

SEBRING POLICE DEPARTMENT

307 North Ridgewood Drive
Sebring, Fl 33870-7206

(863) 471-5108
Telephone

Karl J. Hoglund
Chief of Police

(863) 471-5135
Fax Line

SEBRING POLICE OFFICER APPLICATION

The City of Sebring is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, sex, marital status, religion, creed, national origin, political opinions or affiliations, age, the presence of a non-job related condition or disability, or any other legally protected status. The information requested on this application is required by law and/or the City of Sebring's personnel rules and regulations and is necessary to be evaluated for employment. In accordance with the ADA, we provide reasonable accommodations upon request. **Drug-Free Workplace Policy:** In accordance with F.S. 440.101/102, The City of Sebring is a drug-free workplace. Applicants and employees may be subject to the following types of testing for the use of illegal substances at any time for: Pre-employment, reasonable suspicion, post-accident, return to duty, random and routine fitness for duty in accordance with F.S. 440.102.

All information provided will be verified. If employed, this document will become part of your permanent personnel file.

1. **COMPLETELY ANSWER ALL QUESTIONS.** If they do not apply, place "NA" by the number.

MINIMUM REQUIREMENTS

- Be at least 19 years of age;
- Be a citizen of the United States;
- Be a high school graduate or equivalent;
- Pass a physical examination;
- Successfully pass a background investigation.

You are hereby informed that a thorough background investigation, including information as to your character, general reputation, personal characteristics and mode of living will be part of your processing. This information is solely for the purpose of evaluating your qualifications for employment with the Sebring Police Department.

Any falsification of information on your application will automatically disqualify you from consideration for employment with the Sebring Police Department.

The submission of this application carries the understanding that you are authorizing the Sebring Police Department to contact any and all available sources for the purpose of obtaining information as to your qualifications.

Application received by _____ on _____, 20_____

"A Tradition of Professional Law Enforcement Dedicated To Family And Community"

I. PERSONAL DATA

1. Mr/Ms/Mrs _____
Last First Middle

2. Maiden Name (if applicable) _____

3. Current Address _____
Number & Street City State/Zip

4. Permanent Address (if different from above) _____
Number & Street City State/Zip

5. Home phone # () _____ Cell phone # () _____ Other contact # () _____

6. E-mail address _____

7. Are you 19 years of age or older? Yes No

8. Are you a U. S. Citizen? Yes No

9. Do you have a legal right to work in the United States? Yes No

10. Have you ever had your name legally changed? Yes No

11. If you answered YES to the above question, what was:
a. Your previous name(s) _____
b. Date and location of change(s) _____
c. Reason for change(s) _____

12. Have you ever been known by any other name? Yes No
If yes, list all including nicknames, street names:

13. Social Security Number _____

II. RESIDENCY

14. Chronologically list all previous places of residence for the past 10 years.
(Begin with present address and work backward) If additional space is needed use pages 13 & 14.

From: _____ To: _____

Address _____
City State/Zip County

Rent Own Other Landlord _____

From: _____ To: _____
Address _____
City State/Zip County

Rent Own Other Landlord _____

From: _____ To: _____
Address _____
City State/Zip County

Rent Own Other Landlord _____

From: _____ To: _____
Address _____
City State/Zip County

Rent Own Other Landlord _____

From: _____ To: _____
Address _____
City State/Zip County

Rent Own Other Landlord _____

From: _____ To: _____
Address _____
City State/Zip County

Rent Own Other Landlord _____

III. EMPLOYMENT RECORD

15. List all employment. List most recent employer first. Include part-time and summer jobs. If additional space is needed use pages 13 & 14.

Name of Employer: _____

Address: _____
Street Address City State Zip

From: _____ To: _____ Part-Time Full-Time

Phone # () _____

Position Held: _____

Name of Supervisor: _____ Salary: _____

Was any disciplinary action taken against you while employed here? _____

Reason for leaving: _____

Name of Employer: _____

Address: _____

Street Address

City

State

Zip

From: _____ To: _____ Part-Time Full-Time

Phone # (____) _____

Position Held: _____

Name of Supervisor: _____ Salary: _____

Was any disciplinary action taken against you while employed here? _____

Reason for leaving: _____

Name of Employer: _____

Address: _____

Street Address

City

State

Zip

From: _____ To: _____ Part-Time Full-Time

Phone # (____) _____

Position Held: _____

Name of Supervisor: _____ Salary: _____

Was any disciplinary action taken against you while employed here? _____

Reason for leaving: _____

Name of Employer: _____

Address: _____

Street Address

City

State

Zip

From: _____ To: _____ Part-Time Full-Time

Phone # (____) _____

Position Held: _____

Name of Supervisor: _____ Salary: _____

Was any disciplinary action taken against you while employed here? _____

Reason for leaving: _____

Name of Employer: _____

Address: _____

From: _____ To: _____
Street Address City State Zip
Part-Time Full-Time

Phone # (_____) _____

Position Held: _____

Name of Supervisor: _____ Salary: _____

Was any disciplinary action taken against you while employed here? _____

Reason for leaving: _____

Name of Employer: _____

Address: _____

From: _____ To: _____
Street Address City State Zip
Part-Time Full-Time

Phone # (_____) _____

Position Held: _____

Name of Supervisor: _____ Salary: _____

Was any disciplinary action taken against you while employed here? _____

Reason for leaving: _____

16. May we contact previous employers? Yes No
If No, please state reason(s) _____

17. May we contact your present employer in the final stages of processing? Yes No
If No, please state reason(s) _____

IV. CAREER INTEREST

18. Type of work desired: Full-Time Part-Time

19. Have you ever applied to or worked for the Sebring Police Department before? Yes No
If yes, explain: _____

20. List all relatives or friends currently employed by the Sebring Police Department. If additional space is needed use pages 13 & 14.

Name Relation

21. Have you ever applied to or been employed by any other law enforcement agency? Yes No
 If so, name of agency: _____
22. If you were not hired, what reason was given? _____
23. Are you now on any "eligibility" list(s) with any other agencies? Yes No
24. If currently employed by a law enforcement agency or corrections agency, are you now under an internal investigation? Yes No
25. Have you completed any law enforcement training? Yes No
 If yes, where? _____
26. Did you receive a certificate for this training? Yes No

V. DRUG USE HISTORY

27. Have you ever used, possessed, sold, manufactured or delivered any illegal drugs (Marijuana/Cocaine/Steroids/Synthetic /etc...) or illegally used a controlled narcotic/prescription drug? Yes No

If yes, list each drug, date of usage, frequency of usage, and circumstances surrounding the usage:

| Drug | Date | Frequency | Circumstance(s) |
|------|------|-----------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

VI. SOCIAL HISTORY

28. List all clubs, societies, civic and fraternal organizations to which you are or have been a member.

| Name of organization | Type of organization | Date joined |
|----------------------|----------------------|-------------|
| | | |
| | | |
| | | |

29. If you are responsible for making child support payments, has legal action ever been taken against you for either failing to make payments or delaying payments? Yes No
30. If you are responsible for paying alimony, has legal action ever been taken against you for either failing to make payments or delaying payments? Yes No
31. Have any members of your immediate family ever been arrested? Yes No
 If yes, provide names and details. If additional space is needed use pages 13 & 14.

VIII. FAMILY BACKGROUND

32. List alphabetically by last name, all living members of your immediate family. If additional space is needed use pages 13 & 14.

| Name | City & State of residence | Occupation |
|-------|---------------------------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

IX. U.S. MILITARY RECORD

33. Was any type of disciplinary action ever taken against you in the military (Armed Forces)? Yes No

34. Were you ever the scope of or involved in any criminal or civil investigation while in the military? Yes No

If yes, explain: _____

35. Military Specialization and duties: _____

36. List foreign countries served in or visited while in the service:

XI. ACADEMIC RECORD

37. List all schools that you have attended:
Elementary, Middle & High School

School _____ State/Country _____
From _____ To _____ Grades attended _____

List all schools that you have attended:
Elementary, Middle & High School

School _____ State/Country _____
From _____ To _____ Grades attended _____

List all schools that you have attended:
Elementary, Middle & High School

School _____ State/Country _____
From _____ To _____ Grades attended _____

38. Did you graduate high school & receive a diploma? Yes No

39. If not, is high school education through a GED program? Yes No

40. Was GED program sanctioned by a State Board of Education? Yes No

41. While in school, were you ever suspended or expelled? Yes No

If yes explain: _____

List any awards, honors, citations, positions held in school organizations, and any other special recognitions you received while attending high school. _____

42. List all college(s) or vocational training centers that you have attended:
Include private schools, community colleges, state universities & in-service training.

School _____ State _____

From _____ To _____ Course of study _____

Degree / certificate received? Yes No In what? _____

School _____ State _____

From _____ To _____ Course of study _____

Degree / certificate received? Yes No In what? _____

School _____ State _____

From _____ To _____ Course of study _____

Degree / certificate received? Yes No In what? _____

List any awards, honors, citation, positions held in school organizations, and any other special recognitions you received while attending college or vocational training. _____

43. Please list any suspensions or other disciplinary action taken against you while attending college or vocational training: _____

44. Extracurricular activities: _____

45. Foreign language(s) spoken: _____

46. Foreign language(s) read: _____

47. Foreign language(s) written: _____

XII. FINANCIAL HISTORY

48. Have you ever had an automobile insurance policy canceled? Yes No

49. Have you ever been refused credit? Yes No

50. Have you ever had any property repossessed? Yes No
51. Has your spouse ever had any property repossessed? Yes No
52. Has your ex-spouse ever had any property repossessed ? Yes No
53. Have you ever been bonded? Yes No
54. Have you ever had a bond refused? Yes No

Note: If the answer to any question was YES give complete details, including dates, locations, and names.
(use pages 13 & 14)

XIII. CRIMINAL AND JUVENILE RECORD

55. Have you ever been arrested, received a notice to appear, charged, convicted, pled nolo contendere, or pled guilty to any criminal violation, regardless if the record was sealed or expunged? Yes No
56. Have you ever had any portions of your criminal record expunged or sealed? Yes No
57. Have you ever been convicted of a criminal offense? Yes No
58. Have you ever been the subject of or involved in a criminal investigation? Yes No
59. Has any law enforcement officer ever detained you? Yes No
60. Have you ever been reported as a missing person? Yes No

Note: If the answer to any question was Yes, use pages 13 & 14 to provide, (1) complete details; (2) jurisdiction; (3) dates; and (4) final disposition.

XIV. MOTOR VEHICLE OPERATOR RECORD

61. Do you currently hold or have you ever held a Florida driver license? Yes No
62. Driver license number: _____

Do you hold or have you ever held a driver license from another state? Yes No
If yes, provide state(s), name(s) used and approximate dates license was/were held.

-
63. Has your driver license ever been revoked or suspended? Yes No
If Yes, indicate on pages 13 & 14 (1) the state; (2) date; (3) all details
If yes, was your license restored? When?
64. Have you ever been involved in a motor vehicle accident? Yes No
If yes, indicate on pages 13 & 14 (1) date; (2) location; (3) injuries; (4) charges; (5) final disposition of any
police charges or civil liability.
65. Have you ever been refused a driver's license? Yes No
If yes, please state reason(s) for this refusal: _____
-

66. Have you ever received a traffic citation (other than parking)? Yes No

67. Do you now have any unpaid outstanding summons against you for any parking or traffic violations? Yes No
If yes, how many and where? _____

68. Have you ever been charged with DUI? Yes No

Note: If the answer to any question was Yes, use pages 13 & 14 to provide: (1) complete details; (2) jurisdiction; (3) dates; and (4) final disposition.

XV. PROFESSIONAL REFERENCES

69. List three (3) people that are not related to you and who are not former employers, whom have known you for at least five (5) years. Everyone you list may be asked to appraise your character, ability, experience, personality, as well as other pertinent job-related qualities.

COMPLETE NAMES, ADDRESSES, AND CONTACT NUMBER(S) ARE REQUIRED

| | | | | | |
|--|------------------|------------------|--------------|-----|-----|
| Last Name | | Middle Name | First Name | | |
| Home address Street name & number () | | () | City () | St. | Zip |
| Home phone # | | Business phone # | Cell phone # | | |
| Years known | Name of business | | Profession | | |

| | | | | | |
|--|------------------|------------------|--------------|-----|-----|
| Last Name | | Middle Name | First Name | | |
| Home address Street name & number () | | () | City () | St. | Zip |
| Home phone # | | Business phone # | Cell phone # | | |
| Years known | Name of business | | Profession | | |

| | | | | | |
|--|------------------|------------------|--------------|-----|-----|
| Last Name | | Middle Name | First Name | | |
| Home address Street name & number () | | () | City () | St. | Zip |
| Home phone # | | Business phone # | Cell phone # | | |
| Years known | Name of business | | Profession | | |

XVI. PERSONAL REFERENCES

70. Please list five (5) personal references that you have known and have been in contact with for the past three (3) years. Do not use any of your previously listed professional references.

COMPLETE; NAMES, ADDRESSES, AND CONTACT NUMBER(S) ARE REQUIRED

| | | | | |
|--|------------------|--------------|------------|-----|
| Last Name | | Middle Name | First Name | |
| Home address Street name & number () | | City | St. | Zip |
| Home Phone # | Business Phone # | Cell Phone # | | |

| | | |
|-------------|------------------|------------|
| Years known | Name of Business | Profession |
|-------------|------------------|------------|

| | | | | |
|--|------------------|--------------|------------|-----|
| Last Name | | Middle Name | First Name | |
| Home address Street name & number () | | City | St. | Zip |
| Home Phone # | Business Phone # | Cell Phone # | | |

| | | |
|-------------|------------------|------------|
| Years known | Name of Business | Profession |
|-------------|------------------|------------|

| | | | | |
|--|------------------|--------------|------------|-----|
| Last Name | | Middle Name | First Name | |
| Home address Street name & number () | | City | St. | Zip |
| Home Phone # | Business Phone # | Cell Phone # | | |

| | | |
|-------------|------------------|------------|
| Years known | Name of Business | Profession |
|-------------|------------------|------------|

| | | | | |
|--|------------------|--------------|------------|-----|
| Last Name | | Middle Name | First Name | |
| Home address Street name & number () | | City | St. | Zip |
| Home Phone # | Business Phone # | Cell Phone # | | |

| | | |
|-------------|------------------|------------|
| Years known | Name of Business | Profession |
|-------------|------------------|------------|

| | | | | |
|--|------------------|--------------|------------|-----|
| Last Name | | Middle Name | First Name | |
| Home address Street name & number () | | City | St. | Zip |
| Home Phone # | Business Phone # | Cell Phone # | | |

| | | |
|-------------|------------------|------------|
| Years known | Name of Business | Profession |
|-------------|------------------|------------|

XVII. LOYALTY

71. Have you ever, by word of mouth or in writing, advocated, advised, or taught the doctrine that the Government of the United States of America, or any political subdivision therefore, should be overthrown by force, violence, or any unlawful means? Yes No

XVIII. POLYGRAPH EXAMINATION

72. Are you willing to take a polygraph examination to verify all information supplied in this application and all other information supplied by you to this Department? Yes No

Applicant's Signature

If no, state your reason(s): _____

I affirm that this application contains no misrepresentations or falsifications, omissions, or concealment of material fact, and that information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this application are subject to later investigation. I am further aware that should any investigation disclose any such misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and my name removed from the eligible lists. If already appointed, I may be dismissed.

Signature of Applicant

State of _____
County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____
by _____, who is personally known to me or who has produced _____
as identification and who did (did not) take an oath.

Notary Public

(seal)

SEBRING POLICE DEPARTMENT

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Sebring, Fl 33870-7206

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Chief of Police

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NOTICE TO PERSONS REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS

The Sebring Police Department collects the Social Security Number of persons who:

1. Apply for employment or are employed by this agency;
2. Apply to qualify with a firearm pursuant to HR 218, the Nationwide Concealed Carry Act for Retired Law Enforcement Officers;
3. Are arrested by this agency;

Social Security Numbers are collected by the Sebring Police Department for the following reasons, which are imperative for the performance of duties and responsibilities prescribed by law; and

1. To verify identity;
2. To conduct employment background investigations;
3. To properly pay an employee and to credit the withholding of income taxes, social security and medicare taxes, retirement and other items pursuant to State and Federal law, and;
4. To determine criminal history and to verify wants, warrants and/or capiases.

Applicant's Signature

Date

This form **MUST** be signed in **either** Block 1 or Block 2 to complete your application

VETERANS' PREFERENCE INFORMATION

Veterans' Preference Policy: The City of Sebring affords veterans preference in employment in accordance with F.S. 295.07 if you are requesting Veterans' Preference, a copy of your most recent DD-214 must be submitted with this application. Completion of the Veterans' Preference Claim below is made on a voluntary basis. The five Veterans' Preference categories are listed below. If you select category 1, 2, or 4, this form will be kept confidential in accordance with the Americans with Disabilities Act (ADA).

1. Disabled Veterans who have served on active duty in any branch of the Armed Forces and who presently have an existing service-connected disability which is compensable under public laws administered by the Department of Veteran Affairs or are receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the DVA and the Department of Defense or
2. The spouse of a veteran:
Who has total and permanent service-connected disability and who, because of this disability, cannot qualify for employment; or
Who is missing in action, captured in line of duty by a hostile force, or detained or interned in line of duty by a foreign government or power.
3. A veteran of any war, who has served one day during that wartime period as defined in subsection 1.01 (14), excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America,
 - Preference eligibility no longer expires upon appointment of the eligible person to a position with the state or any political subdivision of the state.
 - Persons who were previous ineligible for preference because they held or are currently holding a job with a public employer are now eligible to use their veteran's preference again with all employers covered by law.
 - Persons previously ineligible for preference because they did not serve duty and eligible wartime period may now be eligible for Veteran's Preference if they served during Operation Enduring Freedom (beginning October 7, 2001 – present) or Operation Iraqi Freedom or
4. The un-remarried widow of widower of a veteran who died of a service-connected disability.
5. A mother, father, legal guardian, or unremarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the U.S. Department of Defense. A veteran who served in a qualifying campaign or expedition for which a campaign badge or expeditionary medal has been authorized; including any Armed Force Expeditionary Medal or Global War on Terrorism Expeditionary Medal, if otherwise eligible.
6. A Veteran as defined in section 1.01(14) Florida Statutes. "Active Duty for Training" may not be allowed under this paragraph. The term "veteran" is defined as a person who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions, or
7. A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard.

*You **must** provide a DD-214 or comparable official document to serve as a certificate of release or discharge **at the time of application**. In addition, if you claim preference under categories 1, 2, or 4 above you must furnish documentation per Rule 55A-7.012, F.A.C War periods are defined in Section 1.01, F.S. Under Florida Law, preference in appointment will be given by the state to those persons in categories 1 and 2 and then those categories 3, 4, and 5. Effective July 1, 2014, you no longer need to be a Florida resident to qualify for Veteran's Preference. U.S. Citizens and lawfully authorized alien workers in the United States can now apply for a position with a political entity in the state of Florida and request that they be given Veteran's Preference on their job application if they meet the other eligibility requirements.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he or she may file a complaint with the Florida Department of Veteran's Affairs, P.O. Box 31003, St. Petersburg, FL 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within three months of the date the application is filed with the employer if no notice is given. Non-certified photocopies may be submitted with the application; however if awarded an interview original DD-214s and / or VA Award Letters must be presented to Human Resources for verification.

VETERANS' PREFERENCE CLAIM

BLOCK 1

If eligible, which Veterans' Preference category are you claiming? 1 2 3 4 5 6 7
(Check the number from the Veterans' Preference Information section above.)

Have you ever been employed by any governmental entity within the State of Florida? Check One: Yes No

Signature: _____ Date: _____

BLOCK 2

I declare that I am not claiming Veterans' Preference in this application.

Signature: _____ Date: _____