

**NEPTUNE BEACH POLICE DEPARTMENT
APPLICATION FOR EMPLOYMENT**

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion handicap or national origin.

Return ALL five (5) Pages with appropriate documentation.

PERSONAL INFORMATION

DATE: ___/___/___

Social Security #: ___ - ___ - ___ Driver's License#: _____ State: _____

Name: _____

Last First Middle

Present Address: _____

Street City State Zip

Permanent Address: _____

Street City State Zip

Phone Number(s): _____

Are you 18 years or older? yes no

EMPLOYMENT DESIRED

Position: _____ Date You Can Start: ___/___/___

Salary Desired: _____ Are you employed now? yes no

If yes, may we contact your present employer? yes no

Have you ever applied with this city before? yes no

Where? _____ When? _____

EDUCATION

Grammar School	Name/Location of School	Did you graduate?	Subjects Studied/Degree(s) Received
		<input type="checkbox"/> yes <input type="checkbox"/> no	
High School	Name/Location of School	<input type="checkbox"/> yes <input type="checkbox"/> no	
College	Name/Location of School	<input type="checkbox"/> yes <input type="checkbox"/> no	
Trade/Business/Correspondence		<input type="checkbox"/> yes <input type="checkbox"/> no	

GENERAL

Certificates Held:

Job Related Skills:

Typing yes no Words Per Minute: _____

Word Processing yes no Type of Programs (WordPerfect, Word, etc.) _____

Other Skills:

Activities **Other Than Religious** (Civic, Athletic,

etc.) _____

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.

FORMER EMPLOYERS List below your last four (4) employers, starting with the last one first.

Date Month & Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Have you ever been arrested? Yes No

If yes, please provide dates, charges, agency, and disposition below.

Date	Charges	Agency	Disposition

Have you ever been cited for a traffic violation? Yes No

If yes, please provide dates, charges, agency, and disposition below.

Date	Charges	Agency	Disposition

Has your driver's license ever been suspended or revoked? Yes No

If yes, explain below.

REFERENCES List Below three (3) persons whom you have known at least one (1) year, **NOT INCLUDING FAMILY MEMBERS.**

Name	Address and Phone Number	Association	Years Acquainted

AUTHORIZATION: I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any given time without cause and without any previous notice.

Date: ____/____/____

Signature : _____

In Case of Emergency Notify:

Name	Address	Phone Number

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Interviewed by: _____ Date: ____/____/____

_____ Date: ____/____/____

_____ Date: ____/____/____

REMARKS:

INS FORM 1-9 Completed yes no

Hire Date: ____/____/____ Department: _____

Will Report: ____/____/____ Position: _____

Salary/Wages: _____

Approved:

1. _____
Supervisor

2. _____
Department Head

3. _____
City Manager

**NEPTUNE BEACH POLICE DEPARTMENT
SELECTION PROCESS
APPLICANT PRESCREEN DRUG SURVEY**

Answer each question completely and honestly. Many more people are not accepted because of omission and concealment than because of previous behavior. Any such omission or concealment will be considered deception. While indiscretions or other situations in your life history may or may not be condoned, deception will absolutely not be tolerated. _____ Please **INITIAL** indicating you have read and understand the previous directions.

Have you EVER sold any type of illegal or prescription drug? YES NO

Have you possessed any type of illegal drug in the past seven (7) years? YES NO
If yes, name/type of drug _____

Have you possessed any type of illegal drug in the past five (5) years? YES NO
If yes, name/type of drug _____

Have you possessed any type of illegal drug in the past three (3) years? YES NO
If yes, name/type of drug _____

If you have **EVER** used or experimented with drugs, check the appropriate box for each drug listed. Indicate the number of times used or experimented. Enter the last date of usage. Indicate the numbers of times you have sold each listed drug. Enter the last date of a sale.

Name of Drug	Street Name	Check One	Number of Usage/Exp.	Last Used (Month/Year)	Number of Times Sold	Last Sold (Month/Year)
Cocaine, Crack or derivative	Coke, Flake, Crack, Cook, Snow, Powder	Y <input type="checkbox"/> / N <input type="checkbox"/>				
LSD	ACID, Tabs	Y <input type="checkbox"/> / N <input type="checkbox"/>				
PCP	Tee, Crystal, Angel Dust, Embalming Fluid	Y <input type="checkbox"/> / N <input type="checkbox"/>				
Opium	Tar, Sweet	Y <input type="checkbox"/> / N <input type="checkbox"/>				
Heroin	Smack, Horse, Boy	Y <input type="checkbox"/> / N <input type="checkbox"/>				
Psilocybin	Mushrooms	Y <input type="checkbox"/> / N <input type="checkbox"/>				
Mescaline	Mesc, Barrels, Peyote	Y <input type="checkbox"/> / N <input type="checkbox"/>				
Barbiturates	Barb, Yellow Jackets, Phennies	Y <input type="checkbox"/> / N <input type="checkbox"/>				
Amphetamines	Bennies, Dexies, Speed, Ups, White Crosses	Y <input type="checkbox"/> / N <input type="checkbox"/>				
Glue Sniffing	Airplane, Epoxy, etc.	Y <input type="checkbox"/> / N <input type="checkbox"/>				
Marijuana, Hash	Weed, Pot, Grass, Smoke, Joint, Reefer, Thai Sticks, Sinsemilla	Y <input type="checkbox"/> / N <input type="checkbox"/>				
Methaqualone	Quaalude, Lude, Downer	Y <input type="checkbox"/> / N <input type="checkbox"/>				
MDMA	X, XTC, Ecstasy	Y <input type="checkbox"/> / N <input type="checkbox"/>				
Methamphetamine	Ice, Crystal Meth	Y <input type="checkbox"/> / N <input type="checkbox"/>				
Rohypnol	Roofies	Y <input type="checkbox"/> / N <input type="checkbox"/>				
Non Prescription Steroids		Y <input type="checkbox"/> / N <input type="checkbox"/>				

Print Name _____ Signature _____ Date _____