



# ROCKLEDGE POLICE DEPARTMENT

## FULL TIME POLICE OFFICER APPLICATION

AN EQUAL OPPORTUNITY /  
VETERAN'S PREFERENCE EMPLOYER

1600 Huntington Lane  
Rockledge, Florida 32955  
321-690-3978

(PLEASE PRINT PLAINLY IN BLUE OR BLACK INK)

### I. PERSONAL

DATE: \_\_\_\_\_

1. FULL NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

2. PLACE OF BIRTH: \_\_\_\_\_  
CITY COUNTY STATE COUNTRY

3. WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

4. ARE YOU A CITIZEN OF THE UNITED STATES? \_\_\_\_\_

5. NATURAL BORN? \_\_\_\_\_ NATURALIZED? \_\_\_\_\_

6. IF A NATURALIZED CITIZEN, CHECK BELOW IF YOU ARE A CITIZEN BY VIRTUE OF A NATURALIZATION CERTIFICATE ISSUED TO:

\_\_\_\_\_ SELF \_\_\_\_\_ PARENT \_\_\_\_\_ SPOUSE

7. HAVE YOU EVER HAD YOUR NAME LEGALLY CHANGED? \_\_\_\_\_

8. IF YOU RESPONDED POSITIVELY TO QUESTION 7 INDICATE AS FOLLOWS:

A. PREVIOUS NAME: \_\_\_\_\_

B. DATE AND LOCATE OF CHANGE: \_\_\_\_\_

C. REASON FOR CHANGE: \_\_\_\_\_

9. PRESENT HOME ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

10. HOW LONG HAVE YOU RESIDED AT YOUR PRESENT ADDRESS? \_\_\_\_\_ (NUMBER OF YEARS)

11. HOME PHONE NUMBER: \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_

12. CHRONOLOGICALLY LIST ALL PREVIOUS PLACES OF RESIDENCE SINCE LEAVING ELEMENTARY SCHOOL:

DATES		ADDRESS, CITY AND STATE
To	FROM	

13. LIST ALL CLUBS, SOCIETIES, CIVIC OR FRATERNAL ORGANIZATIONS TO WHICH YOU ARE OR HAVE BEEN A MEMBER:

NAME OF ORGANIZATION	ACTIVE (YES OR NO)	DATE OF INITIAL MEMBERSHIP

14. LIST ALL MEMBERS OF YOUR IMMEDIATE FAMILY, TO INCLUDE SPOUSE, EX-SPOUSE, CHILDREN, STEP-CHILDREN, PARENTS, STEP-PARENTS, BROTHERS, SISTERS, STEP-BROTHERS AND STEP-SISTERS:

NAME	RELATIONSHIP	ADDRESS

15. IF IT BECAME NECESSARY, IN THE COURSE OF YOUR POLICE DUTIES TO LAWFULLY TAKE A HUMAN LIFE, WOULD YOU HAVE ANY RELUCTANCE TO DO SO, BECAUSE OF RELIGIOUS OR OTHER BELIEFS?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

IF YOU ANSWERED "YES" PROVIDE YOUR EXPLANATION ON A SEPARATE SHEET.

**II. EDUCATIONAL BACKGROUND**

16. LIST ALL SCHOOLS OR COLLEGES THAT YOU HAVE ATTENDED:

DATES GRADUATE	SCHOOL	LOCATION	DID YOU

17. WHILE IN SCHOOL, WERE YOU EVER SUSPENDED OR EXPELLED?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

IF YOU ANSWERED "YES" PROVIDE DETAILS ON A SEPARATE SHEET.

18. WHAT SUBJECTS WERE MOST DIFFICULT FOR YOU? \_\_\_\_\_

19. WHAT SUBJECTS DID YOU LIKE BEST? \_\_\_\_\_

**III. MILITARY SERVICE**

20. HAVE YOU EVER SERVED IN A MILITARY ORGANIZATION OF THE UNITED STATES? \_\_\_\_\_

21. IF YOU ANSWERED "YES" TO QUESTION 20, GIVE PERIODS OF ACTIVE MILITARY SERVICE AND OTHER DATES REQUESTED.

DATES: \_\_\_\_\_ BRANCH OF SERVICE: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_ RANK: \_\_\_\_\_

TYPE OF DISCHARGE RECEIVED: \_\_\_\_\_

REASON FOR DISCHARGE: \_\_\_\_\_

DATES: \_\_\_\_\_ BRANCH OF SERVICE: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_ RANK: \_\_\_\_\_

TYPE OF DISCHARGE RECEIVED: \_\_\_\_\_

REASON FOR DISCHARGE: \_\_\_\_\_

DATES: \_\_\_\_\_ BRANCH OF SERVICE: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_ RANK: \_\_\_\_\_

TYPE OF DISCHARGE RECEIVED: \_\_\_\_\_

REASON FOR DISCHARGE: \_\_\_\_\_

22. WERE YOU EVER TRIED, PUNISHED, REPRIMANDED OR REDUCED IN RANK FOR ANY INFRACTION OF MILITARY RULES AND REGULATIONS? \_\_\_\_\_

IF YOU ANSWERED "YES" PROVIDE THE FOLLOWING INFORMATION ON A SEPARATE SHEET:

- A. DATE(S);
- B. CHARGE(S) AGAINST YOU;
- C. TYPE OF COURT MARTIAL OR OTHER DISCIPLINARY ACTION;
- D. THE DISPOSITION OF THE CHARGES.

23. HAS YOUR DISCHARGE OR SEPARATION EVER BEEN CORRECTED OR CHANGED? \_\_\_\_\_

IF YOU ANSWERED "YES" PROVIDE THE DETAILS BELOW:

CHANGED FROM: \_\_\_\_\_

CHANGED TO: \_\_\_\_\_

AUTHORITY: \_\_\_\_\_

**IV. RESERVE AND/OR NATIONAL GUARD RECORD**

24. ARE YOU NOW OR WERE YOU EVER AN ACTIVE MEMBER OF ANY BRANCH OF THE UNITED STATES RESERVE OR STATE NATIONAL GUARD? \_\_\_\_\_

25. IF YOU HAVE ANSWERED "YES" TO QUESTION 24, INDICATE WHETHER IT WAS A UNITED STATES RESERVE FORCE OR STATE NATIONAL GUARD ALONG WITH OTHER DATA REQUESTED.

BRANCH OF SERVICE: \_\_\_\_\_

DATES OF SERVICE: \_\_\_\_\_

UNIT: \_\_\_\_\_ PRESENT OR LAST RANK: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_

MAILING ADDRESS OF UNIT: \_\_\_\_\_



31. IF ANY OF THE EMPLOYERS YOU HAVE LISTED IN QUESTION 30 ARE RELATIVES; INDICATE WHICH ONES (THIS INCLUDES RELATIVE THROUGH MARRIAGE).

\_\_\_\_\_

\_\_\_\_\_

32. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN FROM A PLACE OF EMPLOYMENT BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE? \_\_\_\_\_

IF YOU HAVE ANSWERED "YES" LIST THOSE EMPLOYERS BELOW WHO EITHER:

- A. DISCIPLINED YOU;
- B. DISCHARGED YOU;
- C. REQUESTED THAT YOU RESIGN.

EMPLOYERS NAME	DATE	NAME OF SUPERVISOR INVOLVED

33. DO YOU OBJECT TO YOUR PRESENT EMPLOYER BEING CONTACTED? \_\_\_\_\_

34. HAVE YOU EVER APPLIED FOR A POSITION WITH ANY LAW ENFORCEMENT AGENCY? \_\_\_\_\_

IF YOU HAVE ANSWERED "YES" SUBMIT ON A SEPARATE SHEET THE FOLLOWING INFORMATION:

- A. THE AGENCY TO WHICH YOU HAVE APPLIED;
- B. THE DATE WHICH YOU APPLIED;
- C. WHETHER YOU WERE REJECTED OR ACCEPTED;
- D. IF ACCEPTED, THE REASON WHY YOU REFUSED EMPLOYMENT.

35. HAVE ANY LICENSE OR PERMIT (EXCLUDING DRIVERS LICENSE OR LEARNERS PERMIT) ISSUED BY ANY CITY, COUNTY, STATE OR FEDERAL AGENCY EVER BEEN DENIED TO YOU OR TO ANY CORPORATION OR PARTNERSHIP OF WHICH YOU WERE AN OFFICER, DIRECTOR OR PARTNER? \_\_\_\_\_

IF YOU HAVE ANSWERED "YES" PROVIDE THE DETAILS ON A SEPARATE SHEET.

36. HAS ANY SUCH LICENSE OR PERMIT EVER BEEN REVOKED, CANCELED OR SUSPENDED? \_\_\_\_\_

37. ARE YOU AT THIS TIME ON ANY ELIGIBILITY LIST? \_\_\_\_\_

IF YOU HAVE ANSWERED "YES" ANSWER THE FOLLOWING:

WHERE AND FOR WHAT POSITION: \_\_\_\_\_

**VIII. MOTOR VEHICLE OPERATOR RECORD**

38. CAN YOU OPERATE A MOTOR VEHICLE? \_\_\_\_\_

39. DO YOU POSSESS A VALID DRIVERS LICENSE? \_\_\_\_\_

40. DRIVERS LICENSE TYPE: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

LICENSE STATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

41. HAS YOUR DRIVERS LICENSE EVER BEEN REVOKED OR SUSPENDED? \_\_\_\_\_

IF YOU HAVE ANSWERED "YES" INDICATE ON A SEPARATE SHEET THE FOLLOWING:

- A. THE STATE;
- B. THE DATE;
- C. ALL DETAILS PERTAINING TO THE SUSPENSION.

42. WAS YOUR DRIVERS LICENSE EVER RESTORED? \_\_\_\_\_

43. HAVE YOU EVER BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT? \_\_\_\_\_

IF YOU HAVE ANSWERED "YES" INDICATE ON A SEPARATE SHEET THE FOLLOWING:

- A. THE DATE;
- B. THE LOCATION;
- C. ANY INJURIES;
- D. CHARGES;
- E. FINAL DISPOSITION OF ANY CHARGES OR CIVIL LIABILITY;

44. HAVE YOU EVER BEEN REFUSED A DRIVERS LICENSE BY ANY STATE? \_\_\_\_\_

45. HAVE YOU EVER RECEIVED A TRAFFIC CITATION? \_\_\_\_\_

IF YOU HAVE ANSWERED "YES" INDICATE ON A SEPARATE SHEET THE FOLLOWING INFORMATION:

- A. THE CITY, COUNTY AND STATE;
- B. NAME OF THE AGENCY ISSUING THE CITATIONL
- C. DATE;
- D. CHARGE(S);
- E. FINAL DISPOSITION;

46. DO YOU NOW HAVE ANY UNPAID SUMMONSES OUTSTANDING AGAINST YOU FOR ANY PARKING VIOLATIONS? \_\_\_\_\_

IF "YES", HOW MANY AND WHERE? \_\_\_\_\_

## **IX. REFERENCES**

47. FILL IN BELOW THE NAMES OF THREE (3) PEOPLE, NOT RELATED TO YOU, AND NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR AT LEAST FIVE (5) YEARS. ALL PERSONS TO WHOM YOU REFER MAY BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY AND OTHER QUALITIES.

#1 NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_

BUSINESS, OCCUPATION OR PROFESSION: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_

#2 NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_

BUSINESS, OCCUPATION OR PROFESSION: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_

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#3 NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_

BUSINESS, OCCUPATION OR PROFESSION: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_

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**X. ACQUAINTANCES**

48. FILL IN BELOW THE NAMES OF TWO (2) PEOPLE, NOT RELATED TO YOU, AND NOT FORMER EMPLOYERS OR REFERENCES WHO ARE FRIENDS, FELLOW STUDENTS OR FELLOW WORKERS. NAMES LISTED SHOULD BE THOSE PERSONS WHO HAVE SEEN YOU FREQUENTLY DURING THE PAST YEAR.

#1 NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_

BUSINESS, OCCUPATION OR PROFESSION: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_

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#2 NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_

BUSINESS, OCCUPATION OR PROFESSION: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_

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49. IN WHAT CAPACITY ARE THE LISTED ACQUAINTANCES KNOWN TO YOU?

1. \_\_\_\_\_

2. \_\_\_\_\_



To Whom It May Concern:

I, \_\_\_\_\_, do hereby give permission to Chief Ronald D. Krueger or his representative of the Rockledge Police Department to obtain any and all of my past employment records. I also give permission for him/her to talk with any and all of my past employers and co-workers. This information is to be used in connection with an investigation being conducted by the Rockledge Police Department in reference to employment by said agency.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Sworn to an subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By \_\_\_\_\_ who is personally known to me, or who produced \_\_\_\_\_ (Identification) and who did/did not take an oath.

Notary Public: \_\_\_\_\_

Printed Name of Notary Public: \_\_\_\_\_

Seal:

To Whom It May Concern:

I, \_\_\_\_\_, do hereby give permission to Chief Ronald D. Krueger or his representative of the Rockledge Police Department to obtain a credit check through whatever means necessary. This information is to be used in connection with an investigation being conducted in reference to employment by the Rockledge Police Department.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By \_\_\_\_\_ who is personally known to me, or who produced \_\_\_\_\_ (Identification) and who did/did not take an oath.

Notary Public: \_\_\_\_\_

Printed Name of Notary Public: \_\_\_\_\_

Seal: