

CONFIDENTIAL

**PRE-JOB OFFER
QUESTIONNAIRE**

Wilton Manors Police Department

Position Applied for: _____

INSTRUCTIONS: PRINT in black ink OR TYPE, responding to, and answering every question. If a question is not applicable to you, indicate with N/A. If the space available is insufficient, use a separate sheet of paper and precede each answer with the number of the referenced block. Please make EVERY effort to include telephone numbers in ALL areas requested! DO NOT MISSTATE, OMIT, EXAGGERATE, MINIMIZE, OR PROVIDE FALSE OR MISLEADING FACTS. ANY OR ALL OF THE ABOVE ARE CAUSE FOR REJECTION, DISQUALIFICATION, OR DISMISSAL!

Have you read and do you understand ALL of the above instructions? YES () NO ()

PERSONAL

Last Name		First Name			Middle Name			
Alias, Nickname, Maiden Name, or other changes in name (Attach official document(s) regarding any name change).							SOCIAL SECURITY NUMBER	
Height		Weight	Eye color	Hair color	Scars, tattoos, and/or distinguishing marks			
U.S. citizen		Native	Naturalization cert. number		Date, place & court where naturalization received			
YES () NO ()		YES () NO ()						
Date of birth		Place of Birth (City, County & State)						
Permanent residence: Street or RFD			City/P.O. Box		State	ZIP code		
Current residence: Street or RFD			City/P.O. Box		State	ZIP code		
TELEPHONE NUMBERS (Use Area Code)								
Permanent residence				Business				
Current residence				Pager/ Beeper				
E-Mail Address				Cell Phone				

1. CURRENT MARITAL STATUS: Single () Engaged () Married () Separated () Widowed () Divorced ()					
Date Married	Where Performed	Who Officiated	Wife's Maiden Name	Wife's Date of Birth	
2. List any spouse that you are no longer legally married to or who you are currently separated from.					
Current Name	Complete Address	Residential Phone	Business Phone		
		()	()		
		()	()		
3. Fiancée, Girlfriend, or Boyfriend		Full Name	Date of Birth		
Relationship					
Residential address					
Residential phone ()		Business phone ()			
4. If applicable, list disposition of each marriage.					
Disposition	Date of Order or Decree	Where (Court and State)			
5. Petitioning Party		Reason (State Briefly)			
6. List all children, including stepchildren, and those placed into adoption.					
Name	Date of Birth	Place of Birth	Current Address	Resides With Whom?	Supported by Whom?

7. With whom do you reside?				
First Name	Middle	Last	Date of Birth	Business Phone
				()
				()
				()
				()
				()
				()
				()

8. If not living with current spouse, briefly explain reason(s).

9. List in the following order: Parents, stepparents, legal guardians, brothers, and sisters, even if deceased.				
Relationship	Name	Address	Residence Phone	Business Phone

10. List all residences for the past TEN years, beginning with your CURRENT address.			
Month/ Yr (From)	Month/Yr (To)	Street Address	City, County, State, Zip

EDUCATION

11. List ALL elementary, middle, junior and senior high schools that you attended, INCLUDING PHONE #s

School Name	City, State	Phone Number	Dates From/To	Years Completed	Graduate Yes/No
		()			
		()			
		()			
		()			

12. List ALL colleges and universities attended, INCLUDING PHONE #s.

School Name	City, State	Phone Number	Dates From/To	Years Completed	Graduate Yes/No
		()			
		()			
		()			
		()			

13. List major and minor college courses.

14. Were you EVER expelled, suspended, academically suspended, or disciplined in ANY way while attending ANY school? If yes, list the officials name, offense, form of discipline, name of school, and approximate date for EACH incident. List any accomplices and their phone numbers, and if necessary, any other related information.

15. List any other schools or training that you have attended or received, including vocational or business courses.

Name	Dates From/To	City, State	Phone Number	Courses Taken	Certificate Yes/No
			()		
			()		

16. List your level of proficiency in a foreign language by placing an X in the appropriate column.

Language	Speaking			Reading			Writing		
	Excel.	Good	Fair	Excel.	Good	Fair	Excel.	Good	Fair

EMPLOYMENT

17. Are you now or have you EVER been an owner, part owner, silent partner or corporate member of any business? If yes, explain details.

18. Were you EVER discharged, terminated, fired, or forced to resign? Did you ever leave a place of employment under mutual agreement or less than desirable conditions? If your answer is yes to any of these questions, list company name, supervisor, phone number and address of employer, as well as the approximate date and an explanation for EACH employer.

19. Do you feel that your employers have always treated you fairly? If not explain.

20. Have you EVER received unemployment insurance, or Federal, State or other local benefits or assistance? If yes, list type of assistance, local office where assistance originated, duration of assistance, and office phone number.

21. List ALL places of employment since the age of eighteen, starting with your most RECENT job FIRST. Include all periods of military service, full time schooling, and ALL periods of UNEMPLOYMENT over three months. Include all temporary and seasonal places of employment. If you require more space, list on a separate sheet.

From date	Name of employer	Part time () Full time ()	Job title
To date	Street address	Phone include area code	Duties
Begin salary	City, State, Zip		Name of supervisor
End salary	Reason for leaving		Name of coworker

From date	Name of employer	Part time () Full time ()	Job title
To date	Street address	Phone including area code	Duties
Begin salary	City, State, Zip		Name of supervisor
End salary	Reason for leaving		Name of coworker

EMPLOYMENT (CONTINUED)

From date	Name of employer	Part time () Full time ()	Job title
To date	Street address	Phone including area code	Duties
Begin salary	City, State, Zip		Name of supervisor
End salary	Reason for leaving		Name of coworker
From date	Name of employer	Part time () Full time ()	Job title
To date	Street address	Phone include area code	Duties
Begin salary	City, State, Zip		Name of supervisor
End salary	Reason for leaving		Name of coworker
From date	Name of employer	Part time () Full time ()	Job title
To date	Street address	Phone include area code	Duties
Begin salary	City, State, Zip		Name of supervisor
End salary	Reason for leaving		Name of coworker
From date	Name of employer	Part time () Full time ()	Job title
To date	Street address	Phone include area code	Duties
Begin salary	City, State, Zip		Name of supervisor
End salary	Reason for leaving		Name of coworker
From date	Name of employer	Part time () Full time ()	Job title
To date	Street address	Phone include area code	Duties
Begin salary	City, State, Zip		Name of supervisor
End salary	Reason for leaving		Name of coworker
From date	Name of employer	Part time () Full time ()	Job title
To date	Street address	Phone include area code	Duties
Begin salary	City, State, Zip		Name of supervisor
End salary	Reason for leaving		Name of coworker

MILITARY

22. Have you *EVER* served in any branch of the military? If yes, list below which branch and specify which nation.

Service number	Branch
Highest rank held	Rank at separation
Entry date Location	Separation date Location
EXACT type of discharge: Honorable () Dishonorable () Honorable conditions () **Less than honorable conditions ()**Uncharacterized discharge() **If Less than honorable conditions or Uncharacterized, explain below.	

Service number	Branch
Highest rank held	Rank at separation
Entry date Location	Separation date Location
EXACT type of discharge: Honorable () Dishonorable () Honorable conditions () **Less than honorable conditions ()**Uncharacterized () **If Less than honorable conditions or Uncharacterized, explain below.	

23. List all medals and decorations awarded to you as a member of the armed forces.

24. Have you *EVER* been court martialed, tried on criminal or civil charges, or were you *EVER* the subject of a summary court, deck court, captain’s mast, company punishment, or *ANY OTHER* disciplinary proceeding while a member of the armed forces? While in the armed forces, were there any incidents that went unreported or were not investigated? If yes to *ANY* of above, explain below and include punishment received.

25. If you have *NO* military service, explain below.

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26. Have you *EVER ATTEMPTED* to enlist in the armed forces and were refused? If yes, explain below.

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27. What is your present draft classification?	Draft board number and location
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DRIVER'S LICENSE

28. Are you able to operate a motor vehicle? If no, explain below.

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29. List ALL drivers' license(s) EVER issued to you, including any military license or learner's permit.

Issuing Authority	License Number	Date Issued	Date Surrendered

30. Are there ANY restrictions or endorsements on your current driver's license? If yes, explain below.

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31. Has any license(s) issued to you EVER been suspended or revoked? If yes, explain below, listing reason(s) date, and length of suspension.

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32. Have you EVER been refused a driver's license? If yes, explain below.

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33. Has your driver's license EVER been restricted due to traffic convictions? If yes, explain.

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34. Have you EVER, as the vehicle's driver or operator, been involved in a motor vehicle accident, whether reported or unreported? If yes to either, give complete details for EACH accident.

Date	Location: City, County, State
Invest. By Police? Yes () No ()	If yes, agency initiating report.
Report number	Cause of accident
Was the accident an injury, () non-injury, or () fatality () type? Who was charged, and what was the court disposition?	
Date	Location: City, County, State
Invest. By Police? Yes () No ()	If yes, agency initiating report.
Report number	Cause of accident
Was the accident an injury, () non-injury, or () fatality () type? Who was charged, and what was the court disposition?	

VEHICLE INFORMATION

36. List ALL vehicles that you currently own, operate, or lease.						Own?	
Year	Make	Model	Color	Tag Number/State	Yes	No	

37. Do you presently have automobile liability insurance? Yes () No ()

38. Have you **EVER** had your automobile insurance revoked, or have you ever been denied auto insurance? If yes, give a brief explanation.

39. List your **CURRENT** and **PAST TWO (2)** auto insurance company(s), if applicable.

Company	Address	Agent Name	Policy Number	Coverage Dates	Phone Number
					()
					()
					()

40. What is your present auto insurance coverage?

ARREST, DETENTION, LITIGATION

41. Have you **EVER** been questioned, detained, issued a Notice to Appear or arrested, by **ANY** law enforcement agency? List **ALL** arrests, including juvenile or traffic. It is **MANDATORY** by Florida State law that you include those **ARRESTS** that were **SEALED** or **EXPUNGED**, or **ANY** in which you plead **NOLO CONTENDRE**.

Arresting Agency	City, County, State	Date	Report Number	Why Questioned/Detained or Crime Charged?
1.				
2.				
3.				

What was the disposition of any of the arrest(s) or detention(s) listed above? Include details such as incarceration, probation, pretrial intervention, or community service. If more than one incident, specify by number and be specific.

ARREST, DETENTION, LITIGATION (CONTINUED)

42. Have you ever been placed on probation or parole? Yes () No () If yes, explain below.

43. Have you *EVER* been required to pay a fine for *ANYTHING*? If yes, explain below.

44. Has any family member, immediate or otherwise, *EVER* been arrested and/or been convicted of a criminal offense? If yes, list below.

Name	Relationship	Offense	Arresting Agency	Date

45. Have you, or *ANY* member of your family *EVER* been a victim of a crime? If yes, explain.

46. Have you *EVER* sued, been sued, or are you currently suing anyone? If yes, explain.

FINANCIAL INFORMATION

47. What is your *TOTAL* indebtedness at this time?

48. Have your creditors always treated you fairly? If no, explain.

49. Have you *EVER* had *ANY* account remanded to a collection agency? If yes, explain.

ILLEGAL DRUGS, ALCOHOL

50. Do you drink alcoholic beverages? Yes () No ()

51. Have you *EVER* used, experimented with, tried, or otherwise felt the effects of marijuana? If yes, list the circumstances, when each occurred, and on how many *INDIVIDUAL* occasions.

52. Have you *EVER* used, experimented with, tried, or otherwise felt the effects of *ANY OTHER* illegal drug including, but not limited, to: Steroids, cocaine, any hallucinogen, mushrooms, LSD, hashish, opiates, inhalants, or amphetamines? If yes, list the circumstances, when each occurred, and on how may *INDIVIDUAL* occasions.

APPLICATIONS TO OTHER AGENCIES

53. List in chronological order, EVERY local, county, state, or federal law enforcement agency to which you have EVER applied. Also, list EVERY local, county, state, or federal correctional agency to which you have applied. If you have applied at any particular agency more than once, list each application separately. All applications should be listed whether you were PROCESSED by that agency OR NOT PROCESSED AT ALL.

Date Applied	Agency Name and Position Applied For	List ALL portions of the hiring process that you have been administered, including the disposition for each phase. Be thorough!

54. HAVE YOU EVER BEEN REJECTED BY ANY law enforcement or corrections agency, FOR ANY REASON? If yes, list reason(s) below.

Date Applied	Agency Name and Position Applied For	List ALL portions of the hiring process that you completed, including the disposition for each phase. Be thorough!

CHARACTER REFERENCES

55. List eight (8) character references who will have knowledge of your qualifications and fitness for the position for which you have applied. Of the eight references, Florida state law requires that at least *THREE (3) NEIGHBORS* be contacted. List accordingly. Failure to document BOTH RESIDENCE and BUSINESS CONTACT telephone numbers for all references *WILL CAUSE EXTREME DELAY* in the processing of your application. Do not include relatives, employers, or persons living outside the United States in this section.

Name	Years Known	Street Address, City, State, Zip	Residence Phone, Include Area Code	Cell, Beeper, or Business Phone, Include Area Code
1.				
2.				
3.				
4.				
5.				
Neighbor 6.				
Neighbor 7.				
Neighbor 8.				

56. Are you related, acquainted or affiliated with any member of this Police Department? If so, whom?

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57. Have you *EVER* cohabited or associated with any known felons? If yes, explain below.

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58. Is there any circumstance or information of *ANY* type that would preclude you from any position with the Wilton Manors Police Department, or that you feel may be relative to your background investigation? If yes, explain below.

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59. Have you *EVER* been a member of or associated with any known gang? If yes, explain.

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60. Have you *EVER* been arrested or investigated for, involved with, or accused of any type of *DOMESTIC VIOLENCE* crime or incident? If yes, explain the circumstances in detail, using a separate sheet if necessary.

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**IMPORTANT INFORMATION
READ CAREFULLY**

NOTE: Unless specifically deemed to be exempt or confidential by law, the information provided in or with employment applications, resumes, pre-or post job offer questionnaires or any other documents obtained, created, used or submitted to process applications for employment are subject to disclosure, if requested by a third party, pursuant to the State of Florida's Public Records Law, Chapter 119, Florida Statutes.

I, _____, am being considered for employment for the position of _____.
I understand that this document is part of my official application for the above position.

By signing this document, I hereby certify that all information contained herein, and all documents submitted, are true, accurate, and complete to the best of my knowledge. I further certify that there is no exaggeration, falsification, misrepresentation, or omission. I understand that all statements and documents are subject to verification and investigation, and that any exaggeration, falsification, misrepresentation, omission, misleading information, or other unfavorable data which may be developed in the course of my background investigation is sufficient cause for disqualification, immediate dismissal from City service, and or disqualification from the hiring process for any position within the City of Wilton Manors.

I consent to submit to a background investigation, as well as other processing which may include, but may not be limited to, medical urinalysis, mental health evaluation, polygraph examination, fingerprint processing, interviews with past or present employers or any other means deemed necessary to determine my suitability and fitness for the position for which I have applied. I understand that I must successfully complete the above mentioned and possibly other phases of the hiring and background investigation process according to the standards set forth by the City of Wilton Manors.

I understand that the City of Wilton Manors, the Wilton Manors Police Department or any of its agents, will not reimburse me for any expenses that I might incur as a result of having processed for any position. I recognize that the selection and hiring process can be time consuming, and therefore no promises or commitments regarding a hire date are implied.

I understand and consent to all of the above requirements and conditions.

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20 ____,
By:

_____ Applicant signature

_____ Notary signature

_____ Notary print

Personally known ____ or produced identification ____.

Type of identification produced _____.