



**THE CITY OF MOUNT DORA  
MOUNT DORA POLICE DEPARTMENT**

**POLICE OFFICER  
APPLICATION ADDENDUM**

---

APPLICANT: LAST NAME, FIRST NAME

**SUBMIT TO:**

The City of Mount Dora  
Human Resources Department  
510 N. Baker Street  
Mount Dora, FL 32757

Attn: Police Officer Applicant

**SIGNIFICANT JOB REQUIREMENTS**

**As a police officer you will be required to work any hour of the day, any day of the week, and any recognized holiday.**

**You will be required to work in any area of the city.**

**You will be required to maintain proficiency in the use of police equipment.**

**You will be required to work with and for persons of differing race, sex, religious affiliation, age group, and the physically disabled.**

**DISCLAIMER**

Thank you for your interest in the Mount Dora Police Department. The Mount Dora Police Department is an Equal Employment Opportunity Employer and does not discriminate in recruiting, hiring, training, promoting or other employment conditions because of age, race, color, religion, sex, national origin, marital status, veteran status or disability. The information requested in this addendum is necessary to facilitate the required background investigation of the candidate, and shall not be used to discriminate in any way against the candidate.

**PUBLIC RECORDS**

Pursuant to Florida Statutes 119 and 286.001, the Public Records Law and Sunshine Law, all documents made or received by the City of Mount Dora in the course of processing your application are public record and shall be at all times open for inspection by the public.

**Please attach a copy of the following documents to the completed application:**

- Driver's License
- Social Security Card
- Birth Certificate
- Military Service DD 214 Form (if applicable)
- High School Diploma, GED Certificate, and/or College Degree (s) and Transcripts
- All Applicable Law Enforcement Certificates and Transcripts

**COLLECTION OF SOCIAL SECURITY NUMBERS**

The City of Mount Dora collects your Social Security Number for the following purposes: Classification of accounts; identification and verification; credit worthiness, billing & payments; data collection, reconciliation, tracking benefits processing, tax reporting, and background checks. Social Security Numbers are also used as a unique numeric identifier and may be used for search purposes.

## INSTRUCTIONS

**IT IS IMPORTANT THAT YOU ANSWER ALL QUESTIONS ON THIS APPLICATION FULLY AND ACCURATELY. FAILURE TO DO SO MAY RESULT IN LOSS OF EMPLOYMENT OPPORTUNITIES.**

Read the following instructions carefully before starting your application.

Key Points:

- If an item does not apply to you, or if there is no information to be given, write in the letters “N/A” for “not applicable” in large letters in one of the information spaces. [Non-military service applicants can skip Section “X” after answering “No” for military service]
- Whenever an address is requested, you must provide the complete address, including the correct zip code. Zip code directories are available at your local post office.
- Use the fonts and format provided when using the pdf. fillable form (do not alter the form).
- Use blue or black ink when handwriting and use the same throughout the form.
- When marking yes or no answers, please mark the appropriate blank. Example: .
- Should you require additional space to complete your application, use plain paper or copy additional application pages.
- DO NOT list past law enforcement related jobs in the “Additional Employment History” section. There is a section, Section III, dedicated for this information.
- Please read the background investigation release form, CJSTC Form 58, carefully before you sign it. This page must be completed and signed in the presence of a notary public. Notary publics are available at both the Human Resources office and the police department if necessary.

### NOTE

**Only the applicant can complete and sign this application. Falsification or omission of information will result in the rejection of your application, or dismissal if you are employed by the City of Mount Dora. One of the components of the hiring process is a polygraph examination. If you are found to have falsified or omitted any information at any time in the selection process, you will be disqualified, even if the accurate information would not have disqualified you. If hired and it is later found that you falsified information you will be subject to termination.**

\_\_\_\_\_  
(PRINT FULL NAME)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
APPLICATION DATE

Position sought:       FULL TIME OFFICER       RESERVE OFFICER

**LAW ENFORCEMENT OFFICER CERTIFICATION**

The Mount Dora Police Department does not currently sponsor candidates for any local law enforcement academy. All applicants must be either already certified in the State of Florida or actively in the process of becoming certified at the completion of this application.

Are you certified to be a law enforcement officer in the State of Florida?

YES, \_\_\_\_\_ , \_\_\_\_\_       No  
DATE OF CERTIFICATION      ACADEMY NAME

If not certified at the date of this application, are you currently enrolled in a law enforcement academy, or an academy graduate awaiting to take the state exam?

YES, \_\_\_\_\_      \_\_\_\_\_  
ACADEMY NAME      GRADUATION DATE

Are you currently certified as a law enforcement officer in another state?

YES, \_\_\_\_\_       No  
STATE

I. APPLICANT INFORMATION

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_  
(FOR THE PURPOSE OF BACKGROUND INVESTIGATIONS.)

RESIDENCE: \_\_\_\_\_  
STREET CITY STATE ZIP

TELEPHONE: ( \_\_\_\_\_ ) \_\_\_\_\_  HOME  CELL

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SOCIAL MEDIA ACCOUNT/S: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

U.S. CITIZEN?  YES  NO DATE OF CITIZENSHIP: \_\_\_\_\_

LANGUAGES:  ENGLISH ONLY  SPANISH  READ  WRITE  SPEAK  CREOLE  READ  WRITE  SPEAK

OTHER \_\_\_\_\_

**CURRENT EMPLOYMENT**

ARE YOU CURRENTLY EMPLOYED?

YES, COMPLETE BELOW

NO, LENGTH OF CURRENT UNEMPLOYMENT \_\_\_\_\_

**CURRENT EMPLOYER:**

COMPANY: \_\_\_\_\_ DATES: \_\_\_\_\_ - \_\_\_\_\_  
MM/YYYY MM/YYYY

CURRENT POSITION/TITLE: \_\_\_\_\_  FULL TIME  PART TIME

MAY WE CONTACT YOUR CURRENT EMPLOYER?  YES  NO

SUPERVISOR NAME/TITLE: \_\_\_\_\_ PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

Have you ever been involuntarily terminated (fired) from employment or resigned in lieu of termination or resigned pending an investigation?

NO  YES, EXPLAIN IN SECTION IV (**TERMINATION SUPPLEMENT**)

Does the City of Mount Dora employ any relative (by blood or marriage) or cohabitant of yours?

NO  YES, GIVE NAME(S), RELATIONSHIP AND DEPARTMENT WHERE THEY WORK

\_\_\_\_\_  
NAME RELATIONSHIP DEPARTMENT

\_\_\_\_\_  
NAME RELATIONSHIP DEPARTMENT

\_\_\_\_\_  
NAME RELATIONSHIP DEPARTMENT

**II. ADDITIONAL EMPLOYMENT HISTORY (non law enforcement)**

Your Employment History must include all full and part time jobs and any period of unemployment. **LIST ALL JOBS SINCE HIGH SCHOOL**, most recent to last. Law enforcement jobs must be completed in Sec. III

COMPANY: \_\_\_\_\_ DATES: \_\_\_\_\_ FROM \_\_\_\_\_ To \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_  FULL TIME  PART TIME

DESCRIPTION OF DUTIES AND RESPONSIBILITIES:

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING:

\_\_\_\_\_

DISCIPLINARY ACTION RECEIVED:

\_\_\_\_\_

SUPERVISOR NAME/TITLE: \_\_\_\_\_ PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

COMPANY: \_\_\_\_\_ DATES: \_\_\_\_\_ FROM \_\_\_\_\_ To \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_  FULL TIME  PART TIME

DESCRIPTION OF DUTIES AND RESPONSIBILITIES:

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING:

\_\_\_\_\_

DISCIPLINARY ACTION RECEIVED:

\_\_\_\_\_

SUPERVISOR NAME/TITLE: \_\_\_\_\_ PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

II. ADDITIONAL EMPLOYMENT HISTORY (cont.)

N/A

COMPANY: \_\_\_\_\_

DATES: \_\_\_\_\_

FROM

To

POSITION/TITLE: \_\_\_\_\_

FULL TIME

PART TIME

DESCRIPTION OF DUTIES AND RESPONSIBILITIES:

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING:

\_\_\_\_\_

DISCIPLINARY ACTION RECEIVED:

\_\_\_\_\_

SUPERVISOR NAME/TITLE: \_\_\_\_\_ PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STREET

CITY

STATE

ZIP

COMPANY: \_\_\_\_\_

DATES: \_\_\_\_\_

FROM

To

POSITION/TITLE: \_\_\_\_\_

FULL TIME

PART TIME

DESCRIPTION OF DUTIES AND RESPONSIBILITIES:

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING:

\_\_\_\_\_

DISCIPLINARY ACTION RECEIVED:

\_\_\_\_\_

SUPERVISOR NAME/TITLE: \_\_\_\_\_ PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STREET

CITY

STATE

ZIP



II. ADDITIONAL EMPLOYMENT HISTORY (cont.)

N/A

COMPANY: \_\_\_\_\_

DATES: \_\_\_\_\_ FROM \_\_\_\_\_ To \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

FULL TIME  PART TIME

DESCRIPTION OF DUTIES AND RESPONSIBILITIES:

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING:

\_\_\_\_\_

DISCIPLINARY ACTION RECEIVED:

\_\_\_\_\_

SUPERVISOR NAME/TITLE: \_\_\_\_\_ PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

COMPANY: \_\_\_\_\_

DATES: \_\_\_\_\_ FROM \_\_\_\_\_ To \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

FULL TIME  PART TIME

DESCRIPTION OF DUTIES AND RESPONSIBILITIES:

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING:

\_\_\_\_\_

DISCIPLINARY ACTION RECEIVED:

\_\_\_\_\_

SUPERVISOR NAME/TITLE: \_\_\_\_\_ PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

III. LAW ENFORCEMENT EXPERIENCE

N/A

Please list all previous law enforcement jobs you have held most recent to last, one agency per page. Terminations require a one sentence summary for cause in this section and detailed information in Section IV TERMINATION SUPPLEMENT.

AGENCY: \_\_\_\_\_ DATES: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

HIGHEST RANK ACHIEVED: \_\_\_\_\_  FULL TIME  PART TIME

CAREER PATH (CHECK ALL THAT APPLY AND HOW MANY YEARS SPENT IN EACH AREA):

- UNIFORMED PATROL \_\_\_\_\_
- COMMUNITY REL. \_\_\_\_\_
- TAC UNIT \_\_\_\_\_
- TASK FORCE \_\_\_\_\_
- \_\_\_\_\_
- COMMAND STAFF \_\_\_\_\_
- CYBER CRIME \_\_\_\_\_
- DETECTIVE \_\_\_\_\_
- ADMINISTRATIVE \_\_\_\_\_
- \_\_\_\_\_
- SCHOOL RESOURCE \_\_\_\_\_
- UNDERCOVER \_\_\_\_\_
- JAIL \_\_\_\_\_
- PIO \_\_\_\_\_
- \_\_\_\_\_
- SWAT \_\_\_\_\_
- MOTORS \_\_\_\_\_
- K-9 \_\_\_\_\_
- GANG \_\_\_\_\_
- \_\_\_\_\_

CERTIFICATIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CAREER HIGHLIGHTS:

\_\_\_\_\_  
\_\_\_\_\_

AWARDS/ACKNOWLEDGEMENTS:

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING:  RESIGNED  RETIRED  TERMINATION [USE SEC. IV]

\_\_\_\_\_

DISCIPLINARY ACTION RECEIVED:

\_\_\_\_\_

SUPERVISOR NAME/TITLE: \_\_\_\_\_ PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

III. LAW ENFORCEMENT EXPERIENCE (cont.)

N/A

AGENCY: \_\_\_\_\_ DATES: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

HIGHEST RANK ACHIEVED: \_\_\_\_\_  FULL TIME  PART TIME

CAREER PATH (CHECK ALL THAT APPLY AND HOW MANY YEARS SPENT IN EACH AREA):

- UNIFORMED PATROL \_\_\_\_\_  COMMAND STAFF \_\_\_\_\_  SCHOOL RESOURCE \_\_\_\_\_  SWAT \_\_\_\_\_
- COMMUNITY REL. \_\_\_\_\_  CYBER CRIME \_\_\_\_\_  UNDERCOVER \_\_\_\_\_  MOTORS \_\_\_\_\_
- TAC UNIT \_\_\_\_\_  DETECTIVE \_\_\_\_\_  JAIL \_\_\_\_\_  K-9 \_\_\_\_\_
- TASK FORCE \_\_\_\_\_  ADMINISTRATIVE \_\_\_\_\_  PIO \_\_\_\_\_  GANG \_\_\_\_\_
- \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

CERTIFICATIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CAREER HIGHLIGHTS:

\_\_\_\_\_  
\_\_\_\_\_

AWARDS/ACKNOWLEDGEMENTS:

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING:  RESIGNED  RETIRED  TERMINATION [USE SEC. IV]

\_\_\_\_\_

DISCIPLINARY ACTION RECEIVED:

\_\_\_\_\_

SUPERVISOR NAME/TITLE: \_\_\_\_\_ PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

III. LAW ENFORCEMENT EXPERIENCE (cont.)

N/A

AGENCY: \_\_\_\_\_ DATES: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

HIGHEST RANK ACHIEVED: \_\_\_\_\_  FULL TIME  PART TIME

CAREER PATH (CHECK ALL THAT APPLY AND HOW MANY YEARS SPENT IN EACH AREA):

- UNIFORMED PATROL \_\_\_\_\_
- COMMUNITY REL. \_\_\_\_\_
- TAC UNIT \_\_\_\_\_
- TASK FORCE \_\_\_\_\_
- \_\_\_\_\_
- COMMAND STAFF \_\_\_\_\_
- CYBER CRIME \_\_\_\_\_
- DETECTIVE \_\_\_\_\_
- ADMINISTRATIVE \_\_\_\_\_
- \_\_\_\_\_
- SCHOOL RESOURCE \_\_\_\_\_
- UNDERCOVER \_\_\_\_\_
- JAIL \_\_\_\_\_
- PIO \_\_\_\_\_
- \_\_\_\_\_
- SWAT \_\_\_\_\_
- MOTORS \_\_\_\_\_
- K-9 \_\_\_\_\_
- GANG \_\_\_\_\_
- \_\_\_\_\_

CERTIFICATIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CAREER HIGHLIGHTS:

\_\_\_\_\_  
\_\_\_\_\_

AWARDS/ACKNOWLEDGEMENTS:

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING:  RESIGNED  RETIRED  TERMINATION [USE SEC. IV]

\_\_\_\_\_

DISCIPLINARY ACTION RECEIVED:

\_\_\_\_\_

SUPERVISOR NAME/TITLE: \_\_\_\_\_ PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

III. LAW ENFORCEMENT EXPERIENCE (cont.)

N/A

4+

AGENCY: \_\_\_\_\_ DATES: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

HIGHEST RANK ACHIEVED: \_\_\_\_\_  FULL TIME  PART TIME

CAREER PATH (CHECK ALL THAT APPLY AND HOW MANY YEARS SPENT IN EACH AREA):

- UNIFORMED PATROL \_\_\_\_\_  COMMAND STAFF \_\_\_\_\_  SCHOOL RESOURCE \_\_\_\_\_  SWAT \_\_\_\_\_
- COMMUNITY REL. \_\_\_\_\_  CYBER CRIME \_\_\_\_\_  UNDERCOVER \_\_\_\_\_  MOTORS \_\_\_\_\_
- TAC UNIT \_\_\_\_\_  DETECTIVE \_\_\_\_\_  JAIL \_\_\_\_\_  K-9 \_\_\_\_\_
- TASK FORCE \_\_\_\_\_  ADMINISTRATIVE \_\_\_\_\_  PIO \_\_\_\_\_  GANG \_\_\_\_\_
- \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

CERTIFICATIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CAREER HIGHLIGHTS:

\_\_\_\_\_  
\_\_\_\_\_

AWARDS/ACKNOWLEDGEMENTS:

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING:  RESIGNED  RETIRED  TERMINATION [USE SEC. IV]

\_\_\_\_\_

DISCIPLINARY ACTION RECEIVED:

\_\_\_\_\_

SUPERVISOR NAME/TITLE: \_\_\_\_\_ PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

NOTE: If you require additional pages for law enforcement experience, check the box "4+" and a recruiter may provide you with additional pages after your application has been reviewed.





**VI. CIVIL ACTIONS**

Have you ever been disciplined or accused of discrimination or harassment or had a civil lawsuit filed against you?

No       YES, EXPLAIN IN DETAIL BELOW:

---

---

---

---

Has any legal judgement (i.e., divorce, child support, alimony) ever been issued against you?

No       YES, EXPLAIN IN DETAIL BELOW:

---

---

---

---

Have you ever been refused a surety bond (i.e., contractor, security guard or entrepreneurship) or refused employment that required bonding?

No       YES, EXPLAIN IN DETAIL BELOW:

---

---

Have you ever been known by any other last name?

No       YES, LIST ALL NAMES USED, LOCATIONS, AND CIRCUMSTANCES (I.E., DIVORCE, ADOPTION, LEGAL NAME CHANGE, ETC.):

NAME	DATES: FROM-TO	CITY, STATE	CIRCUMSTANCE

NAME	DATES: FROM-TO	CITY, STATE	CIRCUMSTANCE



**VII. DRUG HISTORY**

Have you ever sold any type of illegal drug?  No  YES, EXPLAIN IN DETAIL BELOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever sold any prescription drug?  No  YES, EXPLAIN IN DETAIL BELOW:

\_\_\_\_\_  
\_\_\_\_\_

List all illegal drug use, to include the use of prescription drugs without a valid prescription?  N/A

NAME / TYPE	LAST USE (MONTH/YR.)	DESCRIBE FREQUENCY

**ALCOHOL**

How many times, in the last year, have you been intoxicated to the point that you felt you should not operate a motor vehicle? \_\_\_\_\_

How many times, in the last year, have you missed work/school due to intoxication? \_\_\_\_\_

How many times, in the last year, have you consumed alcohol while at work? \_\_\_\_\_

**VIII. DRIVERS LICENSE**

Do you hold a current valid driver's license?  YES  NO

State: \_\_\_\_\_ Number: \_\_\_\_\_

Chauffeurs License Number (if applicable): \_\_\_\_\_

List any other driver's licenses which you have possessed in the past:

State: \_\_\_\_\_ Number: \_\_\_\_\_

State: \_\_\_\_\_ Number: \_\_\_\_\_

Have you ever had a driver's license, and/or commercial license or certificate, revoked or suspended by the issuing authority?

NO  YES, DATE(S) OF SUSPENSION: \_\_\_\_\_

Please explain below in detail:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List all traffic summons/citations/tickets received in the past five years, including those from other states. Do not list parking tickets. **IF NONE, CHECK HERE:**  N/A

DATE	LOCATION OCCURRED	VIOLATION TYPE	PENALTY/DISPOSITION

List **only** all automobile accidents in which **you were the driver** (whether at fault or not):

DATE	LOCATION OCCURRED	VIOLATION TYPE	PENALTY/DISPOSITION

**IX. EDUCATIONAL BACKGROUND**

High School Name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET / P.O. BOX CITY STATE ZIP

Dates Attended: \_\_\_\_\_ - \_\_\_\_\_ G.P.A.: \_\_\_\_\_  
MM/YYYY MM/YYYY

Diploma:  YES  NO GED:  YES  NO

College/University Name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET / P.O. BOX CITY STATE ZIP

Dates Attended: \_\_\_\_\_ - \_\_\_\_\_ G.P.A.: \_\_\_\_\_  
MM/YYYY MM/YYYY

Degree:  YES  NO Type of Degree: \_\_\_\_\_

Number of Credit Hours: \_\_\_\_\_ Major Field of Study: \_\_\_\_\_

College/University Name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET / P.O. BOX CITY STATE ZIP

Dates Attended: \_\_\_\_\_ - \_\_\_\_\_ G.P.A.: \_\_\_\_\_  
MM/YYYY MM/YYYY

Degree:  YES  NO Type of Degree: \_\_\_\_\_

Number of Credit Hours: \_\_\_\_\_ Major Field of Study: \_\_\_\_\_

Trade/Technical School Name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET / P.O. BOX CITY STATE ZIP

Dates Attended: \_\_\_\_\_ - \_\_\_\_\_ Certificate: \_\_\_\_\_  
MM/YYYY MM/YYYY

**X. MILITARY SERVICE**

Have you ever served or trained in the U. S. Armed Forces?  YES  **NO, DO NOT COMPLETE THIS PAGE**

Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Pay Grade: \_\_\_\_\_

<b>Check type of discharge:</b>		
<input type="checkbox"/> <b>Honorable</b>	<input type="checkbox"/> <b>General under Honorable</b>	<input type="checkbox"/> <b>Dishonorable</b>

Dates of active military service:

Entry Date: \_\_\_\_\_ Separation Date: \_\_\_\_\_

**RESERVE, NATIONAL, OR STATE GUARD:**

Are you presently a member of the U. S. Military Reserve, National, or State Guard Organization?

NO  YES, please complete the following:  ACTIVE  INACTIVE

\_\_\_\_\_ - \_\_\_\_\_ Rank: \_\_\_\_\_  
ENTRY DATE SEP. DATE

Pay Grade: \_\_\_\_\_ Branch of Service / Component: \_\_\_\_\_

Organization and Station or Unit: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Have you ever been a defendant in a military court martial (excluding proceedings leading to non- judicial punishment), or received any other disciplinary action?

NO  YES, EXPLAIN BELOW

\_\_\_\_\_  
\_\_\_\_\_

Have you ever held a military security clearance?  YES  NO

If yes, level of clearance \_\_\_\_\_

Have you ever been denied or had a security clearance revoked?  YES  NO

**XI. PERSONAL REFERENCES**

Please furnish six personal references. **DO NOT LIST RELATIVES OR PREVIOUS EMPLOYERS.** At least three of the references must have known you for at least two years. Give complete address and zip code.

1. \_\_\_\_\_ (     ) \_\_\_\_\_  
NAME PHONE NUMBER YEARS KNOWN

\_\_\_\_\_

ADDRESS CITY STATE ZIP

\_\_\_\_\_

OCCUPATION RELATIONSHIP

---

2. \_\_\_\_\_ (     ) \_\_\_\_\_  
NAME PHONE NUMBER YEARS KNOWN

\_\_\_\_\_

ADDRESS CITY STATE ZIP

\_\_\_\_\_

OCCUPATION RELATIONSHIP

---

3. \_\_\_\_\_ (     ) \_\_\_\_\_  
NAME PHONE NUMBER YEARS KNOWN

\_\_\_\_\_

ADDRESS CITY STATE ZIP

\_\_\_\_\_

OCCUPATION RELATIONSHIP

---

4. \_\_\_\_\_ (     ) \_\_\_\_\_  
NAME PHONE NUMBER YEARS KNOWN

\_\_\_\_\_

ADDRESS CITY STATE ZIP

\_\_\_\_\_

OCCUPATION RELATIONSHIP

---

5. \_\_\_\_\_ (     ) \_\_\_\_\_  
NAME PHONE NUMBER YEARS KNOWN

\_\_\_\_\_

ADDRESS CITY STATE ZIP

\_\_\_\_\_

OCCUPATION RELATIONSHIP

---

6. \_\_\_\_\_ (     ) \_\_\_\_\_  
NAME PHONE NUMBER YEARS KNOWN

\_\_\_\_\_

ADDRESS CITY STATE ZIP

\_\_\_\_\_

OCCUPATION RELATIONSHIP

**XII. RESIDENCES**

Starting with your current address, list all residences for the past five years. All information must be accurate for the background investigators to follow-up.

CURRENT RESIDENCE:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  OWN  RENT  
MM/YYYY MM/YYYY

If renting, name lease is under: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Landlord's Name and/or Name of Apt. Complex: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

2. From: \_\_\_\_\_ To: \_\_\_\_\_  OWN  RENT  
MM/YYYY MM/YYYY

If renting, name lease is under: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Landlord's Name and/or Name of Apt. Complex: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

3. From: \_\_\_\_\_ To: \_\_\_\_\_  OWN  RENT  
MM/YYYY MM/YYYY

If renting, name lease is under: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Landlord's Name and/or Name of Apt. Complex: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

**XII. RESIDENCES (cont.)**

4. From: \_\_\_\_\_ To: \_\_\_\_\_  OWN  RENT  
MM/YYYY MM/YYYY

If renting, name lease is under: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Landlord's Name and/or Name of Apt. Complex: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

---

5. From: \_\_\_\_\_ To: \_\_\_\_\_  OWN  RENT  
MM/YYYY MM/YYYY

If renting, name lease is under: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Landlord's Name and/or Name of Apt. Complex: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

---

6. From: \_\_\_\_\_ To: \_\_\_\_\_  OWN  RENT  
MM/YYYY MM/YYYY

If renting, name lease is under: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Landlord's Name and/or Name of Apt. Complex: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

**XIII. PREVIOUS LAW ENFORCEMENT APPLICATIONS**

Have you previously applied for employment to the Mount Dora Police Department?

No  YES, DATE APPLIED \_\_\_\_\_

Have you ever applied to another law enforcement agency?

No  YES, COMPLETE BELOW

1. Agency and/or Department: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Date Submitted: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Status: \_\_\_\_\_  Closed, reason: \_\_\_\_\_

2. Agency and/or Department: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Date Submitted: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Status: \_\_\_\_\_  Closed, reason: \_\_\_\_\_

3. Agency and/or Department: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Date Submitted: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Status: \_\_\_\_\_  Closed, reason: \_\_\_\_\_

4. Agency and/or Department: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Date Submitted: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Status: \_\_\_\_\_  Closed, reason: \_\_\_\_\_

5. Agency and/or Department: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Date Submitted: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Status: \_\_\_\_\_  Closed, reason: \_\_\_\_\_



**XIV. REMARKS**

Please take this opportunity to discuss your goals for working at the Mount Dora Police Department. These could be short or long term goals or why you chose to apply with this agency. Be thoughtful about what you write, you will be asked to elaborate during the interview.

---



---



---



---



---



---



---



---



---



---

**XV. TRAINING, AWARDS, AND SPECIAL SKILLS**

Please list all additional training, schools, seminars, awards, special skills, certifications, etc., that you would like the Selection Committee to consider. Documentation will be required later in the process.

	TYPE	ISSUING AUTHORITY	DATE
1.	<hr/>		
2.	<hr/>		
3.	<hr/>		
4.	<hr/>		
5.	<hr/>		

**XVI. PROFESSIONAL ORGANIZATIONS**

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

ORGANIZATION	POSITION HELD



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 \_\_\_\_\_