



POLICE OFFICER APPLICATION

*POLICE DEPARTMENT
CITY OF WILDWOOD,
FLORIDA*

*RANDY PARMER,
CHIEF OF POLICE*

Wildwood is one of the fastest growing cities in the southeastern United States and has one of the lowest crime rates in central Florida. It is adjacent to The Villages, which is recognized as one of the largest retirement communities in the world.

Opportunities for your professional advancement in law enforcement is on the horizon. Accept the challenge and be part of the Wildwood Police Department. Apply today.



The secret to change is to focus all your energy, not on fighting the old, but on building the new. - Socrates

Thank you for your interest in the Wildwood Police Department. Your application is important to us and should be to you as well. Take the time to read before completing the entire application. Your attention to detail and accuracy are important in the hiring process. Incomplete applications may disqualify you from employment.

Understand that the Wildwood Police Department operates on integrity, honesty and professionalism. We expect you to apply these traits in your daily activities, if hired. Apply them to your efforts in completing this application.

Thank you and best of luck to you in your pursuit of a career in law enforcement.

The City of Wildwood requires that applicants for police officer:

- be a United States citizen by birth or naturalization;
- be at least 21 years old at time of employment;
- be a graduate of high school or have completed the General Education Development (GED) program;
- be subjected to a thorough background investigation;
- not have any disqualifying misdemeanor or felony arrests or convictions;
- be honorably discharged, if a military veteran;
- successfully complete the FDLE Physical Abilities Test;
- successfully complete the Stanard & Associates National Police Officer Selection Test. (80% or higher);
- successfully complete an Oral Review Board;
- successfully complete an interview with the Chief of Police;
- successfully complete a CVSA or polygraph examination;
- submit to a physical examination;
- submit to a psychological evaluation;
- submit to a 10/12 panel drug screening;
- submit to any additional examination, test or screening necessary for employment.

Required document copies

- Birth Certificate
- High School Diploma, sealed high school transcripts or GED
- Sealed college transcripts for any completed degree programs
- Valid Florida Driver's License
- Social Security Card
- Naturalization Documents if applicable
- Honorable Discharge Certificate
- Military discharge form DD-214 Member 4 Copy
- Name change documents, such as Marriage License, Court Order, etc.
- Law enforcement training academy certificate
- FDLE State Officer Certification Exam (SOCE) results/exam score
- Any advanced and specialized training certificates or documentation
- Any certifications, licenses, or other documents applicable to the position of police officer

Completing the application

- The application must be typed using Microsoft WORD version 2003-2007 or newer.
- All questions must be answered.
- You must be truthful, accurate and complete when answering the questions.
- Any misstatements, falsifications or omissions may be grounds for disqualification or termination, if hired.
- If a question does not apply to you, enter "NA" in the space provided.
- All information you provide will be verified.
- If additional space or copies of any pages are needed - print those pages and attach to the packet or use the supplemental Information section. If you answer yes to any question in criminal activity a full explanation must be entered in the supplemental information section. Include the charge, date of offense, jurisdiction, investigating agency and case number.
- If you answer yes to any question in criminal activity or drug usage a full explanation must be entered in the supplemental information section. Include the circumstances, known dates and place/location.
- This application must be notarized.

The City of Wildwood, the Wildwood Police Department is an equal opportunity employer which does not discriminate on the basis of race, national origin, religion, age, color, sex, disability, veteran status, genetics or any other characteristic protected by local, state or federal laws, rules or regulations.

Personal Statement

In the space provided below, please explain why you chose a law enforcement career, how and why you became interested in the Wildwood Police Department. Share your interests, hobbies and personal accomplishments; describe what unique qualifications, life experiences, and/or skills you would bring to the Wildwood Police Department.

Use only the space provided, do not print additional pages or use separate pieces of paper.

Personal Information *(Personal information is collected for identification purposes only and not used for any other purpose)*

TODAY'S DATE: / /		POSITION APPLIED FOR: POLICE OFFICER; SWORN FULL-TIME	
YOUR FULL LEGAL NAME:		ALIAS OR FORMER NAME(S):	
DATE OF BIRTH: / /		SOCIAL SECURITY NUMBER: <i>(Required for identification and background only)</i> - -	
STREET ADDRESS:	CITY:	STATE:	ZIP:
DRIVER'S LICENSE # :		STATE OF ISSUANCE:	
HOME PHONE: () -	CELL PHONE: () -	PRIMARY E-MAIL ADDRESS:	
MOTHER'S NAME AND ADDRESS:			
FATHER'S NAME AND ADDRESS:			
MARITAL STATUS (check one): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			

Name Changes

List any name changes in order of most recent to the oldest. Include adoption, marriage, and divorce. Documentation must be provided for each name change, e.g. marriage certificate, court order, etc.

PREVIOUS NAME:	DATE OF CHANGE:	REASON:
PREVIOUS NAME:	DATE OF CHANGE:	REASON:

Spouse's Full Name and Address (if different)*:

LAST NAME	FIRST	MIDDLE	(MAIDEN)	
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE

Former Spouse's Name and Address (if applicable)*:

LAST NAME	FIRST	MIDDLE	(MAIDEN)	
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE

Former Spouse's Name and Address (if applicable)* :

LAST NAME	FIRST	MIDDLE	(MAIDEN)	
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE

Education

Select the highest year or level of education you have completed:

8
 9
 10
 11
 12
 13
 14
 15
 16
 17
 Associates
 Bachelors
 Masters
 Ph.D./J.D.

Did you graduate from high school or receive a GED? Yes No

List the school name, location, and year you graduated high school or received the GED certificate:

NAME OF SCHOOL	LOCATION	DATE

If you attended college, list the name(s) of the college or university, the location, and the year(s) that you attended/graduated, your major, and number of credit hours or type of degree you obtained:

COLLEGE/UNIVERSITY	LOCATION	MAJOR	YEARS ATTENDED	DEGREE OR CREDIT HOURS EARNED

List any training or schools that you attended and received certificates of completion. Examples are basic recruit course, advanced police training, EMT, etc.

TYPE OF TRAINING	NAME OF SCHOOL	DATE ATTENDED

List any technical skills you have, whether or not acquired through formal education or training:

Professional Licenses

Do you possess any type of professional license, e.g. CPA, real estate? Yes No

If no, skip the next two questions. If yes, list the type, state where issued, and data of expiration:

TYPE	STATE	EXPIRATION DATE
TYPE	STATE	EXPIRATION DATE

Have you ever had a professional license suspended or revoked? Yes No

If yes, explain:

Have you ever been refused a surety bond or been refused employment that required a surety bond? Yes No

If yes, explain:

Social Network Affiliations

List any internet profiles (i.e. Twitter, eBay, Myspace, Facebook, LinkedIn) that you have and list what name each of these accounts can be found under and your e-mail address(s):

Organizations

List all organizations, societies, clubs and associations, past or present, in which you have held membership:

Are you now, or have you ever been, a member of any organization, association, movement, group, or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or of seeking to alter the form of government of the United States by unconstitutional means? This includes hate groups, gangs, mobs, or other similar affiliations.

Yes No If yes, explain:

Employment Applications

Have you ever applied for employment with any other law enforcement agency? Yes No

If yes, list the agency name, date of application, and position applied for:

AGENCY	DATE	POSITION

Have you ever been denied employment for any reason? Yes No

If yes, list the employer's name, date of application, and reason for denial:

EMPLOYER	DATE	REASON

Have you ever taken a polygraph examination or computerized voice stress analysis (CVSA)? Yes No

If yes, indicate where, when, and why:

WHERE	WHEN	WHY

Employment History

Starting with your current or last employer as (1), list every job you have held. List even those jobs you worked for a few days, part-time, temporary, or volunteered. Also, include military base assignments. Provide the complete address, zip code, area code, and phone number. If previous employers have moved, use the new address. If the business no longer exists, use the old address and note "No longer in business" after the company name. If additional space is needed, either reprint the appropriate page or list the employer(s) on the Supplemental Information pages 24-25.

(1)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

(2)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

(3)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

(4)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

(5)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

(6)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

(7)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

(8)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

(9)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

(10)

DATES OF EMPLOYMENT: <i>From</i> _____ <i>To</i> _____		SALARY: <i>Starting</i> _____ <i>Ending</i> _____		
NAME OF COMPANY:		PHONE:		
POSITION HELD/JOB TITLE (NOTE IF VOLUNTEER)		JOB DUTIES:		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF IMMEDIATE SUPERVISOR:		SUPERVISOR'S E-MAIL ADDRESS (IF KNOWN):		
NAME OF TWO COWORKERS:		REASON FOR LEAVING:		

Have you ever been fired, been asked to resign, or been given the option to resign in lieu of being dismissed from any job that you have held?

Yes No If yes, explain below:

Have you ever received any disciplinary action from an employer such as a written notice or suspension?

Yes No If yes, explain below:

Military History

Have you ever served in any branch of the U.S. military? Yes No If yes, which branch(es)?

Dates of Service, Indicating Active, Reserve or National Guard:

Beginning _____	Ending _____	Type of Duty _____
Beginning _____	Ending _____	Type of Duty _____
Beginning _____	Ending _____	Type of Duty _____

List principal duties:

Did you receive anything less than an honorable discharge? Yes No If yes, explain:

Have you been convicted at a military court martial or received any non-judicial punishment (e.g. Article 15, Captain's Mast, etc.)?

Yes No If yes, explain:

Driving History

Do you have a valid driver's license? Yes No If yes, provide the following information:

Current Driver's License Number	State	Class	Expiration Date
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Does your license have any restrictions? (Must wear glasses, daytime driving only, etc.)

Yes No If yes, list the restriction(s): _____

List any other states where you have possessed a driver's license. Provide driver's license number, if known, and years that you were licensed in each state:

Have you ever had your driver's license suspended, cancelled, or revoked? This includes all states where you've had a driver's license.

Yes No If yes, explain below:

In the past five (5) years, have you been issued any traffic citations for moving or criminal violation such as speeding, reckless driving, DWI/DUI, running red light, careless driving, etc.?

Yes No If yes, how many? _____

If you answered YES to the previous question, list the type of violation(s), where the violation took place, and the date you received the citation:

VIOLATION TYPE	CITY/COUNTY/STATE	DATE
----------------	-------------------	------

In the past five (5) years, have you been involved in any traffic accidents in which you were a driver, whether or not you were at-fault?

Yes No If yes, how many? _____

If you answered YES to the previous question, list the accidents and explain the circumstances. Also, list the investigating agency, agency case report number (if known), and location of the accident(s):

Criminal Activity

Indicate if you have ever *committed*, been *arrested*, or been *charged* for any of the crimes listed below. Provide explanation on Supplemental Information pages.

Definitions:

COMMITTED – You have done something that is against the law, but were never caught or the crime went undetected.

ARRESTED – You were taken into custody, handcuffed and booked into some type of jail.

CHARGED – You were issued a “Notice to Appear” or other type of summons or citation that required you to appear in court to answer to a criminal charge.

	COMMITTED		ARRESTED		CHARGED		AGE AT TIME
Burglary	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Armed Robbery/Robbery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Illegal Possession of Narcotics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sale of Narcotics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
DWI or DUI	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Passing Worthless/Bad Checks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Auto Theft	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Assault/Battery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Domestic Battery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Murder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Shoplifting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Theft	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Theft from an Employer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Vandalism	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Rape/Other Sex Crime(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Indecent Exposure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Perjury/False Statements	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Possession/Distribution of Child Pornography	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Computer Related Crimes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Child Abuse/Neglect	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Forgery/Uttering a Forgery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Prostitution/Soliciting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any Other Criminal Offense:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Have you been under investigation by any law enforcement agency for **any** crime in the past? This includes any investigation of a criminal nature and does not include crimes such as speeding, careless driving, etc.

Yes No If yes, provide explanation below:

If you are arrested or detained by a law enforcement agency at any time after completing this packet, while still involved in the hiring process, it is your responsibility to notify the Wildwood Police Department. Failure to do so will result in the immediate disqualification from the hiring process.

Have you ever been arrested, charged, issued a notice to appear, cited, or pled no contest for any offense? Provide an explanation of any of the above to include the initial charge, charges that may have been reduced, and the disposition of each charge on the supplemental information pages.

(For police officer applicants, this includes any sealed or expunged records)

Yes No If yes, list the following:

ARRESTING AGENCY	CHARGE	CITY/COUNTY/STATE	DATE
------------------	--------	-------------------	------

Were you ever convicted, had adjudication withheld, pled no contest, or had any type of pre-trial diversion regardless of whether probation was imposed, for any of the previously listed offenses, or any other offenses that may not have been listed?

Yes No If yes, provide explanation below:

Have you, as an adult, had any sexual involvement with a person under the age of 18?

Yes No If yes, provide explanation below:

Have you ever had sexual involvement or any sexual contact with any person who was semi-conscious, unconscious or under the influence of drugs or alcohol to the extent that they were not able to communicate coherently?

Yes No If yes, provide explanation below:

List below any and all drug usage. Provide additional information regarding drug usage on the Supplemental Information Pages. Include a description of the circumstances, the type of drug and any additional explanation.

DRUG	USED	APPROXIMATE DATE FIRST USED	APPROXIMATE DATE LAST USED	NUMBER OF TIMES USED
Marijuana/THC/Salvia	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Hashish	Yes <input type="checkbox"/> No <input type="checkbox"/>			
PCP/Angel Dust	Yes <input type="checkbox"/> No <input type="checkbox"/>			
STP/Speed	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Mushrooms/Psilocybin	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Heroin	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Cocaine	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Crack	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Opium	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Medication Not Prescribed to You	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Steroids	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Prescription Drug Abuse/Pill-Popping	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Ice	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Ecstasy	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Speedballs	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Rohypnol (Ruffies)	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Inhalants	Yes <input type="checkbox"/> No <input type="checkbox"/>			
LSD	Yes <input type="checkbox"/> No <input type="checkbox"/>			
GHB/GBL	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Methamphetamine	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other (list):	Yes <input type="checkbox"/> No <input type="checkbox"/>			

If you have sold, purchased, and/or supplied any illegal drugs or prescription medication (even to/from friends or relatives at no profit to yourself), estimate the dollar amount the illegal drugs or medication would have been worth (i.e. "street value"); check the amount that is the closest representation and explain:

\$10,000
 \$5,000
 \$3,000
 \$2,000
 \$1,000
 \$500
 \$300
 \$200
 \$100
 Less than \$100
 None

Have you ever held a job where the use of illegal drugs during working hours was common practice?

Yes No If yes, provide explanation below:

How many times have you used marijuana or other illegal drugs during work hours, including lunches or breaks? Check the approximate number and explain:

500 400 300 200 100 75 50 25 15 10 5 None

Use of alcohol – on the job

Have you ever held a job where the use of alcohol (on-the-job) was common practice?

Yes No If yes, provide explanation below:

How many times have you consumed alcoholic beverages during work hours? This includes lunch and breaks, as well as while you were actually working. Explain below:

500 400 300 200 100 75 50 25 15 10 5 None

Have you ever been under the influence of alcohol or drugs you consumed prior to your assigned workday that affected your performance on the job?

Yes No If yes, provide explanation below:

Civil Court

Have you ever been, or are you currently, a party to a civil suit? (This includes divorce, small claims, evictions, foreclosures, child support, judgments, bankruptcies, etc.)

Yes No If yes, explain below and provide county and state where case(s) filed:

Residential History

List all addresses where you have resided during the past ten (10) years. Start with your current address and work backward. Include any military addresses, if applicable.

(1)

DATES OF RESIDENCE:		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
<i>From</i>	<i>To</i>			
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE (Also an email address if possible):				

(2)

DATES OF RESIDENCE:		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
<i>From</i>	<i>To</i>			
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE (Also an email address if possible):				

(3)

DATES OF RESIDENCE: <i>From</i> _____ <i>To</i> _____		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE (Also an email address if possible):				

(4)

DATES OF RESIDENCE: <i>From</i> _____ <i>To</i> _____		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE (Also an email address if possible):				

(5)

DATES OF RESIDENCE: <i>From</i> _____ <i>To</i> _____		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE (Also an email address if possible):				

(6)

DATES OF RESIDENCE: <i>From</i> _____ <i>To</i> _____		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE (Also an email address if possible):				

(7)

DATES OF RESIDENCE: <i>From</i> _____ <i>To</i> _____		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE (Also an email address if possible):				

(8)

DATES OF RESIDENCE: <i>From</i> _____ <i>To</i> _____		<i>Rent</i> <input type="checkbox"/> <i>Own</i> <input type="checkbox"/>		
STREET ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:
IF APARTMENT, NAME OF COMPLEX:		NAME OF LANDLORD (IF APPLICABLE):		
LANDLORD'S MAILING ADDRESS (IF APPLICABLE):		LANDLORD'S PHONE NUMBER (IF APPLICABLE):		
NAMES, PHONE NUMBERS, AND ADDRESSES OF THREE (3) NEIGHBORS AT THIS RESIDENCE (Also an email address if possible):				

Personal References

List five (5) responsible people, other than relatives, past employers, or supervisors, who have personal knowledge of your qualifications for employment.

(1)

NAME:		NUMBER OF YEARS KNOWN:	
STREET ADDRESS:	CITY:	STATE:	ZIP:
HOME/CELL PHONE:		WORK PHONE:	
E-MAIL ADDRESS:		RELATIONSHIP:	

(2)

NAME:		NUMBER OF YEARS KNOWN:	
STREET ADDRESS:	CITY:	STATE:	ZIP:
HOME/CELL PHONE:		WORK PHONE:	
E-MAIL ADDRESS:		RELATIONSHIP:	

(3)

NAME:		NUMBER OF YEARS KNOWN:	
STREET ADDRESS:	CITY:	STATE:	ZIP:
HOME/CELL PHONE:		WORK PHONE:	
E-MAIL ADDRESS:		RELATIONSHIP:	

(4)

NAME:		NUMBER OF YEARS KNOWN:	
STREET ADDRESS:	CITY:	STATE:	ZIP:
HOME/CELL PHONE:		WORK PHONE:	
E-MAIL ADDRESS:		RELATIONSHIP:	

(5)

NAME:		NUMBER OF YEARS KNOWN:	
STREET ADDRESS:	CITY:	STATE:	ZIP:
HOME/CELL PHONE:		WORK PHONE:	
E-MAIL ADDRESS:		RELATIONSHIP:	

Law Enforcement Experience

The following questions should only be completed by applicants who are currently employed, or have prior experience, in the areas of law enforcement, corrections, or security services.

1. Have you ever intentionally falsified an incident report? Yes No
2. Have you ever furnished drugs or other contraband to someone in your custody? Yes No
3. Have you ever lied or misrepresented facts to a supervisor? Yes No
4. Have you ever stolen or taken anything of value that was in your possession or from someone in your custody? Yes No

- 5. Have you ever been charged or convicted of contempt of court? Yes No
- 6. Have you ever accepted a bribe? Yes No
- 7. Have you ever tampered with, or destroyed, evidence? Yes No
- 8. Have you ever used excessive force under any circumstances or been investigated for use of excessive force? If yes, on how many occasions? _____ Yes No
- 9. Have you ever removed or stolen anything of value while on duty? Yes No
- 10. Have you ever lied under oath? Yes No
- 11. Have you ever taken any law enforcement action against a person based on ethnic, religious, or racial prejudices? Yes No
- 12. Have you ever been a subject to an internal investigation as either the subject of the investigation, a witness, or a person with knowledge? Yes No

If you answered "Yes" to any of the above questions, explain and provide copies of related documents. Failure to provide related documents will slow the progress of your background investigation:

Supplemental Information

Use this section to explain or expand upon any previously asked question. Please indicate the page number and topic that you are explaining:

Personal Data Information

The Wildwood Police Department has asked that you provide your social security number (SSN). The decision to provide your SSN is your option, but failure to provide your SSN may result in a delay in processing your application or request. If you provide your SSN, the Wildwood Police Department will use it for purposes of identification, and may share the information with other agencies for the same purpose. The Wildwood Police Department’s request for your SSN is authorized by state law because use of your SSN is imperative for the Wildwood Police Department to fulfill its lawful duties and responsibilities.

Certification

TO BE COMPLETED IN THE PRESENCE OF A NOTARY

I, _____, hereby certify that all answers or statements in this personal data packet are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements, falsifications, or omissions herein may cause any offer of employment made by the city of Wildwood to be withdrawn, or my employment with the City of Wildwood terminated. I further understand that information provided herein is public record and may be subject to review upon request. I hereby certify that I have been given sufficient opportunity and time to review the questions and their intent, and that I have answered them correctly.

Signature _____

Printed Name _____

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____, by _____, who is personally known or produced identification.

Type of identification produced: _____.

(seal)

Notary Public Signature

Printed Name

PRE-EMPLOYMENT BACKGROUND VERIFICATION

I. TERMINATION FROM EMPLOYMENT

- a. Have you ever been fired or asked to resign from a job? _____
- b. Have you ever been terminated from a job for violation of company policies? _____

II. EMPLOYER THEFTS-PROPERTY, MONEY

- a. Have you ever stolen money from a place you worked? _____
- b. Did you ever steal any property or merchandise from a place you worked? _____

III. ARREST HISTORY

- a. Have you ever been arrested as an adult? _____ as a juvenile? _____

IV. SERIOUS CRIME INVOLVEMENT

- a. Have you ever been involved in any serious (other than minor traffic violations) undetected crime? _____
- b. Have you ever committed a serious crime? _____

V. ILLEGAL DRUG HISTORY

- a. Have you ever unlawfully sold any type of illegal drugs? _____
- b. Have you ever engaged in the unlawful use of illegal drugs on your job? _____
- c. Have you recently engaged in the unlawful use of Marijuana? _____ Cocaine? _____
Crack? _____ Speed? _____ Etc? _____
- d. Are you currently engaged in the unlawful use of Marijuana? _____ Cocaine? _____
Crack? _____ Speed? _____ Etc? _____

VI. ABUSE OR SEXUAL ASSAULTS (INCLUDING YOUR CHILDREN)

- a. Have you ever been involved in a dependency proceeding? _____

VII. PREVIOUS LAW ENFORCEMENT, CORRECTIONAL OR CORRECTIONAL PROBATION OFFICER BACKGROUND

- a. As an Officer, did you ever falsify an official report? _____
- b. As an Officer, did you ever take any evidence or found property for your personal use? _____
- c. As an Officer, have you ever lied under oath (in court)? _____
- d. As an Officer, did you ever take a bribe of any kind? _____
- e. While an Officer, did you ever use any illegal drugs? _____
- f. While an Officer, have you ever sold any illegal drugs? _____

Are there any comments you would like to make regarding or explaining your responses?

Notice: This document shall constitute an official statement with in the purview of Section 837.06, Florida Statutes, and is subject to verification by the employing agency and/or the Criminal Justice Standards and Training Commission. Any intentional omission when submitting application or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify you from employment as an Officer.

I hereby certify that to the best of my knowledge and belief, the information that I've entered on this form is true.

Applicant's signature

Date

Must be signed by a NOTARY

STATE OF FLORIDA

COUNTY OF: _____

Sworn to (or affirmed) and Subscribed before me this _____ day of _____, 20_____

by _____, who is personally known to me or has presented

_____ as identification.
_____ type of ID

s e a l

Signature _____

Printed Name _____

Title _____

[_____]

WILDWOOD POLICE DEPARTMENT
MILITARY HISTORY QUESTIONNAIRE

Name: _____ Date: _____

If you answer YES to any questions, list the question number and specific details on the Explanation Sheet provided. In this section the term "Armed Forces" refers to any Military organization or Coast Guard of any Nation, including the Reserve or National Guard.

YES NO

1. _____ Have you ever served in the Armed Forces of the United States?
2. _____ Have you ever served in the Armed Forces in another Country?
3. _____ Were you ever tried, punished, reprimanded, for the subject of non-judicial punishment, Article 15, code of military justice, captains mast, court martial, counseled, fined or reduced in rank for an infraction of any rule, regulation, order, procedure or violation of law, no matter what type or style or jurisdiction, while in the Armed Forces.
4. _____ Has your separation or discharge ever been amended or changed?
5. _____ While in the Armed Forces did you receive any awards, medals?
6. _____ Are you on active duty or stand-by at this time?
7. _____ Were you ever employed by the Government of any Foreign Nation?
8. _____ Are you registered with the Selective Service System? If so, provide the Date and Location on the Explanation Sheet
9. _____ If you have served in the Armed Forces, have you received other than an honorable discharge?
10. In what branch of the Armed Forces did you serve? _____.
11. Highest rank achieved? _____.

AFFIDAVIT OF NO MILITARY SERVICE

I, _____, do hereby swear or affirm that I have never served in any branch of the Armed Forces of the United States of America.

Printed Name

Signature

Date

STATE OF FLORIDA

COUNTY OF: _____

Sworn to (or affirmed) and Subscribed before me this _____ day of _____, 20____
by _____, who is personally known to me or has presented
_____ as identification.
_____ type of ID

s e a l

[_____]

Signature _____

Printed Name _____

Title _____

Consent to Drug Test & Release of Information

THE CITY OF WILDWOOD, FLORIDA IS A DRUG FREE WORKPLACE

The City of Wildwood is concerned with the health and safety of all its employees and residents, as well as services we provide to the residents. Use of alcohol, drugs and controlled substances jeopardizes the health and safety of the employees and residents and the services provided.

It is the Policy of the City of Wildwood that applicants undergo a pre-employment test for the presence of drugs and illegal substances to the extent allowable under applicable state and federal law.

Positive results will cause disqualification from employment of the individual. Therefore, you are required to complete this consent and release form when application for employment is made.

I, _____, do hereby consent to a pre-employment drug test as required by the City of Wildwood. I understand that further consideration for employment may depend upon the results of this test.

Further, I authorize the testing facility to release the test results to the City of Wildwood. I release the City, its agents and the testing facility from any and all liability arising from the release or use of this information.

Must be signed in front of Witness:

Signature _____ Date _____

Witness: _____
Signature Date

AA/EEO SURVEY

DATE _____

I hereby authorize the City Of Wildwood to use the following information to assist the City in identifying and tracking City Employment trends, **FOR THE PURPOSE OF PROVIDING AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITIES AND PROVIDE AA/EEO INFORMATION TO STATE AND FEDERAL AGENCIES.** This information is provided voluntarily and I understand that **ALL RESPONSES ARE CONFIDENTIAL** and responses will not be used in evaluation of potential employees.

POSITION APPLIED FOR: _____ LAST NAME _____

SECTION I

1. MALE FEMALE OTHER

2. How did you hear about the position you are applying for? (Circle all that apply)
Website Friend Newspaper Bulletin Board Church Club/Organization
School Job Services Other _____

3. AGE GROUP: Less than 18 years____ 18 to 44 years____ 45 to 65 years ____ 65+____

4. RACE: White Black Hispanic Pacific Islander Native American Other _____

SECTION II

Would you apply for any of the following jobs if they were available?

IF NO, WHY (Insert letter from Criteria list below which best describes the reason you would not apply for the job)

YES	NO		
___	___	Clerk-typist	_____
___	___	Secretary	_____
___	___	Dispatcher	_____
___	___	Records Manager/File Clerk	_____
___	___	Payables/Payroll Clerk	_____
___	___	Street Department, Maintenance Person	_____
___	___	Fleet Services/Mechanic	_____
___	___	Water Meter Reader	_____
___	___	Water Maintenance Person	_____
___	___	Water/Wastewater Plant Operator	_____
___	___	Wastewater Lift Station Maintenance Person	_____
___	___	Heavy Equipment Operator	_____
___	___	Police Officer	_____
___	___	Planner	_____
___	___	Planning & Zoning Technician	_____
___	___	Parks & Recreation Maintenance Person	_____

CRITERIA

- a) Lack of Training/Skills required
 - b) Wages too Low
 - c) Physical limitations
 - d) Peer pressure, opinion of others
 - e) Religion
 - f) Don't like the work
 - g) I consider this a traditional male job
 - h) I consider this a traditional female job
 - i) Other (Please describe - may be continued on back)
- _____
- _____



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 by means of Physical Presence OR Online Notarization 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



FRS Employment Certification Form

This form is not an offer of employment and completion of this form does not constitute enrollment in a retirement program under the Florida Retirement System (FRS). If you are hired, information about your retirement plan options may be mailed to your address on file.

1 Enter Your Info PLEASE PRINT

NAME _____ SOCIAL SECURITY NUMBER _____

CURRENT AGENCY NAME _____ PREVIOUS AGENCY NAME _____

2 Confirm Prior Membership

Have you ever been a member of a State of Florida-administered retirement plan?

No, I have never been a member of a State of Florida-administered retirement plan.
If No, skip to section 4.

Yes, I have been a member of a State of Florida-administered retirement plan.
If Yes, indicate which plan(s) you are or were a member of, then proceed to section 3.

FRS Pension Plan (including DROP) FRS Investment Plan

Senior Management Service Optional Annuity Program (SMSOAP) State Community College System Optional Retirement Program (SCCSORP)

State University System Optional Retirement Program (SUSORP) Other _____

3 Confirm Retiree Status

Are you retired from a State of Florida-administered plan? You are considered retired if:

- You have received any benefits (other than a withdrawal of your employee contributions) under the FRS Pension Plan, including DROP.
- You have taken any distribution (including a rollover) from the FRS Investment Plan, or other state-administered retirement programs offered by state universities (SUSORP), state community colleges (SCCSORP), state government for senior managers (SMSOAP), or local governments for senior managers.

No, I am not retired from a State of Florida-administered plan. I understand that if it is later determined I am retired, both my employer and I might be liable for repaying retirement benefits I have received if I am reemployed by or provide services to an FRS-covered employer through any paid or unpaid arrangement as described below. Refer to Page 2 for additional information.

Yes, I am retired from a State of Florida-administered plan, and I understand I must satisfy any termination requirement prior to returning to FRS employment.
If Yes, enter your FRS Pension Plan retirement effective date, DROP termination date, or date you received your first distribution from the FRS Investment Plan, SUSORP, SCCSORP, SMSOAP, or other plan.

DATE _____

4 Sign Here

By signing below, I acknowledge that I have read and understand the information on pages 1 and 2 of this form, and I certify all supplied information to be true and correct.

SIGNATURE

DATE

Questions? Call the MyFRS Financial Guidance Line at 1-866-446-9377, Option 2 (TRS 711) or visit MyFRS.com.

This completed form, including page 2, should be retained in the employee's personnel file. Do not send this form to the FRS, unless requested.

Review the Following Important Information Carefully

- If you are a Pension Plan retiree, you understand:
 - If you are reemployed within six calendar months of retirement in **any type of position** with an FRS-participating employer, your retirement and DROP status (if applicable) are voided, all retirement and DROP benefits you received must be repaid, and you must reapply for retirement to receive future benefits.
 - If you are reemployed during months 7 through 12 after retirement in **any type of position** with an FRS-participating employer, your monthly retirement benefit must be suspended and any overpaid benefits you received must be repaid.
- If you are an Investment Plan SUSORP, SCCSORP, or SMSOAP retiree, you understand:
 - If you are reemployed within six calendar months of retirement in **any type of position** with an FRS-participating employer, any benefits you received must be repaid, or you must terminate employment.
 - If you are reemployed during months 7 through 12 after retirement in **any type of position** with an FRS-participating employer, you will not be eligible for additional distributions until you terminate employment or complete 12 calendar months of retirement (whichever occurs first).
- **Any type of position** includes, but is not limited to, regularly established, full-time, part-time, OPS, temporary, seasonal, substitute teachers, adjunct professors, etc. Also, any paid or unpaid positions with an FRS employer, service arrangements with an FRS employer, employment by or through a third-party providing service to an FRS employer, or positions pre-arranged before retirement to provide services after retirement to any FRS employer, are prohibited.
- Florida law requires a return of all overpaid Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to overpaid SUSORP, SCCSORP, or other state-administered plan distributions – contact that plan’s administrator for details.
- There is one exception to the restrictions on reemployment limitations after retirement. If you are a retired law enforcement officer and are reemployed as a school resource officer by an FRS-covered employer during the seventh through twelfth calendar months after your retirement date or after your DROP termination date, you are eligible to receive both your salary and retirement benefits during this period.
- Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SMSOAP, SCCSORP are eligible for renewed membership in the Investment Plan, SUSORP, SMSOAP, SCCSORP. You must be employed in an FRS-covered position on or after July 1, 2017 in order to have renewed membership. Renewed members may not use a second election to change to the Pension Plan.
- If you are not retired and you earned FRS service after certain periods since 2002 (depending on your employer), you will be enrolled in the FRS retirement plan you were enrolled in when you terminated FRS-covered employment.

This completed form, including page 2, should be retained in the employee’s personnel file. Do not send this form to the FRS, unless requested.