

Applicant: \_\_\_\_\_ CJBAT: \_\_\_\_\_

# CITY OF MIRAMAR POLICE DEPARTMENT

**KEITH DUNN  
CHIEF OF POLICE**



## PERSONAL HISTORY QUESTIONNAIRE

Date Received by Applicant: \_\_\_\_\_

Date Due from Applicant: \_\_\_\_\_

Time Stamp received by Human Resources Personnel:

**CITY OF MIRAMAR, FLORIDA**  
**"AN EQUAL OPPORTUNITY/EQUAL ACCESS EMPLOYER"**  
**POLICE DEPARTMENT**  
Professional Standards, Personnel Unit  
3064 N. Commerce Pkwy, Miramar Florida 33025  
www.Miramarpd.org  
Phone#: (954) 602-4000 Fax#: (954) 602-3745

## PERSONAL HISTORY QUESTIONNAIRE

**THIS HISTORY QUESTIONNAIRE MUST BE COMPLETED AND BROUGHT WITH YOU TO THE POLICE DEPARTMENT ON THE DAY YOU ARE SCHEDULED FOR THE B-PAD TEST. IF YOU FAIL TO BRING THE COMPLETED QUESTIONNAIRE, YOU WILL NOT BE ABLE TO TAKE THE B-PAD EXAM, AND YOU WILL BE REMOVED FROM FURTHER CONSIDERATION IN THE HIRING PROCESS.**

Read every question carefully and answer each accurately, thoroughly, and truthfully; **APPLICANTS WILL BE DISQUALIFIED FROM PROCESSING FOR OMISSIONS OR FALSE STATEMENTS** in this Personal History Questionnaire. If space is insufficient for complete answers, do so on page 29 or attach an 8 1/2" x 11" sheet of paper to this Personal History Questionnaire; number your answers to correspond with questions. Do not attach a Résumé or VITAS. Applicants must initial each page. Questions not applying to you should be marked "N/A" to acknowledge its inapplicability.

It is the Applicant's responsibility to have both documents at the end of this Personal History Statement Notarized prior to return.

A COPY OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THE APPLICATION (ORIGINALS DUE UPON REQUEST):

- Birth Certificate
- High School Diploma or GED (transcripts required if GED)
- College Degree(s) (if applicable)
- Original College Transcripts (School Certified-Sealed only) sent directly to:  
Miramar Police Department, Personnel Unit  
3064 N. Commerce Pkwy, Miramar, Florida 33025
- All Marriage Certificates (issued by the State or County, not religious organization)
- All Divorce Documents (original petition and final decrees)
- Adoption or Legal Name Change (if applicable)
- DD-214 Member 4 form (one for each Branch served)
- Driver's License
- Social Security Card
- Naturalization papers
- Current Auto Insurance card
- Passport size photograph
- Name change documents (if applicable)

**POLICE OFFICER APPLICANTS ALSO SUBMIT:**

- Florida CJSTC Basic Training Certificate or other State Certification (Certified Officers only)
- Bankruptcy papers (copy of original petition and final decree)
- Criminal Justice Basic Abilities Test (CJBAT) Results
- Swim Test result
- Agility Test

Documents not submitted will be listed on page 23 with the reason for omission

All Applicants, regardless of Position sought, may be disqualified from processing for omissions or false statements. Applicants will not be processed if it is learned that they omitted information or provided dishonest entries.

Those applying to the position of Police Officer will automatically be disqualified for:

Omissions concerning previous employment

- Failed Miramar Background Investigation or Psychological Exam within less than one year of application
- DUI Arrest and/or conviction in the last seven years
- Arrest and/or conviction involving Domestic Violence and Conviction Omissions
- Military Discharge must not have been Dishonorable
- Recent use of any illegal controlled substance
- Five or more traffic moving violations in the last five years or an overall poor driving record
- Failure to disclose traffic tickets or convictions

By initialing each page on the bottom right corner, you acknowledge that you have read and understand the listed disqualifiers. Your initials also demonstrate your thorough review and entry on each page of the Personal History Questionnaire. The Personal History Questionnaire **must** be hand written.

**Questions can be clarified by calling the Police Personnel Unit at 954-602-4000.**

POSITION APPLIED FOR \_\_\_\_\_ DATE: \_\_\_\_\_

Certified Police Officer?  No  Yes, in the State of \_\_\_\_\_ for \_\_\_\_\_ years and \_\_\_\_\_ months.

**SECTION A. PERSONAL HISTORY**

1. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME SUFFIX (Jr., II, Sr.)

2. List other names you have used, including nicknames, maiden name, or aliases:  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_  
RESIDENCE ADDRESS (Include Apt. #) How long at present residence?

4. \_\_\_\_\_  
CITY COUNTY STATE ZIP CODE

5. Who do you reside with? Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

6. HOME TELEPHONE (\_\_\_\_) \_\_\_\_\_ WORK NUMBER (\_\_\_\_) \_\_\_\_\_  
CELL TELEPHONE (\_\_\_\_) \_\_\_\_\_ PAGER NUMBER (\_\_\_\_) \_\_\_\_\_  
E-MAIL ADDRESS; \_\_\_\_\_ WEBSITE: \_\_\_\_\_

7. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SOCIAL SECURITY NUMBER  
8. \_\_\_\_\_ DRIVER'S LICENSE NUMBER STATE \_\_\_\_\_

9. \_\_\_\_\_ DATE OF BIRTH (Month-Day-Year)  
10. \_\_\_\_\_ PLACE OF BIRTH (City, State, County, Country)

11. \_\_\_\_\_ AGE 12. \_\_\_\_\_ GENDER 13. \_\_\_\_\_ HEIGHT 14. \_\_\_\_\_ WEIGHT

15. Are you a United States Citizen?  Yes  No  Legal Resident  Permanent Resident  
Work Authorization # \_\_\_\_\_ If a Naturalized Citizen provide date: \_\_\_\_\_  
Certificate number: \_\_\_\_\_ Location \_\_\_\_\_

16. Race/Nationality:  White-non Hispanic  African American-non Hispanic  Hispanic  
 Asian/Pacific Islander  American Indian/Alaskan Native  Other-  
Specify \_\_\_\_\_

17. Marital Status:  Married  Divorced  Separated  Widow (er)  Never Married  Domestic Partner  
If married, are you living with your spouse? Yes \_\_\_ No \_\_\_ If no state reason(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Scars, Marks, Tattoos or Piercing:  None

TYPE	LOCATION ON BODY	DESCRIPTION
<input type="checkbox"/> Scar <input type="checkbox"/> Mark <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing		
<input type="checkbox"/> Scar <input type="checkbox"/> Mark <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing		
<input type="checkbox"/> Scar <input type="checkbox"/> Mark <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing		

19. List your residences for the last **ten** years; begin with your most recent residential address.

MONTH/YEAR-FROM/TO	STREET ADDRESS	CITY	STATE	ZIP CODE
Landlord give name and phone number:		Own or Rent and with whom do you reside:		
Landlord give name and phone number::		Own or Rent and with whom do you reside:		
Landlord give name and phone number:		Own or Rent and with whom do you reside:		
Landlord give name and phone number:		Own or Rent and with whom do you reside:		
Landlord give name and phone number:		Own or Rent and with whom do you reside:		
Landlord give name and phone number:		Own or Rent and with whom do you reside:		
Landlord give name and phone number:		Own or Rent and with whom do you reside:		

Landlord give name and phone number:	Own or Rent and with whom do you reside:
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20. Have you ever been foreclosed on or evicted from any residence? NO YES, provide details:

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**SECTION B. EMPLOYMENT HISTORY**

1. List jobs held for the past **ten** years, beginning with your present or most recent position; list periods of unemployment. Include part-time employment and volunteer work.

NAME & ADDRESS OF EMPLOYER	DATES EMPLOYED	ANNUAL SALARY	TITLE OF LAST POSITION	SUPERVISOR'S NAME(s)	REASON FOR LEAVING
NAME	FROM				
ADDRESS	TO				
CITY, STATE, ZIP	<input type="checkbox"/> Full-time				
PHONE ( )	<input type="checkbox"/> Part-time				
DUTIES:					
NAME	FROM				
ADDRESS	TO				
CITY, STATE, ZIP	<input type="checkbox"/> Full-time				
PHONE ( )	<input type="checkbox"/> Part-time				
DUTIES:					
NAME	FROM				
ADDRESS	TO				
CITY, STATE, ZIP	<input type="checkbox"/> Full-time				
PHONE ( )	<input type="checkbox"/> Part-time				
DUTIES:					
NAME	FROM				
ADDRESS	TO				
CITY, STATE, ZIP	<input type="checkbox"/> Full-time				
PHONE ( )	<input type="checkbox"/> Part-time				
DUTIES:					
NAME	FROM				
ADDRESS	TO				
CITY, STATE, ZIP	<input type="checkbox"/> Full-time				
PHONE ( )	<input type="checkbox"/> Part-time				
DUTIES:					

Space available on page 29 for added responses

NAME & ADDRESS OF EMPLOYER		DATES EMPLOYED	ANNUAL SALARY	TITLE OF LAST POSITION	SUPERVISOR'S NAME(S)	REASON FOR LEAVING
NAME		FROM				
ADDRESS		TO				
CITY, STATE, ZIP		<input type="checkbox"/> Full-time				
PHONE ( )		<input type="checkbox"/> Part-time				
DUTIES:						
NAME		FROM				
ADDRESS		TO				
CITY, STATE, ZIP		<input type="checkbox"/> Full-time				
PHONE ( )		<input type="checkbox"/> Part-time				
DUTIES:						
NAME		FROM				
ADDRESS		TO				
CITY, STATE, ZIP		<input type="checkbox"/> Full-time				
PHONE ( )		<input type="checkbox"/> Part-time				
DUTIES:						
NAME		FROM				
ADDRESS		TO				
CITY, STATE, ZIP		<input type="checkbox"/> Full-time				
PHONE ( )		<input type="checkbox"/> Part-time				
DUTIES:						
NAME		FROM				
ADDRESS		TO				
CITY, STATE, ZIP		<input type="checkbox"/> Full-time				
PHONE ( )		<input type="checkbox"/> Part-time				
DUTIES:						

2. What is your current occupation? \_\_\_\_\_

3. Are you currently engaged in any business as an owner or partner (active or silent)?  No  
 Yes, give details : \_\_\_\_\_



If "Yes", were you ever the subject of Internal Affairs investigations?  No  Yes  N/A

Explain the circumstances of each case:

DATE	AGENCY	NATURE OF CASE	DISPOSITION

7. If previously employed by a Law Enforcement Agency, did you fail to pass Probation or resign prior to the end of the Probationary Period?  N/A  No  Yes, provide details:

\_\_\_\_\_

\_\_\_\_\_

8. The Police Department operates 24 hours a day, seven days a week; are you willing to work:  
 Afternoon Shifts?  No  Yes    Midnight Shifts?  No  Yes    Weekends?  No  Yes  
 Permanent Shifts?  No  Yes    Holidays?  No  Yes    Rotating Shifts?  No  Yes  
 On-call basis? (O/T)  No  Yes    Beyond shifts end?  No  Yes

9. Some positions require you to wear a Uniform; are you willing to wear a Uniform?  No  Yes

10. Are you related to anyone currently employed by the City of Miramar in any capacity?  
 No  Yes, please provide:

Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

Employee's name: \_\_\_\_\_ Position held: \_\_\_\_\_

Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

Employee's name: \_\_\_\_\_ Position held: \_\_\_\_\_

11. Have you ever worked for the City of Miramar?  No  Yes, when \_\_\_\_\_

Department assignment: \_\_\_\_\_ Job title: \_\_\_\_\_

**SECTION C. EDUCATION HISTORY**

1. Elementary Schools

NAME, ADDRESS, CITY, STATE	DATES ATTENDED MO/YR FROM TO		YEARS COMPLETED	GRADUATE	DIPLOMA TYPE
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	

2. Junior High Schools

NAME, ADDRESS, CITY, STATE	DATES ATTENDED MO/YR FROM TO		YEARS COMPLETED	GRADUATE	DIPLOMA TYPE
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	

3. High Schools

NAME, ADDRESS, CITY, STATE	DATES ATTENDED MO/YR FROM TO		YEARS COMPLETED	GRADUATE	DIPLOMA TYPE
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	

4. Colleges/Universities - School Certified transcripts, sealed only, from all institutions must be sent to the Miramar Police Department, Personnel Unit, 3064 N. Commerce Pkwy, Miramar, FL 33025

NAME, ADDRESS, CITY, STATE	DATES ATTENDED MO/YR FROM TO		CREDIT HOURS EARNED QTR. SEM.		GRADUATE	DEGREE TYPE MAJOR/MINOR
					<input type="checkbox"/> No <input type="checkbox"/> Yes	
					<input type="checkbox"/> No <input type="checkbox"/> Yes	

5. Other Schools (Trade, Vocational, Business, Military, or Criminal Justice Institute)

NAME, ADDRESS, CITY, STATE	DATES ATTENDED		CREDIT HOURS EARNED	AREA OF STUDY	GRADUATE	DEGREE/ CERTIFICATION TYPE
	MO/YR FROM	TO				
					<input type="checkbox"/> No <input type="checkbox"/> Yes	
					<input type="checkbox"/> No <input type="checkbox"/> Yes	

5. Were you ever dismissed, expelled, or suspended from a School or College, or was **any** disciplinary action, including Scholastic Probation, ever taken against you? No  Yes, indicate below:

SCHOOL OR COLLEGE	DATE	TYPE OF ACTION	REASON

6. Describe Awards, Honors and Citations, positions held in School Organizations, and any other special recognition you received while attending Schools, Colleges and Universities:

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7. Indicate language(s), other than English, you can: (N/A)

- \_\_\_\_\_  Speak, at what level?      Beginner Intermediate Fluent
- \_\_\_\_\_  Read, at what level?      Beginner Intermediate Fluent
- \_\_\_\_\_  Write, at what level?      Beginner Intermediate Fluent
- \_\_\_\_\_  Speak, at what level?      Beginner Intermediate Fluent
- \_\_\_\_\_  Read, at what level?      Beginner Intermediate Fluent
- \_\_\_\_\_  Write, at what level?      Beginner Intermediate Fluent

8. Indicate special skills you possess and equipment you can use which may be related to Law Enforcement. (For example: Two-way Radio Communications, Breathalyzer, Speed Detection Equipment, Firearms, and transcribing machines.):

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9. Indicate special qualifications not covered in application. For example, your most important publication (do not submit copies unless requested), your patents or inventions, public speaking and publications experience, membership in professional or scientific societies, etc. and honors and fellowships received:

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10. Have you used computers or computer terminals in your prior or current position, or during your personal time? No Yes, list programs, software, hardware used:

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**SECTION D. ARREST HISTORY**

11. (a) Typing Speed \_\_\_\_\_ (b) Shorthand Speed \_\_\_\_\_

**AS AN APPLICANT, YOU MUST LIST ANY AND ALL ARRESTS (ADULT OR JUVENILE); INCLUDING RECORDS WHICH WERE SEALED, EXPUNGED, OR OTHERWISE CLOSED TO PUBLIC INSPECTION AS PER FSS 943.058.**

1. Have you ever been arrested, detained or taken into custody by a Federal, State or Local Law Enforcement Agency in the United States of America, including traffic arrests or on any foreign land, as a juvenile or as an adult, for any criminal charge or civil law-related offense? No Yes, Explain:

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**ATTACH ARREST REPORT, DISPOSITION AND ALL SUPPORTING DOCUMENTS**

DATE	AGENCY NAME CITY, STATE, COUNTRY	CHARGE	COURT NAME, CITY & STATE	DISPOSITION & CIRCUMSTANCES OF ARREST
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:

2. Have you ever been, or suspect you may have been, investigated by any Federal, State or Local Law Enforcement Agency in the United States of America or any foreign land as an adult or juvenile? No Yes, Explain: \_\_\_\_\_

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DATE	AGENCY INVOLVED	CIRCUMSTANCES
		Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Circumstance:
		Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Circumstance:
		Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Circumstance:
		Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Circumstance:

3. Have you ever entered into a Pre-Prosecution Diversionary Program? No Yes, Explain:

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4. Have you ever been convicted of, pled guilty to, or pled nolo contendere to any criminal charge(s) in a court in any country as an adult or juvenile? No Yes, explain in detail:

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DATE	PLACE & DEPARTMENT	CHARGE	COURT & PLACE	DISPOSITION
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:

5. Explain in detail, any arrest, charge, conviction, guilty plea or any other criminal matter expunged or sealed from your record as either a juvenile or adult:  N/A

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6. Have you ever been placed on Probation for a criminal matter by a Federal, State, or Local Court in the United States of America or any other country as an adult or juvenile? No Yes, explain in detail:

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COURT LOCATION	CHARGE(S)	DISPOSITION	DATES OF PROBATION

7. Have you ever been detained, incarcerated, or served a sentence in any Youth Home, Jail, Prison, Penitentiary or other Detention Facility? No Yes, explain in detail:

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8. Have you ever been questioned or interrogated by any Law Enforcement Agency, anywhere, anytime as an adult or juvenile? No Yes, explain in detail:

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9. Have you ever been fingerprinted for any reason (Arrest, Job Application, Military, etc.)? No Yes, provide details: \_\_\_\_\_

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10. Have you ever been reported or listed as a Missing Person? No Yes, explain:

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11. Have you ever been sued by anyone? Yes\_\_\_\_ no \_\_\_\_\_

12. Have you ever sued anyone? Yes \_\_\_\_ No \_\_\_\_\_

13. Have you ever been investigated, charged or convicted of any charge involving Domestic Violence? No Yes, provide details:

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14. Have you ever been served with a restraining order, injunction or any other court order to stay away from someone?  No  Yes, explain:

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**SECTION E. CIVIL COURT HISTORY**

1. Were you ever summoned or subpoenaed to Court in a Civil Proceeding, or were you ever a Party (Plaintiff or Defendant) in a Civil Action in this State or elsewhere?  No  Yes, explain in detail:

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1. List **five** responsible, adult references of reputable standing in their communities. Such as property owners, business or professional men or women, who have known you well for the **past**

**SECTION F. PERSONAL REFERENCES**

**five years.** (NO relatives, former or present employers, co-workers, people you reside with, or school teachers) If retired, list former occupation.

Complete Name		Home Phone: ( )	
Home Address		Cellular Phone: ( )	
		Business/Daytime Phone: ( )	
City & State, Zip Code		Yrs. Acquainted	Occupation
Complete Name		Home Phone: ( )	
Home Address		Cellular Phone: ( )	
		Business/Daytime Phone: ( )	
City & State, Zip Code		Yrs. Acquainted	Occupation
Complete Name		Home Phone: ( )	
Home Address		Cellular Phone: ( )	
		Business/Daytime Phone: ( )	
City & State	Zip Code	Yrs. Acquainted	Occupation

Space available on page 29 for added responses

Complete Name		Home Phone: (    )	
Home Address		Cellular Phone: (    )	
		Business/Daytime Phone: (    )	
City & State	Zip Code	Yrs. Acquainted	Occupation

  

Complete Name		Home Phone: (    )	
Home Address		Cellular Phone: (    )	
		Business/Daytime Phone: (    )	
City & State	Zip Code	Yrs. Acquainted	Occupation

**SECTION G. DRIVING HISTORY**

1. Do you possess a Florida: Operator's License? No Yes    Chauffeur's License? No Yes  
 License Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
 Restrictions: N/A \_\_\_\_\_ Endorsements: N/A \_\_\_\_\_

2. Do you possess a C.D.L.? No Yes License # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

3. Do you now, or have you ever possessed an Operator's and or a Chauffeur's License issued by any State other than Florida? No Yes, specify:

STATE	LICENSE NUMBER & TYPE	RESTRICTIONS	EXPIRATION DATE

4. How many years have you operated a motor vehicle? \_\_\_\_\_

5. Was your Drivers License ever suspended or revoked? No Yes, explain when and provide details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Have you ever been refused a drivers license by any state? No Yes, explain when and provide details:

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7. How many vehicles do you currently own or lease, including joint ownership? \_\_\_\_\_

YEAR	MAKE	MODEL	TAG	COLOR

8. Have you ever been refused auto insurance? No Yes, explain in detail:

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9. Do you presently have automobile liability? Yes No, explain in detail:

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10. If you presently have automobile liability insurance, list the following information:

NAME OF COMPANY	POLICY NUMBER	NAME OF AGENT	ADDRESS AND TELEPHONE NUMBER

Space available on page 29 for added responses

11. Indicate **every** traffic ticket received in this State or elsewhere (exclude parking violations):

DATE	OFFENSE	LOCATION	AGE AT TIME	ISSUING AGENCY	PENALTY DISPOSITION

12. List all traffic accident involvement:

DATE	LOCATION	INJURIES	DEATH	POLICE AGENCY	CAUSE	AT FAULT	DISPOSITION
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes	

**SECTION H. MILITARY HISTORY**

1. Are you registered with Selective Service? No  Yes, date registered: \_\_\_\_\_

Board Location: \_\_\_\_\_

2. Have you ever served Active Duty in the U.S. Armed Forces? No Yes

Branch: \_\_\_\_\_ Highest Rank at discharge: \_\_\_\_\_

Service #: \_\_\_\_\_ Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Give period(s) of active military service: From: \_\_\_\_\_ To: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

3. Were you ever Court Martial, tried on charges, or the Subject of a Summary Court, Deck Court, Captains Mast, Article 15, Company Punishment, Page 7, or any other disciplinary action while in the Military? N/A No Yes, explain in detail, including reason, type of disciplinary action, date(s), charge(s), final disposition(Provide Copies):

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

4. Are you now or have you ever been a Member of any Military Reserve or National Guard Organization? No Yes, provide details: \_\_\_\_\_

List any disciplinary action against you in the Reserves or National Guard: \_\_\_\_\_

5. Are you required to attend Military Training meetings? No Yes, explain in detail, including obligation completion date: \_\_\_\_\_

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

6. List specialized schools you attended while in the Armed Forces. N/A

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

7. List Commendations and Citations awarded to you as a Member of the Armed Forces. N/A

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

8. Have you ever served in a Military or Para-Military organization of any Foreign Government? No  
Yes, provide details including type of discharge: \_\_\_\_\_

9. List any other information pertaining to Military Service not requested above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION I. FINANCIAL HISTORY**

1. Are you or your spouse/significant other indebted to anyone? No Yes, list all debts over \$250, including student loans and charge accounts; list any debt where payment was past due, regardless of amount.

CREDITOR	ADDRESS	BALANCE DUE
<b>TOTAL BALANCE DUE</b>		

2. What is your total, average monthly payment?

	AMOUNT PAID		AMOUNT PAID
MORTGAGE/RENT		AUTO PAYMENT	
ELECTRIC/GAS		AUTO INSURANCE	
TELEPHONE/CELLULAR		CREDIT CARD(S)	
WATER		LOAN(S)	
CHILD CARE		FOOD	
CHILD SUPPORT		OTHER(SPECIFY)	

ALIMONY		OTHER(SPECIFY)	
<b>TOTAL MONTHLY PAYMENT</b>			

3. Do you have any other source of income? No Yes, explain: \_\_\_\_\_

\_\_\_\_\_

4. Have you, your spouse/significant other or a company you controlled:

a. Ever filed for bankruptcy? No Yes                      b. Declared bankruptcy? No Yes

c. Had a legal judgment rendered against you for a debt? No Yes

If you answered "Yes" to any of these questions, provide details:

\_\_\_\_\_

5. Have you ever been denied Credit? No Yes, explain in detail: \_\_\_\_\_

\_\_\_\_\_

6. Have your Accounts ever been placed in the control of a Collection Agency or reported as a "bad debt". No Yes, give details: \_\_\_\_\_

\_\_\_\_\_

7. Has Legal Action ever been taken against you for failing to make Child Support payments or delaying payments? N/A No Yes, give details: \_\_\_\_\_

\_\_\_\_\_

8. Child Support Payments are made through:

Court Order  Payroll deduction                      Voluntary Payments                       N/A

9. Have you ever had any personal property repossessed? No Yes, explain:

\_\_\_\_\_

10. Have you ever falsified your credit to get money? No Yes, give details:

\_\_\_\_\_

11. Have you ever failed to file City, State, or Federal Income Tax Returns? No Yes, give details:

\_\_\_\_\_

12. Spouse's Occupation \_\_\_\_\_ Salary \_\_\_\_\_

13. Do you owe the Federal Government money? No Yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION J. CONTROLLED SUBSTANCES**

1. Do you now use any drugs or controlled substances? No Yes
- a. Have you ever experimented with drugs or controlled substances in the past without a Physician's prescription? ("Experimented" means smoking, inhaling, swallowing: placing to gums, lips or tongue; injecting; or ingesting by any other means.) No Yes
- b. Do you now or have you ever possessed drugs or controlled substances without a Physician's prescription? No Yes
- c. Do you now or have you ever unlawfully supplied, made or sold drugs or controlled substances? No Yes
- d. Have you ever purchased any illegal drugs? No Yes
- e. Have you ever made any illegal drugs? No Yes

If you answered "Yes" to any of these questions, provide details:

DRUG OR CONTROLLED SUBSTANCE USED, MADE, SOLD, PURCHASED OR POSSESSED	FIRST TIME USED (MO/YR)	DATE LAST USED (MO/YR)	NUMBER OF TIMES
TYPE OF ACTIVITY/EXPLANATION:			
DRUG OR CONTROLLED SUBSTANCE USED, SOLD, PURCHASED OR POSSESSED	FIRST TIME USED (MO/YR)	DATE LAST USED (MO/YR)	NUMBER OF TIMES
TYPE OF ACTIVITY/EXPLANATION:			
DRUG OR CONTROLLED SUBSTANCE USED, SOLD, PURCHASED OR POSSESSED	FIRST TIME USED (MO/YR)	DATE LAST USED (MO/YR)	NUMBER OF TIMES
TYPE OF ACTIVITY/EXPLANATION:			

2. Are there any illegal or controlled substances not listed on the chart that you have tried, experimented with or used? Yes \_\_\_ No \_\_\_ if yes:

Type of Substance	FIRST TIME USED (MO/YR)	DATE LAST USED (MO/YR)	NUMBER OF TIMES


3. Have you ever inhaled any substance other than those listed above for the purpose of intoxication or to "GET HIGH"? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes:

Type of Substance	FIRST TIME USED (MO/YR)	DATE LAST USED (MO/YR)	NUMBER OF TIMES

**SECTION K. MISCELLANEOUS**

1. Do you now or have you ever used any tobacco products? No Yes? If you answered "Yes", provide details:

TYPE TOBACCO PRODUCT USE	FIRST TIME USED (MO/YR)	DATE LAST USED (MO/YR)	HOW OFTEN DAILY/WEEKLY/MONTH

2. Has your name ever been legally changed? No Yes, please give dates, names and reasons:

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3. Have you ever belong to any subversive organizations? NoYes, explain

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4. If married, are you living with your spouse? No Yes, If not, state reasons:\_\_\_\_\_

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5. Have you ever been separated or divorced? No Yes, provide ex-spouse's name:

SEPARATED OR DIVORCED	NAME	REASON	ADDRESS
<input type="checkbox"/> Separated <input type="checkbox"/> Divorced Date: _____			
<input type="checkbox"/> Separated <input type="checkbox"/> Divorced Date: _____			

6. List all of your children, stepchildren and adopted children and give the following information:

NAME	ADDRESS	LIVING WITH	SUPPORTED BY

7. Are you now supporting all children born to you, adopted by you and stepchildren? No Yes If not give details:\_\_\_\_\_

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8. Family:

Relationship	Name	Address	Telephone	Birth date	Occupation
<b>Father</b>					
<b>Mother</b>					

9. Do you have a Concealed Weapons Permit? No Yes, in what State? \_\_\_\_\_

Permit # \_\_\_\_\_ Why? \_\_\_\_\_

10. Have you ever used a firearm or other deadly weapon? No Yes, explain in detail:

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11. Are you now, or have you ever been, associated with any individual or organization which was investigated, or is being investigated for involvement in criminal activity? No Yes, explain in detail:

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12. List Every Civil Service examination you have taken.

Agency

Approximate date

Position

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13. If you were placed on an eligibility list and were not hired, state why.

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14. Were you ever rejected for any Civil Service position, No\_\_\_\_\_ Yes\_\_\_\_\_ explain:

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15. Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which may be required of you in a law enforcement capacity which might require further explanation?

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**AFFIDAVIT**

I, \_\_\_\_\_, am being considered for employment for the position of \_\_\_\_\_. I understand the attached Personal History Questionnaire is considered part of my official application for the above position. By signing this document, I hereby certify all information contained in the attached Personal History Questionnaire and all accompanying documents submitted are true, accurate and complete to the best of my knowledge and there is no material falsification, misrepresentation or omission. I also understand all statements and accompanying documents are subject to investigation and any material falsification, misrepresentation, omission or other unfavorable information developed during any phase of the background investigation process or anytime thereafter, is sufficient cause for immediate disqualification, immediate dismissal from City service and/or subject to prosecution for the criminal violation of perjury as specified in Section 837.012, Florida Statutes.

I consent to submit to the following background investigation procedures which may include, but not limited to: medical evaluation, drug detection by hair analysis, psychological evaluation, computer voice stress analysis (CVSA), polygraph, fingerprint processing, job interview and other means as deemed necessary and proper by the City of Miramar Police Department to complete its investigation as to my fitness and suitability for the position for which I have applied. I thoroughly understand I must successfully complete the above-mentioned processes.

I understand the City of Miramar Police Department will not reimburse any expenses I might incur in seeking this position. I recognize the time required to process and select employees for this position is lengthy and time consuming. No promises or commitments are expected by me as to a time when a hiring decision and/or actual hiring might take place.

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

\_\_\_\_\_  
PRINT NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
MONTH YEAR

By: \_\_\_\_\_.

Personally known by me.

Produced Identification; type of Identification produced \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC-STATE OF \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME OF NOTARY

Stamp Commissioned Name of Notary Public



**MIRAMAR POLICE DEPARTMENT**

**BACKGROUND INFORMATION RELEASE WAIVER**

In connection with my application for employment with the CITY OF MIRAMAR, I understand a background investigation, in accordance with the Fair Credit Reporting Act and all State and Federal laws, is to be conducted, and may include information about my personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent towards determining my qualifications for employment.

I understand, according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Credit Reporting Agency. Upon written request, I will be informed whether an Investigative Consumer Report was requested and will be given full information as to the nature and scope of this investigation, as well as the name of the reporting agency or sources of information.

I understand that during this background investigation, the CITY OF MIRAMAR may make inquiries and request information including but not limited to my criminal history, consumer credit history, employment history, driving history, military history, medical history, workers' compensation history, education, professional licensing, including information of a confidential or privileged nature.

I hereby authorize, without reservation, any party (including, but not limited to, past and present employers, Law Enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by the CITY OF MIRAMAR, to furnish any or all of the above mentioned information. In addition, I hereby release the CITY OF MIRAMAR, and its agents or representatives, from any and all liability for damages arising from this background investigation and the disclosure of the requested information. I further release and discharge from all liability, any companies, agencies, officials, officers, employees, and other persons, who, in good faith, provides to the CITY OF MIRAMAR any of the above mentioned requested information obtained during the course of the background investigation.

I will also allow a photocopy or facsimile of this Background Information Release Waiver to be as valid as the original.

\_\_\_\_\_  
PRINT FULL NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
MONTH YEAR

By: \_\_\_\_\_

- Personally known by me
- Produced Identification; type of Identification produced \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC-STATE OF \_\_\_\_\_

Stamp Commissioned Name of Notary Public

### ATTESTATION OF NON-MILITARY SERVICE

I, \_\_\_\_\_, attest that I have never been a member of the military forces of the United States of America and therefore have no records of military service on file.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Applicant Print Name

State of \_\_\_\_\_

Country of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, by affiant, \_\_\_\_\_, personally known to me \_\_\_\_\_ or produced identification \_\_\_\_\_ (check one).

Identification Produced: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Notary Public (Print Name)

My Commission Expires:



**AUTHORITY FOR RELEASE  
OF INFORMATION  
(Background Investigation Waiver)**



**CJSTC  
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Incorporated by Reference in Rule 11B-27.0022(2)(b), F.A.C.

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records  
**APPLICANT'S NAME:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_  
**SOCIAL SECURITY NUMBER (Optional):** \_\_\_\_\_

**EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION:** \_\_\_\_\_

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

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

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

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. My Commission expires on \_\_\_\_\_, 20\_\_\_\_. Personally Known \_\_\_\_\_ - or -

Produced Identification \_\_\_\_\_ Notary Public: \_\_\_\_\_

Type of identification produced: \_\_\_\_\_

**Department  
Collection and Use of Social Security Numbers**

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In accordance with Florida State Statute § 119.071, the City of Miramar Police Department's purpose for collecting your social security number is for the following reasons:

1. To complete your employment application and statutorily required background investigation process
2. For the future reporting of training and/or education to the Florida Criminal Justice Standards and Training Commission should you gain employment with the City of Miramar Police Department.

**ACKNOWLEDGMENT:**

I, \_\_\_\_\_ do hereby confirm that I have received a copy of this written statement describing the purpose(s) for collecting my Social Security Number as required by Florida State Statute § 119.071 (5)(a)(3).

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Legibly print or type your name here)

