



## Communications Officer Employment Application

### Niceville Police Department

212 N. Partin Drive, Niceville FL 32578

(850) 729-4030

An Equal Opportunity Employer

#### Chief David Popwell

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 purposes 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.

#### Instructions

- 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 as St., Ave., Sr., Jr., etc.
- DO NOT SIGN ANY FORMS REQUIRING NOTARIZATION 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 your 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) 279-6436 ext. 1208.
- If you answer "Yes" to any question, write the question number along with your explanation in the space provided or on the Add-In Sheet.
- You MUST be at least 18 years of age to apply.
- **Note: All applicants are required to execute a Non-Tobacco Use Affidavit.**



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All candidates must produce the below listed original documents prior to this application being processed (no copies please):

**Applicant Name:** \_\_\_\_\_

Applicant ✓	HR Initial	Date Completed	Documentation Required
			Birth Certificate
			High School Diploma or GED Equivalency
			College Diploma (If Applicable)
			College Transcripts (If Applicable)
			Additional Training Certificates
			Armed Forces Discharge (DD214) *Discharge and separation code required.
			Naturalization Papers (If Applicable)
			Valid Driver License
			Social Security Card

ARB Initial	Date Completed	Applicant Review
		Application, Documentation Review
		Applicant Review Board Initial Interview
		Applicant Review Board (Optional)



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**Applicant Name:** \_\_\_\_\_

BGI Initial	Date Completed	Background Investigation
		Driver License Check
		Driver History
		Criminal History (Name Based)
		Local Check (MNI, DataShare)
		Prior Employment(s)
		Reference Checks
		Social Media Accounts
		Internet Check (dating websites, website memberships, etc.)
		DVSA (Voice Stress Analysis)
		Fingerprint Background Check (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
		Drug Screen
		Offer
		Start Date:

HR: Human Resource

ARB: Applicant Review Board

BGI: Background Investigator

HB: Hiring Board



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(Last Name) (First Name) (Full Middle Name)

- 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 (Facebook, Twitter, Instagram, etc.):  
\_\_\_\_\_
- Social Security Number: \_\_\_\_\_
- Place of Birth: \_\_\_\_\_
- Driver License Number: \_\_\_\_\_ 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 or been denied employment with a law enforcement agency for any reason?  Yes  No
- Have you ever been released, fired or terminated from any place of employment for any reason?  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 statement?  Yes  No
- Have you ever been associated with any gang or organization that engages in violence in order to accomplish 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



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#### 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

5.) \_\_\_\_\_  
Name (Last, First, Middle) (Relationship to you)

\_\_\_\_\_  
COMPLETE Mailing Address

\_\_\_\_\_  
COMPLETE Telephone Number



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#### Residential History

- Beginning with the most recent and working backward, list ALL residences you have had during the past ten (10) years. Include all foreign and military residence for all periods of time to produce an unbroken chain.
- Provide identifying information on ALL roommates that you have lived with for more than three (3) months.

1.) From: \_\_\_\_\_ To: \_\_\_\_\_ Own  Rent

\_\_\_\_\_  
Street Address Lot/Apartment

\_\_\_\_\_  
City County State Zip Code

\_\_\_\_\_  
Landlord Phone Number

\_\_\_\_\_  
Street Address Lot/Apartment

\_\_\_\_\_  
City County State Zip Code

Roommate? Yes  No

\_\_\_\_\_  
Roommate's Name Phone Number

\_\_\_\_\_  
Current Street Address

\_\_\_\_\_  
City County State Zip Code



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2.) From: \_\_\_\_\_ To: \_\_\_\_\_ Own  Rent

\_\_\_\_\_  
Street Address Lot/Apartment

\_\_\_\_\_  
City County State Zip Code

\_\_\_\_\_  
Landlord Phone Number

\_\_\_\_\_  
Street Address Lot/Apartment

\_\_\_\_\_  
City County State Zip Code

Roommate? Yes  No

\_\_\_\_\_  
Roommate's Name Phone Number

\_\_\_\_\_  
Current Street Address

\_\_\_\_\_  
City County State Zip Code





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3.) From: \_\_\_\_\_ To: \_\_\_\_\_ Own  Rent

\_\_\_\_\_  
Street Address Lot/Apartment

\_\_\_\_\_  
City County State Zip Code

\_\_\_\_\_  
Landlord Phone Number

\_\_\_\_\_  
Street Address Lot/Apartment

\_\_\_\_\_  
City County State Zip Code

Roommate? Yes  No

\_\_\_\_\_  
Roommate's Name Phone Number

\_\_\_\_\_  
Current Street Address

\_\_\_\_\_  
City County State Zip Code



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4.) From: \_\_\_\_\_ To: \_\_\_\_\_ Own  Rent

\_\_\_\_\_  
Street Address Lot/Apartment

\_\_\_\_\_  
City County State Zip Code

\_\_\_\_\_  
Landlord Phone Number

\_\_\_\_\_  
Street Address Lot/Apartment

\_\_\_\_\_  
City County State Zip Code

Roommate? Yes  No

\_\_\_\_\_  
Roommate's Name Phone Number

\_\_\_\_\_  
Current Street Address

\_\_\_\_\_  
City County State Zip Code



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5.) From: \_\_\_\_\_ To: \_\_\_\_\_ Own  Rent

\_\_\_\_\_  
Street Address Lot/Apartment

\_\_\_\_\_  
City County State Zip Code

\_\_\_\_\_  
Landlord Phone Number

\_\_\_\_\_  
Street Address Lot/Apartment

\_\_\_\_\_  
City County State Zip Code

Roommate? Yes  No

\_\_\_\_\_  
Roommate's Name Phone Number

\_\_\_\_\_  
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, local or 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 Add-In Sheet. A "Yes" answer is not an automatic disqualifier.

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 or not 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 or 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 Battery?  
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 (2) 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 or 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 those prescribed by 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.

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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 backward to include high school.

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



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#### Employment History

- Begin 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 separations from employment, including any firing, termination, retirement, voluntary or involuntary separation, extended leave or leave of absence from any paid or non-paid position.
- 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

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Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Phone Number \_\_\_\_\_

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Street Address \_\_\_\_\_ City/County/State/Zip Code \_\_\_\_\_

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Duties \_\_\_\_\_ Supervisor \_\_\_\_\_

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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 Number

\_\_\_\_\_  
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 Number

\_\_\_\_\_  
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 Number

\_\_\_\_\_  
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?

5.) From \_\_\_\_\_ To: \_\_\_\_\_ Part-Time  Full-Time

\_\_\_\_\_  
Employer Job Title Phone Number

\_\_\_\_\_  
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?





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### Military Service History

- In this section, the term “Armed Forces” refers to ANY military organization or ANY nation including but not limited to Air Force, Army, Navy, Marines, Coast Guard, Reserves or National Guard, etc.
- If you answer “No” to question 1, skip to question 6 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? Also, please submit a copy of your DD-214 with this completed application.

2.) 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

3.) If you have served in the Armed Forces, have you ever received a discharge for other than an Honorable Discharge? Yes  No

4.) Has your separation or discharged ever been amended or changed? Yes  No

5.) Have you ever served in the Armed Forces of another country? Yes  No

6.) 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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### Add-In Sheet

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### Background Affirmation

**State of Florida  
City of Niceville**

I, \_\_\_\_\_, do hereby swear or affirm that all the information that I have provided in this Application 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.

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 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 has presented \_\_\_\_\_ as identification.

\_\_\_\_\_, Signature of Notary



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

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



**CJSTC  
58**

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

AGENCY REQUESTING BACKGROUND INFORMATION: City of Niceville  
ADDRESS: 208 N. Partin Dr., Niceville, FL 32578

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 \_\_\_\_\_



**Printed Name of Applicant** \_\_\_\_\_  
**Today's Date** \_\_\_\_\_

**NON-TOBACCO USE POLICY**

Effective February 7, 2012, the City of Niceville does not accept applications from individuals who use tobacco products. This includes, but is not limited to cigarettes, cigars, chewing tobacco, and vapors.

Do you smoke and/or use tobacco products?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**AFFIDAVIT**

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