



**Delray Beach Police Department  
Applicant Information Packet**

**Applicant Name:** \_\_\_\_\_  
**Applicant Address:** \_\_\_\_\_  
**Contact Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

Once you have been notified by our Department to move on to the "Applicant Information Packet" you must complete this packet in its entirety. If you do not submit ALL of these documents when returning the this packet, you will not be considered for further processing. YOU MUST PROVIDE ORIGINAL DOCUMENTS AS REQUESTED ON THE FIRST DATE OF TESTING WITH DELRAY

Check As Completed	Applicant Provides	Submit	Notes
	Resume	Copy	
	Birth Certificate	Copy	Upon testing <b>MUST</b> provide ORIGINAL for verification
	Citizenship / Naturalization	Copy	Upon testing <b>MUST</b> provide ORIGINAL for verification
	High School Diploma/G.E.D.	Copy	
	Social Security	Copy	Upon testing <b>MUST</b> provide ORIGINAL for verification
	Driver's License(s)	Copy	Upon testing <b>MUST</b> provide ORIGINAL for verification
	Driving History	<b>Original</b>	<a href="http://www.flhsmv.gov/ddl/abstract.html">Current from State in which you live: FL residents visit http://www.flhsmv.gov/ddl/abstract.html</a>
	College Diploma	Copy	
	College Transcripts	<b>Original</b>	<b>MUST</b> be provide "Certified Original" in sealed envelope
	Basic Abilities Test	Copy	June 9, 2008 or after good for 4 years / <b>MUST</b> have 80% for <b>PASSING</b>
	Physical Agility Test	Copy	Valid 6 mths from Palm Beach or Broward Academies only, visit PBCC at <a href="http://www.pbcc.edu">http://www.pbcc.edu</a> ; or Broward at <a href="http://www.broward.edu">http://www.broward.edu</a>
	DD-214	Copy	
	Military Personnel Record	Copy/CD	Request record from <a href="http://www.archives.gov/veterans/evetrecs">http://www.archives.gov/veterans/evetrecs</a> and send w/package

**NOTICE:** Please read and follow these instructions exactly. Your ability to complete these documents as requested will be evaluated and used as one basis for employment decisions. Incomplete submissions will not be processed.

Check As Completed	Applicant Completes	Submit	Notes
2	Pg1-Special Instructions	<b>Signed</b>	
3	Pg2-Veteran's Preference	<b>Signed</b>	
4	Pg3-Credit History	Completed	
5	Pg4-FDLE CJSTC 58	<b>Notarized</b>	Notarized in the state in which you currently reside.
6	Pg5-FDLE CJSTC 68	<b>Notarized</b>	Notarized in the state in which you currently reside.
7	Pg6-Previous Address Info	Completed	
8	Pg7-Employment History	Completed	
9	Pg8-Other Agency Applicat.	Completed	
10	Pg9-11 Driving History	Completed	
11	Pg12-13 History of Criminal.	Completed	
12	Pg14-15 Loyalty Question..	Completed	
13	Pg16-17 Polygraph Quest..	Completed	

**CURRENT LAW ENFORCEMENT / PRIOR LAW ENFORCEMENT / ACADEMY RECRUITS**

Check As Completed	Applicant Completes	Submit	Notes
	Physical Agility Test	Copy	All <b>MUST</b> have a passing physical agility test within the last 6 months
	State LEO Certificate	Copy	Current law enforcement officers provide a copy of your State certificate
	Academy Acceptance Ltr	Copy	For recruits currently in an academy

Updated: 02/08/11



Anthony W. Strianese  
Chief of Police

# Delray Beach Police Department

300 West Atlantic Avenue  
Delray Beach, Florida 33444-3695  
(561) 243-7888 Fax (561) 243-7816



Accredited  
Since 2004



1993  
2001

## **\*\* SPECIAL INSTRUCTIONS \*\***

1. **HAND PRINT** clearly in ink (black or blue) and **in your own handwriting.**
2. **DO NOT ADD** any additional certificates, diplomas, letters of reference or recommendations.
3. **DO NOT** bind or staple any portion of your application.
4. **ANSWER EVERY QUESTION.** If a question does not apply to you, so state with "N/A" in the space provided.
5. **Any unanswered, incomplete or omitted questions may result in rejection** of your application or dismissal.
6. **If the space available is insufficient, use a separate sheet of 8 ½ x 11 paper** or precede each answer with the number of the referenced block.
7. Do not misstate or omit any material fact since the statements made herein are subject to verification to determine your qualifications for employment.
8. Answer all questions accurately and completely. Do not make exaggerated, false or misleading statements as they may cause your rejection or dismissal.
9. Each and every question has a purpose. Do not fail to answer each question completely, even if you feel it is "not important."

### **Expunged or Sealed Records**

Florida State Statute (FSS) 943.058 – Criminal History Record Expunction or Sealing. "When all criminal history records have been sealed or expunged, the subject of such records may lawfully deny or fail to acknowledge the events covered by the expunged or sealed records, **except** in the following circumstances."

- a.) When the person who is the subject of the record is a candidate for employment with a criminal justice agency.

This exception requires by law that you as an applicant for employment with a criminal justice agency (such as the Delray Beach Police Department) may not lawfully deny or fail to acknowledge the events in any expunged or sealed records.

"I have read and understand all of the above instructions. I also understand that I will be asked to take a Polygraph Examination to determine the authenticity of the information provided in this questionnaire.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant







Florida Department of Law Enforcement

**AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)**

Incorporated by Reference in Rule 11B-27.0022(2)(b), F.A.C.



**CJSTC 58**

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records  
**APPLICANT'S NAME:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_  
**LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION:** \_\_\_\_\_

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. 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 photocopy 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 photocopies from my military personnel and related medical records, including a photocopy 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**

**AFFIDAVIT**

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_ The forgoing instrument was acknowledged before me this date \_\_\_\_\_

By: \_\_\_\_\_ who is personally known \_\_\_\_\_

or who has produced identification. Type of identification: \_\_\_\_\_

\_\_\_\_\_  
**Notary's Signature** \_\_\_\_\_  
**Print, type, or stamp Commissioned Name of Notary**

**Notary Seal:** \_\_\_\_\_. Upon witnessing the agency administrator or designee's signing of this affidavit, the notary public shall complete the notary block.



Florida Department of Law Enforcement

AFFIDAVIT OF APPLICANT

Incorporated by Reference in Rule 11B-27.002(1)(f), F.A.C.



CJSTC 68

Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses

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

Applicant's Legal Name: \_\_\_\_\_

Last

First

MI

Employing agency: \_\_\_\_\_

Use this form to verify your compliance with the employment requirements of Section 943.13, F.S. I fully understand that to qualify for employment as a law enforcement, correctional, or correctional probation officer, I shall comply with the following provisions of Section 943.13, F.S.:

- Be at least 19 years of age.
Be a citizen of the United States.
Be a high school graduate or equivalent.
Not have been convicted of any felony or of a misdemeanor involving perjury or false statement.
Have been fingerprinted by the employing agency.
Have passed a physical examination by a licensed medical specialist approved in Rule 11B-27.002(1)(d), F.A.C..
Be of good moral character.
Have not received a dishonorable discharge from the U.S. Military.

True False NA In addition, I attest to the following statements: Each statement shall be checked "True" "False" or "NA"

Table with 11 rows of statements and checkboxes for True, False, and NA. Statements include: 1. I completed my employment application... 2. I provided documentation of proof of my qualifications... 3. I meet the qualifications as specified above... 4. I had a criminal record sealed... 5. I am under investigation... 6. I separated or resigned from a previous criminal justice employment... 7. I am currently serving in good standing in the U.S. Military. 8. I previously served in the U.S. Military. 9. I received a dishonorable discharge from my previous U.S. Military service. 10. I am currently certified as a Florida criminal justice officer... 11. I authorize the employing agency listed above to apply for my certification.

NOTICE: This document shall constitute as an official statement within the purview of Section 837.06, F.S., and is subject to verification by the employing agency and the Criminal Justice Standards and Training Commission. Any intentional omission when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify the officer for employment as an officer.

PLEASE READ CAREFULLY BEFORE SIGNING. You must complete the remainder of this affidavit in the presence of a notary public. Upon witnessing your signing of this affidavit, a notary public shall complete the notary block by entering the same date the affidavit is signed. I hereby certify that to the best of my knowledge and belief, the information that I've entered on this form is true.

Applicant's Signature Date Signed

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_ The forgoing instrument was acknowledged before me this date \_\_\_\_\_

By: \_\_\_\_\_ who is personally known \_\_\_\_\_

or who has produced identification. Type of identification: \_\_\_\_\_

Notary's Signature Print, type, or stamp Commissioned Name of Notary

Notary Seal: \_\_\_\_\_ Upon witnessing the agency administrator or designee's signing of this affidavit, the notary public shall complete the notary block.

\*NOTE: Private Correctional facilities must submit original and shall forward the completed affidavit stapled to the Registration of Employment, Affidavit of Compliance Form CJSTC-60 to FDLE, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section





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## PREVIOUS ADDRESS INFORMATION

APPLICANT'S NAME: \_\_\_\_\_

List ANY and ALL previous address for which you have resided  
(print additional pages as needed)

From: _____/_____/_____	To: _____/_____/_____	Own: _____	Rent: _____
Street Address: _____			
City: _____	County: _____	State: _____	Zip: _____
Landlord's Name: _____		Landlord's Phone: _____	
Landlord's Address: _____			
City: _____	County: _____	State: _____	Zip: _____

From: _____/_____/_____	To: _____/_____/_____	Own: _____	Rent: _____
Street Address: _____			
City: _____	County: _____	State: _____	Zip: _____
Landlord's Name: _____		Landlord's Phone: _____	
Landlord's Address: _____			
City: _____	County: _____	State: _____	Zip: _____

From: _____/_____/_____	To: _____/_____/_____	Own: _____	Rent: _____
Street Address: _____			
City: _____	County: _____	State: _____	Zip: _____
Landlord's Name: _____		Landlord's Phone: _____	
Landlord's Address: _____			
City: _____	County: _____	State: _____	Zip: _____





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## DRIVING HISTORY QUESTIONNAIRE

APPLICANT'S NAME: \_\_\_\_\_

**VEHICLE OPERATOR'S LICENSE:** (Driver's, Chauffeur's, etc.)

Can you operate a motor vehicle?  Yes  No

Do you now or did you ever possess a valid driver's license from the state of Florida?  Yes  No

Driver's License # \_\_\_\_\_ Date Issued: \_\_\_/\_\_\_/\_\_\_

Restrictions: \_\_\_\_\_

Did you ever possess a driver's license issued by any state other than Florida?  Yes  No

If yes, provide the following information: Driver's Lic. # \_\_\_\_\_ State: \_\_\_\_\_

Date Issued: \_\_\_/\_\_\_/\_\_\_ Restrictions: \_\_\_\_\_ Current  Yes  No

Was your license ever suspended or revoked?  Yes/ No - If yes, give reasons, date and length of suspension: \_\_\_\_\_

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

Was your license ever restored?  Yes  No If yes, give details: \_\_\_\_\_

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

Have you ever been refused a driver's license by any state?  Yes  No If yes, give details: \_\_\_\_\_

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

Has your driver's license ever been restricted due to traffic offenses, convictions, or placed on negligent operator's probation:  Yes  No If yes, give details: \_\_\_\_\_

\_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

Have you ever been involved in a motor vehicle accident?  Yes  No If yes, give complete details for each accident whether collision, non-collision or hit and run:

Date: \_\_\_/\_\_\_/\_\_\_ Did the police investigate?  Yes  No

Location: \_\_\_\_\_

Cause of Accident (for example; ran red light, careless driving, etc.): \_\_\_\_\_

Were you charged with a violation?  Yes  No - If yes, what was the violation? \_\_\_\_\_

Disposition of violation: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Did the police investigate?  Yes  No

Location: \_\_\_\_\_

Cause of Accident (for example; ran red light, careless driving, etc.): \_\_\_\_\_

Were you charged with a violation?  Yes  No - If yes, what was the violation? \_\_\_\_\_

Disposition of violation: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Did the police investigate?  Yes  No

Location: \_\_\_\_\_

Cause of Accident (for example; ran red light, careless driving, etc.): \_\_\_\_\_

Were you charged with a violation?  Yes  No - If yes, what was the violation? \_\_\_\_\_

Disposition of violation: \_\_\_\_\_

List below all traffic citations you have received (include parking tickets)

<u>Location</u> <u>(Street, City, State)</u>	<u>Approximate Date</u>	<u>Nature of Violation</u>	<u>Penalty or Disposition</u>

APPLICANT'S NAME: \_\_\_\_\_

List all vehicles you currently own or operate:

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>TAG NUMBER</u>	<u>OWN</u>	<u>LEASE</u>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**MOTOR VEHICLE INSURANCE**

Do you presently have automobile insurance?  Yes  No If no, give details: \_\_\_\_\_

If you presently have automobile insurance, list the following information:

<u>Name of Company</u>	<u>Policy Number</u>	<u>Name of Agent</u>	<u>Address</u>	<u>Phone Number</u>
_____	_____	_____	_____	_____

List the dates of coverage: From \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_

List your present policy coverage: \_\_\_\_\_

If you have been insured by this company for less than three (3) years, list the previous insurance company:

<u>Name of Company</u>	<u>Policy Number</u>	<u>Name of Agent</u>	<u>Address</u>	<u>Phone Number</u>
_____	_____	_____	_____	_____

List the dates of coverage: From \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_

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

If yes, give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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## HISTORY OF CRIMINAL CONDUCT, ARREST OR CONVICTION

**APPLICANT NAME:** \_\_\_\_\_

Please answer fully and completely all of the following questions. Please be sure to give separate answers for each act of criminal conduct, conviction, or arrest. Please print additional pages if necessary.

1. Please list all arrests including traffic, detentions, questionings, Notice to Appear (N.T.A) by any law enforcement agency.

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2. For each arrest listed, indicated final disposition:

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If you answer YES to any of the below questions, list the question number and details on the next sheet starting at the top of the page.

	YES	NO	
1.			Have you ever been placed on probation?
2.			Have you ever been reported as a missing person?
3.			Have you ever been fingerprinted by a law enforcement agency?
4.			Have you ever been questioned as a suspect for any crime?
5.			Have you ever been advised of your Miranda Rights?
6.			Have you ever been the subject of a police investigation?
7.			Have you ever had a polygraph examination?
8.			Has any member of your family ever been arrested or convicted of a criminal offense?
9.			Have you or any member of your family ever been the victim of a crime?
10.			Do you know of anyone who is an enemy or who might try to harm you in any way?
11.			Have you, your spouse, or significant other ever sued anyone?
12.			Are you currently involved in any civil litigation (lawsuits) of any kind?
13.			Have you ever had any records sealed or expunged? (Refer to "Special Instructions" page for clarification)





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## LOYALTY QUESTIONNAIRE

APPLICANT NAME: \_\_\_\_\_

If you answer “yes” to any of the below listed questions, list the question number and give details in the space provided on the next sheet.

The term “*subversive organization*” as used here means any group or organization which supports, follows, or sympathizes with the principles to overthrow the United States Government with violence.

1. Have you ever, by word of mouth or in writing, advocated, advised, or taught the doctrine that the government of the United States of America, or any other states or political subdivision thereof, should be overthrown by force, violence, or other unlawful means in any way?  Yes  No
2. Do you hold any belief which would prevent you from vowing allegiance to the flag and Constitution of the United States of America or from taking life in carrying out your duties when such action is lawful and necessary?  Yes  No
3. Have you ever participated in any parade, picket line, delegation, or demonstration sponsored by any subversive organization?  Yes  No
4. Have you ever been a member of or attended any school, camp, class or forum sponsored by any subversive organization?  Yes  No
5. Have you ever signed or solicited others to sign any petition sponsored or issued by any subversive organization, or any petition which, as its sole purpose, endorses the aiding and abetting of any person, cause, or program connected with any subversive organization?  Yes  No
6. Do you have any belief or loyalty which would place you in conflict with the law, or the position for which you are applying?  Yes  No





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## POLYGRAPH QUESTIONNAIRE

Applicant's Name: \_\_\_\_\_

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

Position Applied For: \_\_\_\_\_

**~ List ANY and ALL involvement regarding the following questions: ~**

**\* Any deliberate omissions could disqualify you for the position.**

1. Do you drink alcoholic beverages? If yes, how many drinks per week?  
\_\_\_\_\_

2. When was the last time that you smoked or used a tobacco product?  
\_\_\_\_\_

3. Have you ever possessed or used marijuana? If yes, explain, including the date of last use. \_\_\_\_\_

4. What other illegal drugs have you possessed or used? Last time?  
\_\_\_\_\_

5. Have you ever possessed or used steroids? If yes, explain.  
\_\_\_\_\_

6. Do you have any delinquent debt? Explain.  
\_\_\_\_\_

7. Have you ever shoplifted or changed price tags prior to a purchase? Explain.  
\_\_\_\_\_

8. Have you ever committed a crime and never got caught? Explain.  
\_\_\_\_\_

9. Have you ever been fired or asked of resign from a job? Explain.  
\_\_\_\_\_

10. Have you been tardy for work during the last twelve months? How many times?  
\_\_\_\_\_

11. Have you ever stolen any money or property from an employer or anyone? List all items and values. \_\_\_\_\_

**POLYGRAPH QUESTIONNAIRE**

Applicant's Name: \_\_\_\_\_

12. Have you ever been arrested? Explain. \_\_\_\_\_  
\_\_\_\_\_

13. Have you ever had your driver's license suspended or revoked in any state? Explain. \_\_\_\_\_

***Complete 14-17 if Prior Military Service***

14. Have you ever had a reduction in rank?  
\_\_\_\_\_

15. Have you ever had any disciplinary action taken against you? \_\_\_\_\_  
Non-Judicial Punishment (NJP) \_\_\_\_\_ or  
Punishment Under Uniform Code of Military Justice (UCMJ) \_\_\_\_\_

16. Have you ever served time in detention?  
\_\_\_\_\_

17. Have you ever had your privileges restricted in any manner?  
\_\_\_\_\_

***Complete 18-23 if Prior Law Enforcement Experience***

18. Have you ever been reduced in grade in your law enforcement employment?  
\_\_\_\_\_

19. Have you ever had a reprimand in your law enforcement employment?  
\_\_\_\_\_

20. Have you ever been suspended in your law enforcement employment?  
\_\_\_\_\_

21. As a police officer, have you ever confiscated any evidence and failed to turn it in?  
\_\_\_\_\_

22. As a police officer, have you ever accepted any kickbacks or bribes?  
\_\_\_\_\_

23. Have you ever been the focus of any internal or external investigations?  
\_\_\_\_\_