

BARTOW POLICE DEPARTMENT
EMPLOYMENT APPLICATION



Bryan S. Dorman
Interim Chief of Police



Bartow Police Department

450 N. Broadway Ave.
Bartow, FL 33830-3999
(863) 534-5034 / Fax (863) 534-5030

Dear Applicant:

The Bartow Police Department application process presently requires all police applicants to be Florida certified before being able to submit an employment application.

Police Officer Applicants are encouraged to enroll at a Florida Department of Law Enforcement (FDLE) approved Criminal Justice Academy and obtain certification which will allow them to apply with our agency. Once the individual has completed all requirements set forth by the Police Academy and can provide our Department with a copy of FDLE State Certificate and proof of passing the State Certification Test, the applicants are then considered for employment with the Bartow Police Department.

While preparing your application, please note that COMPLETE and ACCURATE MAILING ADDRESSES are required. Personnel will review your application to ensure all information is complete. All necessary documentation must be included in the application prior to its acceptance

Photocopies of the following items MUST be included with your Application:

1. Current Florida driver's license
2. Current vehicle insurance
3. Social Security card
4. Birth Certificate issued by State
5. High school diploma, GED (if not Florida GED, must have transcript) or college Transcripts
6. If a veteran, copy of Form DD-214 stating "Honorable" discharge
7. Proof of registration as required by Federal Military Selective Service Act (Males aged 18-26)
8. Copy of FDLE State Certificate and proof of passing State Certification Test
9. Any other applicable diplomas and/or certificates may be included

Prior to hiring, the following requirements must be successfully met

1. Background investigation and reference checks
2. Oral interview
3. Truth Verification Examination
4. Urinalysis examination
5. Physical examination and EKG
6. Physical agility test
7. Psychological test
8. Fingerprints submitted

BARTOW POLICE DEPARTMENT
EMPLOYMENT APPLICATION

Many aspects of your application will become public record per Florida State Statute Chapter 119. The City of Bartow is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, handicap, marital status, religion or any other legally protected status

Bartow Police Department policy prohibits the offer of employment to any applicant who has:

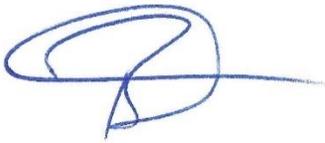
- * Within the past twelve (12) months used, tried, experimented with or otherwise possessed any illegal controlled substance including marijuana;
- * Within the past sixty (60) months used, tried, experimented with or otherwise possessed any illegal controlled substance classified by Florida Statutes as a Schedule I or Schedule II illegal substance ("hard" drugs).
- * Sold or delivered any illegal controlled substance at any time.
- * Had their driver's license suspended for nonpayment of insurance nor for nonpayment of traffic fines more than twice during the sixty (60) months prior to date of application.
- * Been convicted or have pled to Driving Under the Influence (DUI), as defined in Section 316.193, F.S. during the sixty (60) months prior to date of application, no more than on time total.

Please call City Hall at (863) 534-0100 if you have further questions, then return the completed application and all required documents to:

**City of Bartow
Personnel Department
450 N. Wilson Ave.
Bartow, FL 33830**

If I can be of any further assistance, please feel free to contact me at (863) 534-5034.

Sincerely,



Bryan Dorman
Interim Chief of Police

BARTOW POLICE DEPARTMENT
EMPLOYMENT APPLICATION



Bryan S. Dorman
Interim Chief of Police



Bartow Police Department

450 N. Broadway Ave.
Bartow, FL 33830-3999
(863) 534-5034 / Fax (863) 534-5030

Dear Applicant:

Pursuant to the Open Government Sunset Review Act (amending Florida Statute 119.071) the Social Security Number you provide on the application will be used for the exclusive purpose of conducting a criminal background investigation, for gathering and verifying information to ensure positive identification, and for satisfying the requirements needed to precede payroll and benefits provided by the Bartow Police Department.

I hereby release, waive, discharge and covenant not to sue the Bartow Police Department, City of Bartow, Bartow City Commissioners, and all members of the Bartow Police Department, individually and in their official capacity, and all of their employees, appointees, contractors, sub-contractors, agents, heirs, officers, et al, from any and all liability that arises from giving the Bartow Police Department my Social Security Number for use in a background check for possible employment.

Further, I agree to indemnify and forever hold harmless to the extent the laws allows, the Bartow Police Department, City of Bartow, Bartow City Commissioners, and all members of the Bartow Police Department, individually and in their official capacity, and all of their employees, appointees, contractors, sub-contractors, agents, heirs, officers, et al, from any and all claims, causes of action, demands or damages, and costs (to include 'reasonable attorney's fees) present, past, and future, contingent or otherwise, and for any acts of carelessness or negligence on the part of anyone which may arise, directly or indirectly, out of giving my Social Security Number to the Bartow Police Department for use in a background check for possible employment

I have read all the provisions of this agreement and do fully understand them and agree to sign this agreement voluntarily without duress or coercion to do so. I am fully aware that dangers can occur when providing my Social Security Number but I agree to sign this agreement voluntarily.

Applicant's Signature

DATE

ADDRESS: _____

PHONE NUMBER: _____

(06/01/2020)

BARTOW POLICE DEPARTMENT

**450 N. Broadway
Bartow, FL 33830**



*Attach a current photograph 2" x 3"
Passport type*

(NAME)

REFERRAL SOURCE:

RADIO _____
TELEVISION _____
NEWSPAPER _____
RECRUITER _____
FRIEND _____
WALK-IN _____
OTHER _____

**The City of Bartow is an Equal
Employment Opportunity Employer
M/F**

**Minorities and Women are
encouraged to apply**

Drug Free Workplace

BARTOW POLICE DEPARTMENT
EMPLOYMENT APPLICATION

POSITION DESIRED _____ **DATE** _____

Application must be typewritten or printed legibly in ink. All questions must be answered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions. If you require special disability accommodations, notify the agency's hiring authority in advance

1. Full Name:

Last Name	First	Middle	Nickname
Residence Address (Apt.No. if applicable)		Mailing Address (Apt. No. if applicable)	
City	County	State	Country (if not in the United States)
Telephone Number Including Area Code (Home)	Cell Phone Number	Other	

2. Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State Issued: _____

3. Place of Birth:

City	County	State	Country (if not in the United States)
------	--------	-------	---------------------------------------

4. List all other names you have used including circumstances and time periods you used them.

For example: former name(s), alias(es), and nickname(s)

NAME	CIRCUMSTANCE	DATES FROM		DATES TO	
		MONTH	YEAR	MONTH	YEAR

The City of Bartow is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, handicap, marital status, religion or any other legally protected status.

5. Are you a United States citizen? _____ Yes _____ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

_____ Yes _____ No

If naturalized, please provide:

Date	Place	Court	Date	Naturalization Number
------	-------	-------	------	-----------------------

6. Do you have, or have you ever applied for a passport? _____ Yes _____ No _____
Passport Number

7. Have you ever filed an application with us before? _____ Yes _____ No _____
Date

BARTOW POLICE DEPARTMENT
EMPLOYMENT APPLICATION

8. Have you ever been employed by us before? _____ Yes _____ No _____ Date _____

EDUCATION / TRAINING / SKILLS

1.

HIGH SCHOOL NAME AND ADDRESS		DATES: MONTH AND YEAR		GRADUATE	TYPE OF DIPLOMA
NAME	ADDRESS	FROM	TO	YES / NO	

2.

COLLEGE NAME AND ADDRESS		DATES: MONTH / YEAR		TOTAL CREDIT HOURS	TYPE OF DIPLOMA
NAME	ADDRESS	FROM	TO		

Major _____ Minor _____

3.

OTHER SCHOOLS: TRADE, VOCATIONAL, BUSINESS, POLICE ACADEMIES, OR MILITARY SCHOOLS				Did you Complete Course?	Certificate or Degree
NAME	ADDRESS	DATES ATTENDED : FROM / TO			

4. Describe any awards, honors, citations or other special recognition you received while attending school. List positions held in school organizations

5. Describe any foreign languages you can:

SPEAK _____

READ _____

WRITE _____

BARTOW POLICE DEPARTMENT
EMPLOYMENT APPLICATION

6. Describe any law enforcement education / training:

7. Did you receive a certificate for this training? _____Yes _____No

Certificate Number _____

8. Describe special skills you possess and equipment you have been trained to use, which may be related to the position for which you are applying: (i.e., breathalyzer, speed detection equipment, firearms, computers):

9. List and describe all word processing and software programs, and computer skills you possess:

10. State approximate number of words you are able to type per minute: _____

11. Date you are available to start this position: _____

12. Are you available to work: Full-Time _____ Part-Time _____

13. Are you available to work rotating shifts? Yes _____ No _____

BARTOW POLICE DEPARTMENT
EMPLOYMENT APPLICATION

PREVIOUS AND CURRENT EMPLOYMENT STATUS

1. List chronologically all employment starting with your current employment and include all summer and part-time employment.
ALL TIME AND YEARS MUST BE ACCOUNTED FOR. If you were unemployed for a period of time, provide dates.

NAME / ADDRESS EMPLOYER	DATES WORKED	SALARY	TITLE OR POSITION(S)	NAME OF SUPERVISOR	REASON FOR LEAVING
NAME	From: Month/Year				
Address					
City/State/Zip	To: Month/Year				
Phone Number					
NAME	From: Month/Year				
Address					
City/State/Zip	To: Month/Year				
Phone Number					
NAME	From: Month/Year				
Address					
City/State/Zip	To: Month/Year				
Phone Number					
NAME	From: Month/Year				
Address					
City/State/Zip	To: Month/Year				
Phone Number					
NAME	From: Month/Year				
Address					
City/State/Zip	To: Month/Year				
Phone Number					

BARTOW POLICE DEPARTMENT
EMPLOYMENT APPLICATION

NAME / ADDRESS EMPLOYER	DATES WORKED	SALARY	TITLE OR POSITION(S)	NAME OF SUPERVISOR	REASON FOR LEAVING
NAME	From: Month/Year				
Address					
City/State/Zip	To: Month/Year				
Phone Number					
NAME	From: Month/Year				
Address					
City/State/Zip	To: Month/Year				
Phone Number					
NAME	From: Month/Year				
Address					
City/State/Zip	To: Month/Year				
Phone Number					
NAME	From: Month/Year				
Address					
City/State/Zip	To: Month/Year				
Phone Number					
NAME	From: Month/Year				
Address					
City/State/Zip	To: Month/Year				
Phone Number					

BARTOW POLICE DEPARTMENT
EMPLOYMENT APPLICATION

CRIMINAL HISTORY

1 Have you ever been arrested, received a notice or summons to appear, charged, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged?

_____Yes _____No

If yes, explain: _____

2 Have you ever been convicted of a felony? _____Yes _____No

3 To your knowledge, has any member of your family ever been arrested for anything other than traffic violations?

_____Yes _____No

If you answered "YES" to question 1, 2 or 3, list ALL such matters, even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. (Include your juvenile charges and charges which have been sealed, if any.)

APPLICANT	ARRESTING OR CHARGING AGENCY	CHARGE	DATE OF CHARGE and/or ARREST	COURT INFORMATION	DISPOSITION
APPLICANT'S FAMILY MEMBER	ARRESTING OR CHARGING AGENCY	CHARGE	DATE OF CHARGE and/or ARREST	COURT INFORMATION	DISPOSITION

4. Have you or your spouse ever been a plaintiff or defendant in a court action? _____Yes _____No.

5. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge, have you ever been the subject of, or a suspect in, any criminal investigation? _____Yes _____No.

6. Have you ever been fingerprinted for any reason? (arrest, job application, military, etc.) _____Yes _____No

If you answered "Yes" to question 4, 5, or 6, please provide details.

DRIVING RECORD

(Answer questions 1-4 if the job with which you are applying requires you to operate a vehicle)

1. Are you a licensed Florida automobile operator or chauffeur? _____Yes _____No

License No: _____

Expiration Date: _____

Restrictions: _____

2. Do you hold, or have ever held an operator or chauffeur license in another state? _____Yes _____No

If "yes", please provide the State, name used and the approximate dates your license(s) was/were held.

BARTOW POLICE DEPARTMENT
EMPLOYMENT APPLICATION

3. Have you ever received a ticket or been charged with a traffic violation? ____Yes ____No (Provide Details)

4. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?

____Yes ____No If "yes", please provide complete details. _____

MILITARY RECORD

1. Have you ever served on active duty in the Armed Forces of the United States? ____Yes ____No

Branch of Service _____ Highest Rank _____

Service Number _____ Active Duty Dates: _____

From	To
From	To

2. Date and type of discharge: _____

3. Are you now, or have you ever been a member of the Reserve Unit or the National Guard? ____Yes ____No

4. If "yes", please list the branch of service, name and location of your unit, and whether you attend drills, meetings, or camps:

5. Was there any type of disciplinary action taken against you in while in military service? ____Yes ____No

If "yes", please provide: _____

Date	Location	Nature of Offense
------	----------	-------------------

6. Are you designated as disabled because of any military service? ____Yes ____No

7. **VETERANS' PREFERENCE: Check the appropriate block if you are claiming Veterans' Preference. Documentation substantiating your claim must be furnished at the time of application.**

- 1. A veteran with a service-connected disability who is eligible for, or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense, or
- 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
- 3. A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was honorable discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or
- 4. The unmarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed, and been employed using Veterans' Preference since October 1, 1987? ____Yes ____No

If "yes", please give name of employer: _____

NOTE: Under Florida law, preference in appointment shall be given first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, FL 33731

BARTOW POLICE DEPARTMENT
EMPLOYMENT APPLICATION

CIVIC CLUBS AND MEMBERSHIP ORGANIZATIONS

1. List all clubs and societies of which you are, or have ever been, a member:

CLUB OR SOCIETY NAME	CITY STATE	FORMER or MEMBER	LIST POSITION HELD (DESCRIBE ACTIVITY)

2. Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? Yes No
3. Have you ever made a financial or other material contribution to any organization of the type described in question 2 above? Yes No
4. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? Yes No
5. Did you intend to promote any unlawful aims of the organization? Yes No If "yes" to questions 2, 3, 4, or 5, explain, including name and location of the organization.

OTHER BUSINESS AND LICENSING

1. Do you, or have you ever, owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? Yes No
2. Are you currently in possession of, or have ever been issued a license to engage in a business or profession? Yes No
3. Was your license ever cancelled, suspended or revoked? Yes No
If you answered "yes" to question 1, 2, or 3, please provide details, including the type of license or certificate, the name of the agency, effective date, and number of the license.

Issuing Agency Effective Date License Number

Issuing Agency Effective Date License Number

BARTOW POLICE DEPARTMENT
EMPLOYMENT APPLICATION

PERSONAL REFERENCES

Personal References: Give three(3) references who are responsible adults of reputable standing in their communities. This may include property owners, business or professional or retired men or women who have know you well for the past five (5) years. If . **Do not include relatives, former or present employers, fellow employees, or school teachers.**

PERSONAL REFERENCE ONE (1)				
last	First	Middle	Number of years acquainted	
Home Address (Street and Number)		City	State, Zip	
Home Phone Number		Cell Phone Number		Business / Work Phone Number
Business Address		City	State, Zip	Occupation
PERSONAL REFERENCE TWO (2)				
last	First	Middle	Number of years acquainted	
Home Address (Street and Number)		City	State, Zip	
Home Phone Number		Cell Phone Number		Business / Work Phone Number
Business Address		City	State, Zip	Occupation
PERSONAL REFERENCE THREE (3)				
last	First	Middle	Number of years acquainted	
Home Address (Street and Number)		City	State, Zip	
Home Phone Number		Cell Phone Number		Business / Work Phone Number
Business Address		City	State, Zip	Occupation

BARTOW POLICE DEPARTMENT
EMPLOYMENT APPLICATION

3. Have you, your spouse, or a company owned by you filed for bankruptcy? ____Yes ____No
Have you, your spouse, or a company owned by you, declared bankruptcy? ____Yes ____No
Have you, your spouse, or a company owned by you had a legal judgment rendered against you for a debt? ____Yes ____No
If "yes" to any of these questions, please provide details.
-
-
-

Prior to final approval for hiring, you will be required to undergo a Truth Verification Examination regarding your background and aspect of your character.

The following is a list of subject areas from which the Truth Verification Exam questions will be drawn:

FINANCIAL STATUS	USE OF ALCOHOL	GAMBLING
PHYSICAL CONDITION	DRIVING RECORD	BLACKMAIL
WORK RECORD	ARRESTS AND CONVICTIONS	FRIENDS, RELATIVES, AND ASSOCIATES
HONESTY	DRUGS, NARCOTICS, MARIJUANA	LOYALTY TO THE UNITED STATES

I UNDERSTAND THAT, IN SUBMITTING THIS APPLICATION FOR EMPLOYMENT FOR APPOINTMENT, I AGREE TO ABIDE BY THE FOLLOWING TERMS AND CONDITIONS:

My appointment or employment will be contingent upon the results of a complete background investigation. Any omission, falsification, misstatement or misrepresentation may disqualify me as an applicant or cause my dismissal from the Bartow Police Department. All Statements made by me on this application are true, correct and complete, to the best of my knowledge.

I consent to a truth verification examination concerning the veracity of this information or that which is discovered as a result of the background investigation or any physical examination or drug test. My appointment or employment will be contingent upon the results of a complete drug test. I may be required to take drug test during the term of my appointment or employment with the Bartow Police Department.

I authorize all persons and organizations referenced in this application to furnish the Bartow Police Department information, personal or otherwise, regarding my ability and fitness for appointment or employment. I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Bartow Police Department. I understand that this employment application shall become the property of the Bartow Police Department. The application and information received in response to the background investigation are public records.

If employed by the Bartow Police Department, I accept and agree to abide by the following conditions:

I will obey and abide by all directives, procedures, rules, regulations and General Orders issued by the Bartow Police and it's official representatives. I will agree to work shift work if applicable, my position may be relocated. I understand my position will require use of agency supplied equipment and/or uniform(s).

Procedures, rules regulations and General Orders issued by the Bartow Police Department and it's official representatives.

Any property or equipment issued or loaned to me by the Bartow Police Department shall be maintained in good repair at all times. I will report any discrepancies to my supervisor immediately. I may be required to reimburse the Bartow Police Department for any property or equipment that is damaged or lost through my own negligence or misconduct. If funds from the damage or loss of such property are due and owing at the termination of my employment, I agree that said funds may be deducted from my final paycheck.

I acknowledge that all property belonging to the Bartow Police Department, or utilized by me in the course and scope of my employment, is subject to search or inspection at any time without notice. I also agree to, and fully realize that, I have no expectation of privacy, whether subjective or objective, in the use of such property.

I acknowledge that, in accordance with the Florida Statute 943.16, if I should voluntarily leave the Bartow Police Department within one (1) year of entering or completing (whichever is later) an approved Criminal Justice Standards Training Program, the tuition and any related educational cost paid by the agency will be deducted from my final paycheck.

BARTOW POLICE DEPARTMENT
EMPLOYMENT APPLICATION

AUTHORITY FOR RELEASE OF MEDICAL AND PSYCHOLOGICAL INFORMATION AND DOCUMENTATION

TO: *Concerned Person or Authorized repetitive of any Mental or Medical Affiliated Organization, Institution or Repository of Records. of Records*

APPLICANTS NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO: _____

EMPLOYING AGENCY REQUESTING INFORMATION: **BARTOW POLICE DEPARTMENT**

I, the undersigned affiant, hereby authorize any employee or authorized representative bearing this release, or a copy thereof, to obtain any information or documentation from all physicians, psychologist, psychiatrists, therapists, medical attendants, and any other health care providers as well as all hospitals, treatment facilities and any and all other sources who have treated me to furnish copies of my full and complete medical, psychological and psychiatric records and any other information requested to any representative of the Bartow Police Department.

This authorization also includes examination of all hospital records, psychological and psychiatric records, x-ray film and the furnishing of any other information which may be requested by any representative of the Bartow Police Department, including opinions, which have been rendered or acquired by you while attending me in a professional capacity.

I hereby waive as to the Bartow Police Department and the City of Bartow all provisions of law relating to the disclosure of the medical, mental and psychological records, requested, and do hereby release you, as the custodian of such records, and any physician, psychologist, psychiatrist, therapist, medical attendant or other health care provider as well as all attended hospitals, treatment facilities and any and all other sources who have treated me, including each of their 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 a Photostat copy of this form will be valid as the original.

Pursuant to Section 943.13 (4), (6) and (7), Florida Statutes, 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 FLORIDA

COUNTY OF POLK

BEFORE ME, the undersigned authority, personally appeared _____.

Who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

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

My Commission expires on _____, 20_____.

(seal)

Notary Public

_____ Personally Known
_____ Produced Identification

TYPE OF IDENTIFICATION PRODUCED

NEIGHBORHOOD REFERENCES

Provide a minimum of four (4) non-related people that live in your immediate neighborhood.

1. Name: _____
Address: _____
City: _____
State/Zip Code: _____
Home Phone: _____
Cell Phone: _____

2. Name: _____
Address: _____
City: _____
State/Zip Code: _____
Home Phone: _____
Cell Phone: _____

3. Name: _____
Address: _____
City: _____
State/Zip Code: _____
Home Phone: _____
Cell Phone: _____

4. Name: _____
Address: _____
City: _____
State/Zip Code: _____
Home Phone: _____
Cell Phone: _____

CITY OF BARTOW



EQUAL EMPLOYMENT OPPORTUNITY For Statistical Use Only

Although the following information is not mandatory, it is requested to aid the City of Bartow in its commitment to Equal Employment Opportunity. Applicants for employment with the City of Bartow are considered without regard to race, color, religion, sex, sexual preference, national origin, age, disability or marital status. However, the Federal Government may require that the City provide statistics on the number of women, minorities, veterans and disabled persons who apply for jobs.

Information provided below will be used for statistical purposes only and will be maintained apart for the Application for Employment during the entire hiring process and will not affect hiring.

NAME: _____ DATE OF APPLICATION: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ DATE OF BIRTH: _____

POSITION APPLIED FOR: _____

RACE:

WHITE _____

SEX: M _____ F _____

BLACK _____

HANDICAPPED: YES _____ NO _____

SPANISH _____

VETERAN: YES _____ NO _____

ASIAN/PACIFIC ISLAND _____

AMERICAN INDIAN/ALASKAN _____

_____ Wartime Period Veteran _____ Disabled Veteran _____ Disabled Person not entitled to Veteran's Preference

** In accordance with the Americans with Disabilities Act of 1990, The City of Bartow invites disabled applicants to inform the Personnel Department if they need any assistance or special accommodations to compete for, or if selected, to be employed in the position for which they have applied.*

CITY OF BARTOW IS AN EOE/DRUG FREE WORKPLACE

The City of Bartow is an Equal Employment Opportunity Employer M/F. Minorities and Women are encouraged to apply. Drug Free Workplace



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

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



CJSTC 58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME:
DATE OF BIRTH:
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:

AGENCY REQUESTING BACKGROUND INFORMATION:

ADDRESS:

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Bartow Police Department

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature Date

Applicant's Address

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF COUNTY OF

Sworn to (or affirmed) and subscribed before me this

day of, year, By

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced