



**POLICE OFFICER
DISQUALIFIERS
AND
SUPPLEMENTAL APPLICATION PACKET**

IMPORTANT

1. You **MUST** attach copies of the following documents when you return your completed application. Please attach copies, as originals will not be returned.
 - A. DRIVER LICENSE
 - B. FLORIDA POLICE CERTIFICATION
 - C. ANY ADDITIONAL CERTIFICATION PAPERS
 - D. DD FORM 214 IF APPLICABLE

2. If offered a position, the following documents will be required prior to start date.
 - A. BIRTH CERTIFICATE
 - B. HIGH SCHOOL DIPLOMA OR G.E.D.
 - C. SOCIAL SECURITY CARD
 - D. CITIZENSHIP PAPERS IF APPLICABLE

POLICE OFFICER DISQUALIFIERS

THESE DISQUALIFIERS INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- Any felony **arrest** (will be handled on a case by case basis).
- Any misdemeanor conviction involving moral character, perjury or false statements
- Any misdemeanor or criminal conviction in the last 7 years
- Three or more incidents resulting in moving violations in the last 5 years
- Any DUI arrest in the last 7 years
- A refusal to submit to a chemical test for DUI in the last 7 years
- Any driver's license suspension in the last 7 years, except due to financial responsibility
- The sale of any controlled substance, ever
- The use of or experimentation with marijuana within the last 5 years
- The use of or experimentation with any other illegal substance in the last 10 years (such as, but not limited to: Cocaine, Heroin, LSD, Hashish, Mescaline, P.C.P., Opium, Peyote, P.C.H., T.H.C., designer drugs or any of their derivatives).
- The use of any narcotic without the benefit of a prescription within the last 10 years. (Such as, but not limited to: Opium, Morphine, Methadone or any of their derivatives)
- Use of tobacco or tobacco products for at least one (1) year immediately preceding application.

Check one of the following and certify by signing below.

- I certify that none of the above disqualifiers apply.
- I certify that one or more of the above disqualifiers apply; therefore, I am requesting a waiver and have attached complete documentation and justification for consideration. NOTE: In most cases, waivers will not be approved.

Applicant Name

Date

POLICE OFFICER SUPPLEMENTAL QUESTIONNAIRE

Name: _____ Date: _____

Maiden Name\Nickname or Aliases: _____ Date of Birth: _____

Social Security Number: _____

The City of Atlantic Beach Police Department requires every person being considered for employment to satisfactorily complete all of the pre and post-employment processes. The following are included in this process: **Pre-employment** consists of Physical Fitness Testing, Written Basic Academic Test, Public Safety Attitude Survey Questionnaire, Polygraph Examination, and In-depth Background Investigation. **Post-offer of employment process** consists of Medical Examination and Drug Screening.

(Circle One)

- Y or N Can you operate a motor vehicle?
- Y or N Have your driving privileges ever been restricted? If yes, state which type of suspension & reason.

- Y or N Have your driving privileges ever been suspended or revoked? If yes, please explain. _____

- Y or N Was your license restored? If yes, when? _____
- Y or N Have you ever been engaged in the use of any illegal drugs? If yes, list all drug activity, including when, what drug used, and number of times on separate sheet.
- Y or N Have you ever been involved in illegal sale of any drug? If yes, please explain on separate sheet.
- Y or N Have you ever abused prescription drugs? If yes, please explain on separate sheet: when, what drug, and number of times.
- Y or N Have you ever been arrested for the commission of a misdemeanor involving moral turpitude? If yes, explain on separate sheet.
- Y or N Have you ever been convicted for the commission of a felony? If yes, give details on separate sheet.
- Y or N Have you ever been arrested or detained by the police? If yes, please explain on separate sheet.
- Y or N Have you ever been arrested, received a notice to appear, charged, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? If yes, please explain on separate sheet.
- Y or N Have you ever been placed on probation? If yes, please explain on separate sheet.
- Y or N Have you ever paid a fine in excess of \$50.00 or done community service in lieu of payment of fine? If yes, give details. _____

Police Officer Supplemental Questionnaire

(Continued)

Y or N Were you ever in the U.S. Military? If yes, What was your service number? _____
What was the highest rank that you held? _____ What was the date and location of
your last discharge from active duty? _____

Y or N Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck
court, captains mast or company punishment, or any other disciplinary action while a member of
the armed forces? If yes, please give details. _____

List any disciplinary actions taken against you in the National Guard or other reserve unit. _____

The Police Officer Position may include duties and responsibilities which often involve high-pressure situations that can create emotional distress. Some duties may be disagreeable or unpleasant to perform. Carefully read each question below and decide whether or not this is the type of work that you are willing to perform. Please circle 'Y' for Yes, and 'N' for No.

(Circle One)

Y or N Are you willing to talk to people who are emotionally upset; for example, persons who are
angry, frightened, depressed or excited?

Y or N Are you willing to tolerate abusive or threatening language from people who, because of their
problems, take out their emotions on you?

Y or N Are you willing to remain emotionally detached in order to respond to situations in a positive, p
professional and helpful manner?

Y or N Are you willing to work weekends and holidays?

Y or N Are you willing to work overtime and rotating shifts?

Y or N Are you willing to have all your telephone calls at work monitored and recorded for evaluation?

Y or N Are you willing to make immediate decisions that may affect someone's life?

What are your feelings about the use of deadly force if it becomes necessary in the performance of official duties?

Police Officer Supplemental Questionnaire
(Continued)

PLACES LIVED

(Including current address, please list all places lived for the past ten years)

Dates: From: _____ To: _____

Address: Street: _____

City: _____ State: _____ Zip Code: _____

Landlord: Name: _____

Phone: () _____

Street: _____

City: _____ State: _____ Zip Code: _____

Dates: From: _____ To: _____

Address: Street: _____

City: _____ State: _____ Zip Code: _____

Landlord: Name: _____

Phone: () _____

Street: _____

City: _____ State: _____ Zip Code: _____

Dates: From: _____ To: _____

Address: Street: _____

City: _____ State: _____ Zip Code: _____

Landlord: Name: _____

Phone: () _____

Street: _____

City: _____ State: _____ Zip Code: _____

(Continue of separate page, if necessary to include ten years)

APPLICANT'S STATEMENT

Note: Applicant will not be hired until the applicant has completed and signed as required below.

I certify that all the answers are true and correct to the best of my knowledge. **I further understand** that, as a condition of employment, I will be required to sign an agreement not to smoke or use tobacco products or carcinogenic substances whether on or off duty.

Applicant's Signature

Date