:

LAST NAME	FIRST	MIDDLE	(MAIDEN)
STREET ADDRESS	CITY	STATE	ZIP CODE

Former Spouse's Name and Address (if applicable)*:

LAST NAME	FIRST	MIDDLE	(MAIDEN)
STREET ADDRESS	CITY	STATE	ZIP CODE

Former Spouse's Name and Address (if applicable)* :

LAST NAME	FIRST	MIDDLE	(MAIDEN)
STREET ADDRESS	CITY	STATE	ZIP CODE

*THIS INFORMATION IS FOR IDENTIFICATION PURPOSES ONLY

EDUCATION

Select the highest year or level of education you have completed:

8
 9
 10
 11
 12
 13
 14
 15
 16
 17
 Associates
 Bachelors
 Masters
 Ph.D./J.D.

Did you graduate from high school or receive a GED? Yes No

List the school name, location, and year you graduated high school or received the GED certificate:

NAME OF SCHOOL	LOCATION	DATE

If you attended college, list the name(s) of the college or university, the location, and the year(s) that you attended/graduated, your major, and number of credit hours or type of degree you obtained:

COLLEGE/UNIVERSITY	LOCATION	MAJOR	YEARS ATTENDED	DEGREE OR CREDIT HOURS EARNED

List any training or schools that you attended and received certificates of completion. Examples are basic recruit course, advanced police training, EMT, etc.

TYPE OF TRAINING	NAME OF SCHOOL	DATE ATTENDED

List any technical skills you have, whether or not acquired through formal education or training:

PROFESSIONAL LICENSES

Do you possess any type of professional license, e.g. CPA, real estate? Yes No

If no, skip the next two questions. If yes, list the type, state where issued, and date of expiration:

TYPE	STATE	EXPIRATION DATE
TYPE	STATE	EXPIRATION DATE

Have you ever had a professional license suspended or revoked? Yes No

If yes, explain:

Have you ever been refused a surety bond or been refused employment that required a surety bond? Yes No

If yes, explain:

SOCIAL NETWORKING ACCOUNTS

List any internet profiles (i.e. Twitter, eBay, Myspace, Facebook, LinkedIn) that you have and your e-mail address(s):

ORGANIZATIONS

List all organizations, societies, clubs and associations, past or present, in which you have held membership:

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 a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or of seeking to alter the form of government of the United States by unconstitutional means? This includes hate groups, gangs, mobs, or other similar affiliations.

Yes No If yes, explain:

EMPLOYMENT APPLICATIONS

Have you ever applied for employment with any other law enforcement agency? Yes No

If yes, list the agency name, date of application, and position applied for:

AGENCY	DATE	POSITION

Have you ever been denied employment for any reason? Yes No

If yes, list the employer's name, date of application, and reason for denial:

EMPLOYER	DATE	REASON

Have you ever taken a polygraph examination or computerized voice stress analysis (CVSA)? Yes No

If yes, indicate where, when, and why:

WHERE	WHEN	WHY

EMPLOYMENT HISTORY

Starting with your current or last employer as (1), list every job you have held. List even those jobs you worked for a few days, part-time, temporary, or volunteered. Also, include military base assignments. Provide the complete address, zip code, area code, and phone number. If previous employers have moved, use the new address. If the business no longer exists, use the old address and note "No longer in business" after the company name. If additional space is needed, either reprint the appropriate page or list the employer(s) on the Supplemental Information pages 24-25.

(1)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

(2)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

(3)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

EMPLOYMENT (continued)

(4)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

(5)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

(6)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

EMPLOYMENT (continued)

(7)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

(8)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

(9)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

EMPLOYMENT (continued)

(10)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

(11)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

Have you ever been fired, been asked to resign, or been given the option to resign in lieu of being dismissed from any job that you have held?

Yes No If yes, explain below:

Have you ever received any disciplinary action from an employer such as a written notice or suspension?

Yes No If yes, explain below:

MILITARY SERVICE

Have you ever served in any branch of the U.S. military? Yes No If yes, which branch(es)?

Dates of Service (Indicate whether Active Duty or Reserve):

Beginning _____ *Ending* _____ *Type of Duty* _____

Beginning _____ *Ending* _____ *Type of Duty* _____

Beginning _____ *Ending* _____ *Type of Duty* _____

List principal duties:

Did you receive anything less than an honorable discharge? Yes No If yes, explain:

Have you been convicted at a military court martial or received any non-judicial punishment (e.g. Article 15, Captain's Mast, etc)?

Yes No If yes, explain:

DRIVING HISTORY

Do you have a valid driver's license? Yes No If yes, provide the following information:

Current Driver's License Number _____ State _____ Class _____ Expiration Date _____

Does your license have any restrictions? (Must wear glasses, daytime driving only, etc.)

Yes No If yes, list the restriction(s): _____

List any other states where you have possessed a driver's license. Provide driver's license number, if known, and years that you were licensed in each state:

DRIVING HISTORY (continued)

Have you ever had your driver's license suspended, cancelled, or revoked? This includes all states where you've had a driver's license.

Yes No If yes, explain below:

In the past five (5) years, have you been issued any traffic citations for moving or criminal violation such as speeding, reckless driving, DWI/DUI, running red light, careless driving, etc.?

Yes No If yes, how many? _____

If you answered YES to the previous question, list the type of violation(s), where the violation took place, and the date you received the citation:

VIOLATION TYPE

CITY/COUNTY/STATE

DATE

In the past five (5) years, have you been involved in any traffic accidents in which you were a driver, whether or not you were at-fault?

Yes No If yes, how many? _____

If you answered YES to the previous question, list the accidents and explain the circumstances. Also, list the investigating agency, agency case report number (if known), and location of the accident(s):

CRIMINAL ACTIVITY

Indicate if you have ever **committed**, been **arrested**, or been **charged** for any of the crimes listed below. Provide explanation on Supplemental Information pages 24-25.

Definitions:

COMMITTED – You have done something that is against the law, but were never caught or the crime went undetected.

ARRESTED – You were taken into custody, handcuffed and booked into some type of jail.

CHARGED – You were issued a “Notice to Appear” or other type of summons or citation that required you to appear in court to answer to a criminal charge.

	COMMITTED		ARRESTED		CHARGED		AGE AT TIME
Burglary	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Armed Robbery/Robbery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Illegal Possession of Narcotics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sale of Narcotics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
DWI or DUI	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Passing Worthless/Bad Checks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Auto Theft	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Assault/Battery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Domestic Battery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Murder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Shoplifting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Theft	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Theft from an Employer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Vandalism	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Rape/Other Sex Crime(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Indecent Exposure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Perjury/False Statements	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Possession/Distribution of Child Pornography	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Computer Related Crimes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Child Abuse/Neglect	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Forgery/Uttering a Forgery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Prostitution/Soliciting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any Other Criminal Offense:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Have you been under investigation by any law enforcement agency for **any** crime in the past? This includes any investigation of a criminal nature and does not include crimes such as speeding, careless driving, etc.

Yes No If yes, provide explanation below:

CRIMINAL ACTIVITY (continued)

NOTE: If you are arrested or detained by a law enforcement agency at any time after completing this packet, while still involved in the GPD hiring process, it is your responsibility to notify the Personnel Unit of the Gainesville Police Department at 352-393-7595. Failure to do so will result in the immediate disqualification from the hiring process.

Have you ever been arrested, charged, issued a notice to appear, cited, or pled no contest for any offense? Provide an explanation of any of the above to include the initial charge, charges that may have been reduced, and the disposition of each charge on pages 24-25.

(For police officer applicants, this includes any sealed or expunged records)

Yes No If yes, list the following:

ARRESTING AGENCY	CHARGE	CITY/COUNTY/STATE	DATE
------------------	--------	-------------------	------

Were you ever convicted, had adjudication withheld, pled no contest, or had any type of pre-trial diversion regardless of whether probation was imposed, for any of the previously listed offenses, or any other offenses that may not have been listed?

Yes No If yes, provide explanation below:

Have you, as an adult, had any sexual involvement with a person under the age of 18?

Yes No If yes, provide explanation below:

Have you ever had sexual involvement or any sexual contact with any person who was semi-conscious, unconscious or under the influence of drugs or alcohol to the extent that they were not able to communicate coherently?

Yes No If yes, provide explanation below:

DRUG ACTIVITY

List below any and all drug usage. Provide additional information regarding drug usage on the Supplemental Information Pages. Include a description of the circumstances, the type of drug and any additional explanation.

DRUG	USED	APPROXIMATE DATE FIRST USED	APPROXIMATE DATE LAST USED	NUMBER OF TIMES USED
Marijuana/THC/Salvia	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Hashish	Yes <input type="checkbox"/> No <input type="checkbox"/>			
PCP/Angel Dust	Yes <input type="checkbox"/> No <input type="checkbox"/>			
STP/Speed	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Mushrooms/Psilocybin	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Heroin	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Cocaine	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Crack	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Opium	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Medication Not Prescribed to You	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Steroids	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Prescription Drug Abuse/Pill-Popping	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Ice	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Ecstasy	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Speedballs	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Rohypnol (Ruffies)	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Inhalants	Yes <input type="checkbox"/> No <input type="checkbox"/>			
LSD	Yes <input type="checkbox"/> No <input type="checkbox"/>			
GHB/GBL	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Methamphetamine	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other (list):	Yes <input type="checkbox"/> No <input type="checkbox"/>			

If you have sold, purchased, and/or supplied any illegal drugs or prescription medication (even to/from friends or relatives at no profit to yourself), estimate the dollar amount the illegal drugs or medication would have been worth (i.e. "street value"); check the amount that is the closest representation and explain:

\$10,000
 \$5,000
 \$3,000
 \$2,000
 \$1,000
 \$500
 \$300
 \$200
 \$100
 Less than \$100
 None

DRUG ACTIVITY (continued)

Have you ever held a job where the use of illegal drugs during working hours was common practice?

Yes No If yes, provide explanation below:

How many times have you used marijuana or other illegal drugs during work hours, including lunches or breaks? Check the approximate number and explain:

500 400 300 200 100 75 50 25 15 10 5 None

ON-THE-JOB USE OF ALCOHOL

Have you ever held a job where the use of alcohol (on-the-job) was common practice?

Yes No If yes, provide explanation below:

How many times have you consumed alcoholic beverages during work hours? This includes lunch and breaks, as well as while you were actually working. Explain below:

500 400 300 200 100 75 50 25 15 10 5 None

Have you ever been under the influence of alcohol or drugs you consumed prior to your assigned workday that affected your performance on the job?

Yes No If yes, provide explanation below:

CIVIL COURT AND CREDIT HISTORY

Have you ever been, or are you currently, a party to a civil suit? (This includes divorce, small claims, evictions, foreclosures, child support, judgments, bankruptcies, etc.)

Yes No If yes, explain below and provide county and state where case(s) filed:

CONVERSION OF PROPERTY/GOODS FROM EMPLOYER(S)

Employees sometimes take things from their place of employment without permission. This includes, but is not limited to, actually taking/removing property, giving away merchandise to friends or relatives, or borrowing with or without permission and failing to return the property.

Estimate the value of property you have taken from all your employers combined; check the amount that is the closest representation and explain:

- \$5,000 \$4,000 \$3,000 \$2,000 \$1,000 \$500 \$400 \$300
\$200 \$100 \$50 \$25 \$15 \$10 \$5 None

CONVERSION OF MONEY FROM EMPLOYER(S)

Many jobs require employees to handle money or manage an expense account. However, some employees take money from their employer without permission to include taking cash, padding expense accounts and borrowing money without returning it.

Estimate the amount of money you have taken from employers; check the amount that is the closest representation and explain:

- \$5,000 \$4,000 \$3,000 \$2,000 \$1,000 \$500 \$400 \$300
\$200 \$100 \$50 \$25 \$15 \$10 \$5 None

GRATUITIES

Some employers have rules about accepting gratuities or tips while others have few, if any, guidelines. In some occupations, the acceptance of gratuities or tips is common or even expected, such as sales or serving in a restaurant. In the last five (5) years have you held a job where you received gratuities/tips?

Yes No If yes, check the approximate value of all gratuities you have received during this time period and explain what the gratuities/tips were:

\$20,000 \$15,000 \$10,000 \$5,000 \$4,000 \$3,000 \$2,000 \$1,000 \$750

 \$500 \$300 \$200 \$100 \$50 \$20 \$10 \$5 None

Did any of your former employers have rules about accepting gratuities?

Yes No If yes, explain rules below. Some examples would include: *no rules at all, gratuities limited to gifts under \$ _____ in value, gratuities limited to meals or food/drinks consumed at one sitting, or no gratuities allowed.*

RESIDENTIAL HISTORY

List all addresses where you have resided during the past ten (10) years. Start with your current address and work backward. Include any military addresses, if applicable.

(1)

DATES OF RESIDENCE:		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
<i>From</i>	<i>To</i>			
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE:				

RESIDENTIAL HISTORY (continued)

(2)

DATES OF RESIDENCE: <i>From</i> _____ <i>To</i> _____		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE:				

(3)

DATES OF RESIDENCE: <i>From</i> _____ <i>To</i> _____		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE:				

(4)

DATES OF RESIDENCE: <i>From</i> _____ <i>To</i> _____		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE:				

RESIDENTIAL HISTORY (continued)

(5)

DATES OF RESIDENCE: <i>From</i> _____ <i>To</i> _____		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE:				

(6)

DATES OF RESIDENCE: <i>From</i> _____ <i>To</i> _____		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE:				

(7)

DATES OF RESIDENCE: <i>From</i> _____ <i>To</i> _____		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE:				

RESIDENTIAL HISTORY (continued)

(8)

DATES OF RESIDENCE:		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
<i>From</i>	<i>To</i>	COUNTY:	STATE:	ZIP:
STREET ADDRESS:		CITY:		
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE:				

PERSONAL REFERENCES

List five (5) responsible people, other than relatives, past employers, or supervisors, who have personal knowledge of your qualifications for employment.

(1)

NAME:		NUMBER OF YEARS KNOWN:		
STREET ADDRESS:	CITY:	STATE:	ZIP:	
HOME/CELL PHONE:		WORK PHONE:		
E-MAIL ADDRESS:		RELATIONSHIP:		

(2)

NAME:		NUMBER OF YEARS KNOWN:		
STREET ADDRESS:	CITY:	STATE:	ZIP:	
HOME/CELL PHONE:		WORK PHONE:		
E-MAIL ADDRESS:		RELATIONSHIP:		

PERSONAL REFERENCES (continued)

(3)

NAME:		NUMBER OF YEARS KNOWN:	
STREET ADDRESS:	CITY:	STATE:	ZIP:
HOME/CELL PHONE:		WORK PHONE:	
E-MAIL ADDRESS:		RELATIONSHIP:	

(4)

NAME:		NUMBER OF YEARS KNOWN:	
STREET ADDRESS:	CITY:	STATE:	ZIP:
HOME/CELL PHONE:		WORK PHONE:	
E-MAIL ADDRESS:		RELATIONSHIP:	

(5)

NAME:		NUMBER OF YEARS KNOWN:	
STREET ADDRESS:	CITY:	STATE:	ZIP:
HOME/CELL PHONE:		WORK PHONE:	
E-MAIL ADDRESS:		RELATIONSHIP:	

PREVIOUS LAW ENFORCEMENT EXPERIENCE

The following questions should only be completed by applicants who are currently employed, or have prior experience, in the areas of law enforcement, corrections, or security services.

1. Have you ever intentionally falsified an incident report? Yes No
2. Have you ever furnished drugs or other contraband to someone in your custody? Yes No
3. Have you ever lied or misrepresented facts to a supervisor? Yes No

4. Have you ever stolen or taken anything of value that was in your possession or from someone in your custody?

Yes

No

PREVIOUS LAW ENFORCEMENT EXPERIENCE (continued)

- 5. Have you ever been charged or convicted of contempt of court? Yes No
- 6. Have you ever accepted a bribe? Yes No
- 7. Have you ever tampered with, or destroyed, evidence? Yes No
- 8. Have you ever used excessive force under any circumstances or been investigated for use of excessive force? If yes, on how many occasions? _____ Yes No
- 9. Have you ever removed or stolen anything of value while on duty? Yes No
- 10. Have you ever lied under oath? Yes No
- 11. Have you ever taken any law enforcement action against a person based on ethnic, religious, or racial prejudices? Yes No
- 12. Have you ever been a subject to an internal investigation as either the subject of the investigation, a witness, or a person with knowledge? Yes No

If you answered "Yes" to any of the above questions, explain and provide copies of related documents. Failure to provide related documents will slow the progress of your background investigation:

SUPPLEMENTAL INFORMATION

Use this section to explain or expand upon any previously asked question. Please indicate the page number and topic that you are explaining:

SUPPLEMENTAL INFORMATION (continued)

PERSONAL DATA PACKET INFORMATION

Notice: The Gainesville Police Department has asked that you provide your social security number (SSN). The decision to provide your SSN is your option, but failure to provide your SSN may result in a delay in processing your application or request. If you provide your SSN, the Gainesville Police department will use it for purposes of identification, and may share the information with other agencies for the same purpose. The Gainesville Police Department’s request for your SSN is authorized by state law because use of your SSN is imperative for the Gainesville Police Department to fulfill its lawful duties and responsibilities.

CERTIFICATION

(TO BE COMPLETED IN THE PRESENCE OF A NOTARY)

I, _____, hereby certify that all answers or statements in this personal data packet are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements, falsifications, or omissions herein may cause any offer of employment made by the city of Gainesville to be withdrawn, or my employment with the City of Gainesville terminated. I further understand that information provided herein is public record and may be subject to review upon request. I hereby certify that I have been given sufficient opportunity and time to review the questions and their intent, and that I have answered them correctly.

Signature _____

Printed Name _____

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____,

20_____, by _____, who is personally known or produced identification.

Type of identification produced: _____.

(seal)

Notary Public Signature

Printed Name



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: Gainesville Police Department
ADDRESS: 545 NW 8th Avenue, Gainesville, FL 32601

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, 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

