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):_____ Date of Birth: _____

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

Grammer School	Name/Location of School	Did you graduate?	Subjects Studied/Degree(s) Received
		☐ yes ☐ no	
High School	Name/Location of School	☐ yes ☐ no	
College	Name/Location of School	☐ yes ☐ no	
Trade/Business/Correspondence		☐ yes ☐ 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 dispostion 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._____ 2._____ 3. _____

Supervisor Department Head 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 ☐ / N ☐				
LSD	ACID, Tabs	Y ☐ / N ☐				
PCP	Tee, Crystal, Angel Dust, Embalming Fluid	Y ☐ / N ☐				
Opium	Tar, Sweet	Y ☐ / N ☐				
Heroin	Smack, Horse, Boy	Y ☐ / N ☐				
Psilocybin	Mushrooms	Y ☐ / N ☐				
Mescaline	Mesc, Barrels, Peyote	Y ☐ / N ☐				
Barbiturates	Barb, Yellow Jackets, Phennies	Y ☐ / N ☐				
Amphetamines	Bennies, Dexies, Speed, Ups, White Crosses	Y ☐ / N ☐				
Glue Sniffing	Airplane, Epoxy, etc.	Y ☐ / N ☐				
Marijuana, Hash	Weed, Pot, Grass, Smoke, Joint, Reefer, Thai Sticks, Sinsemilla	Y ☐ / N ☐				
Methaqualone	Quaalude, Lude, Downer	Y ☐ / N ☐				
MDMA	X, XTC, Ecstasy	Y ☐ / N ☐				
Methamphetamine	Ice, Crystal Meth	Y ☐ / N ☐				
Rohypnol	Roofies	Y ☐ / N ☐				
Non Prescription Steroids		Y ☐ / N ☐				

Print Name _____ Signature _____ Date _____

CITY OF NEPTUNE BEACH
POLICE DEPARTMENT
DRUG TESTING CONSENT FORM

I hereby consent to submit a urine sample under the direction of medical or laboratory personnel designated by the City of Neptune Beach for the purpose of conducting a chemical analysis to determine if I have engaged in the use of illegal drugs. This testing will be conducted in an effort to determine my suitability to fill the position for which I have applied. I also agree to testing in compliance with the policies of the City while employed. In keeping with the efforts of the City to Identify the most qualified individuals, I do hereby voluntarily consent to the sampling and subsequent testing of body fluids, including urine and/or blood. I understand that refusal to supply the necessary samples or a positive result will be grounds for rejection of my application and/or termination of my employment. I further understand that the results of the testing may be utilized in conjunction with any other information developed during the pre-employment or probable cause process to determine my eligibility for the position and that written laboratory reports may be subject to disclosure under the Florida Public Records Act.

A urinalysis test will be given to detect the presence of the following drug groups. If you have taken ANY medication and/or drugs of ANY kind in the past thirty (30) days, indicate by checking the appropriate spaces below.

☐ Alcohol	☐ Opiates (e.g. Codeine, Heroine, Morphine, Hydormorphone, Hydrocodone.
☐ Amphetamines (e.g. Ambarbital, Butabarbital, Phenobarbital, Secobarbital)	☐ Phencyclidine (PCP)
☐ Cocaine	☐ THC (Marijuana)
☐ Methaqualone (e,g. Quaalude)	

Please specify any over-the-counter medications (cough medicine, cold medicine, cold tablets, etc.) prescription or other drugs you are currently taking:

The drug screening will consist of a urine sample that is tested for the presence of the specified drug groups, as set forth by the City of Neptune Beach Municipal Ordinance Section 2-206. Subsequent testing will be done as necessary, if/when determined by initial test results.

_____ _____
Applicant Signature Date Witness Signature Date