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## **POLICE OFFICER**

The City of Dunnellon is accepting applications for full time Certified Police Officer. Must perform essential job functions for the position. HS Diploma/GED required. Minimum 5 years experience as a Police Officer. Obtain job description and app at [www.dunnellon.org](http://www.dunnellon.org). Submit to Chief of Police, 12014 S Williams Street, Dunnellon, FL 34431 (352) 465-8510. Electronic apps/resumes not accepted. Starting pay \$17.46/hr. App deadline 07/22/19 EOE, DFWP

# CITY OF DUNNELLON

## JOB DESCRIPTION

### POLICE OFFICER

<u>PAY GRADE</u>	<u>OVERTIME STATUS</u>	<u>REVISED</u>
27	Non-Exempt	March, 2015

**DEPARTMENT:** POLICE

**GENERAL DESCRIPTION:**

The purpose of this classification is to perform general law enforcement work in order to preserve public peace, to protect lives, property and rights of the public; to enforce statutory law and municipal ordinances; to deter crime; and to respond to calls for law enforcement assistance. Duties may vary according to specific assignment.

**ESSENTIAL JOB FUNCTIONS:**

1. Enforces all city and state codes, ordinances, laws, and regulations in order to protect life and property and to prevent crime and promote security; apprehends and or arrest persons who violate federal, state or City codes and laws and advises suspects of rights; processes and transports prisoners according to procedure.
2. Maintains visibility by patrolling assigned area, city streets, parks, neighborhoods, and businesses in a marked or unmarked police vehicle; remains alert to suspicious activities or persons and reacts appropriately, inspects troublesome areas and checks security of business establishments; performs surveillance of various locations and criminal suspects; collects and reviews data; develops trends and or patterns pertaining to locations/suspect; files intelligence reports.
3. Monitors radio and responds to emergency calls/calls for assistance; communicates with radio dispatcher and responds to complaints, reports of criminal events, requests for law enforcement and domestic or public
4. disputes; assesses situation and takes appropriate actions to bring situation to resolution; follows standard operating procedures when responding to calls; provides backup assistance to fellow officers as requested/necessary; contacts command/supervisory personnel for emergency response and critical incident communications.
5. Proficiently operates and drives police vehicles and trailers; handles and qualifies with firearms and handcuffs, batons, pepper sprays, crime scene equipment, and department issued safety equipment.
6. Secures crime scenes; gathers preliminary information in criminal investigations by obtaining statements from victims, witnesses and suspects; performs searches of people, vehicles and buildings; prepares investigative reports of findings, facts and related information; detects and collects evidence and substances that provide the basis for probable cause for criminal acts; testifies in court.
7. Determines probable cause to search and/or reasonable suspicion to detain suspects; obtains warrants and performs various search operations; locates missing persons; pursues fleeing and subdues resisting suspects and effects arrests.

8. Enforces traffic laws and regulations; stop vehicles for traffic violations and issues traffic citations/warnings; directs vehicle and pedestrian traffic around accidents, disabled traffic control devices, or heavily congested areas; establishes road blocks; administers field sobriety tests; identifies wanted persons/vehicles; impounds vehicles; assists disabled motorists; directs traffic for funerals and other public gathering; ensures roadways are clear of obstacles and hazards.
9. Completes and review paperwork documenting shift and incident activities; completes report to accurately record criminal offenses; completes and prepares a variety of forms, logs, request, records, reports, correspondence, and various other documents associated with daily responsibilities of the position; maintains administrative records and files.
10. Engages in public relations and community service activities and events to promote a positive image for the department and to build cooperative and collaborative relationships with the community; responds to questions, complaints, and requests for information by telephone or in person from merchants, community/civic organizations, the general public, employees, superiors, and other individuals.
11. Enters/retrieves data to/from a computer system, including stolen and recovered property, has arrest and wanted persons information added by teletype, investigation data and criminal driving records checks; reviews crime statistics.
12. Maintains current knowledge of policies and procedures, personnel employee handbooks, various maps, and related material for reference and or review.
13. Attends shift meetings, seminars, and specialized /update training sessions as required to maintain knowledge of departmental and city operations, to promote improved job performance, and to maintain knowledge of changing policies, procedures, codes and laws.
14. Cooperates with federal, state, and local law enforcement agencies and their officer or representatives when activities are related to investigations within city jurisdiction; assists in the prosecution of offenders; appears in court to present evidence and testimony.
15. May perform various tasks and duties related to special assignments as to emergency or special response teams; community outreach and education programs such as Crime Prevention, and grant programs; special units such as traffic, marine, bike patrol, narcotics; or internal training positions such as Field Training Officer; attends community meetings and assists with community activities, programs and special events; coordinates, leads and teaches special education programs or media campaigns.
16. Assist with interdepartmental duties and city activities, which may include working within school zones, directing traffic, providing security at city social events, special escorts, crowd/riot control or other special assignments.
17. Maintains police vehicle and equipment, including firearms and all assigned weapons, shuttles vehicles for maintenance purposes.
18. Answers the telephone, provides information, advice and guidance; takes and relays messages and or direct calls to appropriate personnel; returns calls necessary.
19. Maintains current on all certificates to include but not limited to DAVID, TCID, Breath Test Operator, CJST Standards, Instructor Certifications and other held by member.
20. Member will work nights, weekends, holidays and rotating shifts, may work without direct supervision and one man shifts for certain periods of duty. May assist surrounding agencies with calls for service and document as policy dictates.

(These essential job functions are not to be construed as a complete statement of all duties performed. Employees will be required to perform other job related marginal duties as required and deemed necessary by management.)

**ESSENTIAL PHYSICAL SKILLS:**

Light (up to 15 pounds) to heavy (45 pounds and over) lifting and carrying  
Endure sustained acts of physical exhaustion and endure periods of duty under unfavorable and life threatening situations  
Ability to communicate both orally and in writing  
Reaching, pulling, pushing, smelling  
Climbing, walking, standing, crawling, kneeling, bending, stooping, jumping, running  
Depth perception, distinguish colors  
Acceptable eyesight (with or without correction)  
Acceptable hearing (with or without hearing aid)  
Driving

**ENVIRONMENTAL CONDITIONS:**

Works inside  
Works outside in various (occasionally extreme) weather conditions with: noise, fumes, gases, smoke or flames, odors, heat and cold  
Slippery surfaces  
Uneven surfaces  
In or with moving objects or vehicles  
Sit in vehicles for long periods of time  
Operate vehicles with right sided accelerator  
Heights  
Poor lighting  
In hazardous and stressful conditions  
Biohazards and Blood-borne pathogens with protection  
(Reasonable accommodations will be made in accordance with existing ADA requirements for otherwise qualified individuals with a disability.)

**MINIMUM QUALIFICATIONS:**

**KNOWLEDGE, ABILITIES AND SKILLS:**

To analyze situations quickly and objectively and  
To determine proper course of action to be taken  
To cope with situations firmly, courteously and tactfully, and with respect for the rights of others  
To learn the geography of the City and its physical and social characteristics  
To understand and carry out oral and written instructions. Ability to read, write and speak effectively.  
To meet physical requirements and standards.  
To communicate effectively.  
To operate, Windows, XP or higher, word and Excel.

**EDUCATION AND EXPERIENCE:**

High school graduation or possession of an acceptable equivalency diploma. Completion of the Minimum Standards courses as set forth by the Florida Police Standards Council.

**LICENSES, CERTIFICATIONS OR REGISTRATIONS:**

Florida Driver's License and a clean driving record. Florida Law Enforcement Certification.

**RESIDENCY REQUIREMENTS:**

Will live within 15 miles of the City Limits, unless waived at the discretion of the Chief of Police.

**SAFETY EQUIPMENT:**

As provided or required by the City.

**REQUIRED DRESS:**

In accordance with the Police Department Policies and General Orders.

**ASSIGNED CITY VEHICLE:**

Required to drive a City vehicle in the performance of duties and take home vehicle privilege in accordance with policy and discretion of the Chief of Police.

Some positions require the use of personal or City vehicles on City business. Individuals must be physically capable of operating the vehicles safely, possess a valid Florida driver's license and have an acceptable driving record. Use of a personal vehicle for City business will be prohibited if the employee is not authorized to drive a City vehicle or if the employee does not have personal insurance coverage.

*NOTE: This is not necessarily an exhaustive list of all responsibilities, skills, requirements, efforts or working conditions associated with the position. While this is intended to be an accurate reflection of the position, management reserves the right to revise the job description or to require that other or different tasks be performed when circumstances change (ie: emergencies, changes in personnel, workload, or technological development).*

## City of Dunnellon Police Department EMPLOYMENT APPLICATION

The City of Dunnellon Police Department is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion, or any other legally protected status.

Please note that **all applications** for employment at the City of Dunnellon Police Department, whether sworn or unsworn, must fully complete this application through the Credit Check Disclosure and Authorization, located on Page 13. Only those applicants applying for sworn officer positions may continue the application form.

POSITION APPLYING FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

### INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

### PERSONAL HISTORY

1. Full Name:

Last	First	Middle	Suffix
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2. Other: List all other names you have used.

Name	Dates from Mo./Yr.	Dates to Mo./Yr.

**BACKGROUND INFORMATION**

1. This job requires that you be over the age of 19. Are you over the age of 19 (Proof of age required)?  
 Yes  No
  
2. Are eligible to work in the United State of America?  
 Yes  No
  
3. Do you have or have you ever applied for a passport?  Yes  No

Passport No. \_\_\_\_\_

**EDUCATION/TRAINING**

High School Name/Address	Dates Attended Mo/Yr.		Years Completed	Did You Graduate?	Type of Diploma
	From	To			

College/University Name/Address	Dates Attended Mo/Yr.		Credit Hours Earned	Did You Graduate?	Type of Degree
	From	To			

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Other Schools (Vocation, Trade, Business, etc.) Name/Address	Dates Attended Mo/Yr.		Area of Study	Did You Graduate?	Type of Degree
	From	To			

1. Describe any awards, honors, citations, and any other special recognition you received while attending school:

\_\_\_\_\_

\_\_\_\_\_

2. Indicate any foreign languages you can:

	Fluent	Good	Fair
Speak:			
Read:			
Write:			

3. Indicate any law enforcement education/training and any type of special licenses such as pilot, radio operator:

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4. If you received a certificate or license for this training, indicate where license was issued and date current license expires.

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Certificate/License Number: \_\_\_\_\_

5. Describe any word processing or computer skills and list all software used:

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6. State approximate number of words per minute: Typing \_\_\_\_\_ Shorthand \_\_\_\_\_

7. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms, computers):

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8. On what date are you available for work? \_\_\_\_\_

9. When are you available to work?

Full-Time \_\_\_ Part-Time \_\_\_ Shift Work \_\_\_ Nights/Weekends \_\_\_





2. May we contact your present employer?  Yes  No
3. Have you ever been dismissed, asked to resign, and/or had any disciplinary action taken against you from any employment or position you have held?  Yes  No
4. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?  Yes  No

If you answered yes to either Question 3 or 4, please provide details:

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5. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer?  Yes  No
6. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer?  Yes  No
7. Does this business conduct business with the City of Dunnellon or the City of Dunnellon Police Department?  Yes  No

If you answered yes to Question 6 or 7, please provide the name and address of business, corporation or organization and describe your relationship or position.

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**RESIDENCES**

1. Actual places of residence for past three (3) years - list chronologically all addresses, including residences while at school and in military. For college on campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

Dates Mo./Yr.		Apt. No.	Street Address	City	County	State
From	To					

**CRIMINAL/COURT DATA**

Note: A criminal record will not necessarily exclude you from a non-sworn position. Factors such as age at the time offense, rehabilitation efforts, and seriousness of the crime will be taken into account. The relationship between the offense and the particular job will also be weighed. Where your rights have been legally restored (annulment or expungment), you are not required to report the offense.

1. Have you ever been convicted of an offense against the law or forfeited collateral? You may omit: 1) Traffic violations for which you paid a fine of \$50.00 or less; 2) Any offense committed before your 18<sup>th</sup> birthday which was finally adjudicated in a juvenile court or under a juvenile diversion program.  Yes  No

If you answered yes to Questions 1 please provide details:

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

**DRIVING HISTORY**

Answer this section **ONLY IF** you will be required to operate a vehicle as a part of your job responsibilities.

1. Are you a licensed Florida automobile operator or chauffeur?  Yes  No

License No. \_\_\_\_\_ Date of Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_

2. Do you hold or have you ever held an operator or chauffeur license in another state?  Yes  No

If yes, please provide the state(s), name(s) used, and approximate dates license(s) was/were held.

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

3. Have you received during the past five (5) years a ticket or been charged with a traffic violation?  Yes  No

4. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?  Yes  No

5. Have you ever had automobile insurance refused, withdrawn, or revoked?  Yes  No

If you answered yes to Question 3, 4, and/or 5, please provide details below.

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

**MILITARY SERVICE**

1. Have you ever served in the Armed Forces of the United States?  Yes  No

2. **VETERANS' PREFERENCE:** Check the appropriate block if you are claiming veteran's preference. **Documentation substantiating your claim must be furnished at the time of application.**

1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense.

2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.

3. A veteran of any war who has served on active duty for 181 consecutive days or more or who has served 180 consecutive days or more since January 31, 1995 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty or training.

4. The unmarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed using veteran's preference since October 1, 1987?  Yes  No

If you answered "Yes" to the following question, please give name of employer: \_\_\_\_\_

**NOTE:** Under Florida law, preference in appointment shall be given first to those persons included in #1 and #2 above, and second to those persons included in #3 and #4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veterans' Affairs, 11351 Ulmerton Road, Suite 311-K, Largo, FL 33778-1630.

**PERSONAL REFERENCES**

Personal References: Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities who have known you well for the past three (3) years. If retired, give former occupation

Complete Name: _____ _____ (Last, First, Middle)		Home Address: _____ City, State, & Zip: _____ Home Phone: _____ Business Address: _____ City, State, & Zip: _____ Business Phone: _____
Years Acquainted: _____ _____	Occupation: _____ _____	
Complete Name: _____ _____ (Last, First, Middle)		Home Address: _____ City, State, & Zip: _____ Home Phone: _____ Business Address: _____ City, State, & Zip: _____ Business Phone: _____
Years Acquainted: _____ _____	Occupation: _____ _____	
Complete Name: _____ _____ (Last, First, Middle)		Home Address: _____ City, State, & Zip: _____ Home Phone: _____ Business Address: _____ City, State, & Zip: _____ Business Phone: _____
Years Acquainted: _____ _____	Occupation: _____ _____	

**CONFIDENTIAL EMPLOYEE INFORMATION**

1. Current Address: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
2. Telephone Number: \_\_\_\_\_
3. Email Address: \_\_\_\_\_
4. Social Security Number: \_\_\_\_\_

**NOTE: Your Social Security Number is requested for the sole purpose of employment background investigations and administering employment benefits.**

5. Are you now able to perform the duties set forth in the job description or task analysis related to the position for which you have applied with or without a reasonable accommodation? If you are unsure, please request a copy of the job description for the position for which you have applied.  

Yes     No

6. A test is required for this position, would you be able to take this test or examination?      Yes      No

7. Please provide name and address of a person to be contacted in case of an emergency:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

8. Please provide the name and address of your physician to be contacted in case of an emergency:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

9. Are you able to comply with the City of Dunnellon Police Department's Body Modification Policy?  
(Policy available upon request)      Yes      No

I understand that the "Applicants Certification" applies in all respects to the responses provided in this "Confidential Employee History."

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PHYSICAL AGILITY DEMONSTRATION**

All applicants are required to demonstrate his or her ability to perform the job functions required by the position for which he or she is applying. The demonstration will include the functions provided within the job description. If you will need an accommodation to perform this job demonstration, please inform the Police Department within three days of your submission of this application.

A job description for the position in which you are applying has been provided as part of your application package. Are you able to perform these tasks with or without reasonable accommodation?  Yes  No

I agree to demonstrate my ability to perform all or part of the essential functions for the position in which I am applying. I further agree to notify the City if I need an accommodation to perform the essential functions of the job.

I hereby release the City of Dunnellon from liability for aggravation of any condition I may have which is not known to them.

Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_

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

**APPLICANT'S CERTIFICATION**

I understand that my employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the City of Dunnellon Police Department. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I may be fingerprinted. I understand that this employment application shall become the property of the City of Dunnellon Police Department and that it and the information received in response to the background examination are public records.

I further understand and agree that my employment will be contingent upon the results of a complete drug test.

I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment.

I further authorize the City of Dunnellon Police Department or agent of the City of Dunnellon Police Department, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law.

I further agree to execute any authorization as may be required by the Health Insurance Portability Accountability Act of 1996 (HIPAA) for health care providers to release the necessary medical information to process my application for employment.

I understand and agree that any employment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash, in payment for overtime hours that I work, to the extent allowed by law. I understand, however, that the City of Dunnellon Police Department has the absolute discretion to periodically substitute cash, in whole or part, for my accrued compensatory time.

I understand that unless otherwise defined by applicable law, any employment relationship with this office is "at will", which means that the employer may discharge me at any time with or without cause and that this "at will" relationship may not be changed unless authorized in writing by the City of Dunnellon Police Department.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment with the City of Dunnellon Police Department and I release all such parties from any and all liability for any damage that might result from furnishing such information to the City of Dunnellon Police Department.

I agree to conform to the rules, regulations and orders of the City of Dunnellon Police Department and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the City of Dunnellon Police Department, at its discretion, at any time and without any prior notice to me.

I understand an investigation will be conducted on all of the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character or ability?  Yes  No

If yes, provide your version or explain fully any such incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read and understand the "Applicant's Certification".

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Print Name Signature Date

**CONSUMER REPORT DISCLOSURE & AUTHORIZATION**

**CONSUMER REPORTS MAY BE OBTAINED FOR EMPLOYMENT PURPOSES**

City of Dunnellon Police Department is hereby advising you that, for employment purposes, including but not limited to initial employment, promotion, reassignment, or retention, City of Dunnellon Police Department may obtain or have prepared one or more consumer reports and/or investigative consumer reports bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Information may be obtained through personal interviews of your neighbors, friends, or associates, or of others with whom you are acquainted or who may have knowledge concerning any such items of information.

You have the right, upon submitting a written request to City of Dunnellon Police Department, to obtain a disclosure containing additional information concerning the nature and scope of any investigative consumer report that City of Dunnellon Police Department may obtain or have prepared on you. If you submit such a written request within a reasonable period of time after receiving this Disclosure and Authorization, City of Dunnellon Police Department will provide you with the requested information, in writing, no more than five days after City of Dunnellon Police Department receives your written request or five days after City of Dunnellon Police Department first requests any such investigative consumer report, whichever is later.

City of Dunnellon Police Department has provided you separately with "A Summary of Your Rights Under the Fair Credit Reporting Act" ("Summary"). If you have any questions regarding this Disclosure and Authorization or the Summary, please do not sign this form until your questions are answered to your satisfaction. If you have no questions, please sign and date this Disclosure and Authorization in the presence of a witness indicating that you have received it and the Summary and that you understand the contents of each.

**AUTHORIZATION TO OBTAIN CONSUMER REPORT**

TO: Any person, organization or agency having knowledge of my conduct or activities; and

Any past or present employer; and

Any Credit Bureau, Retail Merchants Association, Bank, Financial Institution or any other Credit Extending Organization; and

Any Dean, Registrar, Principal, Counselor, Instructor or other authorized person at a School (University, College, High School, Trade School, or other); and

Any Doctor, Hospital, Clinic or Sanitarium; and

Any Department or Agency of a City, County, or State Government, or of the Federal Government.

I, \_\_\_\_\_, hereby authorize the City of Dunnellon Police Department to obtain or have prepared one or more consumer reports on me for employment purposes, including but not limited to initial employment, promotion, reassignment, retention of employment, and any other use not prohibited by law, prior to and during my employment with the City of Dunnellon Police Department. These reports may contain information regarding my credit history, criminal record history, driving record history, and any other type of information that is permissible by all governing laws pertaining to employment, insurance, or credit information. I understand this information may be obtained from previous employers, companies, credit bureaus, corporations, law enforcement agencies, persons, educational institutions, and other agencies, businesses and individuals. I hereby authorize and direct all persons who may have information relevant to any such consumer report to disclose it to the City of Dunnellon Police Department or its agents. I hereby further authorize that a photocopy of this Disclosure and Authorization may be considered as valid as an original.

**This Disclosure and Authorization is valid for current and future reports, and I specifically understand that the City of Dunnellon Police Department intends for this Disclosure and Authorization to cover both the application for employment and, if I am hired, any additional consumer reports obtained while I remain an employee.**



Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security  
Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

**STOP**

**If you are applying for an unsworn position, you have completed the application. Please double-check that you have responsively answered all applicable questions.**

**If you are applying for a sworn officer position, you must continue this application.**

# City of Dunnellon Police Department SWORN OFFICER EMPLOYMENT APPLICATION

## BACKGROUND INFORMATION

- 1. Are you at least 19 years of age? Proof of age will be required.  Yes  No
- 2. Are you a United States Citizen? Proof of citizenship will be required.  Yes  No

## EDUCATION/TRAINING

- 1. Have you graduated from high school, or received a GED equivalent?  Yes  No

Note: Your application will not be processed without your transcript attached. Additionally, please ensure you have completed the "Education/Training" portion of this application, located on Page 2.

- 2. Please indicate any law enforcement education/training: \_\_\_\_\_  
\_\_\_\_\_

- 3. Did you receive a certificate for this training?  Yes  No

Certificate No. \_\_\_\_\_

- 4. Has your law enforcement certificate ever been suspended, revoked, relinquished, or subject to discipline or investigation by the Criminal Justice Standards & Training Commission?  Yes  No

If "Yes", please explain:

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

- 5. Have you had any training/education with K-9's?  Yes  No

If "Yes", please provide details:

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

- 6. Would you be willing to a K-9 unit, if necessary?  Yes  No

(I understand that there is a lesser rate of pay for non-duty time devoted to the care and maintenance of the animal)

## CRIMINAL/COURT DATA

- 1. Have you ever plead guilty or nolo contendere to, or been convicted of a felony? Answer even if your record has been sealed or expunged.  Yes  No

2. Have you ever plead guilty or nolo contendere to, or been convicted of a misdemeanor involving perjury or a false statement? Answer even if your record has been sealed or expunged.

\_\_\_ Yes \_\_\_ No

If you have answered "Yes" to Question 1 and/or 2, what was the date of your plea and/or conviction? \_\_\_\_\_

3. Have you ever been fingerprinted for any reason?

\_\_\_ Yes \_\_\_ No

**MILITARY SERVICE**

1. Are you registered for Selective Service?

\_\_\_ Yes \_\_\_ No

If you answered "Yes" to Question 1, please provide your Selective Service:

Number: \_\_\_\_\_

Classification: \_\_\_\_\_

Date of Classification: \_\_\_\_\_

Address of Local Board: \_\_\_\_\_

2. Have you ever served in the Armed Forces of the United States?

\_\_\_ Yes \_\_\_ No

Branch of Service: \_\_\_\_\_

Highest Rank: \_\_\_\_\_

Active Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

3. Date and Type of Discharge: \_\_\_\_\_

4. Are you now or have you ever been a member a reserve unit or the National Guard?

\_\_\_ Yes \_\_\_ No

5. If yes state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

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

6. Was any type of disciplinary action taken against you in the service?

\_\_\_ Yes \_\_\_ No

If you answered "Yes" to Question 6, please provide the following:

Date of Discipline: \_\_\_\_\_

Place: \_\_\_\_\_

Nature of the Offense: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Note: Please remember to fill out the Veteran's Preference Section, located on Page 6 & 7, if you wish to claim Veteran's Preference.

**CONFIDENTIAL EMPLOYEE INFORMATION**

1. Are you now able to participate in defensive tactics, firearms or physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description or task analysis related to the position for which you applied?

\_\_\_ Yes \_\_\_ No

2. This position may require a physical agility test, if such a test or examination is required, would you be able to take this test or examination?

\_\_\_ Yes \_\_\_ No

**DRUG HISTORY**

The information contained herein MAY BE a confidential medical record under the Americans with Disabilities Act if the applicant is a rehabilitated drug or alcohol abuser or under section 119.071(4)(b) whether the medical information, if disclosed, would identify the applicant.

1. Do you currently use any narcotic or controlled substance, such as cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturate, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature, or have you used such a narcotic or controlled substance within the last year?  Yes  No

2. Have you ever illegally experimented with or used any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature?  Yes  No

If you answered "Yes", please complete the following:

a. Drug: \_\_\_\_\_

b. Last time illegally experimented with or used: \_\_\_\_\_

3. Do you now or have you ever illegally obtained, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature?  Yes  No

If you answered "Yes", please complete the following:

a. Drug: \_\_\_\_\_

b. Circumstances: \_\_\_\_\_

c. Number of times illegally obtained/possessed/supplied/sold: \_\_\_\_\_

d. First time illegally obtained/possessed/supplied/sold: \_\_\_\_\_

e. Last time illegally obtained/possessed/supplied/sold: \_\_\_\_\_

4. Do you now or have you within the last year, abused or illegally obtained, possessed or sold any prescription drug?  Yes  No

5. Do you claim to be a rehabilitated alcohol, narcotics or drug user of any of the controlled substances as set forth above?  Yes  No If you answered "Yes", please provide details:

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

I understand that the "Applicants Certification" applies in all respects to the responses provided in this "Confidential Employee History" and "Drug History."

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CREDIT DATA**

1. Do you have any sources of income other than your salary or the salary of your spouse? \_\_\_ Yes \_\_\_ No  
 Specify each with an estimated amount: \_\_\_\_\_

2. Are you or your spouse indebted to anyone? \_\_\_ Yes \_\_\_ No  
 If yes, please list all debts over \$500. Be sure to include student loans and charge accounts. Also, list any debt where payment is past due

Creditor	Address	Amount	Loan or Account Number

3. Have you, your spouse, or a company controlled by you filed for and/ or declared bankruptcy? \_\_\_ Yes \_\_\_ No

4. Have you, your spouse, or a company controlled by you had a legal judgment against you for a debt? \_\_\_ Yes \_\_\_ No

5. Have you, your spouse, or a company controlled by you been subject to a tax lien? \_\_\_ Yes \_\_\_ No

If you answered yes to Question 3, 4, and/or 5, please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SOCIAL ACQUAINTANCES**

Give three (3) social acquaintances in your own age group (regardless of sex) who have known you well for the past five (5) years.

Complete Name: _____ _____ (Last, First, Middle)	Home Address: _____ City, State, & Zip: _____ Home Phone: _____ Business Address: _____ City, State, & Zip: _____ Business Phone: _____	
Years Acquainted: _____ _____	Occupation: _____ _____	
Complete Name: _____ _____ (Last, First, Middle)	Home Address: _____ City, State, & Zip: _____ Home Phone: _____ Business Address: _____ City, State, & Zip: _____ Business Phone: _____	
Years Acquainted: _____ _____	Occupation: _____ _____	
Complete Name: _____ _____ (Last, First, Middle)	Home Address: _____ City, State, & Zip: _____ Home Phone: _____ Business Address: _____ City, State, & Zip: _____ Business Phone: _____	

**NEIGHBORHOOD CHECK**

As provided for in Rule 11B-27.0011. Florida Administrative Code, this agency is responsible for conducting a thorough background investigation to determine the moral character of all applicants pursuant to Florida Statute 943.13 (7).

Beginning with your most recent address, list at least three neighbors (ones that live in the houses on each side and/or to the rear of your house), but not listed as personal references on your application. If you live or previously lived in an apartment, list at least three other residents, including the landlord.

If additional space is needed; attach separate sheets:

**YOUR ADDRESS:** \_\_\_\_\_  
 Street Address City State Zip

**NEIGHBORS: 1)** \_\_\_\_\_  
 Name Street Address Phone

**2)** \_\_\_\_\_  
 Name Street Address Phone

**3)** \_\_\_\_\_  
 Name Street Address Phone

**LANDLORD:** \_\_\_\_\_  
 (if applicable) Name Street Address Phone

**YOUR ADDRESS:** \_\_\_\_\_  
 Street Address City State Zip

**NEIGHBORS: 1)** \_\_\_\_\_  
 Name Street Address Phone

**2)** \_\_\_\_\_  
 Name Street Address Phone

**3)** \_\_\_\_\_  
 Name Street Address Phone

**LANDLORD:** \_\_\_\_\_  
 (if applicable) Name Street Address Phone

**YOUR ADDRESS:** \_\_\_\_\_  
Street Address City State Zip

**NEIGHBORS:** 1) \_\_\_\_\_  
Name Street Address Phone

2) \_\_\_\_\_  
Name Street Address Phone

3) \_\_\_\_\_  
Name Street Address Phone

**LANDLORD:** \_\_\_\_\_  
(if applicable) Name Street Address Phone

### APPLICANT REFERRAL FORM

What made you apply for employment with City of Dunnellon Police Department?

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Where did you hear about vacancies?

<input type="checkbox"/> Newspaper	Which one?	_____
<input type="checkbox"/> Television	What station?	_____
<input type="checkbox"/> Radio	What station?	_____
<input type="checkbox"/> Employee	Name of Employee:	_____
<input type="checkbox"/> School	Name of School:	_____
<input type="checkbox"/> Police Department Website		



**Do Not Return this Document with Your Completed Application. Keep this Notice.**

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (“FCRA”) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - o a person has taken adverse action against you because of information in your credit report;
  - o you are the victim of identity thief and place a fraud alert in your file;
  - o your file contains inaccurate information as a result of fraud;
  - o you are on public assistance;
  - o you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

<b>Type of Business</b>	<b>Contact</b>
<p>Banks, savings associations, and credit unions with total assets of over 10 billion and their affiliates.</p> <p>Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>Consumer Financial Protection Bureau 700 G Street, N.W. Washington, DC 20552</p> <p>Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 877-382-4357</p>
<p>National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p>	<p>Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p>
<p>State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p>	<p>Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p>

Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
Federal Credit Unions	National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E. Street S.W. Washington, DC 20423
Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyard Administration area supervisor
Small Business Investment Companies	Associates Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8 <sup>th</sup> Floor Washington, DC 20416
Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
Federal Land Banks, Federal Lank Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 877-382-4357