



GROVELAND POLICE DEPARTMENT

T.R. MERRILL
Chief of Police

408 W. Orange St.
Groveland, Florida 34736
(352) 429-4166
Fax: (352) 429-5559

Position you are applying for: _____ Date: _____

Name: _____ Phone: _____
Last First Middle

Current Mailing Address: _____

Current Physical Address: _____

Date of Birth: _____ Place of Birth: _____ Citizen of: _____

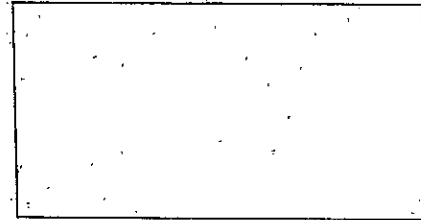
Social Security Number: _____

Recent Photo

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Marital Status: Single Married Divorced Widowed



Spouse's Name: _____

Spouse's Address: _____

City, State, Zip Code _____

Spouse's Employer: _____

Employer's Address: _____

City, State, Zip Code _____

Employer's Phone Number: _____

Dependants Name _____ Age _____

Dependants Name _____ Age _____

Dependants Name _____ Age _____

Dependants Name _____ Age _____

Do you ever drink alcoholic beverages? _____ If so, how often? _____

Do you have any physical handicaps? _____

Do you have any illnesses/surgery that resulted in time loss from work? If yes, provide details. _____

In the event of an accident, who do you wish to be notified? _____

Name

Address

City

State

Phone

Relationship



Other than English, do you speak any other languages? If so, what. _____

If applying for the position of Police Officer, you must be certified as a police officer in the State of Florida. Provide name of department for which you made application for your training. _____

_____ Date in which you applied: _____ Were you accepted

or rejected? _____ If accepted, reason you were not employed by that department: _____

Groveland Police Department operates on a twenty-four hour day and it's employees are required to work varied shifts. Should you be hired, are you willing to work any shift assigned to you? _____

Salary Expected: _____ Per Hour: _____ Per Week: _____

Can you operate a HAM/ C.B./ POLICE RADIO? _____

Can you operate an automobile? _____

Can you operate a typewriter? _____ If so, touch or sight system? _____

Can you operate a computer? _____

Are there any members of your family now in active police work? _____



Please state your reason for wanting employment with this police department: _____

Do you own your own home ? _____ Length of residency at current address _____

LIST ALL RESIDENCES FOR THE LAST TEN YEARS

Street	City	State	Zip
Street	City	State	Zip
Street	City	State	Zip
Street	City	State	Zip
Street	City	State	Zip
Street	City	State	Zip
Street	City	State	Zip

Drivers License Number: _____ State _____

List all other states where licenses have been issued to you, include under what name and D.O. B.

State	Name	Date of Birth
State	Name	Date of Birth
State	Name	Date of Birth
State	Name	Date of Birth

List all traffic citations issued to you in the last five years and the dispositions.

Date	Charge	Disposition
Date	Charge	Disposition
Date	Charge	Disposition
Date	Charge	Disposition

Were any of the citations issued as a result of an accident caused by you? _____
If more space is needed, please use the back of this sheet.

Have you ever committed a crime, whether arrested or not, that would constitute a felony or first degree misdemeanor? _____

If yes, give details _____

LIST ANY AND ALL ARREST OR CHARGES EVER MADE AGAINST YOU:

Date	Charge	Agency

Do you, at this time, have any civil judgments against you? _____

If yes, Give details _____



Are you now an active member of the National Guard or any branch of the U.S. Military Reserve? _____
If yes, state branch of service and term of obligation. _____

Give all details of past military tours served. Furnish copies of all discharges. (DD-214s)

Branch of Service	Type of Separation	Dates of Service	Occupation



PROVIDE DETAILS OF PAST EMPLOYMENT FOR THE LAST FIVE YEARS

You must account for any unemployed time spans.

From-To	Name & Address	Position	Supervisor	Reason for Leaving

From-To	Name & Address	Position	Supervisor	Reason for Leaving
From-To	Name & Address	Position	Supervisor	Reason for Leaving
From-To	Name & Address	Position	Supervisor	Reason for Leaving
From-To	Name & Address	Position	Supervisor	Reason for Leaving

LIST NAMES AND ADDRESS OF ALL SCHOOLS ATTENDED BY YOU, BEGINNING WITH THE MOST RECENT.

From-To	Name & Address	Graduate
From-To	Name & Address	Graduate
From-To	Name & Address	Graduate
From-To	Name & Address	Graduate
From-To	Name & Address	Graduate
From-To	Name & Address	Graduate

List three character references other than relatives or former employers. These references may be contacted in connection with your application for employment.

Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number

Have you ever used, sold, delivered, manufactured, smuggled, trafficked in, or possessed illegal substances or drug paraphernalia? _____ If yes, please provide details.

In order for this application to be complete, you are requested to attach copies of the following documents:

Recent Photograph
High School Diploma or equivalent
College or University Degree
Birth Certificate
Military Discharge Certificate
Dept. of Defense Form 214 (record of discharge or separation)
Any additional citations, awards, etc.

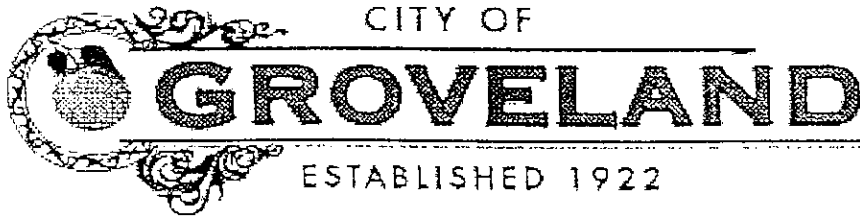
I affirm that this application contains no misrepresentations or falsifications, omissions or concealment of material fact, and that information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this application are subject to investigation. I am further aware that should any investigation disclose such misrepresentation, falsification, omission or concealment of material fact, my application may be rejected and my name removed from the eligible employee list. If already appointed, I may be dismissed for cause. I understand that this application and the contents herein are considered confidential within this department and will be made available only to authorized personnel.

Signature of Applicant

State of Florida, Groveland, Lake County: Sworn to before me this _____ day of _____,
2002.

Commission Expires: _____

Notary



CITY OF GROVELAND
156 S. LAKE AVENUE
GROVELAND, FL 34736

PHONE 352-429-2141
FAX 352-429-3852
COURTOWN@MAGNET.NET

Release of Information

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, to any duly authorized agent of the City of Groveland, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; hospitals, clinics, private practitioners, and the U.S. Veterans Administration; public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; all polygraph examination reports; records of complaint, arrest, trial and/or convictions for alleged or actual violations of the law, including criminal and/or traffic records; records of complaint of a civil nature made by or against me, wherever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the City of Groveland to consider in determining my suitability for employment by that Agency. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, from the sources of information specifically enumerated above and is not intended to deny access to any records not specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Groveland. I have had explained to me, and I fully understand that refusal to grant this authorization will not, in itself, constitute a basis for rejection of my application.

Signature: _____

Print Name: _____

Social Security #: _____

**AFFIDAVIT
STATE OF FLORIDA
COUNTY OF _____**

Before me, personally appeared _____ who says that they have executed this authorization of their own free will, and with full knowledge of its purpose.

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

Notary Public, Signature

Personally Known _____
Produced Identification _____
Type of I.D. Produced _____

Notary Public, Printed