

Applicant: _____ CJBAT: _____

CITY OF HOLLYWOOD, FLORIDA POLICE DEPARTMENT

CHADWICK E. WAGNER
CHIEF OF POLICE



PERSONAL HISTORY STATEMENT

Date Received by Applicant: _____

Date Due from Applicant: _____

Time Stamp received by Police Personnel Unit:

CITY OF HOLLYWOOD, FLORIDA
"AN EQUAL OPPORTUNITY/EQUAL ACCESS EMPLOYER"
POLICE DEPARTMENT

Professional Standards, Personnel Unit
 3250 Hollywood Boulevard
 Hollywood, Florida 33021-6867
 www.hollywoodpolice.org
 Phone#: (954) 967-4372 Fax#: (954) 967-4311

PERSONAL HISTORY STATEMENT

POLICE OFFICER APPLICANTS -----THIS HISTORY STATEMENT MUST BE COMPLETED AND POSTMARKED OR HAND DELIVERED TO CITY HALL ROOM 206 ALONG WITHIN YOUR TEST SCORES AND THE CITY'S PDF FILE APPLICATION.

Read every question carefully and answer each accurately, thoroughly, and truthfully; Applicants may be disqualified from processing for omissions or false statements in this Personal History Statement. If space is insufficient for complete answers, do so on page 22 or attach an 8 1/2" x 11" sheet of paper to this Personal History Statement; number your answers to correspond with questions. Do not attach a Résumé or VITAS. Applicants must initial each page. Questions not applying to you should be marked "N/A" to acknowledge its inapplicability.

It is the Applicant's responsibility to have both documents at the end of this Personal History Statement Notarized prior to return.

A COPY OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THE APPLICATION (ORIGINALS DUE UPON REQUEST):

- Birth Certificate
- High School Diploma or GED (transcripts required if GED)
- College Degree(s) (if applicable)
- College Transcripts (School Certified-Sealed only) sent directly to the address above
- All Marriage Certificates (issued by the State or County, not religious organization)
- All Divorce Documents (original petition and final decrees)
- Adoption or Legal Name Change (if applicable)
- DD-214 Member 4 form (one for each Branch served)
- Driver's License
- Social Security Card
- Naturalization papers
- Current Auto Insurance card

POLICE OFFICER APPLICANTS ALSO SUBMIT:

- Florida CJSTC Basic Training Certificate or other State Certification (Certified Officers only)
- Bankruptcy papers (copy of original petition and final decree)
- Complete income tax return for last year
- Criminal Justice Basic Abilities Test (CJBAT) Results
- Swim Test result
- Agility Test (modified version not accepted)
- Form CJSTC 75B – Physical Fitness Assessment

Documents not submitted will be listed on page 22 with the reason for omission

Your Social Security Number is requested for the purpose of employment eligibility verification, applicant and employee background checks, income report, and processing employment benefits, and will be used solely for those purposes.

Space available on page 22 for added responses

All Applicants, regardless of Position sought, may be disqualified from processing for omissions or false statements. Before you complete this Statement, you will not be processed if it is learned you have left information out or were dishonest with entries.

Those applying to the position of Police Officer will automatically be disqualified for:

- Omissions concerning previous employment
- Failed Hollywood Background Investigation or Psychological Exam in the past year
- DUI Arrest and/or conviction in the last five years
- Arrest and/or conviction involving Domestic Violence and Conviction Omissions
- Military Discharge must not have been Dishonorable
- Recent use of any illegal controlled substance
- Five or more traffic moving violations in the last five years or an overall poor driving record
- Two or more drivers' license suspensions in the last five years
- Failure to disclose traffic tickets or convictions

By initialing each page on the bottom right corner, you acknowledge that you have read and understand the listed disqualifiers. Your initials also demonstrate your thorough review and entry on each page of the Personal History Statement.

**Questions can be clarified by calling the Police Personnel Unit at
954-967-4372**

POSITION APPLIED FOR _____ DATE: _____

Certified Police Officer? No Yes, in the State of _____ for _____ years and _____ months.

SECTION A. PERSONAL HISTORY

1. _____, _____, _____, _____
 LAST NAME FIRST NAME MIDDLE NAME SUFFIX (Jr., II, Sr.)

2. List other names you have used, including nicknames, maiden name, or aliases:

3. _____ Years _____ Months _____
 RESIDENCE ADDRESS (Include Apt. #) How long at present residence?

4. _____
 CITY COUNTY STATE ZIP CODE

5. Who do you reside with? Name: _____ DOB: _____
 Relationship: _____

6. HOME TELEPHONE (____) _____ WORK NUMBER (____) _____

CELL TELEPHONE (____) _____ PAGER NUMBER (____) _____

E-MAIL ADDRESS; _____ WEBSITE: _____

7. _____ - _____ - _____ 8. _____
 SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER STATE

9. _____ 10. _____
 DATE OF BIRTH (Month-Day-Year) PLACE OF BIRTH (City, State, County, Country)

11. _____ 12. _____ 13. _____ 14. _____
 AGE GENDER HEIGHT WEIGHT

15. Are you a United States Citizen? Yes No Legal Resident Permanent Resident
 Work Authorization # _____ If a Naturalized Citizen provide date: _____
 Certificate number: _____ Location _____

16. Race/Nationality: White-non Hispanic African American-non Hispanic Hispanic
 Asian American Indian Other-Specify _____

17. Marital Status: Married Divorced Separated Widow (er) Never Married

18. Scars, Marks, Tattoos or Piercing: None

TYPE	LOCATION ON BODY	DESCRIPTION
<input type="checkbox"/> Scar <input type="checkbox"/> Mark <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing		
<input type="checkbox"/> Scar <input type="checkbox"/> Mark <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing		
<input type="checkbox"/> Scar <input type="checkbox"/> Mark <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing		

Space available on page 22 for added responses

19. List your residences for the last **ten** years; begin with your most recent residential address.

MONTH/YEAR-FROM/TO	STREET ADDRESS	CITY	STATE	ZIP CODE
With whom did you reside? Give name:		Relationship:		
With whom did you reside? Give name:		Relationship:		
With whom did you reside? Give name:		Relationship:		
With whom did you reside? Give name:		Relationship:		
With whom did you reside? Give name:		Relationship:		
With whom did you reside? Give name:		Relationship:		
With whom did you reside? Give name:		Relationship:		
With whom did you reside? Give name:		Relationship:		

20. Have you ever been foreclosed on or evicted from any residence? NO YES, provide details:

SECTION B. EMPLOYMENT HISTORY

1. List jobs held for the past **ten** years, beginning with your present or most recent position; list periods of unemployment. Include part-time employment and volunteer work.

NAME & ADDRESS OF EMPLOYER	DATES EMPLOYED	ANNUAL SALARY	TITLE OF LAST POSITION	SUPERVISORS NAME(s)	REASON FOR LEAVING
NAME	FROM				
ADDRESS	TO				
CITY, STATE, ZIP	<input type="checkbox"/> Full-time				
PHONE ()	<input type="checkbox"/> Part-time				
DUTIES:					
NAME	FROM				
ADDRESS	TO				
CITY, STATE, ZIP	<input type="checkbox"/> Full-time				
PHONE ()	<input type="checkbox"/> Part-time				
DUTIES:					
NAME	FROM				
ADDRESS	TO				
CITY, STATE, ZIP	<input type="checkbox"/> Full-time				
PHONE ()	<input type="checkbox"/> Part-time				
DUTIES:					
NAME	FROM				
ADDRESS	TO				
CITY, STATE, ZIP	<input type="checkbox"/> Full-time				
PHONE ()	<input type="checkbox"/> Part-time				
DUTIES:					
NAME	FROM				
ADDRESS	TO				
CITY, STATE, ZIP	<input type="checkbox"/> Full-time				
PHONE ()	<input type="checkbox"/> Part-time				
DUTIES:					

2. What is your current occupation? _____

3. Are you currently engaged in any business as an owner or partner (active or silent)? No
 Yes, give details: _____

4. Have you ever applied for employment with the City of Hollywood, any Police Department, Public Safety Department, or other Governmental Agency? No Yes, provide details:

AGENCY NAME	APPLICATION DATE	POSITION(S) SOUGHT	STATUS OF PROCESSING
			<input type="checkbox"/> In Progress <input type="checkbox"/> Disqualified <input type="checkbox"/> Pending <input type="checkbox"/> Withdrew Explain:
			<input type="checkbox"/> In Progress <input type="checkbox"/> Disqualified <input type="checkbox"/> Pending <input type="checkbox"/> Withdrew Explain:
			<input type="checkbox"/> In Progress <input type="checkbox"/> Disqualified <input type="checkbox"/> Pending <input type="checkbox"/> Withdrew Explain:
			<input type="checkbox"/> In Progress <input type="checkbox"/> Disqualified <input type="checkbox"/> Pending <input type="checkbox"/> Withdrew Explain:

5. Have you ever been: (a) Dismissed by any employer? No Yes
 (b) Asked to resign by any employer? No Yes
 (c) Had any disciplinary action taken against you by an employer, or Supervisor? No Yes

If you answered "Yes" to any of these questions, provide details:

6. Have you resigned or left a job: (a) by mutual agreement? No Yes
 (b) after allegations of misconduct? No Yes
 (c) for unsatisfactory job performance? No Yes
 (d) in lieu of termination? No Yes

If you answered "Yes" to any of these questions, provide details:

7. Have you previously been employed by any Law Enforcement Agency? No Yes:

AGENCY, STATE	DATES	POSITION(S)

If "Yes", were you ever the subject of Internal Affairs investigations? No Yes N/A

Explain the circumstances of each case:

DATE	AGENCY	NATURE OF CASE	DISPOSITION

8. If previously employed by a Law Enforcement Agency, did you fail to pass Probation or resign prior to the end of the Probationary Period? N/A No Yes, provide details:

9. The Police Department operates 24 hours a day, seven days a week; are you willing to work:
 Afternoon Shifts? No Yes Midnight Shifts? No Yes Weekends? No Yes
 Permanent Shifts? No Yes Holidays? No Yes Rotating Shifts? No Yes
 On-call basis? (O/T) No Yes Beyond shifts end? No Yes

10. Some positions require you to wear a Uniform; are you willing to wear a Uniform? No Yes

11. Are you related to anyone currently employed by the City of Hollywood in any capacity?

No Yes, please provide:

Relationship: _____ Department: _____

Employee's name: _____ Position held: _____

Relationship: _____ Department: _____

Employee's name: _____ Position held: _____

12. Have you ever worked for the City of Hollywood? No Yes, when _____

Department assignment: _____ Job title: _____

SECTION C. EDUCATION HISTORY

1. High Schools

NAME, ADDRESS, CITY, STATE	DATES ATTENDED MO/YR		YEARS COMPLETED	GRADUATE	DIPLOMA TYPE
	FROM	TO			
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	

2. Colleges/Universities - School Certified transcripts, sealed only, from all institutions must be sent to the Hollywood Police Personnel, 3250 Hollywood Blvd, Hollywood, FL 33021

NAME, ADDRESS, CITY, STATE	DATES ATTENDED MO/YR		CREDIT HOURS EARNED		GRADUATE	DEGREE TYPE MAJOR/MINOR
	FROM	TO	QTR.	SEM.		
					<input type="checkbox"/> No <input type="checkbox"/> Yes	
					<input type="checkbox"/> No <input type="checkbox"/> Yes	

3. Other Schools (Trade, Vocational, Business, Military, or Criminal Justice Institute)

NAME, ADDRESS, CITY, STATE	DATES ATTENDED MO/YR		CREDIT HOURS EARNED	AREA OF STUDY	GRADUATE	DEGREE/ CERTIFICATION TYPE
	FROM	TO				
					<input type="checkbox"/> No <input type="checkbox"/> Yes	
					<input type="checkbox"/> No <input type="checkbox"/> Yes	

4. Were you ever dismissed from a School or College, or was **any** disciplinary action, including Scholastic Probation, ever taken against you? No Yes, indicate below:

SCHOOL OR COLLEGE	DATE	TYPE OF ACTION	REASON

5. Describe Awards, Honors and Citations, positions held in School Organizations, and any other special recognition you received while attending Schools, Colleges and Universities:

6. Indicate language(s), other than English, you can: (N/A)

_____	<input type="checkbox"/> Speak, at what level?	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
_____	<input type="checkbox"/> Read, at what level?	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
_____	<input type="checkbox"/> Write, at what level?	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
_____	<input type="checkbox"/> Speak, at what level?	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
_____	<input type="checkbox"/> Read, at what level?	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
_____	<input type="checkbox"/> Write, at what level?	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent

7. Indicate special skills you possess and equipment you can use which may be related to Law Enforcement. (For example: Two-way Radio Communications, Breathalyzer, Speed Detection Equipment, Firearms):

8. Have you used computers or computer terminals in your prior or current position, in during your personal time? No Yes, list programs, software, hardware used:

9. (a) Typing Speed _____ (b) Shorthand Speed _____

SECTION D. ARREST HISTORY

AS AN APPLICANT, YOU MUST LIST ANY AND ALL ARRESTS (ADULT OR JUVENILE); INCLUDING RECORDS WHICH WERE SEALED, EXPUNGED, OR OTHERWISE CLOSED TO PUBLIC INSPECTION AS PER FSS 943.058.

1. Have you ever been arrested, detained or taken into custody by a Federal, State or Local Law Enforcement Agency in the United States of America or any foreign land, as a juvenile or as an adult, for any criminal charge or civil law-related offense? No Yes, Explain:

ATTACH ARREST REPORT, DISPOSITION AND ALL SUPPORTING DOCUMENTS

DATE	AGENCY NAME CITY, STATE, COUNTRY	CHARGE	COURT NAME, CITY & STATE	DISPOSITION & CIRCUMSTANCES OF ARREST
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:

2. Have you ever been, or suspect you may have been, investigated by any Federal, State or Local Law Enforcement Agency in the United States of America or any foreign land as an adult or juvenile? No Yes, Explain: _____

DATE	AGENCY INVOLVED	CIRCUMSTANCES
		Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Circumstance:
		Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Circumstance:
		Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Circumstance:
		Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Circumstance:

3. Have you ever entered into a Pre-Prosecution Diversionary/First Offender Program? No Yes, Explain:

4. Have you ever been convicted of, pled guilty to, or pled nolo contendere to any criminal charge(s) in a court in any country as an adult or juvenile? No Yes, explain in detail:

DATE	PLACE & DEPARTMENT	CHARGE	COURT & PLACE	DISPOSITION
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:

5. Explain in detail, any arrest, charge, conviction, guilty plea or any other criminal matter expunged or sealed from your record as either a juvenile or adult: N/A

6. Have you ever been placed on Probation for a criminal matter by a Federal, State, or Local Court in the United States of America or any other country as an adult or juvenile? No Yes, explain in detail:

COURT LOCATION	CHARGE(S)	DISPOSITION	DATES OF PROBATION

7. Have you ever been detained, incarcerated, or served a sentence in any Youth Home, Jail, Prison, Penitentiary or other Detention Facility? No Yes, explain in detail:

8. Have you ever been questioned or interrogated by any Law Enforcement Agency, anywhere, anytime as an adult or juvenile? No Yes, explain in detail:

9. Have you ever been fingerprinted for any reason (Arrest, Job Application, Military, etc.)?

No Yes, provide details: _____

10. Have you ever been reported or listed as a Missing Person? No Yes, explain:

11. Have you ever been investigated, charged or convicted of any charge involving Domestic Violence? No Yes, provide details:

12. Have you ever been served with a restraining order, injunction or any other court order to stay away from someone? No Yes, explain:

SECTION E. CIVIL COURT HISTORY

1. Were you ever summoned or subpoenaed to Court in a Civil Proceeding, or were you ever a Party (Plaintiff or Defendant) in a Civil Action in this State or elsewhere? No Yes, explain in detail: _____

SECTION F. PERSONAL REFERENCES

1. List **five** responsible, adult references of reputable standing in their communities. Such as property owners, business or professional men or women, who have known you well for the **past five years**. (NO relatives, former or present employers, co-workers, people you reside with, or school teachers) If retired, list former occupation.

Complete Name		Home Phone: ()	
Email address:		Cellular Phone: ()	
Home Address		Business/Daytime Phone: ()	
City & State, Zip Code		Yrs. Acquainted	Occupation
Complete Name		Home Phone: ()	
Email address:		Cellular Phone: ()	
Home Address		Business/Daytime Phone: ()	
City & State, Zip Code		Yrs. Acquainted	Occupation
Complete Name		Home Phone: ()	
Email address:		Cellular Phone: ()	
Home Address		Business/Daytime Phone: ()	
City & State	Zip Code	Yrs. Acquainted	Occupation
Complete Name		Home Phone: ()	
Email address:		Cellular Phone: ()	
Home Address		Business/Daytime Phone: ()	
City & State	Zip Code	Yrs. Acquainted	Occupation
Complete Name		Home Phone: ()	
Email address:		Cellular Phone: ()	
Home Address		Business/Daytime Phone: ()	
City & State	Zip Code	Yrs. Acquainted	Occupation
Complete Name		Home Phone: ()	
Email address:		Cellular Phone: ()	
Home Address		Business/Daytime Phone: ()	
City & State	Zip Code	Yrs. Acquainted	Occupation

Space available on page 22 for added responses

SECTION G. DRIVING HISTORY

1. Do you possess a Florida: Operator's License? No Yes Chauffeur's License? No Yes

License Number: _____ Expiration date: _____

Restrictions: N/A _____ Endorsements: N/A _____

2. Do you possess a C.D.L.? No Yes License # _____ Exp. Date: _____

3. Do you now, or have you ever possessed an Operator's and or a Chauffeur's License issued by any State other than Florida? No Yes, specify:

STATE	LICENSE NUMBER & TYPE	EXPIRATION DATE

4. How many years have you operated a motor vehicle? _____

5. Was your Drivers License ever suspended or revoked? No Yes, explain in detail:

6. How many vehicles do you currently own or lease, including joint ownership? _____

YEAR	MAKE	MODEL	TAG	COLOR

7. Have you ever been refused auto insurance? No Yes, explain in detail:

8. Indicate **every** traffic ticket received in this State or elsewhere (exclude parking violations):

DATE	OFFENSE	LOCATION	AGE AT TIME	ISSUING AGENCY

9. List all traffic accident involvement:

DATE	LOCATION	INJURIES	DEATH	POLICE AGENCY	AT FAULT
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes

SECTION H. MILITARY HISTORY

1. Are you registered with Selective Service? No Yes, date registered: _____

Board Location: _____

2. Have you ever served with any branch of the U.S. Armed Forces? No Yes

Branch: _____ Highest Rank at discharge: _____

Service #: _____ Duty Dates: From: _____ To: _____ From: _____ To: _____

Date of Discharge: _____ Type of Discharge: _____

3. Were you ever Court Martialed, tried on charges, or the Subject of a Summary Court, Deck Court, Captains Mast, Article 15, Company Punishment, Page 7, or any other disciplinary action while in the Military? N/A No Yes, explain in detail, including reason, type of disciplinary action, date(s), charge(s), final disposition:

4. Are you now or have you ever been a Member of any Military Reserve or National Guard Organization? No Yes, provide details:

5. Are you required to attend Military Training meetings? No Yes, explain in detail, including obligation completion date: _____

6. List specialized schools you attended while in the Armed Forces. N/A

7. List Commendations and Citations awarded to you as a Member of the Armed Forces. N/A

8. Have you ever served in a Military or Para-Military organization of any Foreign Government? No Yes, provide details including type of discharge:

SECTION I. FINANCIAL HISTORY

1. Are you or your spouse/significant other indebted to anyone? No Yes, list all debts over \$250, including student loans and charge accounts; list any debt where payment was past due, regardless of amount.

CREDITOR	ADDRESS	BALANCE DUE
TOTAL BALANCE DUE		

2. What is your total, average monthly payment?

	AMOUNT PAID		AMOUNT PAID
MORTGAGE/RENT		AUTO PAYMENT	
ELECTRIC/GAS		AUTO INSURANCE	
TELEPHONE/CELLULAR		CREDIT CARD(S)	
WATER		LOAN(S)	
CHILD CARE		FOOD	
CHILD SUPPORT		OTHER(SPECIFY)	
ALIMONY		OTHER(SPECIFY)	
TOTAL MONTHLY PAYMENT			

3. Do you have any other source of income? No Yes, explain:

4. Have you, your spouse/significant other or a company you controlled:
- a. Ever filed for bankruptcy? No Yes
 - b. Declared bankruptcy? No Yes
 - c. Had a legal judgment rendered against you for a debt? No Yes

If you answered "Yes" to any of these questions, provide details:

5. Have you ever been denied Credit? No Yes, explain in detail: _____

6. Have your Accounts ever been placed in the control of a Collection Agency or reported as a "bad debt". No Yes, give details: _____

7. Has Legal Action ever been taken against you for failing to make Child Support payments or delaying payments? N/A No Yes, give details: _____

8. Child Support Payments are made through:
- Court Order
 - Payroll deduction
 - Voluntary Payments
 - N/A

9. Have you ever had any personal property repossessed? No Yes, explain:

10. Have you ever falsified your credit to get money? No Yes, give details:

11. Have you ever failed to file City, State, or Federal Income Tax Returns? No Yes, give details: _____

12. Do you owe the Federal Government money? No Yes, explain:

SECTION J. CONTROLLED SUBSTANCES

1. Do you now use any drugs or controlled substances? No Yes
- a. Have you ever experimented with drugs or controlled substances in the past without a Physician’s prescription? (“Experimented” means smoking, inhaling, swallowing: placing to gums, lips or tongue; injecting; or ingesting by any other means.) No Yes
- b. Do you now or have you ever possessed drugs or controlled substances without a Physician’s prescription? No Yes
- c. Do you now or have you ever unlawfully supplied, made or sold drugs or controlled substances? No Yes
- d. Have you ever purchased any illegal drugs? No Yes
- e. Have you ever made any illegal drugs? No Yes

If you answered “Yes” to any of these questions, provide details:

DRUG OR CONTROLLED SUBSTANCE	FIRST TIME USED (MO/YR)	DATE LAST USED (MO/YR)	NUMBER OF TIMES
<input type="checkbox"/> USED <input type="checkbox"/> MADE <input type="checkbox"/> SOLD <input type="checkbox"/> POSSESSED <input type="checkbox"/> PURCHASED			
TYPE OF ACTIVITY/EXPLANATION:			
DRUG OR CONTROLLED SUBSTANCE	FIRST TIME USED (MO/YR)	DATE LAST USED (MO/YR)	NUMBER OF TIMES
<input type="checkbox"/> USED <input type="checkbox"/> MADE <input type="checkbox"/> SOLD <input type="checkbox"/> POSSESSED <input type="checkbox"/> PURCHASED			
TYPE OF ACTIVITY/EXPLANATION:			
DRUG OR CONTROLLED SUBSTANCE	FIRST TIME USED (MO/YR)	DATE LAST USED (MO/YR)	NUMBER OF TIMES
<input type="checkbox"/> USED <input type="checkbox"/> MADE <input type="checkbox"/> SOLD <input type="checkbox"/> POSSESSED <input type="checkbox"/> PURCHASED			
TYPE OF ACTIVITY/EXPLANATION:			

AFFIDAVIT

I, _____, am being considered for employment for the position of _____. I understand the attached Personal History Statement is considered part of my official application for the above position. By signing this document, I hereby certify all information contained in the attached Personal History Statement and all accompanying documents submitted are true, accurate and complete to the best of my knowledge and there is no material falsification, misrepresentation or omission. I also understand all statements and accompanying documents are subject to investigation and any material falsification, misrepresentation, omission or other unfavorable information developed during any phase of the background investigation process or anytime thereafter, is sufficient cause for immediate disqualification, immediate dismissal from City service and/or subject to prosecution for the criminal violation of perjury as specified in Section 837.012, Florida Statutes.

I consent to submit to the following background investigation procedures which may include, but not limited to: medical evaluation, drug detection by hair analysis, psychological evaluation, computer voice stress analysis (CVSA), polygraph, fingerprint processing, job interview and other means as deemed necessary and proper by the City of Hollywood Police Department to complete its investigation as to my fitness and suitability for the position for which I have applied. I thoroughly understand I must successfully complete the above-mentioned processes.

I understand the City of Hollywood/Hollywood Police Department will not reimburse any expenses I might incur in seeking this position. I recognize the time required to process and select employees for this position is lengthy and time consuming. No promises or commitments are expected by me as to a time when a hiring decision and/or actual hiring might take place.

I understand and consent to all of the above statements and conditions.

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

STATE OF _____

COUNTY OF _____

Sworn to or affirmed and subscribed before me this ____ day of _____, _____.
MONTH YEAR

By: _____

Personally known by me.

Produced Identification; type of Identification produced _____

SIGNATURE OF NOTARY PUBLIC-STATE OF _____

PRINT NAME OF NOTARY

Stamp Commissioned Name of Notary Public

INFORMATION RELEASE WAIVER

In connection with my application for employment with the CITY OF HOLLYWOOD, and if hired by the CITY OF HOLLYWOOD, during any employment period with the CITY OF HOLLYWOOD, I hereby agree to an investigation, in accordance with the Fair Credit Reporting Act and all State and Federal laws, which may include information about my personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent towards determining my qualifications for employment or continuation of employment with the CITY OF HOLLYWOOD.

I understand this background investigation is a continuing obligation by the CITY OF HOLLYWOOD if I become employed by the CITY OF HOLLYWOOD as I hereby authorize the CITY OF HOLLYWOOD to make any inquires and request any information including but not limited to my criminal history, consumer credit history, employment history, driving history, military history, medical history or any other information of a confidential or privileged nature during any period of employment with the CITY OF HOLLYWOOD.

I understand that during this background investigation, the CITY OF HOLLYWOOD may make inquiries and request information including but not limited to my criminal history, consumer credit history, employment history, driving history, military history, medical history, workers' compensation history, education, professional licensing, including information of a confidential or privileged nature.

I hereby authorize, without reservation, any party (including, but not limited to, past and present employers, Law Enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by the CITY OF HOLLYWOOD, to furnish any or all of the above mentioned information. In addition, I hereby release and forever hold harmless the CITY OF HOLLYWOOD, and its agents or representatives, from any and all liability for damages arising from this investigation and the disclosure of the requested information. I further release and discharge from all liability, any companies, agencies, officials, officers, employees, and other persons, who, in good faith, provides to the CITY OF HOLLYWOOD any of the above mentioned requested information obtained during the course of this investigation.

I will also allow a photocopy or facsimile of this Information Release Waiver to be as valid as the original.

Your Social Security Number is requested for the purpose of employment eligibility verification, applicant and employee background checks, income report, and processing employment benefits, and will be used solely for those purposes.

PRINT FULL NAME	SIGNATURE
DATE OF BIRTH	SOCIAL SECURITY NUMBER

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, ____.

By: _____ Personally known by me
 Produced Identification; type of Identification produced _____

SIGNATURE OF NOTARY PUBLIC-STATE OF _____
Stamp Commissioned Name of Notary Public

*******TO BE COMPLETED BY POLICE OFFICER APPLICANT ONLY*******

Hollywood Police Department

Payment of tuition or Officer Certification examination fee by employing agency; reimbursement of tuition, other course expenses, wages, and benefits.

In accordance with FSS 943.16, the Hollywood Police Department will pay costs of tuition of a trainee in attendance at an approved basic recruit training program. A trainee who attends the training program at the expense of the Hollywood Police Department must remain in the employment or appointment of the Hollywood Police Department for a period of not less than 2 years after graduation from the basic recruit training program. If employment or appointment is terminated on the trainee's own initiative within 2 years, he or she shall reimburse the Hollywood Police Department for the full cost of his or her tuition and other course expenses. In addition to reimbursement for the full cost of tuition and other course expenses, a trainee terminating employment within 2 years shall reimburse the Hollywood Police Department for the trainee's wages and benefits paid by the Hollywood Police Department during the academy training period according to the following schedule:

1. For a trainee terminating employment within 6 months of graduation from the basic recruit training program, the full amount of wages and benefits paid during the academy training period.
2. For a trainee terminating employment within 6 months and 1 day to 12 months of graduation from the basic recruit training program, an amount equal to three-fourths of the full amount of wages and benefits paid during the academy training period.
3. For a trainee terminating employment within 12 months and 1 day to 18 months of graduation from the basic recruit training program, an amount equal to one-half of the full amount of wages and benefits paid during the academy training period.
4. For a trainee terminating employment within 18 months and 1 day to 24 months of graduation from the basic recruit training program, an amount equal to one-fourth of the full amount of wages and benefits paid during the academy training period.

The City of Hollywood may institute a civil action to collect such cost of tuition, other course expenses, wages, and benefits as provided in FSS 943.16 if it is not reimbursed.

"Academy training period" means the period of time a trainee is attending an approved basic recruit training program in a Law Enforcement academy class for purposes of obtaining certification, until the date of graduation from such class.

Applicant Signature

Date

Print Name

The foregoing instrument was acknowledged before me this ____ day of _____, _____.
MONTH YEAR

Personally known by me. Produced Identification; type of Identification produced

_____.

NOTARY PUBLIC-STATE OF _____

Notary Commissioned Stamp

Notary