

MIAMI SHORES POLICE DEPARTMENT
PERSONAL HISTORY QUESTIONNAIRE

POSITION APPLIED FOR: _____

NAME: _____ DATE: _____ CERTIFIED: Yes ___ No ___

NOTICE:

Please read and follow these instructions exactly. Your ability to complete this document as requested will be evaluated and used as one of the factors for employment decisions. This document, when completed, will be used by the Miami Shores Police Department as an investigative aid.

INSTRUCTIONS:

1. Print clearly, in black ink, and in your own handwriting.
2. Answer every question. If a question does not apply to you, so state with N/A.
3. If the space available is insufficient, use a separate sheet of 8 1/2 X 11 paper.
4. Do not misstate or omit any material fact, since the statements made herein are subject to verification to determine your qualifications for employment.
5. Answer all questions accurately and completely. Do not make exaggerated, false or misleading statements as they may cause your rejection or dismissal.
6. Each and every question has a purpose. Do not fail to answer each question completely even if you feel it is "not important".

"I have read and understand all the above instructions. I also understand that I will be required to take a polygraph (lie detector) examination to determine the authenticity and truthfulness of the information provided in this questionnaire".

Signature of Applicant

ALL CANDIDATES MUST PRODUCE, AS A PREREQUISITE TO PROCESSING THIS APPLICATION, THE BELOW LISTED DOCUMENTS:

MSPD
USE ONLY

- _____ 1. High School diploma or G.E.D. certificate.
- _____ 2. College diploma and Official transcripts.
- _____ 3. Other schools and/or courses. (Certificates and/or diplomas).
- _____ 4. Armed Forces Discharge (DD Form 214).
- _____ 5. Selective Service registration/classification documentation.
- _____ 6. Naturalization documentation.
- _____ 7. Driver License.
- _____ 8. Vehicle registration and proof of insurance.
- _____ 9. Criminal Justice Standards and Training Certificate.
- _____ 10. Birth Certificate
- _____ 11. Social Security Card

MSPD USE ONLY

Reviewed by: 1. _____ 2. _____ 3. _____ 4. _____

From _____ Month/Year _____ To _____ Month/Year _____

Address: _____
City _____ County _____ State _____ Zip _____

Landlord's Name: _____
Landlord's Address: _____
City _____ State _____ Zip _____

From _____ Month/Year _____ To _____ Month/Year _____

Address: _____
City _____ County _____ State _____ Zip _____

Landlord's Name: _____
Landlord's Address: _____
City _____ State _____ Zip _____

From _____ Month/Year _____ To _____ Month/Year _____

Address _____
City _____ County _____ State _____ Zip _____

Landlord's Name: _____
Landlord's Address: _____
City _____ State _____ Zip _____

Use and attach additional sheets, if necessary.

PART TWO Education

1. List all elementary, middle and high schools attended. Include copies of high school and/or GED diplomas.

School Name: _____.
Address: _____ City _____ State _____ Zip _____.
Attendance: From _____ To _____.
Grades/Class completed: _____.
Graduated: Yes _____. No _____.

School Name: _____.
Address: _____ City _____ State _____ Zip _____.
Attendance: From _____ To _____.
Grades/Class completed: _____.
Graduated: Yes _____. No _____.

School Name: _____.
Address: _____ City _____ State _____ Zip _____.
Attendance: From _____ To _____.
Grades/Class completed: _____.
Graduated: Yes _____. No _____.

School Name: _____.
Address: _____ City _____ State _____ Zip _____.
Attendance: From _____ To _____.
Grades/Class completed: _____.
Graduated: Yes _____. No _____.

School Name: _____.
Address: _____ City _____ State _____ Zip _____.
Attendance: From _____ To _____.
Grades/Class completed: _____.
Graduated: Yes _____. No _____.

2. Higher Education: List all colleges/universities attended. Include OFFICIAL transcript from last institution of higher education attended.

Name of Institution: _____
Address: _____ City _____ State _____ Zip _____
Dates Attended: From _____ To _____
Credit Hours: _____
Course of Study: Major _____ . Minor _____
Degree: Yes _____ . No _____.

Name of Institution: _____
Address: _____ City _____ State _____ Zip _____
Dates Attended: From _____ To _____
Credit Hours: _____
Course of Study: Major _____ . Minor _____
Degree: Yes _____ . No _____.

Name of Institution: _____
Address: _____ City _____ State _____ Zip _____
Dates Attended: From _____ To _____
Credit Hours: _____
Course of Study: Major _____ . Minor _____
Degree: Yes _____ . No _____.

Name of Institution: _____
Address: _____ City _____ State _____ Zip _____
Dates Attended: From _____ To _____
Credit Hours: _____
Course of Study: Major _____ . Minor _____
Degree: Yes _____ . No _____.

Name of Institution: _____
Address: _____ City _____ State _____ Zip _____
Dates Attended: From _____ To _____
Credit Hours: _____
Course of Study: Major _____ . Minor _____
Degree: Yes _____ . No _____.

3. Other schools or training (trade, vocational, business or military)

Name of School: _____
 Address: _____ City _____ State _____ Zip _____
 Attendance: From _____ To _____
 Courses: _____
 Certified: Yes _____ No _____

Name of School: _____
 Address: _____ City _____ State _____ Zip _____
 Attendance: From _____ To _____
 Courses: _____
 Certified: Yes _____ No _____

Name of School: _____
 Address: _____ City _____ State _____ Zip _____
 Attendance: From _____ To _____
 Courses: _____
 Certified: Yes _____ No _____

4. Were you ever expelled or suspended from ANY school, or were you ever disciplined by any school official? Yes _____. No _____. If "yes", give particulars below:

PART THREE Foreign Language

1. Indicate which foreign language/s you are versed in and indicate what degree of proficiency by placing an "x" in the proper column. E=Excellent, G=Good, F=Fair.

Language	Reading			Speaking			Understanding			Writing		
	E	G	F	E	G	F	E	G	F	E	G	F
	E	G	F	E	G	F	E	G	F	E	G	F
	E	G	F	E	G	F	E	G	F	E	G	F

PART FOUR
Special Qualifications and Skills

1. Indicate type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and the date the current license expires. (Except vehicle operator's license).

2. Indicate special skills that you possess and machines or equipment you can operate:

3. Approximate number of words per minute:

Typing _____ Shorthand _____

4. Indicate special qualifications not covered in application. For example, your most important publications, (do not submit copies unless requested), your patents or inventions, public speaking experiences, memberships in professional or scientific societies, etc., and honor or fellowships received:

PART FIVE
Employment

1. What is your occupation or calling? _____.

2. Are you now or have you ever been engaged in any business as an owner, partner or corporate member? Yes _____ No _____. If "yes", give details.

3. What is your social security number? _____.

4. Were you ever discharged, terminated, fired or forced to resign because of misconduct or unsatisfactory service (except military)? Yes _____ No _____. If "yes", explain, giving name and address of employer, approximate date, and reason for each incident.

5. Have your employers always treated you fairly? Yes _____ No _____. If not, explain:

6. Do you object to wearing a uniform? Yes _____ No _____

7. Do you object to working nights? Yes _____ No _____

8. Have you had experience with shift work? Yes _____ No _____

9. List all jobs you have held in the last TEN years. Place your present or most recent job FIRST. If you need more space, you may include additional sheets. Include military service in proper time sequence. List all part-time, temporary, seasonal and voluntary jobs. If you were self-employed, provide copies of tax returns. On a separate page, account for all periods of unemployment.

ALL PERIODS OF EMPLOYMENT AND UNEMPLOYMENT FOR THE PAST TEN YEARS MUST BE LISTED!

Employment Dates: From _____ To _____
Name of Employer or Business: _____
Address: _____ City _____ State _____ Zip _____
Phone: () _____
Job Title: _____ Full Time _____ Part Time _____
Beginning Salary: _____ End Salary _____
Supervisor: _____ Co-Worker: _____
Duties: _____
Reason for Leaving: _____

Employment Dates: From _____ To _____
Name of Employer or Business: _____
Address: _____ City _____ State _____ Zip _____
Phone: () _____
Job Title: _____ Full Time _____ Part Time _____
Beginning Salary: _____ End Salary: _____
Supervisor: _____ Co-Worker _____
Duties: _____
Reason for Leaving: _____

Employment Dates: From _____ To _____
Name of Employer or Business: _____
Address: _____ City _____ State _____ Zip _____
Phone: () _____
Job Title: _____ Full Time _____ Part Time _____
Beginning Salary: _____ End Salary: _____
Supervisor: _____ Co-Worker _____
Duties: _____
Reason for Leaving: _____

Employment Dates: From _____ To _____
 Name of Employer or Business: _____
 Address: _____ City _____ State _____ Zip _____
 Phone: () _____
 Job Title: _____ Full Time _____ Part Time _____
 Beginning Salary: _____ End Salary: _____
 Supervisor: _____ Co-Worker _____
 Duties: _____
 Reason for Leaving: _____

Employment Dates: From _____ To _____
 Name of Employer or Business: _____
 Address: _____ City _____ State _____ Zip _____
 Phone: () _____
 Job Title: _____ Full Time _____ Part Time _____
 Beginning Salary: _____ End Salary: _____
 Supervisor: _____ Co-Worker _____
 Duties: _____
 Reason for Leaving: _____
Use additional sheets if necessary

10. If any of the employers listed are relatives, indicate which ones (including relatives via marriage), on a separate page.
11. Do you object to your present employer being contacted? Yes _____ No _____.
12. Have you ever applied for a position with any law enforcement agency? Yes _____ No _____.
 If "yes", indicate on a separate sheet (1) the police department to which you made application, (2) the date you applied, (3) whether you were rejected or accepted, (4) if rejected, the reason for rejection, and (5) if accepted, why you declined employment with the agency.
13. Has any license or permit (excluding driver license or learner's permit) issued by any city, county, state or federal agency ever been denied to you or any corporation or partnership of which you were an officer, director or partner? Yes _____ No _____. If "yes" provide details on a separate sheet.
14. Has any such license or permit ever been revoked, cancelled or suspended?
 Yes _____ No _____.

15. Are you now on any eligibility list? Yes _____ No _____. If "yes" where and for what position? _____

16. If you were ever placed on an eligibility list and were not hired, state why: _____

17. 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, in any jurisdiction worldwide, as an adult or as a juvenile? Yes _____ No _____. If "yes" provide details on a separate sheet. Include: charges, locations, dates, dispositions (including fines).

18. Are there any incidents in your life not mentioned herein which may reflect on your suitability to perform the duties which may be required of you in a law enforcement capacity or which might require further explanation? Yes _____ No _____. If "yes" give details: _____

PART SIX

Character References

Do not include relatives, former employers, or persons living outside the United States or it's Territories. List only character references that would have a definite knowledge of your qualifications and fitness for the position for which you are applying. You must list 8 character references.

1. Name: _____ Years known _____.
Address: _____ City _____ State _____ Zip _____.
Phone: _____.

2. Name: _____ Years known _____.
Address: _____ City _____ State _____ Zip _____.
Phone: _____.

3. Name: _____ Years known _____.
Address: _____ City _____ State _____ Zip _____.
Phone: _____.

4. Name: _____ Years known _____.
Address: _____ City _____ State _____ Zip _____.
Phone: _____.

5. Name _____ Years known _____.
Address: _____ City _____ State _____ Zip _____.
Phone: _____.

6. Name _____ Years known _____.
Address: _____ City _____ State _____ Zip _____.
Phone: _____.

7. Name: _____ Years known _____.
Address: _____ City _____ State _____ Zip _____.
Phone: _____.

8. Name: _____ Years known _____.
Address: _____ City _____ State _____ Zip _____.
Phone: _____.

PART SEVEN
Military Information

1. Have you ever served in a military organization of the United States?

Yes _____ No _____

2. If yes, give period of active military service and other data requested.

From _____ To _____ Branch of Service _____
Serial Number _____ Rank _____
Type of Discharge received _____
Reason for Discharge _____

3. Were you tried, punished, reprimanded or reduced in rank for any infraction of military rules and/or regulations? Yes _____ No _____. If "yes", indicate on a separate sheet, (1) the date/s, (2) the charges against you, (3) type of court martial or other disciplinary proceedings, and (4) the disposition of the charges.

4. Has your discharge or separation ever been corrected or changed? Yes _____ No _____.

If "yes", indicate details below:

Changed from _____ To _____
Authority: _____

4. Are you now or were you ever an active member of any branch of the United States Reserves or State National Guard? Yes _____ No _____. If "yes" indicate whether it was a United States Reserve Force or State National Guard along with other data requested.

Branch of Service _____ From _____ To _____
Unit _____ Present or last rank: _____
Type of Discharge: _____
Mailing address of Unit: _____

5. While serving with the reserves or National Guard, were you ever tried, punished, reprimanded, or reduced in rank for any infraction of military rules and regulations? Yes _____ No _____. If "yes" indicate on a separate sheet (1) the date/s, (2) the charges against you, (3) type of courts martial or other disciplinary proceedings, and (4) the disposition of the charges.

6. Has your discharge or separation ever been corrected or changed? Yes _____ No _____.

Changed from _____ To _____
Authority: _____

7. Have you ever served in a military organization of any foreign government? Yes _____
No _____. If "yes" indicate details below:
Name of Country: _____ . Date of Entry _____ .
Date of Separation: _____ . Branch of Service _____ .
Rank: _____ . Type of Discharge: _____ .
8. What is your Selective Service Registration Number? _____ .
9. Have you ever asked for or received a deferment from the military service? Yes ___ No ____ .

PART EIGHT
Personal Statement

In your own words and handwriting, complete a one hundred word statement as to why you desire to enter into, or continue in, the law enforcement profession:

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the Miami Shores Police Department bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records or educational records including, but not limited to, achievement, attendance, personal history, and disciplinary records: medical records: credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Miami Shores Police Department. Consent is granted for the Miami Shores Police Department to furnish such information, as is described below, to third parties in the course of fulfilling its official responsibilities. 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, or 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. Should there be any questions as to the validity of this release, you may contact me as indicated below.

FULL NAME:

Signature

FULL NAME :

(Printed Name)

DATE:

CURRENT ADDRESS:

TELEPHONE:

() _____

Sworn to and subscribed before me this ____ day of _____, 200_.

Notary Public, State of Florida at Large

My commission expires: _____.



To: *Concerned Person or Authorized
Representative of Any Organization,
Institution or Repository of Records*

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: _____

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. 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 photocopy 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 photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

Florida State Statute 768.095 titled Employer immunity from liability; disclosure of information regarding former employees states: - An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.

Pursuant to Section 943.13 (4), (5) and (7) 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

AFFIDAVIT

STATE OF _____ COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20____. My

Commission expires on _____, 20____.

Personally Known _____ - or - Produced Identification _____ Notary Public