

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 (NON-SWORN PERSONNEL)

**CITY OF HOLLYWOOD, FLORIDA**  
 "AN EQUAL OPPORTUNITY/EQUAL ACCESS EMPLOYER"  
**POLICE DEPARTMENT**  
**PERSONAL HISTORY STATEMENT**

**NON-SWORN POLICE DEPARTMENT APPLICANTS**

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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 all documents at the end of this Personal History Statement Notarized prior to return.**

**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**
- Current Auto Insurance card**
- 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.**

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

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, regardless of Position sought, 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 non-sworn police department positions will automatically be **DISQUALIFIED** for:

- Omissions concerning previous employment
- Failed Hollywood Background Investigation in the past year
- 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 Personal History Statement.

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

POSITION APPLIED FOR \_\_\_\_\_ DATE: \_\_\_\_\_

**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. \_\_\_\_\_ CITY COUNTY STATE ZIP CODE

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:

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## 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:					
NAME	FROM				
ADDRESS	TO				
CITY, STATE, ZIP	<input type="checkbox"/> Full-time				
PHONE (    )	<input type="checkbox"/> Part-time				
DUTIES:					



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:

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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):

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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:

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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:

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**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: \_\_\_\_\_

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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:

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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:

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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

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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:

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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:

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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:

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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

*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:

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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:

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

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

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

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

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

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**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
<b>TOTAL BALANCE DUE</b>		

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)	
<b>TOTAL MONTHLY PAYMENT</b>			

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

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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:

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

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

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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: \_\_\_\_\_

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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:

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

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

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

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**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:

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



# 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 may deliver it to:

**Hollywood City Hall  
Office of Human Resources  
2600 Hollywood Blvd, Room 206  
Hollywood, Florida, 33020**

**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  
NON-TOBACCO USE AFFADAVIT**

I, \_\_\_\_\_, do hereby affirm that I have not been a habitual user of tobacco products for at least one (1) year immediately preceding my application for employment and will continue to be a non-user of tobacco products throughout my employment with the City of Hollywood or I will be subject to termination.

Under the penalties of perjury, I declare that I have read the foregoing affidavit and 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

**EMPLOYMENT INQUIRY RELEASE**

In connection with my application for employment, I understand that investigative inquiries on my background, in accordance with the Fair Credit Reporting Act and all state and federal laws, are to be made on me, including information as to my personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience, and other qualities pertinent to my qualifications for employment, including reasons for termination of past employment.

I understand that the City of Hollywood may make inquiries, including but not limited to my workers' compensation history, consumer credit history, education, professional licensing, criminal history and driving history. Furthermore, I understand that the City of Hollywood may request information from various federal, state and other agencies that maintain records concerning my past driving history, credit history, criminal history, military history, civil and other experiences, as well as claims involving me in the files of insurance companies.

I understand that according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. Upon written request, I will be informed whether an investigative consumer report was requested and will be given full information as to the nature and scope of this investigation, as well as the name of the reporting agency or sources of information.

I authorize without reservation, any party (including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by the City of Hollywood to furnish any or all of the above mentioned information. In addition, I hereby release the City of Hollywood from any and all liability for damages arising from the investigation and disclosure of the requested information. I further release and discharge from all liability all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to the City of Hollywood the above mentioned information as requested, in order to successfully complete a background investigation for my application of employment. I will allow a photocopy of this authorization to be as valid as the original.

Your social security number is requested for the purpose of employment eligibility verification, processing employment benefits, applicant and employee background checks, and income reporting and will be used solely for those purposes.

PRINT FULL NAME \_\_\_\_\_ POSITION \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \*DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

DRIVERS LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS \_\_\_\_\_

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

\*Date of Birth is being requested only for the purpose of identification in obtaining accurate retrieval of records.

Discrimination on the basis of age is prohibited by law.

\*\*Only when required.

*Space available on page 22 for added responses*

A SUMMARY OF YOUR RIGHTS UNDER  
THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal trade commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify the (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its finding to the CRA. (The source also must advise national CRA's – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA, may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

8/6/99

*Space available on page 22 for added responses*

## 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 \_\_\_\_\_

FDVA form VP-1

55A-7.013, FAC

s. 295.07, FS