

# FORT WALTON BEACH POLICE DEPARTMENT

## COMMUNICATIONS OFFICER PRE-EMPLOYMENT QUESTIONNAIRE



**AN EQUAL OPPORTUNITY EMPLOYER**

7 HOLLYWOOD BLVD, NE FORT WALTON BEACH, FLORIDA 32548 | 850-833-9546

Revised January 2018

Name: _____	Date: _____
<div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Last</span> <span>First</span> <span>Middle</span> </div>	

<b>ARE YOU CERTIFIED BY THE FLORIDA DEPARTMENT OF HEALTH TO BE A 911 PUBLIC SAFETY TELECOMMUNICATOR IN THE STATE OF FLORIDA?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>NOTICE:</b> Please carefully read and follow these instructions exactly. Your ability to complete this questionnaire, as instructed, will be evaluated and used as one basis for employment decisions. Declination or failure to comprehensively provide the information requested throughout this document may result in your rejection or disqualification. This document, when completed, will be used by the Fort Walton Beach Police Department as an investigative aid. Assistance will be provided to those persons who may require a special accommodation.
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<b>INSTRUCTIONS:</b> <ul style="list-style-type: none"> <li>Answer every question as comprehensively as possible. If a question does not apply to you, so state with "N/A."</li> <li>If the space available is insufficient to comprehensively answer a question, attach a separate sheet of 8½ x 11 paper. Identify the section, page number and question number to the left of each question answered on a separate and attached page. Annotate in the space provided in this questionnaire that the question is answered and/or continued on an attached page.</li> <li>Do not misstate or omit any material fact since the statements made herein are subject to verification to determine your qualifications for employment</li> <li>Answer all the questions accurately and completely.</li> <li>Before affixing your signature anywhere in this document, check to be sure that a Notary Public certification is not required. If a Notary Public certification is required, you may bring the entire completed document to the Human Resources Department to sign in the presence of a notary.</li> <li>Electronically scan and attach the completed document to your Communications Trainee application <b>ONLINE</b>.</li> </ul>
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**“I have read and I understand all of the above instructions. I also understand that I will be required to take a Certified Voice Stress Analysis examination to determine the truthfulness of the information provided in this application.” Any untruthful statement made on this questionnaire will result in disqualification of application or, if hired, immediate dismissal without appeal rights.**

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Signature of Applicant

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Date

**I.****PERSONAL**

1. Full Name: \_\_\_\_\_  
Last First Middle
2. Alias(es), Nickname, Maiden Name: \_\_\_\_\_
3. Have you ever had your name changed legally? ☐ Yes ☐ No
4. If you responded positively to question #3, indicate as follows:  
A. Previous Name: \_\_\_\_\_  
B. Date and Location of Change: \_\_\_\_\_  
C. Reason for change (include official document(s) concerning any change in name):  
\_\_\_\_\_  
\_\_\_\_\_
5. Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_  
County \_\_\_\_\_
6. Sex: \_\_\_\_\_, Weight: \_\_\_\_\_ lbs., Height: \_\_\_\_\_ ft \_\_\_\_\_ in.,  
Color Hair: \_\_\_\_\_ Color Eyes: \_\_\_\_\_
7. EEO Code: ☐ White ☐ Black ☐ Hispanic ☐ Asian  
☐ American Indian or Alaskan Native ☐ Other (Specify) \_\_\_\_\_
8. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
9. Scars, Tattoos and/or distinguishing marks: \_\_\_\_\_  
\_\_\_\_\_
10. Are you a citizen of the United States? ☐ Yes ☐ No  
☐ Natural Born ☐ Naturalized
11. If naturalized citizen, check below if you are a citizen by virtue of Naturalization Certificate issued to: ☐ Self ☐ Parent ☐ Spouse
12. Present Home Address: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
13. How long have you lived at your present address? \_\_\_\_\_ Years, \_\_\_\_\_ Months
14. With whom do you reside? \_\_\_\_\_
15. Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
16. Business Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

17. Chronologically list all previous places of residence during the last 5 years:

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ (area code) \_\_\_\_\_ - \_\_\_\_\_ (number)  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Landlord's Name: \_\_\_\_\_  
 Landlord's Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (area code) \_\_\_\_\_ - \_\_\_\_\_ (number)  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Landlord's Name: \_\_\_\_\_  
 Landlord's Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (area code) \_\_\_\_\_ - \_\_\_\_\_ (number)  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Landlord's Name: \_\_\_\_\_  
 Landlord's Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (area code) \_\_\_\_\_ - \_\_\_\_\_ (number)  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

18. Do you drink alcoholic beverages? ☐ Yes ☐ No  
 If "Yes", what is your estimated monthly rate of consumption?  
 \_\_\_\_\_

19. Do you gamble (inclusive of lotteries, bingo, organized gaming, sports betting, private parties, etc.)? ☐ Yes ☐ No  
 If "Yes", how much do you gamble on an average monthly basis? \$ \_\_\_\_\_

20. Have you ever used, tried, or experimented with marijuana/hashish? ☐ Yes ☐ No  
 If "Yes", how many times and when was the last time? (Explain the circumstances): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

21. Have you ever used, tried, or experimented with **ANY OTHER** illegal drugs, cocaine ("crack" or powder), opiates, barbiturates, amphetamines, hallucinogens, designer drugs, etc.? ☐ Yes ☐ No  
 If "Yes", how many times and when was the last time? (Explain the circumstances and identify the drug(s):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

22. Have you ever taken ANY prescription medication(s) that were not specifically prescribed to you? ☐ Yes ☐ No  
If "Yes", provide details inclusive of (1) the name(s) of the medication(s), (2) the individual from whom you obtained the medication(s), the circumstances surrounding the incident(s) and (4) whether or not you purchased the medication(s):

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23. Have you ever sold, delivered or otherwise transmitted ANY amount of ANY illegal drugs (inclusive of but not limited to marijuana, cocaine, hallucinogens, hashish, or heroin, etc.)? ☐ Yes ☐ No  
If "Yes", provide details inclusive of (1) the name(s) of the medication(s), (2) the individual from whom you obtained the medication(s), (3) the circumstances surrounding the incident(s) and (4) whether or not you purchased the medication(s):

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24. Have you ever sold, purchased, and/or delivered ANY prescription medication(s), which were prescribed to you or to any other individual? ☐ Yes ☐ No  
If "Yes", provide details inclusive of (1) the name(s) of the medication(s), (2) the individual from whom you obtained the medication(s), the circumstances surrounding the incident(s) and (4) whether or not you purchased the medication(s):

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25. Have you ever utilized, experimented with, sold, delivered or purchased ANY anabolic steroids? ☐ Yes ☐ No  
If "Yes", provide details inclusive of (1) the name(s) of the steroid(s), (2) the individual from whom you obtained the steroid(s), the circumstances surrounding the incident(s) and (3) whether or not you purchased the steroid(s):

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## II. PERSONAL RELATIONSHIPS

1. If you are married, divorced or separated provide the following information:

a. Spouse's Full Name: \_\_\_\_\_  
Last First Middle

b. Maiden Name: \_\_\_\_\_  
Last First Middle

c. Birth date: \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

d. Date of Marriage: \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

e. Location of Marriage: \_\_\_\_\_  
(City, County, State)

2.	Are you presently living with your spouse? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> If "No", spouse's current address: _____ <div style="text-align: center; margin-top: 10px;">(City, County, State)</div>
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3.	List spouse's occupation and place of employment: _____ _____
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4.	Are you currently living with someone whom you consider to be a girl/boyfriend? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide the following information: a.      Girl/boy friend's Full Name: _____ <div style="text-align: center; margin-top: 5px;"> <span style="margin: 0 20px;">Last</span> <span style="margin: 0 20px;">First</span> <span style="margin: 0 20px;">Middle</span> </div> b.      Birth date: _____ Month _____ Day _____ Year _____ c.      Occupation: _____
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5.	Have you ever been involved in an unreported physical confrontation with your spouse, former spouse, boy/girlfriend, former boy/girlfriend, or a relative (including in-laws and former in-laws)? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> If "Yes", provide details including (1) approximate date(s), (2) with whom the confrontation(s) occurred, (3) the circumstances surrounding the confrontation(s), (4) the location(s) of the confrontation(s), and (5) any injuries resulting from the confrontation(s): _____ _____ _____
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6.	Have you ever been involved in a physical confrontation with your spouse, former spouse, boy/girlfriend, former boy/girlfriend, or a relative (including in-laws and former in-laws) that was reported to a law enforcement agency? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> If yes provide details including (1) approximate date(s), (2) with whom the confrontation(s) occurred, (3) the circumstances surrounding the confrontation(s), (4) the location(s) of the confrontation(s), (5) the law enforcement agency(ies) responding, and (6) any injuries resulting from the confrontation(s): _____ _____ _____
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7.	Have you ever been involved in any other incident(s) of domestic altercation(s), domestic violence, or stalking not specifically mentioned?    If "Yes", provide details: _____ _____
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8.	Have you ever been served with, or had filed against you, a restraining order, an injunction for protection against repeat violence, an injunction for protection against domestic violence or any other injunction? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> If "Yes", provide details: _____ _____
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9. Have you ever participated, voluntarily or involuntarily, in any domestic violence counseling, marriage counseling, or anger management? ☐ Yes ☐ No  
If "Yes", provide details:
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### III. EDUCATION

1. List all high schools attended (include copies of any diplomas):

Name	Location	Dates Attended		Years Completed	Graduate	
		From	To		Yes	No

2. Other schools/training (trade, vocational, business or military):

Name of School and Location	Dates Attended		Courses/Studies	Certificate	
	From	To		Yes	No

3. List all colleges or universities attended (include official transcripts):

Name/Location of College/University	Dates Attended		Credit Hours		Degree Received	Year Received
	From	To	Sem.	Quar.		

4. Were you ever expelled or suspended from **ANY SCHOOL**, or were you ever disciplined by any school official? ☐ Yes ☐ No  
If "Yes", provide details:
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**IV.****LANGUAGES OTHER THAN ENGLISH:**

1. Enter language and indicate your knowledge of each by placing an "X" or "✓" in the proper column.

Language	Reading			Speaking			Understanding			Writing		
	Ex	Good	Fair	Ex	Good	Fair	Ex	Good	Fair	Ex	Good	Fair

**V.****SPECIAL QUALIFICATIONS AND SKILLS:**

1. Indicate special skills/licenses you possess (pilot, radio operator, machines, equipment, computer, etc.). (Licenses: Show licensing authority, where first issued, and date the current license expires.)

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2. Indicate special qualifications not covered in the application. For example, your most important publications (do not submit copies unless requested), your patents or inventions, public speaking and publications experience, membership in professional or scientific societies, civic or fraternal organizations, and honors and fellowships received:

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**VI.****MILITARY INFORMATION:**

1. Have you ever served in a military organization of the United States? ☐ Yes ☐ No  
 If "Yes", give period of active military service and other data requested:  
 From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Branch of Service: \_\_\_\_\_  
 Highest Rank Achieved: \_\_\_\_\_  
 Unit: \_\_\_\_\_  
 Type of Discharge Received: \_\_\_\_\_  
 Reason for Discharge: \_\_\_\_\_

2. Are you now an active member of any branch of the United States Military? ☐ Yes ☐ No  
 If "Yes", indicate whether it is a United States Reserve Force or State National Guard along with other data requested:



From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Branch of Service: \_\_\_\_\_  
 Serial Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Rank: \_\_\_\_\_  
 Unit: \_\_\_\_\_  
 Separation date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

3. Were you ever tried, punished, reprimanded, or reduced in rank for any infraction of military rules and regulations? ☐ Yes ☐ No  
 If "Yes", indicate the (1) dates, (2) charges against you, (3) type of court-martial or other disciplinary proceeding, and (4) the disposition of charges:  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Has your discharge or separation ever been corrected or changed? ☐ Yes ☐ No  
 If "Yes" provide details:  
 Changed from: \_\_\_\_\_ To: \_\_\_\_\_  
 Authority: \_\_\_\_\_  
 Details: \_\_\_\_\_  
 \_\_\_\_\_

<b>VII.</b>	<b>EMPLOYMENT:</b>
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1. What is your current occupation: \_\_\_\_\_

2. Have you **EVER** been discharged, terminated, fired or asked and/or forced to resign from any place of employment because of misconduct or unsatisfactory service or for any other reason (except military)? ☐ Yes ☐ No  
 If "Yes" explain, giving name and address of employer, approximate date and reason in each case:  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Do you object to wearing a uniform? ☐ Yes ☐ No

4. Do you object to working varying shifts, i.e. rotating days and nights? ☐ Yes ☐ No

5. Have you ever received unemployment insurance/compensation or other Federal, State, or Local benefits of assistance? ☐ Yes ☐ No  
 How many times? (Provide documentation): \_\_\_\_\_  
 Are you currently receiving unemployment benefits? ☐ Yes ☐ No  
 If "Yes" to either question, provide details (inclusive of dates):  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Have you **EVER** received disciplinary counseling, an oral or written reprimand, suspension, or any other disciplinary action during **ANY** term of employment? ☐ Yes ☐ No  
If "Yes", provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. List **ALL** of the previous **FIVE** jobs you have held. List **ANY** and **ALL** jobs held by you at a law enforcement, correctional or other criminal justice agency (sworn and/or non-sworn), regardless of when it was. Place your present or most recent job **FIRST**. If you need more space, you may include additional sheets. Include military service and all periods of unemployment in proper time sequence. List all part-time, temporary, seasonal, and voluntary jobs.

Do you object to your present employer being contacted? ☐ Yes ☐ No

Name of Employer: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Job Title: \_\_\_\_\_  
Description of Duties : \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ ☐ Part Time ☐ Full Time  
Dates of Employment: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
Why did you leave? \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Job Title: \_\_\_\_\_  
Description of Duties : \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ ☐ Part Time ☐ Full Time  
Dates of Employment: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
Why did you leave? \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Job Title: \_\_\_\_\_  
Description of Duties : \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ ☐ Part Time ☐ Full Time  
Dates of Employment: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
Why did you leave? \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Job Title: \_\_\_\_\_  
Description of Duties : \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ ☐ Part Time ☐ Full Time  
Dates of Employment: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
Why did you leave? \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Job Title: \_\_\_\_\_  
Description of Duties : \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ ☐ Part Time ☐ Full Time  
Dates of Employment: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
Why did you leave? \_\_\_\_\_

13. Have you **EVER** had a sexual harassment complaint, **FORMAL OR INFORMAL**, filed against you, or have you ever participated in any form of activity that may be considered sexual harassment, or have you ever been informally accused of sexual harassment?  
☐ Yes ☐ No  
If "Yes", provide details including (1) the name(s) of the complainant(s), (2) the nature of the complaint(s), (3) the date(s), time(s) and location(s) of the complaint(s), and (4) the result(s) of the complaint(s): \_\_\_\_\_  
\_\_\_\_\_

14. Have you ever given/received any special considerations, promotions or any other benefits in the work place in exchange for sexual favors? ☐ Yes ☐ No  
If "Yes", provide details: \_\_\_\_\_  
\_\_\_\_\_

15. Have you ever been the victim of sexual harassment? ☐ Yes ☐ No

16. Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which may be required of you in a law enforcement capacity or which might require further explanation? ☐ Yes ☐ No  
If "Yes", provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VIII.****FINANCIAL HISTORY**

1. Have you ever filed bankruptcy? Personal: ☐ Yes ☐ No  
Business: ☐ Yes ☐ No

If "Yes", provide details: \_\_\_\_\_

\_\_\_\_\_

2. Have you ever had accounts placed in the hands of a collection agency? ☐ Yes ☐ No  
If "Yes", provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Are you responsible for child support payments? ☐ Yes ☐ No  
If "Yes", how much monthly? \$ \_\_\_\_\_  
If "Yes", are your payments current? ☐ Yes ☐ No  
If "No", provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. If you have **EVER BEEN** responsible for paying child support, have you ever been in arrears? ☐ Yes ☐ No

If "Yes", provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. 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  
If "Yes", provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. a. List any business you or your spouse have a financial interest in:

Business	Amount of Interest	Yearly Income	Name and Address of Partners

- b. Of these businesses, do any currently have a contract with the City of Fort Walton Beach? ☐ Yes ☐ No

If "Yes", provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IX.****CRIMINAL INVOLVEMENT AND JUVENILE RECORD**

(Arrest, Detention, and Litigation - show all arrests including juvenile and traffic arrests)

**Please be advised that as a criminal justice applicant, you must reveal all arrests and convictions REGARDLESS of sealed, expunged or juvenile status. Per Florida Statute 943.058 you may not lawfully deny arrests or convictions, notwithstanding adjudication being withheld or the sealing or expungement of arrest/conviction records. Misdemeanor arrests and/or convictions may not necessarily disqualify you for criminal justice employment.**

1. Have you ever been **arrested or detained** by **ANY** law enforcement agency? ☐ Yes ☐ No  
If "Yes" provide details. Also provide police and court records if available (include any arrest in which the records were expunged).

Crime(s) Charged: \_\_\_\_\_  
Date of Arrest: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Plea Entered: ☐ Guilty ☐ Not Guilty ☐ Nolo-Contendre ☐ Other (specify) \_\_\_\_\_  
Disposition: ☐ Guilty ☐ Not Guilty ☐ Adjudication Withheld ☐ Other (specify) \_\_\_\_\_  
Sentence: \_\_\_\_\_  
Arresting Agency: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Crime(s) Charged: \_\_\_\_\_  
Date of Arrest: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Plea Entered: ☐ Guilty ☐ Not Guilty ☐ Nolo-Contendre ☐ Other (specify) \_\_\_\_\_  
Disposition: ☐ Guilty ☐ Not Guilty ☐ Adjudication Withheld ☐ Other (specify) \_\_\_\_\_  
Sentence: \_\_\_\_\_  
Arresting Agency: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Crime(s) Charged: \_\_\_\_\_  
Date of Arrest: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Plea Entered: ☐ Guilty ☐ Not Guilty ☐ Nolo-Contendre ☐ Other (specify) \_\_\_\_\_  
Disposition: ☐ Guilty ☐ Not Guilty ☐ Adjudication Withheld ☐ Other (specify) \_\_\_\_\_  
Sentence: \_\_\_\_\_  
Arresting Agency: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Have you ever been served with a criminal summons or notice to appear; or has a criminal summons or notice to appear ever been issued in your name? ☐ Yes ☐ No

If "Yes", provide details:

Crime(s) Charged: \_\_\_\_\_  
Date of Service: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Plea Entered: ☐ Guilty ☐ Not Guilty ☐ Nolo-Contendre ☐ Other (specify) \_\_\_\_\_  
Disposition: ☐ Guilty ☐ Not Guilty ☐ Adjudication Withheld ☐ Other (specify) \_\_\_\_\_  
Sentence: \_\_\_\_\_  
Serving Agency: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3.	Have you ever been served with a trespass warning notice: If "Yes", provide details: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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4.	What is the least expensive item you have ever stolen? (Provide details inclusive of (1) the value of the item, (2) from whom was the item stolen, (3) if the item was returned, and (4) approximate date and location of the theft): _____ _____ _____	
a.	Were you caught and/or punished for the theft? If "Yes" by whom? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Was the item(s) returned to the owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5.	What is the most expensive item you have ever stolen? (Provide details inclusive of (1) the value of the item, (2) from whom was the item stolen, (3) if the item was returned, and (4) approximate date and location of the theft): _____ _____ _____	
a.	Were you caught and/or punished for the theft? If "Yes" by whom? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Was the item(s) returned to the owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6.	Have you ever stolen or embezzled money, merchandise or equipment from an employer? If "Yes", provide details inclusive of (1) from what employer, (2) the approximate date and location of the incident(s), and the value of the money and/or merchandise and/or equipment: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
a.	Were you caught and/or punished for the theft? If "Yes" by whom? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Was the item(s) returned to the owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No

7.	When was the last time you stole anything? Provide details inclusive of (1) from what whom, (2) the approximate date and location of the incident(s), and the value of the money and/or merchandise and/or equipment: _____ _____ _____	
a.	Were you caught and/or punished for the theft? If "Yes" by whom? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Was the item(s) returned to the owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Have you ever committed, been a suspect in, accused of, or investigated by any law enforcement agency or any social service agency for child neglect, child abuse, child sexual abuse, child exploitation, or child sexual exploitation? ☐ Yes ☐ No  
If "Yes", provide details including (1) the agency conducting the investigation, (2) the nature of the investigation, (3) the location and approximate date of the investigate offense, and (4) the disposition of the investigation (Provide copies of law enforcement or social services report(s):

\_\_\_\_\_  
\_\_\_\_\_

9. Have you ever received, purchased or viewed any printed materials, photographs, video tapes, movies, or any other form of media, containing child pornography or what may be considered child pornography by society in general? ☐ Yes ☐ No  
If "Yes", provide details including (1) the source(s) of the material(s) or media, (2) and the approximate date(s) and location(s) of the incident(s):

\_\_\_\_\_  
\_\_\_\_\_

10. Have you ever committed, been a suspect in, accused of, or investigated for any offense relating to rape, statutory rape, "date rape", lewd and/or lascivious behavior or sexual battery? ☐ Yes ☐ No  
If "Yes", provide details including (1) the approximate date(s) and location(s) of the incident(s), (2) the investigating law enforcement agency(ies) if applicable (provide copies of any reports):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Have you ever committed, been a suspect in, accused of, or investigated for any offense relating to exposure of sexual organs and/or indecent exposure? ☐ Yes ☐ No  
If "Yes", provide details including (1) the approximate date(s) and location(s) of the incident(s), (2) the investigating law enforcement agency(ies) if applicable (provide copies of any reports):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Have you ever, as an adult (over the age of eighteen), had or participated in any sexual activity and/or relations with an individual considered to be a minor (under the age of eighteen)? ☐ Yes ☐ No  
If "Yes", provide details inclusive of: (1) the age(s) of the minor(s) and your age at the time of the incident(s) and (2) the date(s) and location(s) of the incident(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Have you ever been placed on probation? ☐ Yes ☐ No  
If "Yes", provide details:

\_\_\_\_\_  
\_\_\_\_\_

14. Have you ever been required to pay a court fine other than traffic? ☐ Yes ☐ No  
 If "Yes" provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. Is there anything that you have ever been involved in that is not specifically mentioned or disclosed herein that may be considered criminal activity: ☐ Yes ☐ No  
 If "Yes", provide complete details, including jurisdiction, date(s), location(s) and outcome(s):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17. If you have ever been fingerprinted by a law enforcement agency for any reason, give details below. Your answer will be checked with the F.B.I. and other agencies.

Agency: \_\_\_\_\_ Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Purpose: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Purpose: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Purpose: \_\_\_\_\_

18. Have you ever been advised of your Miranda Rights? ☐ Yes ☐ No  
 If "Yes" provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

19. Have you ever been the subject of a police criminal investigation? ☐ Yes ☐ No  
 If "Yes" provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

20. Have you ever had a polygraph or CVSA examination? If yes, list: ☐ Yes ☐ No

Date	Examiner's Name	Purpose	Results

21. Has any member of your immediate family ever been arrested or convicted of a criminal offense? If "Yes", provide the following information: ☐ Yes ☐ No

Name	Relationship	Offense	Where Arrested	Date



<b>X.</b>	<b>VEHICLE OPERATOR'S LICENSE</b>
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1.	Do you now possess a valid driver's license from the State of Florida? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	If "Yes" provide Driver's License Number: _____ - _____ - _____ - _____
	Expiration Date: Month _____ Day _____ Year _____
	Current status of license: <input type="checkbox"/> Valid <input type="checkbox"/> Suspended

2.	Do you now, or have you ever, possessed a driver's license issued by any state other than Florida? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	If "Yes" provide the following:

State: _____	Driver's License Number: _____
Expiration Date: Month _____ Day _____ Year _____	
Current status of license: <input type="checkbox"/> Valid <input type="checkbox"/> Suspended	

State: _____	Driver's License Number: _____
Expiration Date: Month _____ Day _____ Year _____	
Current status of license: <input type="checkbox"/> Valid <input type="checkbox"/> Suspended	

3.	Was your driver's license ever restricted, suspended or revoked? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	If "Yes" provide details (inclusive of reason and length(s)):
	_____
	_____

4.	Was your license ever restored? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	If "Yes" provide date: Month _____ Day _____ Year _____

5. List below all traffic citations you have received:			
Location (Street, City, State)	Approximate Date	Nature of Violation	Penalty or Disposition

6.	Have you ever been involved in a motor vehicle accident? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	If "Yes", provide details for each accident, whether collision, non-collision or hit and run:

Date: Month _____ Day _____ Year _____	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police Investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location: _____	

Cause of Accident (ran red light, careless driving, etc.): \_\_\_\_\_  
 Who was indicated "at fault"? \_\_\_\_\_

Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ ☐ Injury ☐ Non-Injury  
 Police Investigation? ☐ Yes ☐ No  
 Location: \_\_\_\_\_  
 Cause of Accident (ran red light, careless driving, etc.): \_\_\_\_\_  
 Who was indicated "at fault"? \_\_\_\_\_

## **XI. CHARACTER REFERENCES**

Do not include relatives, former employers, or persons living outside the United States or its territories. List only character references who have a definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors. List 4 character references.

Name of Character Reference	Years Known	Address (Street, City, State, Zip)	Phone Number	
			Business	Home

## **XII. NEIGHBORS**

Provide the names, addresses and telephone numbers for a minimum of 3 current neighbors. If you have resided at your present address for less than 1 year, provide a listing of an additional 3 neighbors for your last previous address. In addition, if you reside in an apartment, provide the name, address and telephone number for your current landlord.

Name of Neighbor	Address (Street, City, State, Zip)	Phone Number	
		Business	Home

- List any current or former members of the Fort Walton Beach Police Department with whom you are acquainted: \_\_\_\_\_  
 \_\_\_\_\_

2. List any members of other law enforcement agencies with whom you are acquainted and the agency: \_\_\_\_\_  
\_\_\_\_\_

**XIII.**

**SOCIAL MEDIA**

List all of your online Social Media Accounts (including Alias Accounts):

Handle/ID: \_\_\_\_\_ Platform: \_\_\_\_\_

Handle/ID: \_\_\_\_\_ Platform: \_\_\_\_\_

Handle/ID: \_\_\_\_\_ Platform: \_\_\_\_\_

All candidates must produce the below listed ORIGINAL documents prior to this application being processed.

**FWBPD USE ONLY**

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ High School Diplomas or GED Equivalency

\_\_\_\_\_ College Diploma or Transcripts (if attended)

\_\_\_\_\_ Other Schools and/or Courses

\_\_\_\_\_ Armed Forces Discharge and DD214

\_\_\_\_\_ Naturalization papers

\_\_\_\_\_ Valid Driver's License

\_\_\_\_\_ Florida Police Standards Minimum Standards Certificate and Test Scores

\_\_\_\_\_ Social Security Card

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**THE FOLLOWING IS TO BE EXECUTED PRIOR TO SUBMISSION AND IN THE PRESENCE OF A  
NOTARY PUBLIC:**

I hereby swear or affirm that there are no misrepresentations or omissions in or falsifications of the above statements and answers to questions. I am aware that should investigation disclose such misrepresentations, falsifications, or omissions, my application will be rejected and I will be disqualified from applying in the future for any position in the service of the Fort Walton Beach Police Department, or, if after my acceptance for employment, subsequent investigation should disclose misrepresentation, falsifications, or omissions, it will be just cause for immediate dismissal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
State of Florida  
(Signature of Notary Public)

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

☐ Personally Known **OR** ☐ Produced Identification

Type of Identification \_\_\_\_\_