

| | | |
|-----------------------|--------------------------------------|------------------------------------|
| Name: _____ | Job Posting: _____ | CJBAT Score: _____ Date: _____ |
| Date Applied: _____ | Position Type: _____ | Veteran – Yes / No Points: _____ |
| For Official Use Only | State Cert. – Yes / No Date: _____ | Seniority Points: _____ |
| | BMST – Yes / No Date: _____ | Hollywood Explorer: _____ |
| | Swim – Yes / No Date: _____ | Total Score: _____ |

CITY OF HOLLYWOOD, FLORIDA



POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

CITY OF HOLLYWOOD, FLORIDA
 "AN EQUAL OPPORTUNITY/EQUAL ACCESS EMPLOYER"
POLICE DEPARTMENT

PERSONAL HISTORY STATEMENT (PHS) BOOKLET

Read every question carefully and answer each accurately, thoroughly, and truthfully; Applicants **MAY BE DISQUALIFIED FROM PROCESSING FOR OMISSIONS OR FALSE STATEMENTS.** If space is insufficient for complete answers, do so on page 22 or attach an 8 1/2" x 11" sheet of paper to this PHS; number your answers to correspond with questions. Do not attach a Résumé or VITAS. Applicants must initial each page. Questions not applying to you should be marked "N/A" to acknowledge its inapplicability.

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

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

PLEASE INDICATE WITH A CHECKMARK ALL DOCUMENTS INCLUDED WITH YOUR PHS

- Birth Certificate**
- High School Diploma or GED** (transcripts required if GED)
- College Degree(s)** (if applicable) & **College Transcripts** (Unofficial Transcripts - School Certified-Sealed transcripts will be due upon request)
- All Marriage Certificates** (issued by the State or County, not religious organization)
- All Divorce Documents** (original petition and final decrees)
- Adoption or Legal Name Change** (if applicable)
- DD-214 Member 4 form** (one for each Branch served)
- Driver's License**
- Social Security Card**
- Naturalization papers** (if applicable)
- Current Auto Insurance card**
- Florida CJSTC Basic Training Certificate or other State Certification** (Certified Officers only)
- Criminal Justice Basic Abilities Test (CJBAT)**
- Basic Motor Skills Test (BMST) Results** (modified version not accepted)
- Swim Test Results**
- Printout of complete Traffic Citation Records from Clerk of Courts from all counties lived in and/or received citations in** (most records can be found on-line) – **NOTE: You must also physically list all citations on page 16 of this booklet.**
- All documents pertaining to any arrest** (including Final Disposition)
- Bankruptcy papers** (copy of original petition and final decree)
- Complete income tax return for last year**
- All available job performance evaluations from current and previous employer(s)**

Documents not submitted must be listed on page 22 with the reason for omission

Space available on page 22 for added responses

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

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

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

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

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

Questions can be clarified by calling the Police Personnel Unit at 954-967-4372

POSITION APPLIED FOR _____ DATE: _____

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

SECTION A. PERSONAL HISTORY

1. _____, _____, _____, _____
 LAST NAME FIRST NAME MIDDLE NAME SUFFIX (Jr., II, Sr.)

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

3. _____ Years _____ Months _____
 RESIDENCE ADDRESS (Include Apt. #) How long at present residence?

4. _____ COUNTY STATE ZIP CODE
 CITY

5. Who do you reside with? Name: _____ DOB: _____
 Relationship: _____

6. HOME TELEPHONE (____) _____ WORK NUMBER (____) _____
 CELL TELEPHONE (____) _____ PAGER NUMBER (____) _____
 E-MAIL ADDRESS: _____ WEBSITE: _____

7. _____ - _____ - _____ 8. _____
 SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER STATE

9. _____ 10. _____
 DATE OF BIRTH (Month-Day-Year) PLACE OF BIRTH (City, State, County, Country)

11. _____ 12. _____ 13. _____ 14. _____
 AGE GENDER HEIGHT WEIGHT

15. Are you a United States Citizen? Yes No Legal Resident Permanent Resident
 Work Authorization # _____ If a Naturalized Citizen provide date: _____
 Certificate number: _____ Location _____

16. Race/Nationality: White-non Hispanic African American-non Hispanic Hispanic
 Asian American Indian Other-Specify _____

17. Marital Status: Married Divorced Separated Widow (er) Never Married

18. Scars, Marks, Tattoos or Piercing: None

| TYPE | LOCATION ON BODY | DESCRIPTION |
|--|------------------|-------------|
| <input type="checkbox"/> Scar <input type="checkbox"/> Mark <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing | | |
| <input type="checkbox"/> Scar <input type="checkbox"/> Mark <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing | | |
| <input type="checkbox"/> Scar <input type="checkbox"/> Mark <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing | | |

Space available on page 22 for added responses

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

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

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

SECTION B. EMPLOYMENT HISTORY

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

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

2. What is your current occupation? _____

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

4a. Have you ever applied for employment with the City of Hollywood? No Yes

Date _____ Position sought _____ Status _____

4b. Have you ever applied with any other Police Department, Public Safety Department, or other Governmental Agency? No Yes – If yes, please provide the following details:

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

5. Have you ever been: (a) Dismissed by any employer? No Yes
 (b) Asked to resign by any employer? No Yes
 (c) Had any disciplinary action taken against you by an employer, or Supervisor? No Yes

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

6. Have you resigned or left a job: (a) by mutual agreement? No Yes
 (b) after allegations of misconduct? No Yes
 (c) for unsatisfactory job performance? No Yes
 (d) in lieu of termination? No Yes

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

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

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

If "Yes", were you ever the subject of Internal Affairs investigations? No Yes N/A
 Explain the circumstances of each case:

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

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

9. The Police Department operates 24 hours a day, seven days a week; are you willing to work:
 Afternoon Shifts? No Yes Midnight Shifts? No Yes Weekends? No Yes
 Permanent Shifts? No Yes Holidays? No Yes Rotating Shifts? No Yes
 On-call basis? (O/T) No Yes Beyond shifts end? No Yes

10. Some positions require you to wear a Uniform; are you willing to wear a Uniform? No Yes

11. Are you related to anyone currently employed by the City of Hollywood in any capacity?
No Yes, please provide:

Relationship: _____ Department: _____

Employee's name: _____ Position held: _____

Relationship: _____ Department: _____

Employee's name: _____ Position held: _____

12. Have you ever worked for the City of Hollywood? No Yes, when _____

Department assignment: _____ Job title: _____

SECTION C. EDUCATION HISTORY

1. High Schools

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

2. Colleges/Universities

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

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

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

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

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

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

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

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

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

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

9. (a) Typing Speed _____ (b) Shorthand Speed _____

SECTION D. ARREST HISTORY

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

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

ATTACH ARREST REPORT, DISPOSITION AND ALL SUPPORTING DOCUMENTS

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

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

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

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

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

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

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

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

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

7. Have you ever been detained, incarcerated, or served a sentence in any Youth Home, Jail, Prison, Penitentiary or other Detention Facility? No Yes, explain in detail:

8. Have you ever been questioned or interrogated by any Law Enforcement Agency, anywhere, anytime as an adult or juvenile? No Yes, explain in detail:

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

No Yes, provide details: _____

10. Have you ever been reported or listed as a Missing Person? No Yes, explain:

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

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

SECTION E. CIVIL COURT HISTORY

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

SECTION F. PERSONAL REFERENCES

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

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

Space available on page 22 for added responses

SECTION G. DRIVING HISTORY

1. Do you possess a Florida: Operator's License? No Yes Chauffeur's License? No Yes

License Number: _____ Expiration date: _____

Restrictions: N/A _____ Endorsements: N/A _____

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

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

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

4. How many years have you operated a motor vehicle? _____

5. Was your Drivers License ever suspended or revoked? No Yes, explain in detail and provide dates:

6. How many vehicles do you currently own or lease, including joint ownership? _____

| YEAR | MAKE | MODEL | TAG | COLOR |
|------|------|-------|-----|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

7. Have you ever been refused auto insurance? No Yes, explain in detail:

8. Indicate **EVERY** traffic ticket received in this State or elsewhere in your life time (you may exclude parking violations):

| DATE | OFFENSE | LOCATION | AGE AT TIME | ISSUING AGENCY |
|------|---------|----------|-------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

9. List all traffic accident involvement:

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

SECTION H. MILITARY HISTORY

1. Are you registered with Selective Service? No Yes, date registered: _____

Board Location: _____

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

Branch: _____ Highest Rank at discharge: _____

Service #: _____ Duty Dates: From: _____ To: _____ From: _____ To: _____

Date of Discharge: _____ Type of Discharge: _____

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

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

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

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

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

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

SECTION I. FINANCIAL HISTORY

1. Are you or your spouse/significant other indebted to anyone? No Yes, list all debts over \$250, including student loans and charge accounts; list any debt where payment was past due, regardless of amount.

| CREDITOR | ADDRESS | BALANCE DUE |
|--------------------------|---------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL BALANCE DUE | | |

2. What is your total, average monthly payment?

| | AMOUNT PAID | | AMOUNT PAID |
|------------------------------|-------------|----------------|-------------|
| MORTGAGE/RENT | | AUTO PAYMENT | |
| ELECTRIC/GAS | | AUTO INSURANCE | |
| TELEPHONE/CELLULAR | | CREDIT CARD(S) | |
| WATER | | LOAN(S) | |
| CHILD CARE | | FOOD | |
| CHILD SUPPORT | | OTHER(SPECIFY) | |
| ALIMONY | | OTHER(SPECIFY) | |
| TOTAL MONTHLY PAYMENT | | | |

3. Do you have any other source of income? No Yes, explain:

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

a. Ever filed for bankruptcy? No Yes

b. Declared bankruptcy? No Yes

c. Had a legal judgment rendered against you for a debt? No Yes

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

5. Have you ever been denied Credit? No Yes, explain in detail: _____

6. Have your Accounts ever been placed in the control of a Collection Agency or reported as a "bad debt". No Yes, give details: _____

7. Has Legal Action ever been taken against you for failing to make Child Support payments or delaying payments? N/A No Yes, give details: _____

8. Child Support Payments are made through:

Court Order

Payroll deduction

Voluntary Payments

N/A

9. Have you ever had any personal property repossessed? No Yes, explain:

10. Have you ever falsified your credit to get money? No Yes, give details:

11. Have you ever failed to file City, State, or Federal Income Tax Returns? No Yes, give details: _____

12. Do you owe the Federal Government money? No Yes, explain:

SECTION J. CONTROLLED SUBSTANCES

1. Do you now use any illicit drugs, non-prescribed medications or other controlled substances? No Yes
- a. Have you ever experimented with illicit drugs, prescription medications or other controlled substances in the past without a Physician's prescription?
("Experimented" means smoking, inhaling, swallowing, placing to gums, lips or tongue, injecting, or ingesting by any other means.) No Yes
- b. Do you now or have you ever possessed illicit drugs, prescription medications, or other controlled substances without a Physician's prescription? No Yes
- c. Do you now or have you ever unlawfully supplied, made or sold illicit drugs, prescription medications, or other controlled substances? No Yes
- d. Have you ever illegally purchased any form of illicit drug, prescription medication, or other controlled substance? No Yes
- e. Have you ever made any form of illicit drug or other controlled substance? No Yes

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

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

SECTION K. MISCELLANEOUS

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

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

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

3. Does your spouse/significant other support your decision to be a Police Officer?
No Yes N/A

4. Have you ever been separated or divorced? No Yes, provide ex-spouse's name:

| SEPARATED OR DIVORCED | NAME | REASON |
|---|------|--------|
| <input type="checkbox"/> Separated <input type="checkbox"/> Divorced Date: _____ | | |
| <input type="checkbox"/> Separated <input type="checkbox"/> Divorced Date: _____ | | |

5. Do you have a Concealed Weapons Permit? No Yes, in what State? _____

Permit # _____ Why? _____

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

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

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

- City Employee
- Visit to Human Resources
- City/Department's Web Page
- Employment Agency
- College/High School
- Job/Career Fair: _____
- Internet site: _____
- Newspaper Ad – Specify _____
- Recruitment Posting at: _____
- Other _____

Space available on page 22 for added responses

THIS PAGE HAS BEEN LEFT BLANK FOR YOU TO PROVIDE ADDITIONAL INFORMATION; IF THIS SPACE IS NOT NEEDED INDICATE BY WRITING "N/A" AND INITIAL BELOW.

| <u>Page #</u> | <u>Question #</u> | <u>Explanation, Addition as needed:</u> |
|---------------|-------------------|---|
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IMPORTANT

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

AFFIDAVIT

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

In addition, I hereby authorize for one year, from the date of execution hereof, any authorized representative of the City of Hollywood Police Department bearing this release to obtain any information pertaining to employment, credit history, education, residence, academic achievement personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

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

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

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

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

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me **by means of physical presence** or **online notarization**, this _____ day of _____, _____ (year), by _____ (name of person acknowledging).

SIGNATURE OF NOTARY PUBLIC-STATE OF _____

PRINT NAME OF NOTARY

Stamp Commissioned Name of Notary Public



**CITY OF HOLLYWOOD
OFFICE OF HUMAN RESOURCES
SWORN POLICE NON-TOBACCO USE AFFADAVIT**

I, _____, do hereby affirm that I am not a habitual user of tobacco products and understand that any future use of tobacco products may subject me to termination of employment.

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

Signature of Applicant/Date

The foregoing instrument was acknowledged before me **by means of physical presence or online notarization**, this _____ day of _____, _____ (year), by _____ (name of person acknowledging).

Print, Type or Stamp
Commissioned Name of Notary Public



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



**CJSTC
58**

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

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME: _____
DATE OF BIRTH: _____
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: _____

ADDRESS: _____

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

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

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

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

Section 768.095, 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 _____

Effective: 8/9/2001 Pursuant to Sections 943.134(2)(a) and (4), F.S.

Original - Employing Agency

1 of 1

Commission-Approved Revisions: 12/16/10
Form Effective Date: 3/2013

Space available on page 22 for added responses

Hollywood Police Department

In accordance with FSS 943.16, the Hollywood Police Department will pay costs of tuition of a trainee in attendance at an approved basic recruit training program. A trainee who attends the training program at the expense of the Hollywood Police Department must remain in the employment or appointment of the Hollywood Police Department for a period of not less than 2 years after graduation from the basic recruit training program. If employment or appointment is terminated on the trainee's own initiative within 2 years, he or she shall reimburse the Hollywood Police Department for the full cost of his or her tuition and other course expenses.

The City of Hollywood may institute a civil action to collect such cost of tuition and other course expenses as provided in FSS 943.16 if it is not reimbursed.

This section does not apply to trainees who terminate employment with the employing agency and resign their certification upon termination in order to obtain employment for which certification under Chapter 943 Florida Statutes is not required. Further, this section does not apply to trainees attending auxiliary officer training.

Applicant Signature

Date

Print Name

The foregoing instrument was acknowledged before me **by means of physical presence**
or online notarization, this _____ day of _____, _____ (year), by
_____ (name of person acknowledging).

NOTARY PUBLIC-STATE OF _____

Notary Commissioned Stamp

Notary

VETERANS' PREFERENCE CERTIFICATION

Date: _____ Name: _____

Section 295.07(1), Florida Statutes, provides for Veterans' Preference in employment appointment and retention, if qualified under one of the following categories and not exempt under Section 295.07(4), Florida Statutes. Section 295.09, Florida Statutes, also provides Veterans' Preference for reinstatement, reemployment, and promotion. If you seek Veterans' Preference, please "check" the appropriate box, and provide this form and documentation of your status along with your employment application, no later than the position advertisement closing date.

I certify that I am qualified to claim Veterans' Preference under the category checked below:

- (a) A disabled veteran:
 1. Who has served on active duty in any branch of the United States Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veterans Affairs; or
 2. Who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the United States Department of Veterans Affairs and the United States Department of Defense.

- (b) The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.

- (c) A wartime veteran as defined in s. 1.01(14), who has served at least 1 day during a wartime period. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.

- (d) The unremarried widow or widower of a veteran who died of a service-connected disability.

- (e) The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense.

- (f) A veteran as defined in s. 1.01(14), F.S. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.

- (g) A current member of any reserve component of the United States Armed Forces or the Florida National Guard. If so, please attach FDVA form VP2, signed by your immediate military supervisor, to document your status.

Please submit this certification with your application, or as soon as possible, prior to the date that the position advertisement closes. **In order to receive Veterans' Preference and to complete your application, this form and documentation to prove your status must be returned to the Human Resources ("HR") office in accordance with Rule 55A-7.013, Florida Administrative Code.**

This statement is true to the best of my knowledge and belief.
 By _____
 Printed Name _____