

City of Marianna

Police Department
Chief Hayes Baggett

P.O. Box 936
Marianna, FL 32447



INSTRUCTIONS:

1. Complete **all** items which apply to you. Incomplete applications cannot be processed and you will not be considered for employment.
2. In the section on employment, list complete information for present and previous positions. Start with the present or most recent employer. List in order previous employment and any periods of unemployment.
3. **APPLICATION MUST BE SIGNED AND DATED.** Unsigned applications cannot be processed and will not be considered.
4. We will accept applications only for those positions which are advertised.
5. If a job description requires a High School Diploma/GED; a certificate of completion; an Associate degree or a Bachelor degree, you **must** attach supporting documents.

In order to process your application for employment with the City of Marianna Police Department the following documents must be attached with your completed application.

1. Proof of name change (if applicable)
2. Military record: DD214 reflecting character of service for each tour of duty
3. Naturalization papers (if applicable): **(Federal Law prohibits the copying of naturalization papers. The actual papers must be presented at the time of application submission.)**

OTHER EMPLOYMENT REQUIREMENTS:

1. You must be at least 19 years of age
2. **MIMIMUM VISION REQUIREMENTS:** 20/30 each eye, without correction or 20/50, each eye, corrected to 20/30. (Vision requirements are for near and distance vision.)
3. You must be a United States citizen.
4. Completion of State of Florida Standards & training program for law enforcement & copy of State of FL certification.
5. Be able to pass a FDLE physical examination, including a drug screen.
6. Successful completion of a background investigation.

I have read and understand all of the above.

Signature of Applicant

Date

**Please return completed application with all required supporting documents
to the Human Resources Office at City Hall**

WE ARE AN EQUAL OPPORTUNITY & DRUG FREE WORKPLACE EMPLOYER

INFORMATION FOR EQUAL OPPORTUNITY EMPLOYMENT

SUBMISSION OF THIS INFORMATION IS VOLUNTARY

Government agencies at times require periodic reports on sex, ethnicity, disability, veteran, and other protected status of employees. This data is gathered for statistical analysis purposes and used in conjunction with the City's Equal Employment/Affirmative Action efforts.

This form will be removed from application prior to interview selection process.

(Please Print)

Name: _____ Date: _____

Sex: Male _____ Female _____

RACIAL/ETHNIC DATA:

Please indicate yourself in terms of racial/ethnic groups below. (Check only one)

_____ Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish cultures, regardless of race.

_____ Asian or Pacific Islander: All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent or Pacific Islander. This area includes, for example: China, Japan, Korea, the Philippine Islands, or Samoa.

_____ American Indian or Alaskan Native: All persons having origins in any of the original people of North American and who maintain cultural identification through tribal affiliation or community recognition.

_____ Black: (not of Hispanic Origin) All persons having origins in any of the Black racial groups of Africa.

_____ White: (not of Hispanic Origin) All persons having origins in any of the original people of Europe, North Africa or Middle East.

_____ Other: (specify) _____

CITY OF MARIANNA – POLICE DEPARTMENT

Application for Employment

TO APPLICANT: We appreciate your interest in our organization. Thank you for taking the time to complete this application. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, ad, disability, marital or veteran status, or any other legal protected status.

(PLEASE TYPE OR PRINT CLEARLY)

Date: _____ Position Applying for: _____

Desired Wage: _____/hour Date available for work: _____

PART I. Personal

Last Name: _____ First Name: _____ M.I. _____

Home Address: _____
Number & Street City, State & Zip Code

Home Phone: _____ Cell Phone: _____

Do you claim veteran's preference: NO ___ YES ___ (You must attach copy of DD214)

Part II. Verification

1) Are you a U.S. citizen? Yes ___ No ___

If NO, do you possess the required documents which permit you to work here? Yes ___ No ___ (Please attach documents)

2) Have you previously been employed with the City of Marianna? Yes ___ No ___

If yes, when? _____

3) Do you have any relatives currently employed with the City? Yes ___ No ___

If yes, who? _____

4) If you are offered a job, are you willing to take a post-offer medical examination to the extent permitted by the ADA?
Yes ___ No ___

5) Have you ever had your name changed? Yes ___ No ___

If yes, A. Previous name(s) _____

B. Date & location of change: _____

C. Reason for change: _____

PART III. CERTIFICATION REFERENCE INFORMATION

1) Are you presently certified or have you ever been certified as a law enforcement officer?

Yes ___ No ___ , If yes, date certified: _____ State: _____

2) Name, address and phone number of the institution where certification was obtained:

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PART III CERTIFICATION REFERENCE INFORMATION (CONT'D)

- 3. If not presently working as a law enforcement officer, date last worked as a certified law enforcement officer: _____ State: _____
- 4. Number of years & months experience as a law enforcement officer: ____ Yrs. ____ Mos.
- 5. Are you currently enrolled in a law enforcement academy? ____ Yes ____ No
If yes, anticipated graduation date: _____

Have you ever applied for a position with or been sponsored into basic training by any criminal justice agency? If yes, list all:

Agency	Date
Agency	Date

(Attach additional sheets if necessary).

PART IV REFERENCES

- 1. Provide three references (not relatives, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as heads of households, property owners, business or professional women or men, who have known you well during the past five years.

Name	Home Address including Zip Code	Home Phone Number
Occupation	Business Address, City, St, Zip	Business Phone Number
Name	Home Address including Zip Code	Home Phone Number
Occupation	Business Address, City, St, Zip	Business Phone Number
Name	Home Address including Zip Code	Home Phone Number
Occupation	Business Address, City, St, Zip	Business Phone Number

PART IV**REFERENCES (CONTINUED)**

2. Provide three social acquaintances who have known you well during the past five years:

Name	Home Address Including Zip Code	Home Phone Number
# of Years Known	Business Address, City, State & Zip	Business Phone Number
Name	Home Address Including Zip Code	Home Phone Number
# of Years Known	Business Address, City, State & Zip	Business Phone Number
Name	Home Address Including Zip Code	Home Phone Number
# of Years Known	Business Address, City, State & Zip	Business Phone Number

3. Provide the following information about three (3) of your neighbors:

Name	Home Address Including Zip Code	Home Phone Number
Business Address, City, State & Zip		Business Phone Number
Name	Home Address Including Zip Code	Home Phone Number
Business Address, City, State & Zip		Business Phone Number
Name	Home Address Including Zip Code	Home Phone Number
Business Address, City, State & Zip		Business Phone Number

EMPLOYMENT REFERENCES

List chronologically all employments, including part-time employments, beginning with your current or most recent employer:

Name and Address of Employer	City, State, Zip Code	Name of Supervisor
Dates Employed (From - To)	Title or Position	
Reason for Leaving		Phone & Fax Number of Employer
Name and Address of Employer	City, State, Zip Code	Name of Supervisor
Dates Employed (From - To)	Title or Position	
Reason for Leaving		Phone & Fax Number of Employer
Name and Address of Employer	City, State, Zip Code	Name of Supervisor
Dates Employed (From - To)	Title or Position	
Reason for Leaving		Phone & Fax Number of Employer
Name and Address of Employer	City, State, Zip Code	Name of Supervisor
Dates Employed (From - To)	Title or Position	
Reason for Leaving		Phone & Fax Number of Employer
Name and Address of Employer	City, State, Zip Code	Name of Supervisor
Dates Employed (From - To)	Title or Position	
Reason for Leaving		Phone & Fax Number of Employer

EMPLOYMENT REFERENCES (CONTINUED)

Name and Address of Employer	City, State, Zip Code	Name of Supervisor
Dates Employed (From - To)	Title or Position	
Reason for Leaving		Phone & Fax Number of Employer

Name and Address of Employer	City, State, Zip Code	Name of Supervisor
Dates Employed (From - To)	Title or Position	
Reason for Leaving		Phone & Fax Number of Employer

If more space is needed, attach additional sheets.

PART V SKILLS

Please list any special skills or qualifications you possess such as fluency in a second language:

*Documentation reflecting special job qualifications may be submitted as an attachment to this application.

PART VI HABITS

1. Do you use alcoholic beverages? Yes No
If yes, in what quantities _____
2. Current/recent illegal use of a controlled substance (indicate type and date last used)
 Marijuana _____ (Date) Cocaine _____ (Date) Opiates _____ (Date)
 Other _____ (Date) None

PART VII

COURT RECORD

1. Have you ever had a driver license in any state other than the state of your current driver license?
Yes No If yes, give name, state, driver license number, and date of expiration.

2. Have you ever been given a traffic ticket or paid a fine for any traffic violation?
Yes No If yes, give circumstances:

3. Have you ever committed a crime, whether arrested or not, that would constitute a felony or first degree misdemeanor? Yes No If yes, what crime(s), when, and give details:

4. Have you ever been arrested/convicted of any criminal or traffic violation? Yes No
If yes, list below and also provide explanations enclosing all related documents; i.e., police reports, arrest affidavits, dispositions.

Date	Charge	Arresting Agency
Explanation: _____		

Date	Charge	Arresting Agency
Explanation: _____		

5. Have you ever had a criminal record or an arrest record sealed or expunged?
Yes No If yes, date _____ and location: City _____
County _____ State _____

SPECIAL NOTE: Criminal records sealed under Florida Statutes, as well as in most states, may be available for inspection by a criminal justice agency for the purpose of employment.

PART VIII. RESIDENTIAL INFORMATION

List all addresses you have lived for the last ten (10) years with dates lived at each address. (attach additional sheets if necessary).

1.) _____
 Address City, State Dates

2.) _____
 Address City/State Dates

3.) _____
 Address City/State Dates

4.) _____
 Address City/State Dates

5.) _____
 Address City/State Dates

PART IX. APPLICANT ACKNOWLEDGEMENT AND SIGNATURE

I understand and agree that if I am hired that the first year of my employment with the City of Marianna will be on a probationary trial period for one year. I certify the information given by me on this application for employment is true and accurate to the best of my knowledge.

Signature of Applicant Date

State of _____, County of _____. The foregoing instrument was signed before me on _____ (date) by _____ (applicant) who is personally known to me _____ or who has produced _____ as identification.

Notary Signature & Printed Name Seal:

WARNING

IT IS A VIOLATION OF MARIANNA CITY ORDINANCE 793 TO MAKE ANY FALSE STATEMENT, MISREPRESENTATION ON THIS EMPLOYMENT APPLICATION. PENALTY IS \$1000.00 FINE AND/OR ONE YEAR IN JAIL.

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CITY OF MARIANNA

I UNDERSTAND AND AGREE THAT:

1. ANY MISREPRESENTATION OR OMISSION OF A FACT IN MY APPLICATION SHALL BE JUSTIFICATION FOR REFUSAL OF EMPLOYMENT OR IF EMPLOYED MAY RESULT IN MY TERMINATION FROM EMPLOYMENT.
2. It is my understanding the City of Marianna will make a thorough investigation of my entire work, personal and criminal history. The City of Marianna may verify all dates given in my application for employment, related papers or oral interviews. I authorized such investigation and the giving and receiving of any information requested by the Human Resource Office and I release from liability any person giving or receiving such information. I understand that falsification of dates so given or other derogatory information discovered as a result of this investigation may prevent me from being hired, or if hired, may subject me to immediate dismissal.
3. I agree my employment may be terminated by the City of Marianna at any time without liability for wages or salary, except such as may have been earned at the date of such termination. I authorize my physician or hospital to release any information which may be necessary to determine my ability to perform the duties required.
4. I hereby agree that the employees of the City of Marianna are relieved of any liability for information released concerning my employment to any future employer.
5. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating schedule, or a work schedule, or a schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment.
6. Florida Public Records Law prohibits the City of Marianna from keeping any information confidential except records that are outlined in Florida Statue 119.071(4)(d), F.S., 119.071(4)(d)1., 3., & 4. F.S., as well as firefighters certified in compliance with s. 633.35, F.S.
7. Successful completion of a post-offer of employment physical, drug screening and background check are required on all applicants prior to beginning employment with the City of Marianna.

I further understand this is an application for employment and that no employment contract is being offered.

I have read and understand the above.

Signature of Applicant

Date

WE ARE AN EQUAL OPPORTUNITY & DRUG FREE WORKPLACE EMPLOYER

The Florida Legislature has amended Florida Statute 119.071 (Public Records Section) in reference to collection and use of social security number by Public Entities. The City of Marianna (as a local government) is required to certify that we have complied with this amendment. The following has been approved by our City Attorney to be given to all employees and applicants with the City of Marianna to read, sign and to be retained with the employment application.

Please read the following:

“COLLECTION OF SOCIAL SECURITY NUMBERS ON EMPLOYMENT FORMS”

"By signing in the space provided below, you acknowledge that the City of Marianna has requested your social security number for the following specific purposes: to process and report wages pursuant to the Social Security Administration Act; to report income pursuant to the Federal Department of Internal Revenue Service; to initiate and process applicant or employee background checks to include consumer reports, educational institutions, government agencies, companies, corporations, and credit reporting agencies in compliance with the Fair Credit Reporting, for Drug Screening Test Identification; and to process your employment benefits/retirement."

I have read and understand the above.

Signature of Applicant

Date

If you are selected for this position, you ***MUST*** have the following at the time of orientation in order to begin employment:

- 1) Social Security Card (for completion of required Form I9)
- 2) Driver License or State issued Identification Card (for completion of required Form I9)
- 3) One Emergency Contact (names, addresses, phone numbers)
- 4) Proof of previous medical coverage (if any)
- 5) Names, Social Security Number, and Dates of Birth if you plan on electing dependent coverage through our group medical and/or dental insurance.

***NOTE: You must have your Social Security Card in your possession, if you do not have one, if hired you must apply for one. You will not be able to begin employment until you have received your social security card. Please make sure the name on your Social Security Card is the name you use for your check and W-2 Form. If not you will need to apply for a new card, and bring in the letter you are provided. The SS Office is located at 2914 Madison Street, Marianna, FL 32446.**

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Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

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



CJSTC 58

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

AGENCY REQUESTING BACKGROUND INFORMATION: _____

ADDRESS: _____

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature _____ Date _____

Applicant's Address _____

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____

day of _____, year _____ By _____

Signature of Notary Public - State of Florida _____

Print, Type, or Stamp Commissioned name of Notary Public _____

Personally Known OR Produced Identification

Type of Identification Produced _____