



Chief David Popwell

Employment Application Niceville Police Department

212 N. Partin Drive, Niceville FL 32578

850-729-4030

An Equal Opportunity Employer

All candidates must personally complete this employment application. Although you may be under consideration for a position by a law enforcement agency and may have completed their application package, you must still complete this and all Niceville Police Testing and Selection paperwork.

The submission of this employment application implies that you are authorizing the Niceville Police Department and/or the City of Niceville to contact and investigate any and all sources of information for the purpose of obtaining facts regarding your qualifications for the position being filled.

The information that you are required to provide must be true, accurate, complete and without omission of any kind. Failure to maintain these standards, for any reason, may result in your not being selected for the position, or other sanctions that may be indicated.

- Read all instructions carefully before you begin completing the questionnaire.
- Print all entries clearly in BLACK or BLUE ink only.
- Answer every question and do not leave any areas blank.
- If a question does not apply to you indicate with "N/A".
- If more space is needed than is available in the explanation section, use the Add-In Sheet that is provided at the end of the package which may be copied.
- Complete addresses are required, including city, state and zip codes.
- Complete telephone numbers are required including area codes.
- You may use common acceptable abbreviations such St., Ave., Sr. and Jr., etc.
- DO NOT SIGN ANY FORMS REQUIRING NOTORAZATION IN ADVANCE! All affirmations will be signed and executed at the City of Niceville offices only. (Out of state applicants may use Notary Public from their state)
- All required documents are due at the time you submit you package.
- If you do not understand a question, do not try to answer it. Seek guidance from a Niceville PD Background Investigator by calling (850)729-4030 x1208.
- If you answer "Yes" to any question, then write the question number along with your explanation in the space provided or on the Add-In Sheet.
- You MUST be at least 19 years of age to apply.
- **Note: All applicants are required to execute a Non-Tobacco Use Affidavit.**



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Applicant Name: _____

Applicant ✓	HR Initial	Date Completed	Documentation Required
			Niceville Police Department Application
			Birth Certificate
			High School Diploma or GED Equivalency
			College Diploma
			College Transcripts
			Additional Training Certificates (Optional)
			Armed Service Discharge (DD214) (discharge & separation code required)
			Certification of NO Military Service (if applicable)
			Naturalization Papers (If applicable)
			Valid Driver's License
			Social Security Card
			Florida Police Standards Certification
			Florida Police Standards Test Scores
			Authority for Release of Information (CJSTC 58)
			Consent to Drug Testing Form
			Advanced Law Enforcement Certifications (Optional)
			Advanced Law Enforcement Training Certificates (Optional)
			PAT (Physical Agility Test) Waiver (if applicable)



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Applicant Name: _____

ARB Initial	Date Completed	Applicant Review
		Application, Documentation Review
		Applicant Review Board Initial Interview
		Applicant Review Board (Optional)
		*CJSTC Form 58: Background Investigation Waiver Form
		*CJSTC Form 68: Affidavit of Applicant

BGI Initial	Date Completed	Background Investigation
		Final Background Report
		CJSTC Form 77: Background Investigation Form
		Driver's License Check
		Driving History
		Criminal History
		Local Check (MNI, Data Share)
		Prior Employment(s)
		References Checks
		Home Check
		Vehicle Check
		Neighborhood Check
		Social Media Accounts
		Internet Check (dating websites, website memberships, etc)
		CVSA (Voice Stress Analysis)
		Fingerprints through FDLE/LiveScan

HB Initial	Date Completed	Hiring Board Review
		Hiring Board Applicant Review
		Hiring Board Final Interview (Optional)
		Hiring Board Applicant Determination

Chief Initial	Date Completed	Post Conditional Offer
		Chief's Applicant Review and Assessment
		Conditional Offer
		PAT (Physical Agility Test) (If applicable)
		Drug Screen
		Physical Examination
		Offer
		Start Date:

HR: Human Resource

ARB: Applicant Review Board

BGI: Background Investigator

HB: Hiring Board



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Personal Information

(Last Name)	(First Name)	(Full Middle Name)
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• Alias, Maiden, Nicknames, any other names used: _____

• Physical Street Address: _____

• City, State, Zip Code: _____

• Mailing Address(only if different): _____

• Telephone Numbers: Residence: _____ Work: _____

Cell: _____ Other: _____ Other: _____

• List ALL Email Accounts: _____

• List ALL Social Media Networking web page accounts (My Space, Facebook, etc):

• Social Security #: _____

• Place of Birth: _____ Gender: _____

• Driver's License #: _____ State: _____

• Expires: _____ Class: _____ Restrictions: _____ Other States where DL has been issued: _____ Other Names in which DL has been issued: _____

• Position(s) applied for? _____ Date of Application _____



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- Have you ever completed an application for the Niceville Police Department or the City of Niceville before? Yes No If yes, provide date:_____
- Have you ever been employed with the Niceville Police Department or the City of Niceville before? Yes No If yes, provide date:_____
- United States Citizen? Yes No Naturalized US Citizen? Yes No
Naturalization Certificate #:_____
- Date of Naturalization:_____
- Port of Entry:_____ Date of Entry:_____
- Have you ever applied to, been denied entry to or failed to complete a basic law enforcement recruit training class anywhere? Yes No
- Have you ever applied to or been denied employment with a law enforcement agency? Yes No
- Have you ever been released, fired or terminated from a law enforcement agency for any reason? Yes No
- Have you ever been disciplined by the Police Standards and training Commission of any State? If yes, provide documentation. Yes No
- Have you ever been the subject of or witness in an Internal Affairs Investigation, Civilian Complaint Investigation or any other type of administrative investigation? Yes No
- Have you ever lied under oath or made a false affirmation? Yes No



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- Have you ever been associated with any gang or organization that engages in violence in order to accomplish its objectives? Yes No
- Have you ever been associated with any group that advocates the overthrow of the Federal or State governments through the use of force? Yes No
- Have you ever failed or refused to cooperate in any official matter? Yes No

Household Information

List ALL adult persons other than your spouse and children (under the age of 18) who live with you at your current home address. Use Add-In Sheet if necessary.

1) _____
Name: (Last, First, Middle) (Relationship to you)

COMPLETE Mailing Address COMPLETE Telephone Number

2) _____
Name: (Last, First, Middle) (Relationship to you)

COMPLETE Mailing Address COMPLETE Telephone Number

3) _____
Name: (Last, First, Middle) (Relationship to you)

COMPLETE Mailing Address COMPLETE Telephone Number

4) _____
Name: (Last, First, Middle) (Relationship to you)

COMPLETE Mailing Address COMPLETE Telephone Number



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5) _____
Name: (Last, First, Middle) (Relationship to you)

COMPLETE Mailing Address COMPLETE Telephone Number

Marital History

- If you are single and have never been married, mark the appropriate box, answer the child support questions and proceed to the next section.
- Provide court documents for any divorce and child custody/alimony decrees.

Single Married Widowed Annulled Divorced

- Full name of spouse: _____
- Maiden name of spouse: _____
- Other names used by spouse: _____
- Date of Birth: _____ Place of Birth: _____
- Date Married: _____ Place Married (city, county, state): _____
- Spouses Employer: _____
Work Phone: _____ Occupation: _____
How long employed: _____
- Current Address of Spouse IF living apart: _____
- Home Phone: _____ Cell Phone: _____



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Explanation

Divorce, Separation or Annulment

- Full Name of Ex-spouse: _____
- Address: _____
- Jurisdiction of Divorce (City, County, State): _____
- Case Number: _____ Date of Filing: _____ Date Final: _____

Child Support

- Do you have a Child Support obligation? Yes No
- Is your Child Support Current? N/A Yes No
- Have you ever been held in contempt of court? Yes No

Marital Explanation



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2) From: _____ To: _____ Own Rent

Street Address Lot/Apartment

City County State Zip Code

Landlord Phone

Street Address Lot/Apartment

City County State Zip Code

Roommate? Yes No

Roommate's name Phone

Current Street Address

City County State Zip Code

3) From: _____ To: _____ Own Rent

Street Address Lot/Apartment

City County State Zip Code



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Landlord

Phone

Street Address

Lot/Apartment

City

County

State

Zip Code

Roommate? Yes No

Roommate's name

Phone

Current Street Address

City

County

State

Zip Code

4) From: _____ To: _____ Own Rent

Street Address

Lot/Apartment

City

County

State

Zip Code

Landlord

Phone

Street Address

Lot/Apartment

City

County

State

Zip Code

Roommate? Yes No



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Roommate's name _____ Phone _____

Current Street Address _____

City _____ County _____ State _____ Zip Code _____

5) From: _____ To: _____ Own Rent

Street Address _____ Lot/Apartment _____

City _____ County _____ State _____ Zip Code _____

Landlord _____ Phone _____

Street Address _____ Lot/Apartment _____

City _____ County _____ State _____ Zip Code _____

Roommate? Yes No

Roommate's name _____ Phone _____

Current Street Address _____

City _____ County _____ State _____ Zip Code _____



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Other Law Enforcement Agency Applications

Have you ever applied for a job with a federal, state or local law enforcement agency?

Yes No

- If yes, list every agency you have applied with starting with the most recent. Provide complete addresses.
- All agencies must be listed regardless of the outcome or current status.

1) _____
 Agency Name Date of Application

Complete Address Including Zip Code Position Applied For

Background Investigator's Name Phone Number

Your Status

2) _____
 Agency Name Date of Application

Complete Address Including Zip Code Position Applied For

Background Investigator's Name Phone Number

Your Status



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3) _____	
Agency Name	Date of Application

Complete Address Including Zip Code	Position Applied For

Background Investigator's Name	Phone Number

Your Status	

4) _____	
Agency Name	Date of Application

Complete Address Including Zip Code	Position Applied For

Background Investigator's Name	Phone Number

Your Status	



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Criminal History

For the purposes of criminal justice employment, an arrest or conviction, sealed or expunged in any jurisdiction, may not be denied under Florida law. You must provide court documents and law enforcement reports when responding "YES" to any question that involves the police, the courts, or the prosecutor's office. If documents are not available, provide an explanation the situation and why not available on an add-in sheet.

- 1) In your lifetime, have you ever been arrested, received a notice to appear, been charged, convicted, pled nolo contendere or guilty to any criminal violation, regardless of whether the record was sealed or expunged?
Yes No
- 2) In your lifetime, have you ever had a criminal prosecution plea bargain, nolo prosequi, prosecution deferred or charges dropped?
Yes No
- 3) In your lifetime, have you ever served community service, pretrial diversion or probation in lieu of a criminal conviction?
Yes No
- 4) Do you have any criminal wants, warrants or court processes of any other type pending?
Yes No
- 5) In your lifetime, has a law enforcement agency ever been called to any activity in which you were present, involved or a participant?
Yes No
- 6) In your lifetime, have you ever been involved in or present during any incident that involved the use of any item as a weapon including but not limited to a firearm, knife, bat, rock or bottle?
Yes No



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7) Are you currently living with or associated with any individual who has a history of criminal behavior and/or arrests?

Yes No

If Yes, provide the following information:

7a) _____
Name Relationship

_____ Criminal Activity, Dates, City , State where occurred

7b) _____
Name Relationship

_____ Criminal Activity, Dates, City , State where occurred

8) In your lifetime, have you ever been the subject of a field interview by a police officer? A field interview occurs when you are stopped for some reason and are interrogated to determine why and what you are doing.

Yes No

9) In your lifetime, have you ever been interviewed or interrogated by a law enforcement officer as a suspect in an investigation of any type?

Yes No

10) In your lifetime, have you ever been arrested for, charged with or convicted of Battery or Domestic Violence?

Yes No

11) In your lifetime, have you ever physically abused another person?

Yes No



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12) In your lifetime, have you ever taken a polygraph examination or a computer voice stress analysis?

Yes No

13) In your lifetime, have you ever committed perjury or made a false statement or affirmation of any type?

Yes No

14) In your lifetime, have you ever sexually abused a child or any other person?

Yes No

15) In your lifetime, have you ever stolen anything?

Yes No

16) Is there anything in your background that would embarrass an employing agency?

Yes No

17) In your lifetime, have you ever committed any serious undetected crimes?

Yes No

18) Are you withholding any information about your involvement in any crimes, EVEN if you were never caught?

Yes No

Criminal History Explanation



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Substance Use

1) Have you possessed and/or used any illegal or controlled substances within the past two years?

Yes No

2) In your lifetime, have you ever possessed and/or used marijuana?

Yes No

If YES, How many times have you possessed/used marijuana in your lifetime? _____

3) In your lifetime, have you ever knowingly possessed and/or used any illegal or controlled substances?

Yes No

4) In your lifetime, have you ever sold or delivered what you knew or believed to be any illegal or controlled substances?

Yes No

5) In your lifetime, have you ever possessed and/or used any steroids or performance-enhancing drugs other than by prescription from a licensed physician?

Yes No

6) In your lifetime, have you ever used a prescription medication which was not prescribed to you?

Yes No

If YES, Medications Taken: _____ Last Time Used: _____

7) On average, how many alcoholic beverages do you consume in a week? _____



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Substance Use Explanation

In the space provided, please explain all substance use in your lifetime. List all dates, times and drug types used. Make sure to document how many times of each substance used, if any. Also list any other drug activity that would be pertinent to this background investigation.

Civil History

- 1) Do you have any type of civil process or litigation pending at this time?
Yes No

- 2) In your lifetime, have you ever been involved in a civil litigation or court process of any type, either as a plaintiff, respondent or witness?
Yes No

- 3) In your lifetime, have you ever owned a business?
Yes No

- 4) In your lifetime, have you ever had your wages garnished?
Yes No

- 5) Are your income and/or Employment Taxes current with all state authorities and the Internal Revenue Service?
Yes No

Civil History Explanation



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Driving History

- 1) Within the past seven years, have you been refused a driver's license in any state?
Yes No
- 2) Within the past seven years, has your license been suspended or revoked in any state?
Yes No
- 3) Within the past seven years, have you received a traffic citation?
Yes No
- 4) Do you have any outstanding parking or other traffic citations?
Yes No
- 5) In your lifetime, has your vehicle insurance ever been withdrawn, suspended or revoked or have you been refused vehicle insurance for any reason?
Yes No
- 6) In your lifetime, have you ever failed to pay a traffic citation?
Yes No
- 7) In your lifetime, have you ever operated a motor vehicle or a boat while under the influence of alcohol or controlled/illegal substances?
Yes No

Citation History

Date	Location (City, County, State)	Violation	Disposition



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Accident History

If you have ever been involved in a traffic accident, list all the dates of the incident and the location (city, county, state). Indicate whether or not there were any injuries or death(s) and whether you were determined to be at fault or not at fault. The determination of fault is not your opinion but that of the law enforcement agency investigating the accident. If found at fault, provide an explanation in the Driving Explanation.

Date	Location	Injury/ Death	Disposition

Driving/Accident History Explanation



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Educational History

- 1) Were you ever suspended from school? Yes No
- 2) Do you read, write and/or understand any foreign languages? Yes No
- If yes, list languages: _____
- 3) Can you operate a computer? Yes No
- 4) Are you currently enrolled in school? Yes No

Check the highest level of education completed:

High School Diploma GED

College Some College Associates Bachelor's
Master's Doctorate

Educational Institutions Attended

- List all educational institutions that you have attended.
- Begin with the most recent and work backwards to include high school.

Dates Attended	Certificate, Credit Hours or Degree	School Name	School Address	GPA



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Employment History

- Beginning with your most recent or current employment, list all jobs you have had for the last ten (10) years. Provide details for any unemployed time periods.
- List ALL work whether military, paid or volunteer.
- Explain the reasons for any separation from employment, including any firing, termination, retirement, voluntary or involuntary separation, extended leave or leave of absence from any paid or non-paid position.
- Note: For Criminal Justice employers (Law Enforcement, Corrections or Probation) you must provide the name of the Agency Head and your Immediate Supervisor.
- If you have ever been disciplined, counseled or the subject of a complaint while employed, provide an explanation in the Employment Explanation Section.

1) From: _____ To: _____

Part Time

Full Time

Employer

Job Title

Phone

Street Address

City/County/State/Zip Code

Duties

Supervisor

Reason for Leaving

Were you ever disciplined, counseled or the subject of a complaint, officially or unofficially while employed? Yes No



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2) From: _____ To: _____

Part Time

Full Time

Employer

Job Title

Phone

Street Address

City/County/State/Zip Code

Duties

Supervisor

Reason for Leaving

Were you ever disciplined, counseled or the subject of a complaint, officially or unofficially while employed? Yes No

3) From: _____ To: _____

Part Time

Full Time

Employer

Job Title

Phone

Street Address

City/County/State/Zip Code

Duties

Supervisor

Reason for Leaving

Were you ever disciplined, counseled or the subject of a complaint, officially or unofficially while employed? Yes No



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4) From: _____ To: _____ Part Time Full Time

Employer Job Title Phone

Street Address City/County/State/Zip Code

Duties Supervisor

Reason for Leaving

Were you ever disciplined, counseled or the subject of a complaint, officially or unofficially while employed? Yes No

5) From: _____ To: _____ Part Time Full Time

Employer Job Title Phone

Street Address City/County/State/Zip Code

Duties Supervisor

Reason for Leaving

Were you ever disciplined, counseled or the subject of a complaint, officially or unofficially while employed? Yes No

Employment Explanation (use add-in sheet if more space is required)



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Licensing History

- 1) Have you ever been issued a state license or permit to conduct business of any kind?
Yes No

- 2) Have you ever been denied a business license or permit?
Yes No

Business License Explanation



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Military Service History

- In the section the term “Armed Forces” refers to ANY military organization of ANY nation including by limited to: Air Force, Army, Navy, Marines, Coast Guard, Reserves or National Guard, etc.
- If you answer “NO” to question #1, skip to #7 or the next applicable section

- 1) Have you ever served in the Armed Forces of any nation? Yes No
If so, for whom, where and in what branch of the Armed Forces have you served? _____
- 2) Are you on active duty or stand-by at this time? Yes No
- 3) Were you ever tried, punished, reprimanded, the subject of a Non-Judicial Punishment, Article 15, Code of Military Justice, Captain’s Mast, Court Martial, counseled, fined or reduced in rank for an infraction of any rule, regulation, order procedure or violation of law, no matter what type or style or jurisdiction, while in the Armed Forces? Yes No
- 4) If you have served in the Armed Forces, have you ever received a discharge for other than an Honorable Discharge? Yes No
- 5) Has your separation or discharge ever been amended or changed? Yes No
- 6) Have you ever served in the Armed Forces of another country? Yes No
- 7) Are you registered with the Selective Service System? Yes No
If so, the date and location of registration: _____
Your selective service number: _____

Military Explanation



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Personal References

- Candidates are required to provide three (3) personal references.
- List individuals you have known for at least three (3) years.
- Do not list relatives, neighbors or former employers.

1) _____
 Name Years Known

Home Address Home/Cell Phone

Occupation Work Address Work Phone

2) _____
 Name Years Known

Home Address Home/Cell Phone

Occupation Work Address Work Phone

3) _____
 Name Years Known

Home Address Home/Cell Phone

Occupation Work Address Work Phone



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Non-Tobacco Use Policy

Printed Name of Applicant: _____

Date : _____

Effective February 7, 2012, the City of Niceville does not accept applications from individuals who use any tobacco/nicotine products. This includes chewing tobacco, cigars, cigarettes, or any other products that contains tobacco.

Do you smoke and/or use tobacco products? Yes No

I, _____, do hereby affirm that I do not smoke and/or use tobacco products on or off work in accordance with the Personnel Plan of the City of Niceville, Florida. I understand I will be expected as a condition of my employment to be tobacco-free upon hire and to remain tobacco-free during my employment with the City of Niceville.

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

DATED and SIGNED this _____ day of _____, _____.

Signature of Applicant: _____



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Background Affirmation

State of Florida

City of Niceville

I, _____, do hereby swear or affirm that all the information I have provided in this Applicant Background Questionnaire is true, correct and complete.

Furthermore, I swear or affirm that it contains no omissions, misrepresentations, inaccuracies, mistruths or errors of any kind.

I understand that to make a False Affirmation is a violation of Florida Statute 837.012 and could subject me to criminal prosecution. I also recognize that any False Affirmation made by me is a violation of the Florida Administrative Code, Rule 11B-27 and could place me in violation of the Moral Character requirement for future certification as a law enforcement officer in the State of Florida.

Furthermore, I understand and agree that any omission, inaccuracy, mistruth, misrepresentation or incomplete information provided by me may result in my immediate suspension from further processing and not being selected for the employment position being sought.

I agree to hold harmless the Chief of Police, the entire staff of the Niceville Police Department and the City of Niceville from any liability for any torts or claims arising out of the course of my background screening with the Niceville Police Department.

Signature of Applicant

Applicant's Printed Name

The foregoing instrument was acknowledged before me this _____ day of _____

, _____ by _____, who is personally known to me, or

had presented _____ as identification.

_____, Signature of Notary



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CITY OF NICEVILLE
MILITARY SERVICE

I, _____ DO SOLEMNLY SWEAR OR AFFIRM, I HAVE NEVER
SERVED IN THE ARMED FORCES OF THE UNITED STATES OF AMERICA.

SIGNATURE

SOCIAL SECURITY NUMBER

DATE

STATE OF FLORIDA
OKALOOSA COUNTY

SWORN TO AND SUBSCRIBED TO BEFORE ME THIS _____ DAY OF
_____, _____.

NOTARY PUBLIC

MY COMMISSION EXPIRES:



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AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)



Incorporated by Reference in Rule 11B-27.0022(2)(b), 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: _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: _____

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, 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 photocopy 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 photocopies from my military personnel and related medical records, including a photocopy 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 _____

AFFIDAVIT

STATE OF _____ COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20____. My Commission expires on

_____, 20____. Personally Known _____ - or -

Produced Identification _____ Notary Public: _____

Type of identification produced: _____



Chief David Popwell

Employment Application Niceville Police Department

212 N. Partin Drive, Niceville FL 32578

850-729-4030

An Equal Opportunity Employer

CONSENT TO DRUG and TOBACCO TESTING

FOR

APPLICANTS

As a prerequisite to employment, I hereby agree to allow the City of Niceville to collect a urine sample from me to determine the presence of illegal drugs or tobacco in my body.

I understand that a positive, confirmed drug or tobacco test result will bar me from employment. I also understand that if I refuse to take a drug or tobacco test, I will be barred from employment.

I also understand that if I am employed, I must abide by the terms of the drug policy and refrain from using tobacco products, and that I may be required to submit to drug and/or tobacco testing under this policy. I understand that submission to such testing is a condition of employment and disciplinary action up to, and including, discharge may result if (1) I refuse to take a drug or tobacco test, (2) I refuse to execute all forms of consent and releases of liability as are usually and reasonably attendant to such examinations. (3) I refuse to authorize release of the test results, if the tests establish a violation of the drug free workplace policy, or (4) I otherwise violate the policy. **In addition, if I am injured on the job and test positive, I will forfeit my medical and indemnity benefits under Florida's Workers' Compensation Act upon exhaustion of the procedures in Florida Statute 140.102(5).**

I hereby consent to the administration of the drug test and to the terms and conditions of the consent Agreement.

Applicant's signature _____ Date _____

Social Security No. _____

Witness's signature _____ Date _____

I hereby refuse the drug detection urine test.

Applicant's signature _____ Date _____

Social Security No. _____

Witness's signature _____ Date _____



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**IF YOU HAVE THE RIGHT TO WORK,
Don't let anyone take it away.**

If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that –
No employer can deny you a job or fire you because of your national origin.
Unless mandated by law or government contract, employers cannot require you to be a U.S. Citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688, TDD for the hearing impaired or 1-800-237-2515.
In the Washington, D.C. area, please call 202-616-5594, TDD 202-616-5525.

**U.S. Department of Justice
Civil Rights Division**
Office of Special Counsel for Immigration-Related Unfair Employment Practices

Or write to:
U.S. Department of Justice
Office of Special Counsel –NW
950 Pennsylvania Ave., NW
Washington, DC 20530

**SI USTED TIENE DERECHO A TRABAJAR,
no deje que nadie se lo quite.**

Si tiene derecho a trabajar legalmente en los Estados Unidos, existen leyes para protegerlo contra la discriminación en el trabajo.

Debe saber que –
Ningún patrón puede negarle trabajo, ni puede despedirlo, debido a su país de origen o su condición de inmigrante.
En la mayoría de los casos, los patrones no pueden exigir que usted sea ciudadano de los Estados Unidos o residente permanente o negarle a aceptar documentos válidos por ley.

Si se ha encontrado en cualquiera de estas situaciones, usted podrá tener una queja válida de discriminación. Comuníquese con la Oficina del Consejero Especial (OSC) de Prácticas Injustas en el Empleo Relacionadas a la Condición de Inmigrante para obtener ayuda en español.

Lláme al 1-800-255-7688, TDD para personas con problemas de audición; 1-800-237-2515. En Washington, DC, llame al (202) 616-5594; TDD para personas con problemas de audición; (202) 616-5525. O escribale a OSC a la siguiente dirección:
U.S. Department of Justice
Office of Special Counsel –NW
950 Pennsylvania Ave., NW
Washington, DC 20530

Departamento de Justicia de los Estados Unidos, División de Derechos Civiles
Oficina del Consejero Especial



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An Equal Opportunity Employer

This Employer Participates in E-Verify

The employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to conduct such administration.

IMPORTANT: If the Government cannot confirm that you are authorized to work, the employer is required to provide you written instructions and an opportunity to contact SSA and, if DHS is taking action, advise you, including terminating your employment.

Employers may not use E-Verify to process job applicants or to reverify current employees and may not base or influence the status of documents presented for use on the Form I-9.

Employment Verification

For more information on E-Verify, please contact DHS at **1-888-464-4218**

EMPLOYER USE ONLY - NOT TO BE REPRODUCED OR TRANSMITTED IN ANY MANNER

Este Empleador Participa en E-Verify

Este empleador le proporcionará a la Administración de Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado nuevo contratado con el propósito de confirmarse la autenticidad de dicho empleado.

IMPORTANTE: En dicho caso que el gobierno no pueda confirmar si usted está autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina de SSA y si el DHS antes de tomar una determinación adversa en cuanto a su estatus migratorio.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de candidatos a emplear o para hacer nuevas verificaciones de los empleados actuales, y no deben

AVISO

La Ley Federal le obliga a todos los empleadores que realicen la contratación a cualquier tipo de empleo de todo personal contratado, pero no incluye a los Estados Unidos.

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, incluido o su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Seguridad del Ciudadano al 1-800-368-7080 (TDD) 1-800-237-2033.

Employment Verification

Para mayor información sobre E-Verify favor ponerse en contacto con la oficina del DHS al teléfono **1-888-464-4218**

EMPLOYER USE ONLY - NOT TO BE REPRODUCED OR TRANSMITTED IN ANY MANNER