

GULFPORT POLICE DEPARTMENT
BACKGROUND INVESTIGATION
PERSONAL HISTORY QUESTIONNAIRE

INSTRUCTIONS

The applicant must complete this personal history questionnaire. All answers must be hand printed in ink or typed, and be completely legible. Any questionnaires that are not legible or are incomplete may be rejected, and this may affect you in the selection process.

Read all questions completely. Answer all questions fully and truthfully. All information contained herein will be subject to verification via polygraph.

If a question does not apply, mark N/A in the appropriate space. If the answer requires more space, use the back of the page. Complete mailing addresses, including zip codes for residences, schools, employers and personal references are mandatory.

Any questionnaires that are not legible or are incomplete may be rejected, and this may affect you in the selection process

Any falsification and/or omission of information in this questionnaire may subject the applicant to disqualification from this and any future employment with the City.

Applicant Full Name (Print)

Position Applied For

Date Prepared

(For Official Use On) – Do not mark below this line)

Date Reviewed

Reviewed By:



Florida Department of Law Enforcement

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: Gulfport Police Dept.

ADDRESS: 2401-53rd St. South, Gulfport, FL 33707

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

Gulfport Police Department

Police Applicant Military Service Disclaimer

Applicant Name: _____ Date of Birth ____ / ____ / ____

Other Names Used _____

Current Address _____ Social Security _____ - _____ - _____

I _____ hereby attest to the fact that I have never served in any branch of the armed services of the United States of America, including reserve and National Guard components. That I have never received a discharge under other than honorable conditions, that I am not absent without leave or a deserter, and that I am not concealing military service, or any material fact relating to such service, that would disqualify me from employment as a police officer in order to obtain such employment.

Notice: This document shall constitute an official statement within the purview of Section 837.06, Florida Statutes, and is subject to verification by the Gulfport Police Department. Any intentional false execution of this affidavit shall constitute a misdemeanor of the second degree and may result in disqualification from, or termination of, employment as a police officer. Additionally, you may be prosecuted.

I hereby certify that to the best of my knowledge and belief, the information that I have entered on this form is true and correct.

Signature of Applicant

Date Signed

State of Florida, County of _____, the foregoing instrument was acknowledged before me this _____ by _____, who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

Signature _____ Title or Rank _____

§117.10 Law enforcement officers and correctional officers.- Law enforcement officers, correctional officers, and correctional probation officers, as defined in §943.10 and traffic accident investigation officers and traffic infraction enforcement officers, as described in §316.640, are authorized to administer oaths when engaged in the performance of official duties. Sections 117.01, 117.04, 117.045, 117.05 and 117.103 do not apply to the provisions of this section. An officer may not notarize his or her own signature.

PERSONAL DATA

Full Name

LAST FIRST MIDDLE MAIDEN

Date of Birth

_____/_____/_____
Mo Day Year SOCIAL SECURITY NUMBER

Place of Birth

City County State Country

List all names and aliases used (real and nicknames)

What phone numbers can you be reached at?

Home Phone # Cellular Telephone #

Work # and hours you can be reached there other number (e.g. Pager)

Do you have a FACEBOOK page, a MYSPACE page, or any page similar? () Yes () No

If yes, please provide your user name: _____

What is your email address? Please list your personal web page

Please list personal screen names (e.g. yahoo or AOL)

PREVIOUS EMPLOYMENT / JOB HISTORY

Have you ever been terminated, or asked to resign from any job? If YES, please explain in detail every instance:

Have you ever been disciplined by any employer? If YES, please explain in detail:

List in chronological order, all previous places of residence since age 14. Please include places of residence while attending college, vocational schools or during military service.

DATES	ADDRESS	CITY	COUNTY	STATE	ZIP
<i>Example 8/81 – 9/81</i>	123 Main St.	Gulfport	Pinellas	FL	33707

MILITARY

Have you ever served in the Armed Forces? _____

If you answered no, you will be required to sign a waiver of military service affidavit.

If you answered yes, please complete the following questions, and attach your DD214(s):

What years did you serve from: _____ to _____

Which branch did you serve in? _____ What was the highest rank you obtained? _____

What type of discharge did you receive? _____

Why did you leave the military? _____

During your military service, did you receive any awards or commendations: _____

If yes, what were they? _____

During your service, did you receive any letters of counseling, reprimand, were you punished, fined or did you receive a reduction in rank due to an infraction of rules? _____

If yes, give date(s) _____

Were you ever questioned or detained by the military police or any related Law Enforcement Unit? If YES, explain. _____

Charges: _____

Result of actions: _____

Are you now or were you ever in any reserve military force or National Guard unit? _____

From: _____ to: _____ Location: _____

Unit: _____ Rank: _____ Type of Discharge: _____

List all areas where stationed and approximate dates:

DATES	NAME OF BASE	NEAREST CITY & STATE

USE BACK OF PAGE IF ADDITIONAL SPACE IS REQUIRED.

CRIMINAL HISTORY

NOTE: Pursuant to Florida State Statute 941.0585(4)(a)1: an applicant for employment with a law enforcement agency may not lawfully deny/withhold information concerning arrests or convictions, regardless of adjudication being withheld or the sealing or expungement of arrest or conviction records. Further, a misdemeanor arrest or conviction may not necessarily disqualify you for employment.

Answer all of the following, and explain any “Yes” answers below:

As an adult or juvenile have you ever been arrested? _____

As an adult or juvenile have you ever been taken into custody or detained by a law enforcement agency?

As an adult or juvenile have you ever been required to appear in court other than for jury duty?

As an adult or juvenile have you ever been a defendant in criminal court? _____

As an adult or juvenile have you ever had a criminal record? _____

As an adult or juvenile have you ever been convicted for violation of any law or ordinance other than minor traffic violations? _____

As an adult or juvenile have you ever had an “adjudication withheld” on a case against you?

As an adult or juvenile have you ever been on criminal probation whether supervised or unsupervised?

Have you ever filed for a restraining order or had a restraining order filed against you for any reason (also known as an Order for Protection)? _____

Please explain any “yes” answers to the above questions:

USE BACK OF PAGE IF ADDITIONAL SPACE IS REQUIRED.

TRAFFIC HISTORY

Please list all the traffic crashes you have ever been involved in as the driver:

DATE	COUNTY	CITY	INV AGENT	AT FAULT?

Please list all parking and traffic citations that you have received. Please be sure to include the dates, and the dispositions.

DATE	AGENCY	CHARGE	DESPOSITION	# OF POINTS?

USE BACK OF PAGE IF ADDITIONAL SPACE IS REQUIRED

Have you EVER illegally tried, used, possessed, sold, delivered, or transported or experimented with ANY of the following drugs? If yes, to any of the following provide details on the back of this page.

DRUG	COMMON NAMES	NO	YES
Amphetamines or methamphetamines	Benzedrine, Dexedrine, bennies, speed, white crosses, crank, crystal, ice, etc.		
Barbiturates	Phenobarbital, secobarbital, Nembutal, seconal, amytal, etc.		
Cocaine, crack or any cocaine derivative	Coke, crack, Corrine, gold dust, flake, snow, powder, blow, nose candy, etc.		
Marijuana	Mary Jane, Hash, Hashish		
DMT	Dimethyltryptamine, AMT, etc.		
Heroin or methadone	Smack, horse, black tar, china white, etc.		
Inhalants	Huffing, wheezing, nitrous oxide, solvents, glue, fumes, etc.		
LSD	D-Lysergic Acid Diethylamide, Acid, sugar, sunshine, dots, etc.		
MDMA	Ecstasy, XTC, C, etc.		
Mescaline	Mesc, chocolate mesc		
Methaqualone	Quaaludes, Ludes, downers, etc.		
Opium or derivatives	Codeine, morphine, etc.		
Painkillers	Diluadid, perodan, percocet, jydrocodone, hydromorphone, meperidine, oxycodone, oxycontin, etc.		
PCP	Phencyclidine, angel dust, hog, peace pill, tea, etc.		
Psilocybin	Mushrooms, shrooms, etc.		
Rohypnol	Flunitrazepam, roofies, date rape, etc.		
Steroids	Roids, Bahamas blues, juice, etc.		
Tranquilizers	Diazepam, Valium, etc.		

Have you ever obtained a prescription / prescription drug through fraudulent means? _____
 Explain on reverse side of paper any yes answers.

I affirm that this questionnaire contains no false statements, misrepresentations, or omissions; nor did I intentionally conceal any material that would knowingly make me ineligible. I further understand that during investigation, should any information be discovered as not factual, I would become ineligible for the position applied for, and will not be eligible for any other positions with the Gulfport Police Department.

DATE

SIGNATURE
(Do not sign this before being instructed to do so)

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me by _____,
Who is personally known to me or has produced _____ as
Identification and who did / did not take an oath, and who appeared before me at the time of notarization.

WITNESS, my hand and official seal, this _____ day of _____, A.D., 20 _____

LAW ENFORCEMENT OFFICER*

NOTARY PUBLIC

My Commission Expires

*Duly Sworn Law Enforcement Officers may administer oaths when engaged in the performance of their lawful duties as outlined in FSS 117.10

This form is an investigative tool used in part of the background investigation. This does not cover the entire background process. Any untruthfulness may be grounds for dismissal or non hire. This form must be signed prior to being processed