



TO: APPLICANTS FOR CITY OF EUSTIS POLICE OFFICER
FROM: CITY OF EUSTIS HUMAN RESOURCES DEPARTMENT

In addition to the checklist of items below, please submit the release and consent forms (enclosed here) to Human Resources. All additional documents/forms will be scanned so please print them single-sided and do not bind them in any way.

Please provide the following documents:

- City of Eustis Application for Employment (*disregard if completed online application*)
 - Names and addresses of three (3) neighbors (*please use form provided by HR*)
 - Copy of High School Diploma or equivalent
 - Copy of GED Test Scores (*If GED is from out of state*)
 - Copy of Birth Certificate
 - Copy of Florida Driver's License
 - Copy of Florida Basic Recruit Training Certificate (Note: Applicants are required to have a Florida Basic Recruit Certificate. If you do not have the certificate, your application will not be considered. Please contact the Florida Department of Law Enforcement, Division of Criminal Justice Standards & Training at 850-410-7000 for information on certification.)
 - Copy of Florida Officer Certification Examination Results
 - Copy of Social Security Card
 - Copy of DD 214 Military Discharge (*if applicable*)
- (If claiming Veteran's Preference, please submit required VP forms.)
- Other: _____ (*if applicable*)

CITY OF EUSTIS
PO Drawer 68 (109-A E. Orange Ave.)
Eustis, FL 32727-5472
TELEPHONE: 352-483-5472
FAX: 352-483-0492
EMAIL: personnel@ci.eustis.fl.us

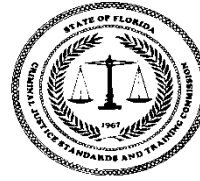
Note: Applicants for Florida certified firefighting and law enforcement positions with the City of Eustis must certify that they are a nonuser of tobacco or tobacco products and that they have been a nonuser for at least one (1) year immediately preceding application for employment. If employed, candidates must agree that they will not use tobacco or tobacco products of any nature, both on or off duty.



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 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: Eustis Police Department

ADDRESS: 51 E. Norton Avenue, Eustis, FL 32726

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

Omnibus Consolidated Appropriations Act of 1997

EUSTIS POLICE DEPARTMENT

AFFIDAVIT

I _____ do solemnly swear and affirm

that the following information is true and correct to the best of my knowledge:

That I have never been convicted of a misdemeanor crime of domestic violence, not including those convictions that have been expunged or otherwise set aside or pardoned, as defined below:

- a. Is a misdemeanor under Federal or State Law; and
- b. has an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, part, or guardian of the victim.

Signature of Appointee

STATE OF FLORIDA
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.

Notary Public: _____

My Commission Expires: _____

POLICE OFFICER CONFIDENTIALITY REQUEST

ONLY INDIVIDUALS WHO HAVE PREVIOUSLY BEEN EMPLOYED IN A LAW ENFORCEMENT CAPACITY OR WHO ARE CURRENTLY EMPLOYED AS A POLICE OFFICER ARE REQUIRED TO COMPLETE THIS FORM.

Please initial the paragraph(s) that express your preference regarding the public inspection requirements of the Florida Public Records Law (FS119.07(4)d(3)).

_____ Please maintain the confidentiality of my home address, date of birth, any photographs attached hereto and personal telephone numbers provided on this application for employment.

_____ Also, if applicable, please maintain the confidentiality of the names of my spouse and child(ren), their home address, photographs, telephone numbers and places of employment; also, the names and locations of schools and/or daycare facilities attended by my child(ren).

_____ All information contained within this application for employment as well as any document attached hereto, including photographs, may be provided for review to any individual or agency requesting to examine the same.

Signature

Date

Drug Testing Consent Form

In keeping with the efforts of the City of Eustis to maintain a "Drug Free" workplace, I hereby voluntarily consent to a urinalysis (for drugs). I understand that refusal to sign this form and supply the necessary samples shall be grounds for rejection of my application and will prohibit my consideration for employment for a period of one year. I further understand, that the results of the testing will be utilized to determine my eligibility for the position for which I have applied and that a positive substance abuse test shall prohibit consideration of employment for a period of one year. I understand that I have five (5) working days after receiving notification of the results to explain or contest the result.

Applicant Signature

Date

POLYGRAPH EXAMINATION

Are you willing to take a polygraph examination to verify all information supplied in this application and all other information supplied by you to the City of Eustis?

YES

NO

If "NO," please state your reason(s): _____

Applicants Signature: _____ Date: _____

TOBACCO USE AFFIDAVIT AND AGREEMENT
SWORN FIRE AND LAW ENFORCEMENT APPLICANTS

Please read the Tobacco Use Affidavit and Agreement, check applicable spaces and sign. If you wish to provide an explanation, you may do so in the space provided below.

I hereby certify that I _____ do / _____ do not presently use tobacco or tobacco products.

I have _____ / have NOT _____ used tobacco or tobacco products in the year immediately preceding my application for employment with the City of Eustis.

I understand that falsification of this and other information provided on my application for employment with the City may be sufficient grounds for dismissal if subsequently hired.

I also agree that if employed by the City of Eustis, I will NOT use tobacco or tobacco products of any nature, on or off duty. I understand and agree that I am subject to termination from the department if it is substantiated that I have used tobacco or tobacco products of any nature during my employment.

Explanation (if needed):

Applicant's Signature

Date

CITY OF EUSTIS CONSUMER REPORT AUTHORIZATION

By signing below, I certify that I have received a copy of the City's written notification that it may obtain a consumer report or reports on me, and I authorize the City to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment.

I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, Department of Motor Vehicle records, and investigative consumer reports. I further understand that an "investigative consumer report" contains information on my character, general reputation, personal characteristics, or mode of living, which has been obtained through personal interviews with my neighbors, friends, or associates, or from others with whom I am or have been acquainted or who may have knowledge concerning any such information.

Date

Signature of Applicant/Employee

Name (please print)

CITY OF EUSTIS CONSUMER REPORT NOTIFICATION

In compliance with Public Law 91-508 (the Fair Credit Reporting Act), as amended by Public Law 104-208 (the Consumer Credit Reporting Reform Act) and applicable state law, this notice is to inform you that the City may obtain a consumer report or reports in connection with your application for employment and for other employment-related reasons. "Consumer reports" include, but are not limited to, credit reports, criminal background checks, Department of Motor Vehicle records, and investigative consumer reports. An "investigative consumer report" contains information on your character, general reputation, personal characteristics, or mode of living, which has been obtained through personal interviews with neighbors, friends, or associates, or from others with whom you are or have been acquainted or who may have knowledge concerning any such information.

APPLICANT COPY



City of Eustis

Human Resources Department

P.O. Drawer 68 • Eustis, Florida 32727-0068 • (352) 483-5472

IMPORTANT INFORMATION ABOUT THE USE OF YOUR SOCIAL SECURITY NUMBER

To: Applicants for City Employment and City Employees
From: City of Eustis, Florida
Re: Social Security Number Notice

Per Florida Statutes 119.071(5)(2)(a), we are hereby informing you of the purpose for the City's collection and use of your social security number. Your social security number may not be used by the City for any purpose other than those provided in this written statement.

1.) HIRING FOR EMPLOYMENT

The City may request and provide your social security number to the following commercial entities and/or government agencies for the purpose of hiring for employment:

- a.) Local, state and/or federal law enforcement agencies to conduct criminal history checks; FCRA – Authorized
- b.) Licensed consumer reporting agencies to obtain credit reports, criminal history background checks, Department of Motor Vehicle records and investigative consumer reports; FCRA - Authorized
- c.) Schools, colleges or universities to verify education and certification credentials; FS 119.071 6a
- d.) Verify eligibility to work in the United States; Dept. of Homeland Security, U.S. citizenship & Immigration Services - Mandatory
- e.) Licensed physicians for use in establishing a medical record of a pre-employment physical (after conditional offer of employment); FS 119.071 6b - Authorized
- f.) Licensed drug testing laboratories to report pre-employment drug tests, per the Florida Drug Free Workplace Act. FS 112.0455 – Mandatory

2.) ADMINISTERING PAYROLL, INSURANCE AND BENEFITS

The City may request and provide your social security number to the following commercial entities and/or government agencies for the purpose of administering payroll, insurance and benefits:

- a.) Licensed insurance providers authorized to provide employee benefits including, health, dental, vision, life and supplemental insurance providers; FS 119.071 6f - Authorized
- b.) Licensed flexible benefits providers authorized to administer the City's Flexible Benefits Plan; IRC Title 26, Section 125 - Mandatory
- c.) Licensed COBRA administrators; FS 119.071 6f - Authorized
- d.) City authorized pension plans including, ICMA Retirement Trust, Police and Fire Pension Plan, Florida Retirement System (FRS); FS 117.071 6g; IRC Title 26, Chapter 1, subchapter D - Mandatory
- e.) State of Florida Division of Worker's Compensation; FS 440 - Mandatory
- f.) Licensed worker's compensation insurance providers; FS 119.071 6f - Authorized
- g.) Licensed physicians authorized by the City to provide care to injured employees; FS 119.071 6f – Authorized
- h.) U.S. Social Security Administration; FS 119.071 6a - Mandatory
- i.) U.S. Internal Revenue Service; FS 119.071 6a; IRC Title 26 - Mandatory
- j.) State of Florida New Hire Reporting Center to enforce child support deduction orders; FS 409.2576 – Mandatory
- k.) Licensed consumer reporting agencies for the purpose of obtaining credit reports for loan applications under the City's Computer Purchase Plan. FCRA – Authorized

3.) **ADMINISTERING THE CITY'S DRUGFREE WORKPLACE PROGRAM**

The City may request and provide your social security number to the following commercial entities for the purpose of administering a drug free workplace:

- Licensed drug testing laboratories and medical review physicians to perform random, fitness-for-duty and reasonable suspicion drug testing in compliance with the Florida Drug Free Workplace Act and U.S. Department of Transportation regulations for commercial driver's license (CDL) drivers. FS 112.0455 - Mandatory

The City of Eustis reserves the right to amend this notice and to use your social security number for other purposes, upon proper notification to you, as required by law.

I acknowledge that I have read and received a copy of this statement.

Name

(Print): _____

Applicant/Employee

Signature: _____ Date: _____

For questions regarding this form or the use of your social security number, please contact:

**CITY OF EUSTIS, FLORIDA
Human Resources Department
109-A E Orange Avenue
(P.O. Drawer 68)
Eustis, FL 32727-0068
Phone #: 352-483-5472**

EUSTIS
POLICE
DEPARTMENT

Pre-Screening Application

EQUAL OPPORTUNITY EMPLOYER

The City of Eustis does not discriminate on the basis of race, religion, color, sex, age, national origin, or disability.

Name: _____				
Date of Birth: _____		SSN: _____		
Address: _____				
Street	City	State	Zip Code	
Telephone Number: _____		Alternate Telephone Number: _____		

Instructions

This pre-screening application is used to obtain truthful answers. Please complete all portions fully and accurately. An applicant who is discovered to have misrepresented his/her drug history or made false statements on this application will be found unsuitable for employment. If it is determined that you are a qualified candidate, you will be notified. If you need more space than provided to explain a question, then please use a separate sheet of paper. Do not provide any document with this application, except for explanations required as indicated below.

- 1.) Yes No Are you at least 19 years of age?
- 2.) Yes No Are you a United States Citizen?
- 3.) Yes No Do you have a certified copy of your birth certificate?
- 4.) Yes No Do you have a certified copy of your high school diploma or GED?
- 5.) Yes No Do you have a valid Florida Driver's License?
D.L. Number: _____
- 6.) Yes No Do you hold a F.D.L.E. certificate? If no, explain: _____

- 7.) Yes No Have you had more than three traffic tickets within the last three years?
(Not including parking tickets.)
- 8.) Yes No Have you had more than ten traffic tickets in the last ten years?
(Not including parking tickets)
- 9.) Yes No Have you ever been charged with DUI? If yes, when and where?

- 10.) Yes No Has your driver's license ever been suspended or revoked? If yes, when? _____
- 11.) Yes No Have you ever been arrested, charged, or convicted of any felony? If yes, what were you charged with? _____
- 12.) Yes No Have you ever been arrested charged, or convicted of any misdemeanor? If yes, what were you charged with? _____
- 13.) Yes No Have you used marijuana within the past 2 years?
- 14.) Yes No Have you used any other illegal drug, except marijuana, (including anabolic steroids) in the last five years? If yes, what type of drug? _____
- 15.) Yes No Have you used any other illegal drug (including anabolic steroids) more than five times in your life? If yes, what type of drug? _____
- 16.) Yes No Have you ever been involved in the sale or delivery of any illegal drugs?
- 17.) Yes No Have you ever used an illegal drug (no matter how many times or how long ago) while in a law enforcement position or in a position (i.e. military service), which carries with it a high level of responsibility or public trust?
- 18.) Yes No Have you ever been terminated or asked to resign from any job?
- 19.) Yes No Did you serve in the United States Armed Forces? If so, what type of discharge did you receive? _____

If you answered yes to any question 7 through 18, please give complete details relating to the incident(s). This should be done by attaching a separate sheet of paper to this application with a comprehensive explanation. Failure to do so may exclude you from further consideration.

APPLICANT'S SIGNATURE:

I affirm to the best of my knowledge that the information contained in this application is true and correct.

Applicant's Signature

Date

CITY OF EUSTIS

Police Applicant Questionnaire

Please HANDWRITE (DO NOT TYPE) your responses to the questions below. Your responses are not numerically scored; however, as they reflect upon your ability to write and express yourself, you should pay attention to grammar, spelling, sentence structure and punctuation.

1.) Why you are pursuing a career in law enforcement?

2.) Why should the City of Eustis consider you for employment with our agency?

I hereby attest that the responses to the above questions were composed and written by me.
Print Name: _____ Signature: _____



City of Eustis

Police Department

51 East Norton Avenue • Eustis, Florida 32726 • (352) 483-5400

Please indicate below **all arrests, notices to appear, or other criminal court summons** you have received in your lifetime and sign at the bottom. It is important you include all information requested. The information you disclose within this form shall be reviewed by an investigator for accuracy and completeness. Failure to disclose all information or the misrepresentation of information may exclude you from the hiring process. If you do not have any of the above, please write none and sign at the bottom of the page.

Applicant Name: _____ Date: _____

Please list all arrests, notices to appear, or criminal court summons

Date	County	Charge	Disposition (If known)

I certify that all of the information above is to the best of my knowledge and belief true, correct, and complete.

Applicant Signature: _____

- Telephone: (352) 483-5400
- Fax: (352) 483-5429
- E-Mail: eustispolice@ci.eustis.fl.us
- URL: <http://www.eustis.org>



City of Eustis
Police Department

51 East Norton Avenue • Eustis, Florida 32726 • (352) 483-5400

Please indicate below **all citations** you have received within the previous 15 years of today's date and sign at the bottom. It is important you include all information requested. The information you disclose within this form shall be reviewed by an investigator for accuracy and completeness. Failure to disclose all information or the misrepresentation of information may exclude you from the hiring process. If you do not have any citations, please write none and sign at the bottom of the page.

Applicant Name: _____ Date: _____

Please list all citations, to include all out of state citations or summons

Date	County	Charge	Disposition (If known)

I certify that all of the information above is to the best of my knowledge and belief true, correct, and complete.
 Applicant Signature: _____

- Telephone: (352) 483-5400
- Fax: (352) 483-5429
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