



MEDLEY POLICE DEPARTMENT

7777 NW 72 Avenue
Medley, Florida 33166
PHONE: (305) 883-2047

APPLICATION FOR EMPLOYMENT

Communications Officer

"An Equal Opportunity Employer"

INSTRUCTIONS: Please print all *information*. The application must be filled out accurately and completely. Answer all questions. **Do not leave an item blank.** If an item does not apply, write **N/A** (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, be sure to include your name and the position applied for. You may also attach copies of documents or certificates which supports your application. All materials submitted become the property of the Town and will not be returned. All statements made on the application are subject to verification. Exaggerated, false or misleading statements may be cause for rejection of the application and/or termination of employment. Return this application to the Town Clerk.

1. NAME

Last	First	Middle
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2. DATE OF BIRTH

3. HEIGHT

4. WEIGHT

5. SEX

6. SOCIAL SECURITY NO.

7. HOME TELEPHONE NUMBER

Area Code	Number

EMAIL

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8. DRIVER'S LICENSE:

Do you have a valid license? YES NO

License Type: Operator CDL Class _____

Endorsement Code _____

_____ License # State Exp. Date

9. PRESENT ADDRESS

Street Address		
City	State	Zip code

How long have you lived at present address? Years _____ Months _____

10. PREVIOUS ADDRESS

Street Address		
City	State	Zip code

How long did you live at this address? Years _____ Months _____

11. EMPLOYMENT RECORD - List your present employment.

May we contact your present employer regarding your record of employment? YES NO

Present or Most Recent Job

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week _____

Starting Salary \$ _____ per _____

Last Salary \$ _____ per _____

Employer: _____

Address: _____

Telephone Number: _____

Your Job Title: _____

Supervisor's Name and Title: _____

Reason for Leaving Position: _____

12. Have you ever been discharged or forced to resign from employment? YES NO

13. EDUCATION AND SPECIAL TRAINING

High School Diploma (Check): YES NO Date received:
 (Month) (Year)

Equivalency - GED (Check): YES NO

Name and location of last HIGH SCHOOL attended:
 Name City State

List Special Training (Police Academy, Business, Trade, Vocational, Armed Forces Schools, etc.) Below:

Name and Location	Dates Attended				Total Months Completed	Courses or Subject Taken	Certificates given or other pertinent information
	From		To				
	Mo.	Yr.	Mo.	Yr.			

List Colleges and Universities Attended Below:

Name and Location	Dates Attended				Credit Hours Received Sem. Qtr.	Grade Point Average	Major/Minor Degree Field or Program of Study	Degree Received
	From		To					
	Mo.	Yr.	Mo.	Yr.				

14. Do you have a relative employed with the Town of Medley?

YES NO

Name	Relationship	Department

Since your 18th birthday, have you been **CONVICTED** of **ANY** violation of the law, other than minor traffic offenses, or pleaded **NOLO CONTENDERE** to criminal charges, even if adjudication was withheld? YES NO

Nature of Offense: _____

(Use separate page if necessary)

Name and location of court: _____

Disposition of case: _____

NOTE: A conviction does not automatically mean you cannot be employed by the Town. The nature of the offense, how long ago it occurred, etc. are given consideration.

Have you ever been sued for misappropriation of funds, property, or for intentionally injuring or damaging property?

YES NO If yes, complete the following:
 Action Disposition

Action	Disposition

IMPORTANT: Employment is subject to verification of an applicant's background. Persons selected for employment must (1) present a valid social security card, (2) take a Loyalty Oath, as per Florida Statute, Section 876.05 and (3) subsequent to an offer of employment, pass a medical examination, and psychological exam. The medical examination will include testing for current use of drugs and/or controlled substances. If traces of drugs or controlled substances are present in a candidate's blood or urine and have NOT been obtained and taken as directed by a valid prescription, the candidate WILL BE DISQUALIFIED. Additionally, the Town is required by federal law to verify having seen documents which the applicant, must provide as part of employment processing, that show the applicant's identity and right to work in the United States.

APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the Town of Medley is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time. Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of my blood or urine which may be tested for recent use of drugs and/or controlled substances. Further, I release the Town of Medley, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination or the use of the test results therefrom.

Signature of applicant: _____ Date: _____