

PLEASE READ CAREFULLY

Applications must be returned in person or by mail.
No faxed applications will be accepted.

While completing the employment application and addendums,
**PLEASE NOTE: Some of the forms require your signature to be
Notarized or Witnessed.**

If you return your application in person, there are **Notaries** available to complete this process, **However, DO NOT sign the documents until the
Notary is present.**

If you return your application by mail, **please have your signature
Notarized or Witnessed (whichever is required)** before mailing.

Notarization/Witnessing is a part of the application process, and should this or any other information / documentation be missing from the Application, it **will not be considered** for the position in which you are applying.

Thank-you

Have you ever been charged with a felony? (if yes, please explain) []Yes []No
 Have you ever been convicted of a felony? (if yes, please explain) []Yes []No
 Have you been charged or convicted of a misdemeanor, other than traffic citations? (If yes, please explain) []Yes []No

Explanation of convictions or charges? _____

List all traffic citations you have received in the past ten years.

Date*	County/State	Charge	Disposition

*exact date of the citation is not required

EDUCATION

HIGH SCHOOL NAME: _____

LOCATION: _____ **Course of Study:** _____
 DIPLOMA or GED ATTAINED? []Yes []No **YEARS COMPLETED:** 9TH 10TH 11TH 12TH

COLLEGE/UNIVERSITY NAME: _____

LOCATION: _____ **Course of Study:** _____
 DIPLOMA OR DEGREE ATTAINED? []Yes []No **YEARS COMPLETED:** 1 2 3 4

Type of Degree Received: _____

LAW ENFORCEMENT ACADEMY/COLLEGE Name: _____

LOCATION: _____ **RESULTS:** _____

Type of Degree Received: _____

ON-LINE and/or TRADE/VOCATIONAL School Name: _____

LOCATION: _____ **Course of Study:** _____
 DIPLOMA OR DEGREE ATTAINED? []Yes []No **YEARS COMPLETED:** 1 2 3 4

Type of Degree Received: _____

JOB RELATED CERTIFICATE/LICENSE PROGRAMS COMPLETED (Provide copies of certificates/licenses): _____

OTHER SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience, along with any additional information you feel may be helpful to us in considering your application. (Be specific) _____

DESCRIBE ANY HONORS YOU HAVE RECEIVED: _____

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD:(you may exclude memberships which would reveal sex, race, religion national origin, age ancestry, or handicap or other protected status) _____

INDICATE ANY LANGUAGES OTHER THAN ENGLISH YOU CAN SPEAK, READ OR WRITE:

<u>LANGUAGE</u>	<u>SPEAK</u>			<u>READ</u>			<u>WRITE</u>		
_____	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
_____	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
_____	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
_____	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair

REFERENCES

Three references who are NOT RELATED to you and are NOT PREVIOUS EMPLOYERS.

1.	_____	_____	OR	_____	_____	_____
	Name	Address/City/Zip		Phone number	Fax	E-mail
2.	_____	_____	OR	_____	_____	_____
	Name	Address/City/Zip		Phone number	Fax	E-mail
3.	_____	_____	OR	_____	_____	_____
	Name	Address/City/Zip		Phone number	Fax	E-mail

EMPLOYMENT EXPERIENCE

Start with your **PRESENT OR MOST RECENT**. Include any job-related military service assignments. Provide a minimum of last six Employers OR the past 12 years of Employment experience. PLEASE PROVIDE DETAILED INFORMATION.

1. EMPLOYER _____

_____ company name _____ address _____ phone number

_____ fax number _____ E-mail address

Your job title: _____ Dates Employed From: _____ to _____

Your immediate supervisor: _____ Contact Person _____

Reason for leaving _____

Pay rate/salary: Starting _____ Final _____ WORK PERFORMED: _____

2. EMPLOYER _____

_____ company name _____ address _____ phone number

_____ fax number _____ E-mail address

Your job title: _____ Dates Employed From: _____ to _____

Your immediate supervisor: _____ Contact Person _____

Reason for leaving _____

Pay rate/salary: Starting _____ Final _____ WORK PERFORMED: _____

3. EMPLOYER _____
company name address phone number

fax number E-mail address
 Your job title: _____ Dates Employed From: _____ to _____

Your immediate supervisor: _____ Contact Person _____
 Reason for leaving _____
 Pay rate/salary: Starting _____ Final _____ WORK PERFORMED: _____

4. EMPLOYER _____
company name address phone number

fax number E-mail address
 Your job title: _____ Dates Employed From: _____ to _____

Your immediate supervisor: _____ Contact Person _____
 Reason for leaving _____
 Pay rate/salary: Starting _____ Final _____ WORK PERFORMED: _____

5. EMPLOYER _____
company name address phone number

fax number E-mail address
 Your job title: _____ Dates Employed From: _____ to _____

Your immediate supervisor: _____ Contact Person _____
 Reason for leaving _____
 Pay rate/salary: Starting _____ Final _____ WORK PERFORMED: _____

6. EMPLOYER _____
company name address phone number

fax number E-mail address
 Your job title: _____ Dates Employed From: _____ to _____

Your immediate supervisor: _____ Contact Person _____
 Reason for leaving _____
 Pay rate/salary: Starting _____ Final _____ WORK PERFORMED: _____

If additional space is needed, please continue on a separate sheet of paper.

Have you ever had any training in the Armed Forces/Military in the US or any other Country? Yes No
 If Yes, complete Military History Questionnaire
 If No, complete Affidavit of No Military Service

Are you claiming Veteran's Preference? Yes No

Are you ABLE to perform the duties of a Police Officer? Yes No

APPLICATION MUST BE COMPLETELY FILLED OUT. RESUMES MAY BE ATTACHED, BUT ARE NOT ACCEPTED IN PLACE OF THE APPLICATION. UPON RECEIPT, ALL APPLICATIONS BECOME PUBLIC RECORD UNDER THE PUBLIC RECORD LAW OF THE STATE OF FLORIDA.

THE CITY OF WILDWOOD IS A DRUG FREE EMPLOYER, THEREFORE A PRE-EMPLOYMENT DRUG SCREEN and PHYSICAL ARE REQUIRED. POSITIVE RESULTS COULD DENY AN OFFER OF EMPLOYMENT.

I hereby certify that the information I have provided is true and correct. I understand that any fraudulent information provided would negate employment or consideration for employment with the City of Wildwood, Florida.

Applicant's Signature

Date

**Return to:
HUMAN RESOURCES
CITY OF WILDWOOD
100 NORTH MAIN STREET
WILDWOOD, FLORIDA 34785
352-330-1330 x105**

Required upon submission of Application:

- [] VALID FLORIDA DRIVER'S LICENSE
- [] BIRTH CERTIFICATE
- [] HIGH SCHOOL DIPLOMA OR GED
- [] COPY of any HIGHER EDUCATION DIPLOMA and/or DEGREE
- [] COPY OF BASIC RECRUIT ACADEMY CERTIFICATE and STATE EXAMINATION SCORES
- [] MILITARY DISCHARGE (DD214) or MILITARY WAIVER AFFIDAVIT
- [] DOCUMENTATION OF LEGAL NAME CHANGE, i.e. Marriage license/adoption papers (if applicable)
- [] BACKGROUND INVESTIGATION WAIVER (CJSTC 58)
- [] VISION and MISSION, CODE of ETHICS, CANONS of POLICE ETHICS
- [] SIGNATURE Page Acknowledging Receipt of VISION and MISSION, CODE of ETHICS, and CANONS

Required upon Conditional Offer of Employment:

- [✓] SOCIAL SECURITY CARD
- [✓] POST-OFFER MEDICAL HISTORY QUESTIONNAIRE
- [✓] PRE-EMPLOYMENT PHYSICAL and DRUG SCREEN
- [✓] VOICE ANALYSIS (vsa)
- [✓] PSYCHOLOGICAL EXAM
- [✓] BACKGROUND INVESTIGATION

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 _____

[_____]



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022(2)(b), 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

AFFIDAVIT

STATE OF _____ COUNTY OF _____ The forgoing instrument was acknowledged before me this date _____

By: _____ who is personally known _____

or who has produced identification. Type of identification: _____

Notary's Signature _____
Print, type, or stamp Commissioned Name of Notary

Notary Seal: _____ . Upon witnessing the applicant signing of this affidavit, the notary public shall complete the notary block.

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

Florida Retirement System (FRS) - Certification Form

This form is not an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with an enrollment form.

Name _____ SSN _____

Agency Name _____

Previous FRS Employer _____

PLEASE COMPLETE SECTION I, II, III, OR IV

I. I have **never** been a member of a State of Florida administered retirement plan.

STOP HERE

SIGNATURE

DATE

II. I was a member of the following State of Florida administered retirement plan (also complete Section III or IV)¹

- FRS Pension Plan (incl. DROP) FRS Investment Plan State University System Optional Retirement Program (SUSORP)
 State Community College Optional Retirement Program (SCCORP) Senior Management Service Optional Annuity Program (SMSOAP)
 Other

III. I am **not retired** from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7th through 12 months after I retired or after my DROP termination date, I **must repay** all unauthorized benefits received (see Section IV for details), or, if in the Investment Plan, terminate my employment. **My employer may also be liable for repaying any unauthorized benefits I received.**

SIGNATURE

DATE

IV. I am **retired** from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, SCCORP, SMSOAP, or other plan was _____.

If I am initially reemployed by an FRS-covered employer on or after July 1, 2010, I will not be permitted to participate in a State of Florida administered retirement plan to earn an additional retirement benefit.

I understand that as a Pension Plan retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**,³ and I must reapply for retirement in order to receive future benefits.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended⁴ and any unauthorized benefits received must be repaid.³ **My employer may also be liable for repaying any unauthorized benefits I received.**

I understand that as an Investment Plan retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired, I **must repay**³ any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.⁴

SIGNATURE

DATE

Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan (including DROP), or
2. You have taken any distribution (including a rollover) from the FRS Investment Plan, or alternative retirement programs offered by state universities (SUSORP), state community colleges (SCCORP), state government for senior managers (SMSOAP), or local governments for senior managers.

¹If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2nd Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

²Positions include OPS, temporary, seasonal, substitute teachers, part-time, full-time, regularly established, etc.

³Florida law requires a return of all unauthorized 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 unauthorized SUSORP, SCCORP, or other state-administered plan distributions – contact that plan's administrator for details.

⁴There are no reemployment exemptions/exceptions for Pension Plan members whose effective date of retirement or DROP termination date is on or after July 1, 2010 or Investment Plan members who retire on or after July 1, 2010.

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



As part of the hiring process for an entry-level Police Officer, the selected candidates will be administered an entry-level police examination. Part of the examination will encompass the Code of Ethics which includes the Canons of Police Ethics.

Selected candidates will be **required** to know this information as part of the testing process.

By signing below you are acknowledging and accepting full responsibility that you were provided a copy of the following items:

- Vision and Mission**
- Code of Ethics**
- Canons of Police Ethics**

Candidate Name (print)

Date

Candidate Signature

Witness

Date



Dear Candidate:

Our Vision and Mission:

The Wildwood Police Department is dedicated to ensuring public safety and enhancing the quality of community life, by enforcing the law in a manner consistent with the rights of all.

We are committed to the values of integrity, fairness, and loyalty in our dealings with both the community and the departmental members who serve it.

We recognize the need for change when necessary and to remain progressive by developing innovative programs aimed at achieving excellence in policing.

The principal goal of the Wildwood Police Department is to reduce crime through prevention, detection, and apprehension. Provide a safe and orderly movement of pedestrian and vehicular traffic through traffic enforcement and accident prevention programs and investigation.

It is our mission to recover stolen property and prevent crime through innovative problem solving solutions and programs reflecting the community needs.

The Police Department emphasizes on a strong Police / Community partnership through a new total policing concept called **S.T.R.I.D.E.S.** **S**tanding, **T**ogether, **R**especting, **I**ndividual, **D**ifferences, **E**mbracing, **S**olidarity.

We will do this with respect, fairness, and compassion.

Sincerely,
E.W. Reeser
Chief of Police

Retain this page for
your Records



WILDWOOD POLICE DEPARTMENT
CODE OF ETHICS

When hired, an Officer takes a sworn oath and will be required to recite the Code of Ethics statements.

You will be required to select the correct word(s) from the list below to complete each statement concerning the Police Code of Ethics and write the words on the applicable answer lines.

WORD LIST

ANIMOSITIES	JUSTICE
CHARITY	LIBERTY
CONSTITUTIONAL	LIFE
EQUALITY	MALICE
FEAR	MANKIND
FRIENDSHIPS	PREJUDICES
GOOD WILL	PROPERTY

“I will never permit personal feelings, **Prejudices**, **Animosities** or **Friendships** to influence my decisions. I will enforce the law courteously and appropriately without **Fear** or favor, **Malice** or ill will. My fundamental duty as a Law Enforcement Officer is to serve **Mankind** to safeguard **Life** and **Property**; to respect the **Constitutional** rights of all humans to **Liberty**, **Equality**, and **Justice**.

Retain this page for
your Records

CANNONS OF POLICE ETHICS

Article 1. Primary Responsibility of the Job

The primary responsibility of the police service, and of the individual officer, **is the protection of the people** of the United States through the upholding of their laws; chief among these is the Constitution of the United States and its amendments. The law enforcement officer always represents the whole of the community and its legally expressed will and is never the arm of any political party or clique.

Article 2. Limitations of Authority

The first duty of a law enforcement officer, as upholder of the law, is to know its bounds upon him in enforcing it, because he represents the legal will of the community, be it local state or federal, he must be aware of the limitations and proscriptions which the people, through the law, have placed upon him. He must recognize the genius of the American system of government which gives no man, groups of men, or institution, **absolute power**, and he must insure that he, as a prime defender of that system, does not pervert its character.

Article 3. Duty to be Familiar with the Law and with Responsibilities of Self and other Public Officials

The law enforcement officer shall assiduously apply himself to the study of the principles of the laws which he is sworn to uphold. He will make certain of his responsibilities in the particulars of their enforcement, seeking aid from his superiors in matters of technicality or principle when these are not clear to him; he will make special effort to fully understand his relationship to other public officials, including other law enforcement agencies, particularly on **matters of jurisdiction**, both geographically and substantively.

Article 4. Utilization of Proper Means to Gain Proper Ends

The law enforcement officer shall be mindful of his responsibility to pay strict heed to the selection of means in discharging the duties of his office. Violations of law or disregard for public safety and property on the part of an officer are intrinsically wrong; they are self-defeating in that they instill in the public mind a like disposition. The employment of legal means, no matter how worthy the end, is certain to encourage disrespect for the law and its officers. If **the law is to be honored**, it must first be honored by those who enforce it.

Article 5. Cooperation with Public Officials in the Discharge of their Authorized Duties

The law enforcement officer shall cooperate fully with other public officials in the discharge of authorized duties, regardless of **party affiliation or personal prejudice**. He shall be meticulous, however in assuring himself of the propriety, under the law, of such actions and shall guard against the use of his office or person, whether knowingly or unknowingly, in any improper or illegal action. In any situation open to question, he shall seek authority from his superior officer, giving him full report of the proposed service or action.

Article 6. Private Conduct

The law enforcement officer shall be mindful of his special identification by the public as an upholder of the law. Laxity of conduct or manner in private life, expressing either disrespect for the law or seeking to gain special privilege, cannot but reflect upon the police officer and the police service. The community and the service require that the law enforcement officer lead the life of a decent and honorable man. Following the career of a police officer gives no man special perquisites. It does give the satisfaction and pride of following and furthering an unbroken tradition of safeguarding the American public. The officer who reflects upon this tradition will not degrade it. Rather, he will so conduct his private life that the public will regard him as an **example of stability, fidelity and morality**.

Article 7. Conduct Toward the Public

The law enforcement officer, mindful of his responsibility to the whole community, shall deal with individuals of the community in a manner calculated to instill respect for its laws and its police service. The law enforcement officer shall conduct his official life in a manner such as **will inspire confidence and trust**. Thus, he will be neither overbearing nor subservient, as no individual citizen has an obligation to stand in awe of him nor a right to command him. The officer will give service where he can, and require compliance with the law. He will do neither from personal preference or prejudice but rather as a duly appointed officer of the law discharging his sworn obligation.

Retain this page for
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Article 8. Conduct in Arresting and Dealing with Law Violators

The law enforcement officer shall use his powers of arrest strictly in accordance with the law and with due regard to the rights of the citizens concerned. His office gives him no right to prosecute the violator nor to mete out punishment for the offense. He shall, at all times, **have a clear appreciation of his responsibilities and limitations** regarding detention of the violator; he shall conduct himself in such a manner as will minimize the possibility of having to use force. To this end he shall cultivate a dedication to the service of the people and the equitable upholding of their laws whether in handling of law violators or in dealing with the law abiding.

Article 9. Gifts and Favors

The law enforcement officer, representing government, bears the heavy responsibility of maintaining in his own conduct, the honor and integrity of all government institutions. He shall, therefore, guard against placing himself in a position in which any person can expect special consideration of in which the public can reasonably assume theta special consideration is being given. Thus, he should be firm in refusing gifts, favors, or gratuities, large or small, which can, in the public mind, be interpreted as capable of influencing his judgment in the discharge of duties.

Article 10. Presentation of Evidence

The law enforcement officer shall be concerned equally in the prosecution of the wrong-doer and the defense of the innocent. He shall ascertain what constitutes evidence and shall present such evidence **impartially and without malice**. In doing so, he will ignore social, political, and all other distinctions among the persons involved, strengthening the tradition of the reliability and integrity of an officer's word. The law enforcement officer shall take special pains to increase his perception and skill of observation, mindful that in many situations his is the sole impartial testimony to the fact of the case.

Article 11. Attitude Toward Profession

The law enforcement officer shall **regard the discharge of his duties as a public trust** and recognize his responsibility as a public servant. By diligent study and sincere attention to self-improvement he shall strive to make the best possible application of science to the solution of crime and, in the field of human relationships, strive for effective leadership and public influence in matters affecting public safety. He shall appreciate the importance and responsibility of his office, and hold police work to be an honorable profession rendering valuable service to his community and his country.

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