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## Human Resources

11 North 3<sup>rd</sup> Street • Jacksonville Beach, FL 32250

[www.COJB.jobs](http://www.COJB.jobs) [personnel@jaxbchfl.net](mailto:personnel@jaxbchfl.net) 904-247-6263

\*Equal Opportunity Employer, Veterans Preference, Drug Free Workplace\*

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# APPLICATION FOR POLICE EMPLOYMENT

The City of Jacksonville Beach is an Equal Opportunity Employer and prohibits discrimination based on age, sex, race, religion, ethnicity, marital status and/or disability.

## REQUIREMENTS

The basic requirements for employment are as follows:

- Must possess a current Law Enforcement Certificate issued by the Florida Criminal Justice Standards and Training Commission. (Sworn personnel only)\*
- State Exam Results (not required prior to July 1993)\*
- Be at least twenty-one (21) years of age (Sworn personnel only)
- Possess a valid Florida driver's license.
- Be in good physical condition.
- U. S. Citizen (Provide copy of birth certificate).
- Be of good moral character; no felony arrest(s) or misdemeanor conviction(s) involving moral character, perjury or false statements.
- Will not have received a dishonorable or undesirable discharge from any of the armed forces of the United States (Copy of DD-214 or other separation document required with application).
- Successfully complete our selection/hiring process.

\* For information on certification, reciprocity, or the Florida State Exam, contact the Florida Department of Law Enforcement, Duval County Representative, at (850) 410-8600.

The employment selection process consists of two major stages:

Stage 1 consists of the following:

- Complete a City of Jacksonville Beach Police Department Application Package and return to the Human Resources, City of Jacksonville Beach (All candidates).
- Pass physical abilities test (All qualified candidates).
- Pass a structured oral review board (All candidates).

At this point in the selection process, you will be contacted by a member of the Police Department who will make a Conditional Job Offer if everything is satisfactory. If you indicate no further interest, your application and attached documents will be returned to the Personnel Department for disposal in accordance with existing regulations. On acceptance of this Conditional Offer, you will be asked to meet with a Departmental representative at a mutually agreed upon date and time to complete documentation allowing the Department to proceed to Stage 2.

Stage 2 consists of the following:

- Accept Conditional Job Offer (Required to continue processing)
- Pass a comprehensive background investigation, which includes the following:
  - Criminal history check
  - Driver's license check
  - Credit history report
  - Interview with personal references
  - Check of past and present employment history
  - Neighborhood check
  - Military record check (If applicable)
  - Review of police academy records
  - Process fingerprints
  - Florida Criminal Justice Standards and Training Commission check
  - CVSA (Computer Voice Stress Analysis)
  - Psychological test
  - Medical examination
  - Drug screen
  - Firearms qualification
  - Chief of Police Interview(s)

Employment with the City of Jacksonville Beach Benefits are as follows:

- Compensation (base pay)
- Incentive pay (based on educational level and specialized job assignment)
- Vacation, Sick Leave, and Holidays. Vacation and sick leave accrued at a rate determined by seniority. Holidays and personal leave are set by City Council.
- Retirement in the form of Municipal Police Retirement Plan up to 90% of pay plus Social Security Retirement.
- Insurance - Group medical and dental insurance is paid for by the City for employees. Employee may purchase this insurance for their dependents. Life insurance provided to employee at no cost.
- Savings - Credit Union savings and loans are available by payroll deduction.
- Opportunity to learn all phases of police work and investigations
- Promotions based on competitive examination, service record and demonstrated ability.

**The processing of an applicant is a detailed and lengthy process which may require two to six months to complete. The length of time required to complete applicant processing is dependent upon the availability of information and documentation.**

05/14/2008



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## REQUIREMENTS

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- EDUCATION: High School Diploma or GED. **Copy of the certificate must be attached to this application.**
- CITIZENSHIP: Must be a United States Citizen (If Naturalized, proof must be furnished at time of application) **Copy of birth certificate must be attached to this application.**
- PHYSICAL: Applicant must satisfactorily pass a physical examination administered by a Police Department Physician
- MILITARY: Military service is **not** required. However, **Applicants with prior military service must furnish a full copy of their DD-214**
- CHARACTER: Applicant must undergo a thorough background investigation with reference to credit, sobriety, trustworthiness, community standing and loyalty. Applicant must be of a good moral character as determined by a background investigation under procedures established by the Florida Criminal Justice Standards and Training Commission, and must not have been convicted of any felony, or a misdemeanor involving perjury or false statements. Fingerprints will be checked through the FBI and files with the Florida Department of Law Enforcement. Polygraph examination, Psychological evaluation and drug testing are also part of the screening process.
- EXAMINATION: Jacksonville Beach Police Department will administer a physical abilities testing from which applicants may be selected. The examination is required to determine potential as a Police Department employee.

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**Completed application to be turned in to Human Resources Department, not Police department.**

**\*Should you require additional room for *any* category please, use a separate sheet of paper\***

## **Police Officer Application Check Off List**

**Please be sure to attach the following to your application:**

- Florida State Certification\***
- Physician Clearance Form, completed**
- Exam Results (after 7/01/1993)**
- Birth Certificate**
- Documentation of any legal name changes**
- Drivers License**
- DD-214 (if applicable)**
- Social Security Card**
- High School Diploma/GED (Transcripts from high school/GED will be accepted)**
- Notarized release of information**
- Completed application (please re-check for accuracy and to be sure completed following proper procedures as stated in the instruction section of the application.)**
- \*If you are currently attending a Police Academy please submit a note stating Academy name, date entered, proposed graduation date, proposed state exam date.**

**The above items/documents are required in order to process your application. We can notarize and copy in our offices.**

**Should you have any questions or need assistance please do not hesitate to contact Amy Smith in Human Resources at 904-247-6263**

**This sheet does not need to accompany the application**

**Thank you**

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## APPLICATION INSTRUCTIONS

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This application is intended for the use of the Jacksonville Beach Police Department and/or Human Resources Department. You must complete all answers requested on this form. Information contained herein will not be disclosed to any unauthorized person(s).

**PLEASE NOTE: \* Complete all areas of the application, please print clearly, type or fill out using this ADOBE form—application must be signed by hand. \* Under Florida Law, employment applications are open for public inspection \* False statements may cause rejection of the application or if employed, termination of employment. \*Application must be completed in full and signed or it will not be processed and will be returned. Information on resumes will not be accepted in place of a full & complete response to each area on this application, if a section does not apply place N/A in place of information. \*Altered applications will not be accepted\* **Attach additional page(s) as needed. Applicant must be a United States Citizen to qualify for employment with the COJB police department.****

### WARNING READ THE FOLLOWING STATEMENT CAREFULLY

Applicants are cautioned to answer every question truthfully, completely and without evasion. Applicants are further warned that there must be no willful misrepresentation in falsification of or willful omission to any question(s) or answer(s) in this application. All information provided within this application is subject to verification through a variety of screening procedures. Any false information given on this application shall constitute cause to withdraw the application from consideration for any position with the **City of Jacksonville Beach** or termination of employment with the **City of Jacksonville Beach**.

All certified police officers hired after August 27, 2007 are prohibited from using any tobacco products, including, but not limited to, cigarettes, cigars and smokeless tobacco while on duty. Officers found to be using tobacco products while on duty shall be subject to disciplinary action up to and including termination of employee. (See FOP Contract Article XVII Wellness and Fitness)

**I certify that my signature below is proof that I have read and understand the above information and warning.**

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

\_\_\_\_\_  
Position(s) applied for

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**JACKSONVILLE BEACH POLICE DEPARTMENT DISQUALIFIERS**  
**(Sworn Only)**

**Please read and answer the following questions. A “Yes” answer to any of the questions will be an *automatic disqualifier* from consideration for any position in the Jacksonville Beach Police Department. (Excluding Tattoos)**

Any felony *arrest*       Yes  No

Any misdemeanor conviction involving moral character, perjury or false statements       Yes  No

Any misdemeanor or criminal traffic conviction in the last five years       Yes  No

Three or more traffic stops resulting in citations for moving violations in the last 5 years       Yes  No

Any DUI arrest in the last seven years       Yes  No

A refusal to submit to a chemical test for DUI in the last seven years       Yes  No

Any driver’s license suspension in the last five years, except financial responsibility       Yes  No

The sale of any controlled substance, ever       Yes  No

**"Controlled substance" means any substance named or described in Schedules I-V of Florida Statute. [893.03](#). This includes, but is not limited to, the following: Cannabis, Morphine, Codeine, Cocaine, Heroin, “designer drugs”, Methamphetamine, etc.**

The use of or experimentation with marijuana within the last 5 years       Yes  No

The use of or experimentation with any other illegal drugs in the last 10 years, including, but not limited to, the following: **Cocaine, Heroin, LSD, Hashish, Mescaline, P.C.P., Opium, Peyote, P.C.H., T.H.C, designer drugs or any of their derivatives, etc.**       Yes  No

If you have **any** tattoos please state how many \_\_\_\_\_ Approximate size(s) \_\_\_\_\_

Provide a **detailed** description of each tattoo; including size (inches), location, color and if words/names include the spelling; attach an additional sheet as necessary to describe all tattoos

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JACKSONVILLE BEACH POLICE DEPARTMENT

**119.08 PERSONAL GROOMING/EQUIPMENT/APPAREL (Ref. 41.3.4) (Ref. 41.3.4) (Ref. 22.2.5) (Revised 8/2006)**

**E. Tattoos and Body Ornamentation (Revised 10/2009)**

1. Effective June 8, 2005, employees are prohibited from acquiring any tattoo or body ornamentation on any part of the body where the tattoo/ornamentation would be visible while in uniform or in plainclothes.
2. Employees working in an undercover capacity may be exempted from keeping a tattoo or body ornamentation covered, with approval of the Division Commander for operational needs.
3. Applicants for employment in the police department will not be automatically rejected for visible tattoos/body ornamentations, except as noted. An applicant for employment will be rejected for consideration for employment if tattoo(s)/body ornamentation(s) are garish or excessive in number, style, or size; or are located anywhere on the neck, face or head. In addition, tattoos/body ornamentations must not depict, describe, or otherwise refer in any manner to the following:
  - a. Sexual conduct, acts, organs, or preferences;
  - b. Intolerance of, or discrimination against, any race, religion, gender, or national origin; and
  - c. Association with organizations or groups which advocate hate, intolerance, or discrimination.

**PERSONAL INFORMATION**

POSITION(S) APPLIED FOR

Police Officer, Full Time

Police Officer, Part Time

Are there any days or hours you are unable to work?  Yes  No

If yes, please list them:

Last Name:		First Name:		Full Middle Name:	
Street Address:		City:		State:	Zip code:
Mailing address, if different:		Phone number:		Secondary phone number:	

Social Security Number-Last 6 only XXX-	Drivers License number	E-mail address
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Age at time of application:	Date of birth:	City and State of birth:
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List any other names used: (maiden, name changes, nicknames etc.) Please attach documentation for any name change.

Father's full name:	Father's D.O.B.	Father's full address	Father's phone
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Mother's full name:	Mother's D.O.B.	Mother's full address	Mother's phone
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How long have you lived at your current address? \_\_\_\_\_ years \_\_\_\_\_ months

List below your addresses for the past TEN years in chronological order:

Street Address:	City, State and Zip	From:	To:
Street Address:	City, State and Zip	From:	To:
Street Address:	City, State and Zip	From:	To:
Street Address:	City, State and Zip	From:	To:

Do you own a business, or are you a partner or corporate officer in any business or organization?  Yes  No

If yes, please provide name and address of business, corporation, or organization and describe your relationship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERSONAL INFORMATION CONT.

List all Police Agencies you have made application with in last five years and the status of your application, attach additional pages as needed.

Date	Agency	Recruiter	Contact Phone	Status

Have you ever served in any branch of the U.S. Military, Reserve, National Guard or Coast Guard?  
 Yes  No If yes, fill in below

Branch of service	Date of enlistment	Date and place of separation
Type of Separation	Highest rank attained	Service Medals, Awards, Ribbons etc...

Was any formal disciplinary action taken against you?  Yes  No If yes, please explain.

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Under Florida law, certain individuals may be eligible for "Veteran's Preference" for employment purposes. Please read the VETERAN'S PREFERENCE INFORMATION SHEET then answer the following questions: Are you claiming Veteran's Preference?  Yes  No Have you attached a copy of your DD-214(s)?  Yes  No **Documentation (DD214) substantiating your claim MUST BE FURNISHED AT THE TIME OF APPLICATION IN ORDER TO BE ELIGIBLE**

Have you ever been arrested, charged, or received a notice or summons to appear for any criminal violation? (this includes charges as a juvenile and charges which may have been sealed or expunged; attach additional sheets as needed)  Yes  No If yes, describe incident and attach documentation: \_\_\_\_\_

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Have you ever been a defendant in a civil action for intentional tort(s) (e.g. assault, battery, intentional infliction of emotional distress), or an unlawful employment practices (e.g. sexual or racial harassment?) (this includes charges as a juvenile and charges which may have been sealed or expunged; attach additional sheets as needed)  Yes  No If yes, describe incident and attach documentation: \_\_\_\_\_

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Have you held a Florida Driver's license for the past 7 years?  Yes  No

List any other states in which you have held a driver's license \_\_\_\_\_

Have you ever been denied insurance, or had your license suspended or revoked?  Yes  No

If yes, explain: \_\_\_\_\_

List below any traffic citations you have received (from **date of first driver's license being issued**-attach additional pages as needed):

Date:	Charge:	Citing agency:	Disposition:
Date:	Charge:	Citing agency:	Disposition:
Date:	Charge:	Citing agency:	Disposition:
Date:	Charge:	Citing agency:	Disposition:

Have you ever been the operator of a motor vehicle involved in a traffic crash?  Yes  No

If yes, give details of the accident(s), any charges, and how the case(s) was settled. \_\_\_\_\_

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

Do you have any relatives currently employed by the City of Jacksonville Beach?  Yes  No

If yes, please list information below:

Name	Department	Relationship to applicant:
Name	Department	Relationship to applicant:

**LIST EDUCATIONAL DATA BELOW**

Grade school name	City and State	From:	To:
Junior High School name	City and State	From:	To:
High School name	City and State	From:	To:
College name	City and State	From:	To:
College name	City and State	From:	To:

Do you have a High School Diploma or GED?  Yes  No | Did you graduate from college?  Yes  No

Major Course in College:	Degree(s) received
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List any other schools, or technical courses that you have attended:

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

List five reliable persons **other than relatives or former employers**, who you know well enough to furnish information regarding your character, morals, etc...

Name	Street Address	City, State, Zip	Phone Numbers: Home, Work, Cell	Occupation	Years known

Have you ever been a member of any regular or volunteer group associated with a Police or Sheriff's Department?  Yes  No If yes, name of group(s) and date(s)

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Do you have a special interest in any particular type of police work?  Yes  No

If yes, please explain:

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Can you operate a computer?  Yes  No List program(s) or software at which you are proficient:

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**EMPLOYMENT HISTORY**

**Begin with your present or most recent employer and list ALL previous employment in chronological order from the date of first employment, to include; military, full-time, part-time, temporary and/or volunteer—if the company is no longer in business please state this. Dates must include full month and year. A resume may be attached as a supplement; however all information requested on this form is required to be completed.**

<b>1. Employer</b>		Street address, City, State, Zip		From:	To:
Position	Salary	Supervisor name		Supervisor phone number	
Description of duties			Reason for leaving		

<b>2. Employer</b>		Street address, City, State, Zip		From:	To:
Position	Salary	Supervisor name		Supervisor phone number	
Description of duties			Reason for leaving		

<b>3. Employer</b>		Street address, City, State, Zip		From:	To:
Position	Salary	Supervisor name		Supervisor phone number	
Description of duties			Reason for leaving		

<b>4. Employer</b>		Street address, City, State, Zip		From:	To:
Position	Salary	Supervisor name		Supervisor phone number	
Description of duties			Reason for leaving		

<b>5. Employer</b>		Street address, City, State, Zip		From:	To:
Position	Salary	Supervisor name		Supervisor phone number	
Description of duties			Reason for leaving		

**\*If unemployed for a period of 30 days or more list dates of unemployment and reason\***

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason unemployed \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason unemployed \_\_\_\_\_

**EMPLOYMENT HISTORY, CONTINUED**

**Begin with your present or most recent employer and list ALL previous employment in chronological order from the date of first employment, to include; military, full-time, part-time, temporary and/or volunteer—if the company is no longer in business please state this. Dates must include full month and year. A resume may be attached as a supplement; however all information requested on this form is required to be completed.**

<b>6. Employer</b>		Street address, City, State, Zip		From:	To:
Position	Salary	Supervisor name		Supervisor phone number	
Description of duties			Reason for leaving		

<b>7. Employer</b>		Street address, City, State, Zip		From:	To:
Position	Salary	Supervisor name		Supervisor phone number	
Description of duties			Reason for leaving		

<b>8. Employer</b>		Street address, City, State, Zip		From:	To:
Position	Salary	Supervisor name		Supervisor phone number	
Description of duties			Reason for leaving		

<b>9. Employer</b>		Street address, City, State, Zip		From:	To:
Position	Salary	Supervisor name		Supervisor phone number	
Description of duties			Reason for leaving		

<b>10. Employer</b>		Street address, City, State, Zip		From:	To:
Position	Salary	Supervisor name		Supervisor phone number	
Description of duties			Reason for leaving		

**\*If unemployed for a period of 30 days or more list dates of unemployment and reason\***

**From** \_\_\_\_/\_\_\_\_/\_\_\_\_ **to** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Reason unemployed** \_\_\_\_\_

**From** \_\_\_\_/\_\_\_\_/\_\_\_\_ **to** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Reason unemployed** \_\_\_\_\_

Have you ever been dismissed, or asked to resign, or had any disciplinary action taken against you by any employer?

YES  NO If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?

YES  NO If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please note this application will not be processed if all required information is not submitted. Also, application must be printed legibly by applicant, typed or filled out using this ADOBE form and signed by hand. Return completed application to Human Resources, not the Police Department.**

I hereby certify that all the information given on this application is true and correct to the best of my knowledge and I understand that any false information given on this application shall constitute cause to withdraw the application from consideration for any position with the **City of Jacksonville Beach** or termination of employment with the **City of Jacksonville Beach**. Inquiry as to past employment or on the job performance may be conducted and all past and current employers  **MAY**  **MAY NOT** be contacted. I release the **City of Jacksonville Beach** and any past or current employers and other individuals contacted from any liability for release of information regarding my employment.

**I certify that my signature below is proof that I have read and understand the above information**

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

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**Applications of municipalities are considered public documents according to Florida Statutes and are open to public inspection upon request. Applications will remain active for 6 months.**

The City of Jacksonville Beach is an Equal Opportunity Employer and prohibits discrimination based on age, sex, race, religion, ethnicity, marital status and/or disability.

**“The processing of an applicant is a detailed and lengthy process which may require two to six months to complete. The length of time required to complete applicant processing is dependent upon the availability of information and documentation.”**

Updated 01/21/2010

## VETERAN'S PREFERENCE INFORMATION SHEET

The City of Jacksonville Beach, in accordance with Chapter 295 of the Florida Statutes dealing with Veteran's Preference, provides preference in employment and retention to those veterans and spouses of veterans who fall in the categories as identified below: To receive preference, a veteran must have been discharged or released from active duty in the Armed Forces under honorable conditions (i.e., with an honorable or general discharge). As defined in 5 U.S.C. 2101(2), "Armed Forces" means the Army, Navy, Air Force, Marine Corps and Coast Guard. The veteran must also be eligible under one of the preference categories below:

- 1) Honorably discharged disabled Veteran who has a service-connected, compensable disability;
- 2) Honorably discharged Veteran who has received ANY armed forces Expeditionary Medal to include The Global War on Terrorism Expeditionary Medal
- 3) The spouse of a totally disabled Veteran, who because of this disability cannot qualify for employment;
- 4) The spouse of any person missing in action, captured in the line of duty or forcibly detained;
- 5) A Veteran of any way who served on active duty during a wartime era; and who was discharged under honorable conditions. A "wartime veteran" is defined by Florida Statutes as any veteran who served at least one day during a wartime period. Wartime periods are outlined as follows:
  - (a) **World War II:** December 7, 1941 to December 31, 1946
  - (b) **Korean Conflict:** June 27, 1950 to January 31, 1955
  - (c) **Vietnam Era:** August 5, 1964 to May 7, 1975
  - (d) **Persian Gulf War:** August 2, 1990, to January 2, 1992.
- 6) Served for more than 180 consecutive days, other than for training, any part of which occurred during the period beginning September 11, 2001, and ending on the date prescribed by Presidential proclamation or by law as the last day of Operation Iraqi Freedom
- 7) The un-remarried widow or widower of a Veteran who died of a service connected disability.

**Preference in employment and retention may be given only to eligible persons who are described in the section(s) above and who are residents of this state.**

Should you qualify for the preference under any category and wish to assert it, please complete the attached sheet along with your application. **Documentation (DD214) substantiating your claim MUST BE FURNISHED AT THE TIME OF APPLICATION TO BE ELIGIBLE. If claiming preference due to disability, a letter that is less than one year old from the Veteran's Administration stating disability percentage must be submitted in addition to the DD214**

If you qualify for the Veteran's Preference, the City of Jacksonville Beach will give you special consideration during the employment selection process. The City of Jacksonville Beach shall give preference to and shall hire a person entitled to Veteran's Preference ahead of other equally qualified applicants.

Should the position for which you are applying be filled by someone who does not qualify for Veteran's Preference and should you feel that proper consideration of the Veteran's Preference law has not been provided to you by the City of Jacksonville Beach or that the City of Jacksonville Beach has not complied with the Veteran's Preference rules, please notify the City of Jacksonville Beach, Personnel Department (904) 247-6263

You also have the right to initiate an investigation by the Florida Division of Veteran's Affairs. You may do so by notifying the Florida Department of Veterans' Affairs (FDVA) 11351 Ulmerton Road, Suite 311-K Largo, FL 33778-1630 within 21 calendar days from the date you received notice that you were not selected for the position.



Florida Department of Law Enforcement

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



**CJSTC  
58**

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

TO: Concerned Person or Authorized  
Representative of Any Organization  
Institution or Repository of Records

**APPLICANTS NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER (Optional):** \_\_\_\_\_

**EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION:** Jacksonville Beach Police Department

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, to: City of Jacksonville Beach Police Department

768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former employees states: An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760. *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: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. My commission

Expires on \_\_\_\_\_, 20\_\_\_\_\_. Personally known \_\_\_\_\_ **-or-**

Produced identification \_\_\_\_\_ Notary Public: \_\_\_\_\_

Type of identification produced: \_\_\_\_\_



# Jacksonville Beach Police Department

Bruce A. Thomason  
Chief of Police

*"Working with Citizens for a Safe Community"*

## Physician's Clearance to Test Form

Name of Applicant: \_\_\_\_\_

Dear Physician:

The purpose of this communication is to inform you of the above named individual's intentions with regard to participation in the pre-employment physical abilities test for the above named agency. We are aware of the fact that strenuous physical activity may be inadvisable for some individuals. As such, we request that you indicate whether the above named applicant has any medical condition or disorder that would preclude participation. It must be emphasized that we are not asking you to assume any responsibility for the applicant while participating in this test. Rather, we merely want to have as much information as possible when making decisions concerning applicability of testing.

The testing program will consist of a series of physical abilities tests. The battery of job-related field tests is intended to be completed in the fastest possible time and will require maximum effort by the applicant. Tests are designed to measure balance, muscular endurance and strength, flexibility, anaerobic power and capacity, fine motor skills and aerobic power. Tests will include two 220 yard runs, dragging a 150 pound object 100 feet, jumping over obstacles (12-24 inches high), climbing over a wall (40 inches high), two 50-foot sprints and movement around a series of pylons.

Ultimately, the primary goal of this testing is to determine whether the applicant is capable of performing minimum standards appropriate to this agency.

I have examined this applicant and his/her medical history, and based upon my evaluation I recommend that:

\_\_\_\_ Participation is not advisable at the present time (if you advise against participation, please do not disclose the applicant's medical condition on this form)

\_\_\_\_ Within a reasonable degree of probability, no medical condition or disorder exists which precludes this applicant from participation in the physical abilities tests as described.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

Physician name, printed or stamped: \_\_\_\_\_

**\*please note, the Applicant is responsible for any fees associated with having this form completed, the City of Jacksonville Beach bears no responsibility financially or otherwise\***

Thank you for your cooperation

  
\_\_\_\_\_  
Officer D. Coppola

904-247-6338  
Telephone number

**\*This form is to be completed no more than thirty (30) days prior to submission of application.**



## PHYSICAL ABILITIES TEST COURSE

Prior to command to begin you will be seated in the vehicle with the seat belt buckled, your hands on the steering wheel (at 2&10), and the door closed.

Your time starts upon the command to begin. You will unbuckle the seat belt, retrieve the trunk key from the closed glove compartment, (leave the glove compartment open) and exit the vehicle moving toward the trunk. (Leave the driver's door open)

With one hand, you will reach behind your back to touch the opposite side flag, then, with the other hand, you will reach behind your back to the opposite side flag. Then you will drop the flag belt.

You will open the trunk, remove the flashlight and firearm from the trunk, close the trunk leaving the key in the trunk lock, and place the firearm on the platform.

While carrying the flashlight, you will run the 220 yard course and return to the area of the vehicle.

You will enter the obstacle course by jumping over the 40" hurdle, stepping over 24", 12" and 18" hurdles, running in a zigzag serpentine fashion around 9 cones and low crawling under three 27" obstacles.

Upon reaching the last 2 cones, you will place the flashlight alongside the cones, and sprint 50' to the dummy, drag the dummy 100' to the opposite cone, then sprint 50' back to retrieve the flashlight.

You will negotiate the obstacle course in reverse order and return to the area of the vehicle.

Then you will run the 220 yard course again and return to the weapon platform.

You will place the flashlight on the platform; pick up the firearm with your arms fully extended, dry fire 6 times with your dominant hand and 6 times with your non-dominant hand in the point shoulder position.

Then you will place the flashlight and the firearm in the trunk, close the trunk lid, remove the trunk key, sit in the driver's seat, close the drivers side door, return the key to the glove compartment, close the glove compartment, buckle your seat belt and place both hands on the steering wheel (at 2&10). At this point your time stops.

The maximum time allowed for this course is 6 minutes and 4 seconds.

**Note: Should you fail to negotiate this course within the prescribed time frame you will be dropped from consideration. A candidate who is dropped from consideration for employment as a Police Officer or Police Scholarship Applicant may be eligible for re-application after one year (beginning with the date dropped from consideration).**

## VOLUNTARY INFORMATION

The City of Jacksonville Beach is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by federal, state or local law. The information below will be used only in the compilation of data for affirmative action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment, if hired. This form will be detached and not processed/provided with the application form except for the Referral Source and Social Site information. It would be helpful if you provided the following information.

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

Position applied for: \_\_\_\_\_

Ethnic Background:

White                       Black                       Hispanic                       Asian/Pacific Islander

American Indian/Alaskan Native                       Other (please specify) \_\_\_\_\_

Sex:     Male                       Female                      Date of Birth: \_\_\_\_\_

## REFERRAL SOURCE

Please indicate how you became aware of this job

- |   |  |
|---|--|
| <input type="checkbox"/> Florida Times Union Newspaper                    | <input type="checkbox"/> Florida Times Union website             |
| <input type="checkbox"/> Beaches Leader Newspaper                         | <input type="checkbox"/> Beaches Leader website                  |
| <input type="checkbox"/> City of Jacksonville Beach website               | <input type="checkbox"/> Other (please explain) _____            |
| <input type="checkbox"/> Walk-in  | <input type="checkbox"/> Job posting, Location: _____            |
| <input type="checkbox"/> e-mail   | <input type="checkbox"/> School posting    Name of school: _____ |
| <input type="checkbox"/> Job Fair, location: _____                        |  |
| <input type="checkbox"/> Internet Site, name: _____                       |  |
| <input type="checkbox"/> City of Jacksonville Beach employee, Name: _____ |  |

## SOCIAL SITE INFORMATION

Do you currently have a profile/account with any social websites?  Yes  No

If yes, please mark the accounts that you currently have and the email address associated with them:

- |                                   |              |                 |
|-----------------------------------|--------------|-----------------|
| <input type="checkbox"/> Twitter  | _____        | (email address) |
| <input type="checkbox"/> Facebook | _____        | (email address) |
| <input type="checkbox"/> MySpace  | _____        | (email address) |
| <input type="checkbox"/> LinkedIn | _____        | (email address) |
| <input type="checkbox"/> Other    | _____        | (email address) |
|                                   | Name of site |                 |
| <input type="checkbox"/> Other    | _____        | (email address) |
|                                   | Name of site |                 |
| <input type="checkbox"/> Other    | _____        | (email address) |
|                                   | Name of site |                 |
| <input type="checkbox"/> Other    | _____        | (email address) |
|                                   | Name of site |                 |

**Basic List of Moral Character Offenses**

316.193	Driving Under the Influence
316.1935	Fleeing or Attempting to Elude an Officer
409.325	Public Assistance Fraud
784.011	Assault
784.03	Battery
784.048	Stalking
784.05(2)	Culpable Negligence with Injury
790.01(1)	Carrying a Concealed Weapon
790.1	Improper Exhibition of a Weapon/Firearm
790.27	Possession of Sale of Firearm with Altered Serial Number
794.027	Failure to Report Sexual Battery
796.07	Prostitution/Lewdness
800.02	Unnatural and Lascivious Act
800.03	Exposure of Sexual Organs
806.101	False Alarms of Fires
806.13	Criminal Mischief
810.08	Trespass in a Structure of Conveyance
812.014(d)	Petit Theft
812.015	Retail Theft
812.14	Theft of utilities/Cable Services
817.235	Removing or Altering Property Identification Marks
817.39	Distribution of Fictitious Controlled Substance
817.49	False Report of a Crime
817.563	Sale of Counterfeit Controlled substance
817.565	Fraudulent urine Drug Test
827.04(2)(3)	Child Abuse
827.05	Negligent Treatment of Children
827.06	Persistent Nonsupport of a Child/Spouse
828.122	Fighting or Baiting Animals
831.3	Prescription Fraud
831.31(l)(B)	Manufacture of Counterfeit Controlled Substance
832.05(2)(4)	Passing Worthless Checks
837.012	Perjury not in Official Proceedings
837.05	False Report to Law Enforcement
837.06	False Official Statements
839.2	Refusal to Serve Arrest Warrant
843.02	Resisting an Officer With/Without Violence
843.06	Refusal to Aid Law Enforcement Officer

843.085	Unlawful use of Police Badges or Other Indicia of Authority
847.011(1)(2)	Pornography Offenses
856.021	Loitering or Prowling
870.01	Affrays and Riots
876.17	Burning a Cross in a Public Place
876.18	Burning a Cross on Property of Another
893.13(1)(a)3(1) (d)1(1)(g) (2)(a)(2)(b)	Controlled Substance Violations
914.22(2)	Witness Tampering
844.35(3)	Malicious Battery on a Prison Inmate
944.35(7)(a)	False Reports Concerning
944.36	Permitting Inmates to Escape
944.37	Acceptance of unauthorized Compensation from an Inmate
944.38	Dealing or Battering with Prisoners
944.39	Visiting under False Pretenses
944.47	Contraband
Rule 11B-27	Sex with an Inmate, Detainee, Probationer, Parolee, or Community Controlled