



ROCKLEDGE POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY /
VETERAN'S PREFERENCE EMPLOYER

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

This application is to be used exclusively
for Communications Officers and
Administrative Positions only

(PLEASE PRINT PLAINLY IN BLUE OR BLACK INK)

			SOCIAL SECURITY NUMBER
NAME (LAST)	(FIRST)	(MIDDLE)	TELEPHONE NUMBER
MAILING ADDRESS		CITY, STATE, ZIP CODE	
<ul style="list-style-type: none"> • Are you legally eligible for employment in the U.S.A.? YES [] NO [] • If yes, verification will be required _____ • Have you ever been employed by the City of Rockledge? [] [] • If yes, give dates and division _____ 			
<hr/>			
JOB INTEREST		<i>(If you are interested in applying for two or more positions available at the same time, please complete a separate application for each position.)</i>	
Position Applied For _____		Date you can begin _____	
Salary Desired _____			
Will you accept: Temporary Work		Yes []	No []
Part-time Work		Yes []	No []

EDUCATION

SCHOOLS	NAME/ADDRESS	MAJOR	DID YOU GRADUATE?	DEGREE
High School/GED				
College				
Graduate School				
Vocational School or Other Training				

PRESENT AND PRIOR EMPLOYMENT

List below all present and past employment, beginning with your most recent. **All spaces must be completed.** A resume may be used to supplement, but not substitute, employment information. **DO NOT** specify "SEE RESUME." **Incomplete applications MAY be rejected.**

Name and Address of Company and Type of Business	From	Job Title: Describe the duties you performed	Starting Salary	Last Salary
	Mo / Yr			
			Name and Title of Supervisor	
	To			
	Mo / Yr			
Telephone				
Reason for Leaving				

Name and Address of Company and Type of Business	From	Job Title: Describe the duties you performed	Starting Salary	Last Salary
	Mo / Yr			
			Name and Title of Supervisor	
	To			
	Mo / Yr			
Telephone				
Reason for Leaving				

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	Mo / Yr			
Telephone				
Reason for Leaving				

Name and Address of Company and Type of Business	From	Job Title: Describe the duties you performed	Starting Salary	Last Salary
	Mo / Yr			
			Name and Title of Supervisor	
	To			
	Mo / Yr			
Telephone				
Reason for Leaving				

I hereby give permission to the Rockledge Police Department to contact the above listed employers concerning my prior work experience.

Signature of Applicant

If there is a particular employer(s), you do not wish us to contact, please indicate which one(s). _____

MILITARY SERVICE RECORD

Have you ever served in the U.S. Armed Forces? Yes [] No []

Please check the following that apply:

[] I claim veteran's preference (you must supply a copy of your DD214 and complete the following information)

I am claiming veteran's preference (check one of the following):

[] As a veteran with a compensable service-connected disability

[] As the unmarried spouse of a veteran who was killed in action or who died of a service-connected disability

[] As the spouse of a veteran who cannot qualify for employment because of total, permanent service-connected disability, or who is missing in action, captured or forcibly detained by a foreign power

[] As a veteran of any war (as defined in the rules of the Division of Veteran's Affairs)

HAVE YOU ENTERED EMPLOYMENT WITH A GOVERNMENT AGENCY IN THE STATE OF FLORIDA SINCE OCTOBER 1, 1987?

YES [] NO [] (If so, you may not be eligible for veteran's preference)

If you believe that you did not receive veterans' preference in accordance with FL Administrative Code, you have the right to an investigation by filing complaint with the Florida Department of Veterans' Affairs, PO Box 31003, St. Petersburg, FL 33731, telephone (813) 898-4443, within 21 days from the date that you received notice that a non-preference applicant was appointed.

SPECIAL SKILLS, APTITUDES AND OTHER QUALIFICATIONS

List details of all skills, aptitudes and other qualifications which you feel are relevant to employment.

Typing Speed _____ (words per minute) Shorthand Speed _____ (words per minute) Speedwriting _____ (words per minute)

Computer Experience _____

Office Machines you can operate _____

List any machinery or heavy equipment that you have operated efficiently: _____

List scholarships, fellowships, honors, etc. received _____

Special qualifications and skills (licenses or certificates, memberships in professional organizations or societies, etc.)

REFERENCES (Do not include Former Employers or Relatives)

Name and Occupation	Address	Phone Numbers Da7 & Evening
1.		
2.		
3.		

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the City of Rockledge has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interview with my neighbors, friends or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

Signature of Applicant

To applicant: READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS IN THIS BLOCKED OFF AREA. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, creed, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age and citizenship. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, martial status or physical or mental handicap or disability. The Fair Credit Reporting Act imposes restrictions with respect to credit data.

DO NOT ANSWER ANY QUESTION CONTAINED IN THIS BLOCKED-OFF AREA UNLESS THE EMPLOYER HAS CHECKED THE BOX NEXT TO THE QUESTION, thereby indicating that for the position for which you are applying the requested information is needed for a legally permissible reason including, without limitation, national security requirements, a bona fide occupations qualification or business necessity.

Have you ever been bonded? _____ If yes, on what job(s)? _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, in the past ten years which has not been annulled or expunged or sealed by a court? _____ Yes _____ No
If yes, describe in full: _____

List any friends or relatives working for us, other than spouse: Names: _____

EMPLOYMENT ELIGIBILITY VERIFICATION

#1

EMPLOYEE INFORMATION AND VERIFICATION (To be completed and signed by employee.)

NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

I attest, under perjury, that I am:

_____ A citizen or nation of the United States.

_____ An alien lawfully admitted for permanent residence.
(Alien Number A _____).

_____ An alien authorized by the Immigration and Naturalization Service to work in the United States.
(Alien Number A _____), or
Admission Number _____,
Expiration of employment authorization, if any _____.

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

SIGNATURE: _____

DATE: _____

PREPARER/TRANSLATOR CERTIFICATION (If prepared by other than the individual). I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

SIGNATURE: _____

NAME (Print or Type): _____

ADDRESS: _____

#2

EMPLOYER REVIEW AND VERIFICATION (To be completed and signed by the employer.)

List A
Identity and Employment Eligibility

- _____ United States Passport
- _____ Certificate of United States Citizenship
- _____ Certificate of Naturalization
- _____ Unexpired foreign passport with attached
Employment Authorization
- _____ Alien Registration Card with photograph

Documentation Identification #:

Expiration Date (if any)

CONTINUED ON NEXT PAGE

List B
Identity

_____ A State issued driver's license or I.D. Card
with a photograph, or information including
name, sex, date of birth, height, weight and
color of eyes.

Specify State

_____ U.S. Military Card
_____ Other (Specify document and issuing authority)

_____ **Document Identification #:**

_____ **Expiration Date (if any)**

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine, relate to the individual named, and that the individual, to the best of my knowledge, is authorized to work in the United States.

SIGNATURE: _____

NAME (Print or Type): _____

TITLE: _____

EMPLOYER NAME: _____

ADDRESS: _____

DATE: _____

VETERANS PREFERENCE INFORMATION

NOTE: Please read and answer all questions by circling "Yes" or "No" as well as reading the applicable information at the bottom of the page.		
1. Are you a veteran of war who served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955, and received an honorable discharge if any part of such active duty was performed during the wartime era (does not include training)?	YES	NO
2. Are you a disable veteran who served on active duty in any branch of the Armed Forces?	YES	NO
3. Do you have a service connected disability which is compensable under public laws administered by the Veterans Administration?	YES	NO
4. Are you receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the Veterans Administration or Department of Defense?	YES	NO
5. Are you the spouse of an MIA or POW?	YES	NO
6. Are you the spouse of an individual who has a service connected disability (total or permanent) and said individual cannot qualify for employment?	YES	NO
7. Are you an unmarried widow/widower of a veteran who is deceased as a result of a service-connected disability?	YES	NO
8. Are you claiming veterans preference?	YES	NO
Have you claimed veterans preference since October 1, 1987?	YES	NO
9. Have you been employed previously under veterans preference by the State or another unit of local government?	YES	NO

PLEASE READ: All applicants claiming veterans preference shall be required to provide documentation as outline in Chapter 22VP-1.013 (6), F.A.C. All documents submitted must clearly indicate that they are copies of originals.

INTENTIONAL MISREPRESENTATION OF CLAIM FOR PREFERENCE SHALL DISQUALIFY THE APPLICANT FROM CLAIMING VETERANS PREFERENCE; AND, IF EMPLOYED, SHALL BE SUBJECT TO DISCIPLINARY ACTION. IF YOU CLAIM VETERANS PREFERENCE AND ARE ELIGIBLE, IT IS YOUR RIGHT TO REQUEST AN INVESTIGATION IF A NON-PREFERENCE ELIGIBLE APPLICANT IS APPOINTED TO A POSITION, AND TO KNOW THE TIME LIMITS OF SUCH INVESTIGATION, AND TO WHICH THE REQUEST FOR AN INVESTIGATION SHOULD BE SENT.

SIGNATURE: _____ **DATE:** _____

ROCKLEDGE POLICE DEPARTMENT

123 BARTON BOULEVARD, ROCKLEDGE, FLORIDA 32955

TELEPHONE
(321) 690-3988

Fax (321) 690-3996

Ronald D. Krueger
Chief of Police

Dear Rockledge Police Department Applicant:

Attached is a City of Rockledge Applicant Voluntary Self Identification Form. The City of Rockledge has requested that you either fill out this form; or write DECLINED on the top of the form. You are then required to write in the position you have applied for and the date.

This form is not to be utilized for employee selection; but instead for gathering statistical data on all applicants of the City.

After completing this form or writing DECLINED on the top of the form; please place it in the attached envelope so it can be forwarded to City Hall.

CITY OF ROCKLEDGE

APPLICANTS VOLUNTARY SELF-IDENTIFICATION RECORD

SUBMISSION OF THIS INFORMATION IS VOLUNTARY AND WILL NOT BE INCLUDED IN YOUR APPLICANT FILE OR YOUR EMPLOYEE PERSONNEL FILE.

As a part of our Affirmative Action Program, we are required to report the number of people who apply at the City by ethnic group, sex, disability, and veteran status. Your cooperation will be appreciated in completing the following form. This information will be used only for reporting purposes as legislated by Federal and State regulations and WILL NOT become a part of you application file or be used in making an employment decision, and WILL NOT be included in your employment personnel file if hired.

DEPARTMENT ADMINISTRATION: SEPARATE THIS FORM IMMEDIATELY FROM THE APPLICANT PACKAGE AND FORWARD IT TO THE CITY MANAGER'S OFFICE.

ETHNIC GROUP (Place "X" in appropriate box)

<input type="checkbox"/>	WHITE	(Not of Hispanic Origin) Includes persons having origins of the original people of Europe, North Africa, or the Middle East.
<input type="checkbox"/>	BLACK	(Not of Hispanic Origin) All persons having origins in any of the Black racial groups.
<input type="checkbox"/>	ASIAN OR PACIFIC ISLANDER	All persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islands.
<input type="checkbox"/>	AMERICAN INDIAN OR ALASKAN NATIVE	All persons having origins in any of the original peoples of North American and who maintain cultural identification (Tribal affiliations or community recognition).
<input type="checkbox"/>	HISPANIC	All persons of Mexican, Puerto Rican, Cuban or South American, or other Spanish Culture or origin.

VETERAN STATUS

- VETERAN OF THE VIETNAM ERA** A person who (1) served on active duty for a period of more than 180 days any part of which occurred between 05 AUG 64 and 07 MAY 75, and was discharged/ released therefrom with other than a Dishonorable Discharge, or (2) was discharged/released from active duty for a service – connected disability if any such active duty was performed between 05 AUG 64 and 07 MAY 75.
- VETERAN NOT OF THE VIETNAM ERA**
- DISABLED VETERAN** A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

GENDER

MALE

FEMALE

DISABILITY

Name/nature of disability. (Use back of sheet if more room is needed.)

How did you hear about the position you applied for? _____

Position you applied for? _____ DEPARTMENT: _____

Date: _____ Name: _____

Thank you for assisting us in fulfilling our Affirmative Action Program Goals

FOR DEPARTMENT ADMINISTRATION

Is there a vacancy for the position applied for? Yes No

Position Vacancy Code: _____ Job Code: _____

