Name: Position:	Date:
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APPLICATION FOR EMPLOYMENT POLICE DEPARTMENT



Lee County Port Authority Human Resources Telephone: (239) 590-4531 Fax: (239) 590-4538 http://www.flylcpa.com

IMPORTANT NOTICE: Application must be typewritten or clearly printed. All questions must be answered. If a question is not applicable, so state. **APPLICATIONS THAT ARE NOT COMPLETE AND LEGIBLE WILL NOT BE ACCEPTED.** 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. It is the responsibility of the applicant to notify the Human Resources office of any address and/or phone number change.

All applicants must attach items 1 through 6.

1.	A recent picture of yourself.
2.	A photocopy of your Birth Certificate*.
3.	A photocopy of your High School Diploma or G.E.D. Certificate*.
4	Prior Military Service-must attach copy of DD-214 long form (Sections 23-30)*.
5.	If naturalized citizen, provide proof for verification to Human Resources of Naturalization papers*.
6.	A photocopy of your driver's license*.

<u>Important Notice</u>: A complete background investigation will be conducted that will include a psychological profile. All offers of employment will be conditioned on a medical examination and inquiry, including a psychological profile and drug/alcohol screening test.

The Lee County Port Authority is an equal opportunity employer and does not discriminate on the basis of sex, race, creed, religion, age or handicap.

^{*} Originals <u>will be required</u> during the process at the request of the Background Investigator. Applicants are encouraged to obtain originals early.

SONAL INFORMATION (PLEASE PRINT) DATE: _ POSITION APPLIED FOR: _____ Month/ Day/ Year Lee County Port Authority ☐ Patrol Officer ☐ Administration ☐ Full Time Human Resources 11000 Terminal Access ☐ Clerical ☐ Security Agent Road, Suite 8671 ☐ Part Time Fort Myers, FL 33913 ☐ Reserve Officer (239) 590-4538 http://www.flylcpa.com Where did you hear about this opening? ☐ Newspaper ☐ County web site ☐ In-house posting ☐ Friend or acquaintance Currently certified in Florida for Patrol Officer or hold a valid certification in another State? Yes No Exp: Eligible for lateral/out-of-state cross training recertification? Yes No Exp: Full Name: __ Last Give any names you have used or been known by, including maiden name of female applicants, and attach under what circumstances these names were used. Driver's License #: _____ Social Security #: Address: ____ Street Citv State Phone Number: Home (____) ____ Business (____) ____ Other number where you can be reached: (___ Weight _____lbs. Hair Color _____ Eye Color ____ Height ___ Feet ___ Inches Date/Place of Birth: Citv State County Marital Status: Number of Children: Previous Spouse: Previous Spouse: ☐ Yes ☐ No For how long? _____ Are you a resident of Florida? Are you a citizen of the United States? ☐ Yes ☐ No For how long? _____ If you have been naturalized: Date: _____ Certificate #:_____

Are you currently related to any person employed by the Lee County Port Authority? \square Yes \square No

If yes, please provide name(s) and current position held:

EDUCATION Circle highest school year completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18											
High School Diploma/GED ☐ Yes ☐ No Date:											
Name of high school	,	Location ailing add phone no	dress			То	Special course(s) pursued		Date diploma received		
Name/mailing address/phone of college or univ. attended		Credits received		Field of study				Dates attended		Type of degree and date obtained	
Undergraduate	QTR.	SEM.	Maj./H	rs	Minor/	Hrs	From	То			
Graduate											
Miscellaneous											
Were you ever dismissed from a school, or were any disciplinary actions, including scholastic probation, ever taken against you during your scholastic career?											

If yes, ______ School Date Type of action

SKILLS AND EXPERIENCE

List any school/college honors:					
List any professional, trade, business, or civic activities and offices held. (You may exclude those that indicate race, religion, sex or national origin.):					
Special skills or traini	ng:				
MILITARY RECO	RD				
Have you ever applied Yes □ No	d or served on active du	ty in the Armed Forces of	the United States? □		
Start date:		Separation date:			
		 _Highest rank achieved:			
Duties/Training	g:				
Type of discha	irge:	Date of discharge: _			
Have you ever been a	a member of the Reserve	es? □ Yes □ No			
What branch?			ve Inactive		
Area of training	9				
If you were ever discidates, nature of off applicable, and dispodetail. (This includes a	plined while in military s fense(s), type of cour sition of charges. Show Article 15.)	ervice, please explain cire t-martial or company p v any and all fines, restri	cumstances in detail. List unishment, whichever is ctions and confinement in		
Offense	Type of punishment	Disposition of charge	Fine, restrictions and confinement		

EMPLOYMENT HISTORY
List chronologically all employment, including summer and part-time:

Employer	Address	City	State	Zip	Phone
	Supervisor's Name	No. of perso	ons supervised by you	Date Employed (mo./yr.	
	Reason For Leavin)	Date S	Separated (mo./	/yr.)
Full Time □ Part Time □ May we contact employ	Duties /er? □ Yes □ No	S:			
Employer	Address	City	State	Zip	Phone
Job Title	Supervisor's Name	No. of person	s Supervised By You	Date Emp	loyed (mo./yr.)
	Reason For Leaving		Date	Separated (mo	o./yr.)
Full Time □ Part Time □ May we contact employ	Duties ver? □ Yes □ No	S:			
Employer	Address	City	State	Zip	Phone
 Job Title	Supervisor's Name	No. of persor	ns supervised by you	Date Emp	loyed (mo./yr.)
	Reason For Leavir	ng	Date	Separated (mo	o./yr.)
Full Time □ Part Time □ May we contact employ	Duties /er? □ Yes □ No				

EMPLOYMENT HISTORY CONTINUED

Employer	Address	City	State	Zip	Phone
	Supervisor's Name	No. of persons	s supervised by you	Date Employ	yed (mo./yr.)
 Salary	Reason For Lea	aving		Date Separate	ed (mo./yr.)
Full Time □	Dut	ies:			
Part Time □					
May we contact emp	ployer? □ Yes □ No				
Employer			Date		
Employer			Date		
Reason					
List below every Pol state.	lice Department competitiv	ve examination	n you have take	en. If none,	please
Date Agency of exa		<u>Position</u>	<u>Status</u>	Reason <u>being</u>	
Are you now on any	v eligibility list? □ Yes	□ No If v	yes, please list:		
Are you now on any			yes, piease list.		

RESIDEN	ICES					
1.Present	Address:	Number and	Street	City	State	Zip
	С	ounty:		Telephone:_		
2.Mailing	address:				State	 Zip
1. List ch	,	y all of your	residences for the	•		·
Date	es	Apt #	Street address	С	ity St	ate Zip
From	То					
REFERE	ENCES					
reputable	standing in	their comm	atives or social actualities, such as h who have known	iouseholders,	property owners	s, business o
(a) Compl	lete Name:_			Occupation:_		
Address:	Stroot Number	City	State	Zin	_ Home Phone:	
		-	Bus. Phone:			
					_ Home Phone:	
S	Street Number	City	State	Zip		
Business:			Bus. Phone:		_ # Yrs. Acq.:	

REFERENCES CONTINUED

(c) Complete Name:		0	ccupation:_	
Address:				Home Phone:
Street Number	City	State	Zip	
Business:	Bus. P	Phone:		# Yrs. Acq.:
(d) Complete Name:		O	ccupation:_	
Address:				Home Phone:
Street Number	City	State	Zip	_ Home Phone:
Business:	Bus. P	Phone:		# Yrs. Acq.:
SOCIAL ACQUAINT				
Give four (4) social acquabove).	aintances/peer	s (must be diff	erent than	those listed as references
(a) Complete Name:		O	ccupation:_	
Address:				Home Phone:
Street Number	City		Zip	
Business:	Bus. P	Phone:	# Yrs. Acq.:	
(b) Complete Name:		O	ccupation:_	
Address:				Home Phone:
Street Number	City		Zip	
Business:	Bus. P	Phone:		# Yrs. Acq.:
(c) Complete Name:			cupation:	
Address: Street Number	City	State	 Zip	Home Phone:
Business:	Bus. F	Phone:		_ # Yrs. Acq.:
(d) Complete Name:		O	ccupation:_	
Address:				Home Phone:
Street Number	City		Zip	
Business:	Bus. F	hone:		_ # Yrs. Acq.:

COURT RECORD

1. Have you ev	er been arreste	ed, detained, or c	harged with any violation of law, including traff			
tickets, but not p	parking tickets?	P □ Yes □ N	0			
Date:	Place:		Charge:			
Disposition:		Details:_				
Date:	Place:		Charge:			
Disposition:	Details:					
relative (includir		•	nce/member of your immediate family or clos ranything other than traffic violations?			
Name:		Relation:	Date:			
Place:		Charge:				
Disposition:						
Name:		Relation:	Date:			
Place:		Charge:				
Disposition:						
Name:		Relation:	Date:			
Place:		Charge:				
Disposition:						
Name:		Relation:	Date:			
Place:		Charge:				
Disposition:						

COURT RECORD CONTINUED

Date: Court: _	Parties involved:
Nature of action:	Final disposition:
Date: Court: _	Parties involved:
Nature of action:	Final disposition:
Date: Court: _	Parties involved:
Nature of action:	Final disposition:
5. Have you ever used any physician?	y of the following except as legally prescribed by a licensed
 ☐ Yes ☐ No 	Cocaine Depressants Hallucinogens (Example: LSD, PCP, etc.) Marijuana Narcotics (example: heroin, dilaudid) Prescription drugs without a prescription Steroids Any drug(s) intravenously Any other
	ed in any illegal purchase, possession with intent to distribute, or

COURT RECORD CONTINUED 7. Has your use of alcoholic beverages (such as liquor, beer, and wine) ever resulted in the loss of a job or arrest by police? \Box Yes \Box No If yes, please explain: 8. Are you now, or have you ever been a member of the Communist Party, U.S.A., or any communist of fascist organization? ☐ Yes ☐ No 9. Can you operate a motor vehicle? ☐ Yes ☐ No 10. Do you possess a valid operator's license from the state of Florida? \Box Yes \Box No License#: _____Year Issued: _____ 11. Did you ever possess an operator's license issued by any state other than Florida? ☐ Yes ☐ No State & license #: _____ 12. Has your license ever been suspended or revoked? ☐ Yes ☐ No If yes, give the state and reason: 13. Was your license restored? ☐ Yes ☐ No When? _____ 14. Have you ever been refused an operator's license by any state? ☐ Yes ☐ No If yes, give details: 15. Have you ever been involved in a motor vehicle accident? ☐ Yes ☐ No If yes, give complete details for each accident: Date: _____Location: ____ Cause of Accident: Injury or Non-Injury: Who was legally at fault? Date: _____Location: _____ Cause of Accident: Injury or Non-Injury: Who was legally at fault?

CREDIT REPORT

You must answer each question **completely**. This includes full name, full address (street number, street name, city, state, zip code), full account number, etc.

Name, address, and account number of your bank(s):					
2. Automobile: Make:			Year	:	
Fully paid? ☐ Yes ☐ No	lf no, balance d	ue:			
Lien holder: Name Account #:	Street A	Address	City	State	Zip
3. Name and address of land	dlord or mortgaç	ge holder:			
Name S	Street Address	City	S	tate	Zip
Monthly rent/mortgage paym	nent: \$	Morto	gage accou	nt #:	
Firm:Acco					
Date opened:		Date	closed:		
Firm:	A	ddress: _			
Amount \$:Acco	unt #:		Purpo:	se:	
Date opened:		Date	closed: _		
Firm:	A	ddress: _			
Amount \$:Acco	unt #:		Purpos	se:	
Date opened:					
5. Have you ever declared b	ankruptcy?				

RELATIVES

All applicants must give complete information concerning their relatives. If you have been married more than once, give the requested information concerning each former spouse. Even though a relative is deceased, give all information requested, and indicate last residence and year of death. Include stepbrothers and sisters, half-brothers and sisters, and if you or your spouse has stepparents, legal guardians or others who have reared you instead of your parents, the requested information should be furnished concerning them as well as your real parents. If you are engaged to be married or contemplating marriage in the near future, complete information must be included regarding your future husband or wife and future in-laws, and show clearly what relationship is contemplated.

Con A.	nplete name (no initials) an FATHER	d address	Occupation Name of Employer				
Name	9						
Addre	SS		Employer's Address				
Age	Phone #	Place of Birth					
B.	MOTHER						
Name	9		Name of Employer				
Addre	ss		Employer's Address				
Age	Phone #	Place of Birth					
C.	SPOUSE						
Name			Name of Employer				
Addre	SS		Employer's Address				
Age	Phone #	Place of Birth					
D. a)	CHILDREN						
Nam	ne		Name of Employer				
Addre	SS		Employer's Address				
Age	Phone #	Place of Birth					
b) Nam	ne		Name of Employer				
Addre	SS		Employer's Address				
 Age	Phone #	Place of Birth	•				
E.	BROTHERS	r lade of Biran					
a) Nam	ne		Name of Employer				
Addre	SS		Employer's Address				
Age	Phone #	Place of Birth					
b) Nam	ne		Name of Employer				
Addre	ss		Employer's Address				
Age	Phone #	Place of Birth					

RELATIVES CONTINUED

F. a)	SISTERS			
Name		Name of Employer		
Address			Employer's Address	
Age	Phone #	Place of Birth		
b)				
Name			Name of Employer	
Address			Employer's Address	
Age	Phone #	Place of Birth		
G. a)	SPOUSES OF BROT	THERS AND SIS	STERS	
Nam	ne		Name of Employer	
Addre	ess		Employer's Address	
Age	Phone #	Place of Birth		
b)	20		Name of Employer	
		<u>-</u>	<u></u>	
Address		Employer's Address		
Age	Phone #	Place of Birth		
H.	FATHER-IN-LAW			
Name			Name of Employer	
Addre	ess		Employer's Address	
Age	Phone #	Place of Birth		
l.	MOTHER-IN-LAW			
Name			Name of Employer	
Address			Employer's Address	
Age	Phone #	Place of Birth		
J.	BROTHERS AND SIS	STERS OF YOU		
a) Na	me		c) Name	
Address			Address	
Age	Phone #	Place of Birth	Age Phone #	Place of Birth
b)			d)	
Name			Name	
Addre	ess		Address	
Age	Phone #	Place of Birth	Age Phone #	Place of Birth

PLEASE READ CAREFULLY

The Lee County Port Authority is an Equal Opportunity Employer and does not discriminate on the basis of sex, race, creed, religion, age, or handicap.

I certify that all information provided on this application is true, complete, and correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or in the event of employment, grounds for discharge.

In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures set forth by the Lee County Port Authority. The position for which I may be selected shall be evaluated for six (6) months, during which period the position may be abolished or my employment may be terminated at the sole discretion of the Lee County Port Authority. Notwithstanding the preceding sentence, the term of employment for all employees shall be in accord with all applicable laws, rules and regulations.

I understand that as a condition of employment, I will be required to undergo a physical examination, which includes drug/alcohol screening. I also understand and agree that, if employed, I may be requested to submit to a drug/alcohol screening on a routine or neutral selection or if there is a reasonable suspicion that I have utilized alcohol or controlled substances in a manner prohibited by the Lee County Port Authority's Drug and Alcohol Free Workplace Policy.

I hereby consent to having the results of all drug and/or alcohol screening/testing disclosed to the Lee County Port Authority. I also understand that any refusal to consent to such screening/testing is justification for refusal of employment, or in the event of employment, grounds for discharge.

	Print Name
Date Completed	Signature in Full

LEE COUNTY PORT AUTHORITY POLICE DEPARTMENT

ALL APPLICANTS

Attach an unmounted full-face photograph of yourself, approx. 2-1/2 x 2-1/2 inches.

APPLICATION WILL NOT BE ACCEPTED WITHOUT PHOTOGRAPH.

ALL RECORDS SUBMITTED BECOME THE PROPERTY OF THE LEE COUNTY PORT AUTHORITY.

I understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from employment with the Lee County Port Authority and I agree to these conditions.

SIGNATURE OF APPLICANT

APPLICANT'S AFFIDAVIT
STATE OF
COUNTY OF
Personally came and appeared before me, the undersigned authority in and for said county and state, the within named who, being by me first duly sworn, states upon his/her oath that the matters and things set forth in the above and foregoing application for employment are true and correct as therein stated. He/she is personally known to me or has produced as identification.
SIGNATURE OF APPLICANT
Sworn to and subscribed before me this day of, 20
NOTARY PUBLIC My Commission Expires:



AUTHORITY FOR RELEASE OF INFORMATION

(Background Investigation Waiver)



CJSTC 58

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

Representative of Any Organization,	APPLICANT'S NAME:			
Institution or Repository of Records	DATE OF BIRTH:			
	LAST FOUR DIGITS OF SOCIAL SECU	RITY NUMBER:		
AGENCY REQUESTING BACKGROUND INFO	RMATION:			
ADDRESS:				
one year, from the date of execution hereof, release to obtain any information pertaining	any authorized representative of a Floring to my employment, credit history, ed	tional, or correctional probation officer within the state of Florida, I hereby authorize find a criminal justice agency or a Regional Criminal Justice Selection Center bearing the ucation, residence, academic achievement, personal information, work performance tigations or disciplinary records, including any files that are deemed to be confidentications.		
	y files that are deemed to be juvenile an	s, probation and parole records, or any police reports or other police records in which d confidential. I hereby direct you to release this information upon the request of the e copies of these records.		
Criminal Justice Selection Center in fulfilling Criminal Justice Selection Centers or the Sta such records, and employer, educational instit employees, and related personnel, both individ	g official responsibilities, which may incl te of Florida or release to third parties as tution, physician, hospital or other reposite ually and collectively, from any and all liab	is and information are for the official use of a Florida criminal justice agency or Region ude sharing the records or information with other criminal justice agencies, Region may be required by Florida public records laws. I hereby release you, as the custodian by of medical records, credit bureau or consumer reporting agency, including its officer illity for damages of whatever kind, which may at any time result to me, my heirs, family, or any attempt to comply with it. A copy of this form will be as effective as the original.		
		f my military record to release information or copies from my military personnel and relate ocuments from the United States Military denoting discharge status or current active military		
former or current employee to a prospective em civil liability for such disclosure of its consequen false or violated any civil right of the former or of	ployer of the former or current employee up ces, unless it is shown by clear and convin- current employee protected under chapter 7	garding former or current employees states: An employer who discloses information about your request of the prospective employer or of the former or current employee, is immune fro cing evidence that the information disclosed by the former or current employer was knowing 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-9 leral law. Civil penalties may be available for refusal to disclose non-privileged legal		
Applicantia Address				
Applicant's Address				
		ATH .05(13)(a), Florida Statutes		
STATE OF	COUNTY OF			
Sworn to (or affirmed) and subscribed before	me this			
day of, yea	rBy			
Signature of Notary Public – State of Florida				
Driet Town or Otoma Commissioned name	(Natara Parkila			
Print, Type, or Stamp Commissioned name of				
Personally Known OR Produced Iden	tification []			
Type of Identification Produced				
Effective: 8/9/2001 Pursuant to Sections 943.134(2)(a) and (4), F.S.	Original – Employing Agency	1 of 1 Commission-Approved Revisions: 12/16/10 Form Effective Date: 3/2013		