



CITY OF VALPARAISO POLICE DEPARTMENT

465 VALPARAISO PARKWAY- VALPARAISO, FLORIDA 32580

JOSEPH HART – CHIEF OF POLICE



An Equal Opportunity Employer Drug

Free Workplace

LAW ENFORCEMENT OFFICER

All candidates must personally complete this employment application. Although you may be under consideration for a position by a law enforcement agency and may have completed their application package, you must still complete this and all Valparaiso Police Department testing and selection paperwork.

The submission of this employment application implies that you are authorizing the Valparaiso Police Department and/or the City of Valparaiso to contact and investigate any and all sources of information for the purpose of obtaining facts regarding your qualifications for the position being filled.

The information that you are required to provide must be true, accurate, complete and without omission of any kind. Failure to maintain these standards, for any reason, may result in your not being selected for the position, or other sanctions that may be indicated.

- Read all instructions carefully before you begin completing the questionnaire.
- Print all entries clearly in BLACK or BLUE ink only.
- Answer every question and do not leave any areas blank.
- If a question does not apply to you indicate with "N/A".
- If more space is needed than is available in the explanation section, use the Add-In Sheet that is provided at the end of the package which may be copied.
- Complete addresses are required, including city, state and zip codes.
- Complete telephone numbers are required including area codes.
- You may use common acceptable abbreviations such St., Ave., Sr. and Jr., etc.
- DO NOT SIGN ANY FORMS REQUIRING NOTORAZATION IN ADVANCE! All affirmations will be signed and executed in front of a Notary Public.
- All required documents are due at the time you submit your package.
- If you do not understand a question, do not try to answer it. Seek guidance from a Valparaiso PD Background Investigator by calling (850)729-5400.
- If you answer "Yes" to any question, then write the question number along with your explanation in the space provided or on the Add-In Sheet.

Revised 3/22/2021

MINIMUM REQUIREMENTS FOR LAW ENFORCEMENT OFFICER

1. Be at least 19 years of age
2. Be a citizen of the United States
3. Be a high school graduate or its equivalent
4. Shall not have been convicted of domestic violence or any felony or misdemeanor involving perjury or false statement. any person who, after July 1, 1991, pleads guilty or nolo-contender to or is found guilty of a felony or misdemeanor involving perjury or a false statement shall not be eligible for employment as an officer, notwithstanding suspension of sentence or withholding of adjudication
5. Be a non-user of tobacco products commencing with date of hire
6. Receive an honorable discharge from any of the armed Forces of the United States if applicable
7. Be fingerprinted by the employing agency and processed by the FDLE and FBI
8. Must pass a pre-employment physical examination, drug screen, NCJOSI-2 examination, review board and background investigation and Personnel Evaluation Profile (PEP)
9. Have good moral character as defined in FAC Rule 11b-27
10. Complete and Affidavit of Application form (FJSTC-68)
11. Have completed police basic recruit training or high liability proficiency (if exempt from basic recruit training) and passed the Florida State certification examination
12. Comply with training or education requirements
13. Possess a valid Florida driver's license

Photocopies of the following items **must** be included with application

Florida driver's license
Social Security card
Birth Certificate
Naturalization certificate if applicable
High School Diploma or GED
College Diploma if applicable
DD 214 member 4 copy if applicable
Copy of State Certification Test scores
Basic Recruit Certificate
Name change documents (marriage, adoption, etc)
Any other applicable diplomas or certificates may be included

Personal Information

(Last Name)	(First Name)	(Full Middle Name)
-------------	--------------	--------------------

- Alias, Maiden, Nicknames, any other names used: _____
- Physical Street Address: _____
- City, State, Zip Code: _____
- Mailing Address (only if different): _____
- Phone: Cell: _____ Work: _____ Other: _____
- List ALL Email Accounts: _____

- List ALL Social Media Networking web page accounts (Facebook, Instagram, Tik-Tok, etc.):

- Social Security #: _____
- Place of Birth: _____ Gender: _____
- Driver's License #: _____ State: _____

Expires: _____ Class: _____ Restrictions: _____

States where DL has been issued: _____

Other Names in which DL has been issued: _____
- Position(s) applied for: _____
- Date of Application: _____

- Have you ever completed an application for the Valparaiso Police Department ?
 Yes No If yes, provide date: _____
- Have you ever been employed with the City of Valparaiso or the Police Department
 before? Yes No If yes, provide date: _____
- United States Citizen? Yes No Naturalized US Citizen? Yes No
 Naturalization Certificate #: _____
 Date of Naturalization: _____
 Port of Entry: _____ Date of Entry: _____
- Have you ever applied to, been denied entry to or failed to complete a basic law
 enforcement recruit training class anywhere? Yes No
- Have you ever applied to or been denied employment with a law enforcement agency?
 Yes No
- Have you ever been released, fired or terminated from a law enforcement agency for any
 reason? Yes No
- Have you ever been disciplined by the Police Standards and training Commission of any
 State? If yes, provide documentation. Yes No
- Have you ever been the subject of or witness in an Internal Affairs Investigation, Civilian
 Complaint Investigation or any other type of administrative investigation?
 Yes No

- Have you ever lied under oath or made a false affirmation? Yes No
- Have you ever been associated with any gang or organization that engages in violence in order to accomplish its objectives? Yes No
- Have you ever been associated with any group that advocates the overthrow of the Federal or State governments through the use of force? Yes No
- Have you ever failed or refused to cooperate in any official matter? Yes No

Household Information

List ALL adult persons other than your spouse and children (under the age of 18) who live with you at your current home address. Use Add-In Sheet if necessary.

- Name: Last, First, Middle
Relationship to You

Complete Mailing Address
Complete Telephone Number
- Name: Last, First, Middle
Relationship to You

Complete Mailing Address
Complete Telephone Number
- Name: Last, First, Middle
Relationship to You

Complete Mailing Address
Complete Telephone Number
- Name: Last, First, Middle
Relationship to You

Complete Mailing Address
Complete Telephone Number

Marital History

- If you are single and have never been married, mark the appropriate box, answer the child support questions and proceed to the next section.
- Provide court documents for any divorce and child custody/alimony decrees.

Single

Married

Widowed

Annulled

Divorced

- Full name of spouse: _____
- Maiden name of spouse: _____
- Other names used by spouse: _____
- Date of Birth: _____ Place of Birth: _____
- Date Married: _____ Place Married (city, county, state): _____
- Spouses Employer: _____
Work Phone: _____ Occupation: _____
How long employed: _____
- Current Address of Spouse IF living apart: _____
- Home Phone: _____ Cell Phone: _____

Explanation

Divorce, Separation or Annulment

- Full Name of Ex-spouse: _____
- Address: _____
- Jurisdiction of Divorce (City, County, State): _____
- Case Number: _____ Date of Filing: _____ Date Final: _____

Child Support

- | | | | |
|---|-----|-----|----|
| • Do you have a Child Support obligation? | | Yes | No |
| • Is your Child Support Current? | N/A | Yes | No |
| • Have you ever been held in contempt of court? | | Yes | No |

Marital Explanation

Residential History

- Beginning with the most recent and working backwards, list ALL residences you have had during the past ten (10) years. Include all foreign and military residence for all periods of time to produce an unbroken chain.
- Provide identifying information on ALL roommates that you have lived with for more than three (3) months.

1. From: _____ To: _____ Own Rent

Street Address Lot/Apt. Number

City County State Zip Code

Landlord Name Phone

Street Address Lot/Apt. Number

City County State Zip Code

Roommate? Yes No

Roommate's Name Phone

Current Street Address

City County State Zip Code

2. From: _____ To: _____ Own Rent

Street Address Lot/Apt. Number

City County State Zip Code

Landlord Name Phone

Street Address Lot/Apt. Number

City County State Zip Code

Roommate? Yes No

Roommate's Name Phone

Current Street Address

City County State Zip Code

3. From: _____ To: _____ Own Rent

Street Address Lot/Apt. Number

City County State Zip Code

Landlord Name Phone

Street Address Lot/Apt. Number

City County State Zip Code

Roommate? Yes No

Roommate's Name Phone

Current Street Address

City County State Zip Code

4. From: _____ To: _____ Own Rent

Street Address Lot/Apt. Number

City County State Zip Code

Landlord Name Phone

Street Address Lot/Apt. Number

City County State Zip Code

Roommate? Yes No

Roommate's Name Phone

Current Street Address

City County State Zip Code

5. From: _____ To: _____ Own Rent

Street Address Lot/Apt. Number

City County State Zip Code

Landlord Name Phone

Street Address Lot/Apt. Number

City County State Zip Code

Roommate? Yes No

Roommate's Name Phone

Current Street Address

City County State Zip Code

Other Law Enforcement Agency Applications

Have you ever applied for a job with a federal, state or local law enforcement agency?

Yes

No

- If yes, list every agency you have applied with starting with the most recent. Provide complete addresses.
- All agencies must be listed regardless of the outcome or current status.

1.

Agency Name Date of Application

Complete Agency Address Position Applied For

Background Investigator's Name Phone Number

Your Application Status

2.

Agency Name Date of Application

Complete Agency Address Position Applied For

Background Investigator's Name Phone Number

Your Application Status

3.

Agency Name	Date of Application
Complete Agency Address	Position Applied For
Background Investigator's Name	Phone Number
Your Application Status	

4.

Agency Name	Date of Application
Complete Agency Address	Position Applied For
Background Investigator's Name	Phone Number
Your Application Status	

5.

Agency Name	Date of Application
Complete Agency Address	Position Applied For
Background Investigator's Name	Phone Number
Your Application Status	

Criminal History

For the purposes of criminal justice employment, an arrest or conviction, sealed or expunged in any jurisdiction, may not be denied under Florida law. You must provide court documents and law enforcement reports when responding "YES" to any question that involves the police, the courts, or the prosecutor's office. If documents are not available, provide an explanation the situation and why not available on an add-in sheet. Dates Must be added to the explanations.

1. In your lifetime, have you ever been arrested, received a notice to appear, been charged, convicted, pled nolo contendere or guilty to any criminal violation, regardless of whether the record was sealed or expunged?

Yes No

2. In your lifetime, have you ever had a criminal prosecution plea bargain, nolo prosequi, prosecution deferred or charges dropped?

Yes No

3. In your lifetime, have you ever served community service, pretrial diversion or probation in lieu of a criminal conviction?

Yes No

4. Do you have any criminal wants, warrants or court processes of any other type pending?

Yes No

5. In your lifetime, has a law enforcement agency ever been called to any activity in which you were present, involved or a participant?

Yes No

6. In your lifetime, have you ever been involved in or present during any incident that involved the use of any item as a weapon including but not limited to a firearm, knife, bat, rock or bottle?

Yes No

7. Are you currently living with or associated with any individual who has a history of criminal behavior and/or arrests?

Yes No

If YES, provide the following information:

7a. _____
Name Relationship

Criminal Activity Dates City/State of Occurrence

7b. _____
Name Relationship

Criminal Activity Dates City/State of Occurrence

8. In your lifetime, have you ever been the subject of a field interview by a police officer? A field interview occurs when you are stopped for some reason and are interrogated to determine why and what you are doing.

Yes No

9. In your lifetime, have you ever been interviewed or interrogated by a law enforcement officer as a suspect in an investigation of any type?

Yes No

10. In your lifetime, have you ever been arrested for, charged with or convicted of Battery or Domestic Violence?

Yes No

11. In your lifetime, have you ever physically abused another person?

Yes No

12. In your lifetime, have you ever taken a polygraph examination or a computer voice stress analysis?

Yes No

13. In your life time, have you ever committed perjury or made a false statement or affirmation of any type?

Yes No

14. In your lifetime, have you ever sexually abused a child or any other person?

Yes No

15. In your lifetime, have you ever stolen anything?

Yes No

16. Is there anything in your background that would embarrass an employing agency?

Yes No

17. In your lifetime, have you ever committed any serious undetected crimes?

Yes No

18. Are you withholding any information about your involvement in any crimes, EVEN if you were never caught?

Yes No

Criminal History Explanation

Substance Use

1. Have you possessed and/or used any illegal or controlled substances within the past three years?
Yes No

2. Have you possessed and/or used marijuana within the past year?
Yes No

2a. If YES, how many times have you possessed/used marijuana within the past year?

3. Have you knowingly possessed and/or used any illegal or controlled substances other than marijuana within the past three years?
Yes No

4. In your lifetime, have you ever sold or delivered what you knew or believed to be any illegal or controlled substances?
Yes No

5. Have you possessed and/or used any steroids or performance-enhancing drugs other than by prescription from a licensed physician within the past three years?
Yes No

6. Have you used a prescription medication which was not prescribed to you within the past three years?
Yes No

If YES, Medications Taken: _____ Last Time Used: _____

7. On average, how many alcoholic beverages do you consume in a week? _____

Substance Use Explanation

In the space provided, please explain all substance use in your lifetime. List all dates, times and drug types used. Make sure to document how many times of each substance used, if any. Also list any other drug activity that would be pertinent to this background investigation.

Civil History

- | | | |
|--|-----|----|
| 1. Do you have any type of civil process or litigation pending at this time? | Yes | No |
| 2. In your lifetime, have you ever been involved in a civil litigation or court process of any type, either as a plaintiff, respondent or witness? | Yes | No |
| 3. In your lifetime, have you ever owned a business? | Yes | No |
| 4. In your lifetime, have you ever had your wages garnished? | Yes | No |
| 5. Are your income and/or Employment Taxes current with all state authorities and the Internal Revenue Service? | Yes | No |

Civil History Explanation

Driving History

1. Within the past seven years, have you been refused a driver's license in any state?
Yes No
2. Within the past seven years, has your license been suspended or revoked in any state?
Yes No
3. Have you ever received a traffic citation?
Yes No
4. Do you have any outstanding parking or other traffic citations?
Yes No
5. In your lifetime, has your vehicle insurance ever been withdrawn, suspended or revoked or have you been refused vehicle insurance for any reason?
Yes No
6. In your lifetime, have you ever failed to pay a traffic citation?
Yes No
7. In your lifetime, have you ever operated a motor vehicle or a boat while under the influence of alcohol or controlled/illegal substances?
Yes No
8. Have you been arrested and convicted for DUI within the last three years?
Yes No
9. In your lifetime, have you ever been arrested and convicted for DUI?
Yes No

Citation History

Date	Location (City, County, State)	Violation	Disposition

Accident History

If you have ever been involved in a traffic accident, list all the dates of the incident and the location (city, county, state). Indicate whether or not there were any injuries or death(s) and whether you were determined to be at fault or not at fault. The determination of fault is not your opinion but that of the law enforcement agency investigating the accident. If found at fault, provide an explanation in the Driving Explanation.

[illegible]

Driving/Accident History Explanation

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Educational History

- | | | |
|--|-----|----|
| 1. Were you ever suspended from school? | Yes | No |
| 2. Do you read, write and/or understand any foreign languages? | Yes | No |
| 2a. If yes, list languages: _____ | | |
| 3. Can you operate a computer? | Yes | No |
| 4. Are you currently enrolled in school? | Yes | No |

Check the highest level of education completed:

High School: Diploma GED

College: Some College Associates Degree Bachelor's Degree
 Master's Degree Doctorate Degree

Educational Institutions Attended

- List all educational institutions that you have attended.
 - Begin with the most recent and work backwards to include high school.

Dates Attended	Certificate, Credit Hours, or Degree	School Name	School Address	GPA

- Beginning with your most recent or current employment, list all jobs you have had for the last ten (10) years. Provide details for any unemployed time periods.
- List ALL work whether military, paid or volunteer.
- Explain the reasons for any separation from employment, including any firing, termination, retirement, voluntary or involuntary separation, extended leave or leave of absence from any paid or non-paid position.
- Note: For Criminal Justice employers (Law Enforcement, Corrections or Probation) you must provide the name of the Agency Head and your Immediate Supervisor.
- If you have ever been disciplined, counseled or the subject of a complaint while employed, provide an explanation in the Employment Explanation Section.

1. From: _____ To: _____ Part Time Full Time

Employer Job Title Phone

Street Address City/County/State Zip Code

Duties Supervisor Name

Reason for Leaving

Were you ever disciplined, counseled, or the subject of a complaint, officially or unofficially while employed? Yes No

2. From: _____ To: _____ Part Time Full Time

Employer Job Title Phone

Street Address City/County/State Zip Code

Duties Supervisor Name

Reason for Leaving

Were you ever disciplined, counseled, or the subject of a complaint, officially or unofficially while employed? Yes No

3. From: _____ To: _____ Part Time Full Time

Employer Job Title Phone

Street Address City/County/State Zip Code

Duties Supervisor Name

Reason for Leaving

Were you ever disciplined, counseled, or the subject of a complaint, officially or unofficially while employed? Yes No

4. From: _____ To: _____ Part Time Full Time

Employer Job Title Phone

Street Address City/County/State Zip Code

Duties Supervisor Name

Reason for Leaving

Were you ever disciplined, counseled, or the subject of a complaint, officially or unofficially while employed? Yes No

5. From: _____ To: _____ Part Time Full Time

Employer Job Title Phone

Street Address City/County/State Zip Code

Duties Supervisor Name

Reason for Leaving

Were you ever disciplined, counseled, or the subject of a complaint, officially or unofficially while employed? Yes No

Licensing History

1. Have you ever been issued a state license or permit to conduct business of any kind?

Yes No

2. Have you ever been denied a business license or permit?

Yes No

Business License Explanation

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Military Service History

- In the section the term “Armed Forces” refers to ANY military organization of ANY nation including but not limited to: Air Force, Army, Navy, Marines, Coast Guard, Reserves or National Guard, etc.
- If you answer “NO” to question #1, skip to #7 or the next applicable section.

- | | | |
|--|-----|----|
| 1. Have you ever served in the Armed Forces of any nation? | Yes | No |
| 1a. If so, for whom, where and in what branch of the Armed Forces did you serve? | | |
| <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> | | |
| 2. Are you on active duty or stand-by at this time? | Yes | No |
| 3. Were you ever tried, punished, reprimanded, the subject of a Non-Judicial Punishment, Article 15, Code of Military Justice, Captain’s Mast, Court Martial, counseled, fined or reduced in rank for an infraction of any rule, regulation, order procedure or violation of law, no matter what type or style or jurisdiction, while in the Armed Forces? | Yes | No |
| 4. If you have served in the Armed Forces, have you ever received a discharge for other than an <i>Honorable Discharge</i> ? | Yes | No |
| 5. Has your separation or discharge ever been amended or changed? | Yes | No |
| 6. Have you ever served in the Armed Forces of another country? | Yes | No |
| 7. Are you registered with the Selective Service System? | Yes | No |
| 7a. If so, the date and location of your registration: _____ | | |
| 7b. Selective Service Number: _____ | | |

Military Explanation

Personal References

- Candidates are required to provide three (3) personal references.
- List individuals you have known for at least three (3) years.
- Do not list relatives, neighbors or former employers.

1.		
	Name	Years Known
	Home Address	Home/Cell Phone
	Occupation	Work Address
		Work Phone
2.		
	Name	Years Known
	Home Address	Home/Cell Phone
	Occupation	Work Address
		Work Phone
3.		
	Name	Years Known
	Home Address	Home/Cell Phone
	Occupation	Work Address
		Work Phone

Add-In Sheet

(Copy and use Add-In Sheet if more space is necessary)

This image shows a full page of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Background Affirmation

**State of Florida
City of Valparaiso**

I, _____, do hereby swear or affirm that all the information I have provided in this Applicant Background Questionnaire is true, correct and complete.

Furthermore, I swear or affirm that it contains no omissions, misrepresentations, inaccuracies, mistruths or errors of any kind.

I understand that to make a False Affirmation is a violation of Florida Statute 837.012 and could subject me to criminal prosecution. I also recognize that any False Affirmation made by me is a violation of the Florida Administrative Code, Rule 11B-27 and could place me in violation of the Moral Character requirement for future certification as a law enforcement officer in the State of Florida.

Furthermore, I understand and agree that any omission, inaccuracy, mistruth, misrepresentation or incomplete information provided by me may result in my immediate suspension from further processing and not being selected for the employment position being sought.

I agree to hold harmless the Chief of Police, the entire staff of the Valparaiso Police Department and the City of Valparaiso from any liability for any torts or claims arising out of the course of my background screening with the Valparaiso Police Department.

Signature of Applicant

Printed Name

The foregoing instrument was acknowledged before
me this _____ day of _____,
by _____
who is personally known to me, or had presented _____ as identification.

Signature of Notary

Military Service

I, _____, do solemnly swear or affirm, I have never served in the armed forces of the United States of America.

Signature

Social Security Number

Date

State of Florida
Okaloosa County

Sworn to and subscribed to before me this _____ day of _____, _____ .

Notary Public

My Commission Expires: _____

Physcial Presence



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: Valparaiso Police Department

ADDRESS: 465 Valparaiso Parkway, Valparaiso, Florida, 32580

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: The Valparaiso Police Department or any agents acting on behalf of the Valparaiso Police Department.

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 Florida COUNTY OF Okaloosa

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 _____