



**TOWN OF DAVIE
PERSONAL HISTORY QUESTIONNAIRE
BROWARD COUNTY, FLORIDA**

Applicant's Name: _____

Position Applied For: _____

CLAIMING VETERAN'S PREFERENCE: YES ___ NO ___

HUMAN RESOURCES DEPARTMENT USE ONLY:

Today's Date: _____

Date Due: _____

Date Received: _____

Received by: _____

SUBMITTED VETERANS' PREFERENCE FORM:

YES ___ NO ___



TOWN OF DAVIE, FLORIDA
 "AN EQUAL OPPORTUNITY EMPLOYER"

TOWN OF DAVIE
HUMAN RESOURCES DEPARTMENT

6591 Orange Drive
 Davie, Florida 33314
www.davie-fl.gov
 Phone: 954-797-1100

PERSONAL HISTORY QUESTIONNAIRE

THIS QUESTIONNAIRE MUST BE COMPLETED, POSTMARKED OR HAND DELIVERED TO THE TOWN OF DAVIE HUMAN RESOURCES DEPARTMENT 6591 ORANGE DRIVE, DAVIE, FL 33314, BY THE DUE DATE AND TIME AS INSTRUCTED.

Read every question carefully and answer each accurately, thoroughly, and truthfully; Applicants may be disqualified from processing for omissions or false statements in this Personal History Questionnaire (PHQ). If space is insufficient for complete answers, extra space has been provided for you on page twenty-four (24) or, attach an 8 ½" x 11" sheet of paper. Please number your answers to correspond with the question(s) you are answering. Applicants must confirm the accuracy and understanding of each page by initialing on the bottom right hand corner of each page. Questions that do not apply to you should be marked "N/A" to acknowledge its inapplicability. Do not to leave any blanks. It ensures you have addressed every area of this document.

Pages 21, 25, 26, 27, 28 & 34 require notarization. The Applicant is responsible for having those documents notarized prior to returning this Questionnaire.

PLEASE SUBMIT THE BELOW-LISTED DOCUMENTS WITH THIS QUESTIONNAIRE. ORIGINALS DUE UPON REQUEST:

- High School Diploma or GED (transcripts required if GED)
- College Degree(s) if applicable; College Transcripts (Unofficial School Certified-Sealed only) should be sent directly to: Town of Davie Human Resources Department, 6591 Orange Drive, FL 33314
- All Marriage Certificates issued by the State or County, **not** religious organization.
- All Divorce Documents, original and final decrees.
- Adoption or Legal Name Change (if applicable)
- DD-214 Member 4 form for each branch served, if currently discharged.
- Current Valid State of Florida Class "E" Driver's License
- Social Security Card
- Birth Certificate/Naturalization Papers or Current US Passport
- Current Auto Insurance Card
- Bankruptcy papers (copy of original petition **and** final decree)
- Complete Income Tax Return for last year, **IF** self-employed.

Please list on page 24, items not submitted with this Questionnaire and the reason for omission.

Additional space is provided on page 24 for added responses.

Applicant Initials _____

POSITION APPLIED FOR: _____ DATE: _____

SECTION I. PERSONAL HISTORY

1. _____, _____, _____, _____
 LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2. List other names you have used, including nicknames, maiden name, or aliases:

3. _____
 RESIDENCE ADDRESS (Street, Apt. #, City, County, State, Zip)

4. How long at present residence? ___ Years ___ Months

5. HOME TELEPHONE: (____) _____ WORK TELEPHONE: (____) _____

CELL TELEPHONE: (____) _____ PAGER NUMBER: (____) _____

ALL WEBSITES YOU ARE REGISTERED TO: _____

EMAIL ADDRESS: _____

6. SOCIAL SECURITY #: _____ DRIVER'S LICENSE#: _____ STATE: _____

7. DATE OF BIRTH: _____ PLACE OF BIRTH: _____
 (Month/Day/Year) (City, County, State, Country)

8. AGE: _____ 9. GENDER: _____ 10. HEIGHT: _____ 11. WEIGHT: _____

12. Are you a United States Citizen? Yes No Legal Resident Permanent Resident

Work Authorization #: _____ If a Naturalized Citizen, provide date: _____

Certificate #: _____ Location: _____

13. Race/Nationality: White Non-Hispanic African American Non-Hispanic Hispanic Asian
 American Indian Other _____

14. Marital Status: Married Divorced Separated Widow(er) Never Married

15. With whom do you reside? Name: _____ DOB: _____ Relationship: _____

16. Information concerning all marriages (list all marriages):

Date Married	Where Performed	Spouse's Name (Wife Maiden Name)	Date of Birth	Social Security Number

Additional space is provided on page 24 for added responses.

Applicant Initials _____

17. Name and address of former spouse(s) divorced or separated:

Name	Address (Street, City, State and Zip Code)	Phone Number

18. List all of your children, stepchildren and adopted children and provide the following information:

Name	Birth Date	Address	Living With	Supported By

19. Are you now supporting all children born to you, adopted by you and stepchildren? No Yes, give details:

20. List in the order given, showing relationship, parents, guardians, stepparents, parents-in-law, brothers and sisters, even though deceased. Include any others you have resided with or with whom a close relationship existed or exists.

Relationship	Name	Present Address	Phone Number	Occupation
Father				
Mother (Current and/or Maiden Last Name)				

21. Scars, Marks, Tattoos or Piercing: None or, complete the following:

TYPE				LOCATION ON BODY	DESCRIPTION
<input type="checkbox"/> Scar	<input type="checkbox"/> Mark	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Piercing		
<input type="checkbox"/> Scar	<input type="checkbox"/> Mark	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Piercing		

Additional space is provided on page 24 for added responses.

Applicant Initials _____

22. List your residences for the last ten years; begin with your most recent residential address:

MO/YR-FROM/TO	STREET ADDRESS	CITY	STATE	ZIP CODE
With whom did you reside? Give name:			Relationship:	

MO/YR-FROM/TO	STREET ADDRESS	CITY	STATE	ZIP CODE
With whom did you reside? Give name:			Relationship:	

MO/YR-FROM/TO	STREET ADDRESS	CITY	STATE	ZIP CODE
With whom did you reside? Give name:			Relationship:	

MO/YR-FROM/TO	STREET ADDRESS	CITY	STATE	ZIP CODE
With whom did you reside? Give name:			Relationship:	

MO/YR-FROM/TO	STREET ADDRESS	CITY	STATE	ZIP CODE
With whom did you reside? Give name:			Relationship:	

MO/YR-FROM/TO	STREET ADDRESS	CITY	STATE	ZIP CODE
With whom did you reside? Give name:			Relationship:	

MO/YR-FROM/TO	STREET ADDRESS	CITY	STATE	ZIP CODE
With whom did you reside? Give name:			Relationship:	

23. Have you ever been foreclosed on or evicted from any residence? No Yes, provide details:

Additional space is provided on page 24 for added responses.

Applicant Initials _____

SECTION II. EMPLOYMENT HISTORY

1. List jobs held for the past **ten** years, beginning with your present or most recent position; list periods of unemployment. Include part-time employment and volunteer work.

NAME & ADDRESS OF EMPLOYER	DATES EMPLOYED	ANNUAL SALARY	POSITION TITLE	SUPERVISOR NAME(S)	REASON FOR LEAVING
NAME	FROM				
ADDRESS	TO				
CITY, STATE, ZIP	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME				
PHONE					
DUTIES:					

NAME & ADDRESS OF EMPLOYER	DATES EMPLOYED	ANNUAL SALARY	POSITION TITLE	SUPERVISOR NAME(S)	REASON FOR LEAVING
NAME	FROM				
ADDRESS	TO				
CITY, STATE, ZIP	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME				
PHONE					
DUTIES:					

NAME & ADDRESS OF EMPLOYER	DATES EMPLOYED	ANNUAL SALARY	POSITION TITLE	SUPERVISOR NAME(S)	REASON FOR LEAVING
NAME	FROM				
ADDRESS	TO				
CITY, STATE, ZIP	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME				
PHONE					
DUTIES:					

Additional space is provided on page 24 for added responses.

Applicant Initials _____

NAME & ADDRESS OF EMPLOYER	DATES EMPLOYED	ANNUAL SALARY	POSITION TITLE	SUPERVISOR NAME(S)	REASON FOR LEAVING
NAME	FROM				
ADDRESS	TO				
CITY, STATE, ZIP	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME				
PHONE					
DUTIES:					

NAME & ADDRESS OF EMPLOYER	DATES EMPLOYED	ANNUAL SALARY	POSITION TITLE	SUPERVISOR NAME(S)	REASON FOR LEAVING
NAME	FROM				
ADDRESS	TO				
CITY, STATE, ZIP	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME				
PHONE					
DUTIES:					

NAME & ADDRESS OF EMPLOYER	DATES EMPLOYED	ANNUAL SALARY	POSITION TITLE	SUPERVISOR NAME(S)	REASON FOR LEAVING
NAME	FROM				
ADDRESS	TO				
CITY, STATE, ZIP	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME				
PHONE					
DUTIES:					

NAME & ADDRESS OF EMPLOYER	DATES EMPLOYED	ANNUAL SALARY	POSITION TITLE	SUPERVISOR NAME(S)	REASON FOR LEAVING
NAME	FROM				
ADDRESS	TO				
CITY, STATE, ZIP	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME				
PHONE					
DUTIES:					

Additional space is provided on page 24 for added responses.

Applicant Initials _____

2. What is your current occupation? _____

3. Are you currently engaged in any business as an owner or partner (active or silent)? No Yes, give details:

4. Have you ever applied for employment with the Town of Davie, any Fire Department, Public Safety Department, or other Governmental Agency? No Yes, provide details:

AGENCY NAME	APPLICATION DATE	POSITION APPLIED FOR	STATUS OF PROCESSING
			<input type="checkbox"/> In Progress <input type="checkbox"/> Disqualified <input type="checkbox"/> Pending <input type="checkbox"/> Withdrew Explain:
			<input type="checkbox"/> In Progress <input type="checkbox"/> Disqualified <input type="checkbox"/> Pending <input type="checkbox"/> Withdrew Explain:
			<input type="checkbox"/> In Progress <input type="checkbox"/> Disqualified <input type="checkbox"/> Pending <input type="checkbox"/> Withdrew Explain:
			<input type="checkbox"/> In Progress <input type="checkbox"/> Disqualified <input type="checkbox"/> Pending <input type="checkbox"/> Withdrew Explain:

5. Have you ever been:
- a. dismissed by any employer? No Yes
 - b. asked to resign by any employer? No Yes
 - c. had any disciplinary action taken against you by an employer, or Supervisor? No Yes

If you answered "Yes" to any of these questions, give details:

6. Have you resigned or left a job:
- a. by mutual agreement? No Yes
 - b. after allegations of misconduct? No Yes
 - c. for unsatisfactory job performance? No Yes
 - d. in lieu of termination? No Yes

If you answered "Yes" to any of these questions, provide details:

Additional space is provided on page 24 for added responses.

Applicant Initials _____

7. Were you previously employed by another Fire Rescue Agency? No Yes, provide the following details:

AGENCY, STATE	DATES – FROM/TO	POSITION(S)

If “Yes”, were you ever the subject of an Internal Affairs investigation? No Yes N/A If yes, provide details:

DATE	AGENCY	NATURE OF CASE	DISPOSITION

8. If previously employed by another Fire Rescue Agency, did you fail to pass Probation or resign prior to the end of the Probationary Period? N/A No Yes, provide details:

9. The Fire Department operates 24 hours a day, seven days a week; are you willing to work:

Afternoon Shifts? No Yes
 Midnight Shifts? No Yes
 Weekends? No Yes
 Permanent Shifts? No Yes
 Holidays? No Yes
 Rotating Shifts? No Yes
 On-call basis? No Yes
 Beyond shifts end? No Yes

10. Some positions require you to wear a uniform; are you willing to wear a uniform? No Yes

11. Are you related to anyone currently employed by the Town of Davie in any capacity? No Yes, provide:

Employee’s Name: _____ Relationship: _____
 Department: _____ Position Held: _____

Employee’s Name: _____ Relationship: _____
 Department: _____ Position Held: _____

12. Have you ever worked for the Town of Davie? No Yes, when? _____

Department: _____ Position Title: _____

Additional space is provided on page 24 for added responses.

Applicant Initials _____

SECTION III. EDUCATION HISTORY

1. High Schools

NAME, ADDRESS, CITY, STATE	DATES ATTENDED MO/YR		GRADUATED	DIPLOMA TYPE
	FROM	TO		
			<input type="checkbox"/> No <input type="checkbox"/> Yes	
			<input type="checkbox"/> No <input type="checkbox"/> Yes	

2. Colleges/Universities – School Certified transcripts, sealed only, from all institutions must be sent to the **Town of Davie Human Resources Department, 6591 Orange Drive, Davie, FL 33314.**

NAME, ADDRESS, CITY, STATE	DATES ATTENDED MO/YR		CREDIT HOURS EARNED		GRADUATE	DIPLOMA TYPE
	FROM	TO	QTR.	SEM.		
					<input type="checkbox"/> No <input type="checkbox"/> Yes	
					<input type="checkbox"/> No <input type="checkbox"/> Yes	

3. Other Schools (Trade, Vocational, Business, Military, or Criminal Justice Institute)

NAME, ADDRESS, CITY, STATE	DATES ATTENDED MO/YR		CREDIT HOURS EARNED	AREA OF STUDY	GRADUATE	DEGREE/ CERTIFICATION TYPE
	FROM	TO				
					<input type="checkbox"/> No <input type="checkbox"/> Yes	
					<input type="checkbox"/> No <input type="checkbox"/> Yes	

4. Were you ever dismissed from a School or College, or was **any** disciplinary action, including Scholastic Probation, ever taken against you? No Yes, provide details:

SCHOOL OR COLLEGE	DATE	TYPE OF ACTION	REASON

Additional space is provided on page 24 for added responses.

Applicant Initials _____

5. Describe Awards, Honors and Citations, positions held in School Organizations, and any other special recognition you received while attending Schools, Colleges and Universities:

6. Indicate language(s), other than English, you can: (__N/A)

Speak _____ at what level? Beginner Intermediate Fluent

Read _____ at what level? Beginner Intermediate Fluent

Write _____ at what level? Beginner Intermediate Fluent

Speak _____ at what level? Beginner Intermediate Fluent

Read _____ at what level? Beginner Intermediate Fluent

Write _____ at what level? Beginner Intermediate Fluent

7. Indicate special skills you possess and equipment you can use which may be related to Fire Rescue. (For example: Two-way Radio Communications, Extraction devices, etc.):

8. Have you used computers or computer terminals in your prior or current position, or in your personal time?
__No __Yes, list programs, software, hardware used:

Additional space is provided on page 24 for added responses.

Applicant Initials _____

SECTION IV. ARREST HISTORY

AS AN APPLICANT, YOU MUST LIST ANY AND ALL ARRESTS, ADULT OR JUVENILE; INCLUDING RECORDS WHICH WERE SEALED, EXPUNGED, OR OTHERWISE CLOSED TO PUBLIC INSPECTION AS PER FSS 943.058.

1. Have you ever been arrested, detained or taken into custody by a Federal, State or Local Law Enforcement Agency in the United States or any foreign land, as a juvenile or as an adult, for any criminal charge or civil law-related offense? No Yes, provide details:

ATTACH ARREST REPORT, DISPOSITION AND ALL SUPPORTING DOCUMENTS

DATE	AGENCY NAME CITY,STATE,COUNTRY	CHARGE	COURT NAME, CITY, STATE	DISPOSITION & CIRCUMSTANCES OF ARREST
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:

2. Have you ever been, or suspect you may have been, investigated by any Federal, State or Local Law Enforcement Agency in the United States or any foreign land as an adult or juvenile? No Yes, provide details:

DATE	AGENCY INVOLVED	CIRCUMSTANCES
		Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Circumstance:
		Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Circumstance:
		Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Circumstance:

3. Have you ever entered into a Pre-Prosecution Diversionary Program? No Yes, provide details:

Additional space is provided on page 24 for added responses.

Applicant Initials _____

4. Have you ever been convicted, pled guilty, or pled nolo contendere to any criminal charge(s) in any court, in any country as an adult or juvenile? No Yes, provide details:

DATE	AGENCY NAME CITY,STATE,COUNTRY	CHARGE	COURT NAME, CITY, STATE	DISPOSITION & CIRCUMSTANCES OF ARREST
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:

5. Explain in detail, any arrest, charge, conviction, guilty plea or any other criminal matter expunged or sealed from your record as either a juvenile or adult: N/A

6. Have you ever been placed on probation for a criminal matter by a Federal, State, or Local Court in the United States or any other country as an adult or juvenile? No Yes, provide details:

DATE OF PROBATION	COURT LOCATION	CHARGE(S)	DISPOSITION

7. Have you ever been detained, incarcerated, or served a sentence in any Youth Home, Jail, Prison, Penitentiary or other Detention Facility? No Yes, provide details:

8. Have you ever been questioned or interrogated by **any** Law Enforcement Agency, as an adult or juvenile? No Yes, provide details:

Additional space is provided on page 24 for added responses.

Applicant Initials _____

9. Have you ever been fingerprinted for any reason (Arrest, Job Application, Military, etc.)? No Yes, provide details:

10. Have you ever been reported or listed as a Missing Person? No Yes, provide details:

11. Have you ever been investigated, charged or convicted of any charge involving Domestic Violence? No Yes, provide details:

12. Have you ever been served with a restraining order, injunction or any other court order to stay away from someone? No Yes, provide details:

SECTION V. CIVIL COURT HISTORY

1. Were you ever summoned or subpoenaed to Court in a Civil Proceeding, or were you ever a Party (Plaintiff or Defendant) in a Civil Action in this State or elsewhere? No Yes, provide details:

Additional space is provided on page 24 for added responses.

Applicant Initials _____

SECTION VI. CHARACTER REFERENCES

1. List six (6) character references who have known you well for at least one (1) year. **Do not include** relatives, former employers, or persons living outside the United States or its Territories. List only character references who have a definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat the names of supervisors previously listed in this process.

COMPLETE NAME		HOME PHONE
ADDRESS		CELL PHONE
CITY, STATE, ZIP		BUSINESS/DAYTIME PHONE
EMAIL ADDRESS:	YEARS ACQUAINTED	OCCUPATION (If retired, list previous occupation)
COMPLETE NAME		HOME PHONE
ADDRESS		CELL PHONE
CITY, STATE, ZIP		BUSINESS/DAYTIME PHONE
EMAIL ADDRESS:	YEARS ACQUAINTED	OCCUPATION (If retired, list previous occupation)
COMPLETE NAME		HOME PHONE
ADDRESS		CELL PHONE
CITY, STATE, ZIP		BUSINESS/DAYTIME PHONE
EMAIL ADDRESS:	YEARS ACQUAINTED	OCCUPATION (If retired, list previous occupation)
COMPLETE NAME		HOME PHONE
ADDRESS		CELL PHONE
CITY, STATE, ZIP		BUSINESS/DAYTIME PHONE
EMAIL ADDRESS:	YEARS ACQUAINTED	OCCUPATION (If retired, list previous occupation)
COMPLETE NAME		HOME PHONE
ADDRESS		CELL PHONE
CITY, STATE, ZIP		BUSINESS/DAYTIME PHONE
EMAIL ADDRESS:	YEARS ACQUAINTED	OCCUPATION (If retired, list previous occupation)

Additional space is provided on page 24 for added responses.

Applicant Initials _____

COMPLETE NAME		HOME PHONE
ADDRESS		CELL PHONE
CITY, STATE, ZIP		BUSINESS/DAYTIME PHONE
EMAIL ADDRESS:	YEARS ACQUAINTED	OCCUPATION (If retired, list previous occupation)

SECTION VII. DRIVING HISTORY

1. Do you possess a Florida Driver's License? No Yes, what type? _____

License Number: _____ Expiration Date: _____

Restrictions: N/A; if yes, explain: _____ Endorsements: N/A; if yes, explain: _____

2. Do you now or have you ever possessed a motor vehicle license of any kind issued by any State other than Florida? No Yes, provide details:

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

3. How many years have you operated a motor vehicle? _____

4. Was your Driver's License ever suspended or revoked? No Yes, provide details:

5. How many vehicles do you currently own or lease, including joint ownership? _____

YEAR	MAKE & MODEL	TAG NUMBER	COLOR

6. Have you ever been refused auto insurance? No Yes, provide details:

Additional space is provided on page 24 for added responses.

Applicant Initials _____

7. Indicate **every** traffic ticket received in this State or elsewhere, excluding parking violations:

DATE	OFFENSE	ISSUING AGENCY/LOCATION	AGE AT TIME

8. List all traffic accident involvement:

DATE	ISSUING AGENCY/LOCATION	INJURIES	DEATH	AT FAULT
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

SECTION VIII. MILITARY HISTORY

1. Are you registered with Selective Service? No Yes, date registered: _____ Board Location: _____

2. Have you ever served Active Duty in the U.S. Armed Forces; Military Reserve or National Guard Organization?
 No Yes, provide details:

Branch: _____ Highest Rank at discharge: _____

Service #: _____ Duty Dates: From: _____ To: _____ From: _____ To: _____

Date of Discharge: _____ Type of Discharge: _____

3. Were you ever Court-Martialed, tried on charges, or the Subject of a Summary Court, Deck Court, Captains Mast, Article 15, Company Punishment, Page 7, or any other disciplinary action while in the Military?
 No Yes, provide detail; include reason, type of disciplinary action, date(s), charge(s), final disposition:

4. Are you required to attend Military Training Meetings? No Yes, provide details including obligation completion date:

Additional space is provided on page 24 for added responses.

Applicant Initials _____

5. List any specialized school(s) you attended while in the Armed Forces. N/A

6. List Commendations and Citations awarded to you as a Member of the Armed Forces. N/A

7. Have you ever served in a Military or Para-Military organization of any Foreign Government? No Yes, provide details including type of discharge:

SECTION VIII. FINANCIAL HISTORY

1. Are you or your spouse/significant other indebted to anyone? No Yes, list all debts over \$250, including student loans and charge accounts; list any debt where payment was past due, regardless of the amount:

CREDITOR	ADDRESS	BALANCE DUE
TOTAL BALANCE DUE:		

Additional space is provided on page 24 for added responses.

Applicant Initials _____

2. What is your total average monthly payment on the following?

	AMOUNT PAID		AMOUNT PAID
MORTGAGE/RENT		AUTO PAYMENT	
ELECTRIC/GAS		AUTO INSURANCE	
TELEPHONE/CELLULAR		CREDIT CARDS(S)	
WATER		LOAN(S)	
CHILD CARE		FOOD	
CHILD SUPPORT		OTHER (SPECIFY)	
OTHER(SPECIFY)		ALIMONY	
TOTAL MONTHLY PAYMENT:			

3. Do you have any other source of income? No Yes, provide details:

4. Have you, your spouse/significant other or a company you controlled:

- a. ever filed bankruptcy? No Yes
- b. declared bankruptcy? No Yes
- c. had a legal judgment rendered against you for a debt? No Yes

If you answered "Yes" to any of these questions, provide details:

5. Have you ever been denied credit? No Yes, provide specific details:

6. Have your accounts ever been placed in the control of a Collection Agency or reported as a "bad debt"?

No Yes, provide details:

7. Has Legal Action ever been taken against you for failing to make child support payments or delaying payments?

N/A No Yes, provide details:

8. Child Support Payments are made through:

- Court Order Payroll Deduction Voluntary Payments N/A

Additional space is provided on page 24 for added responses.

Applicant Initials _____

9. Have you ever had any personal property repossessed? No Yes, provide details:

10. Have you ever falsified your credit to get money? No Yes, provide details:

11. Have you ever failed to file City, State or Federal Income Tax Returns? No Yes, provide details:

12. Do you owe the Federal Government any money? No Yes, provide details:

SECTION X. CONTROLLED SUBSTANCES

1. Do you now use any drugs or controlled substances? No Yes

2. During your ENTIRE LIFETIME, have you ever tried, used, or experimented with the following substances?

AMPHETAMINES	<input type="checkbox"/> No	<input type="checkbox"/> Yes	P.C.P.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
BARBITUATES	<input type="checkbox"/> No	<input type="checkbox"/> Yes	PEYOTE (Mushrooms)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
COCAINE	<input type="checkbox"/> No	<input type="checkbox"/> Yes	QUAALUDES	<input type="checkbox"/> No	<input type="checkbox"/> Yes
HASHISH	<input type="checkbox"/> No	<input type="checkbox"/> Yes	STEROIDS	<input type="checkbox"/> No	<input type="checkbox"/> Yes
HEROIN	<input type="checkbox"/> No	<input type="checkbox"/> Yes	THC	<input type="checkbox"/> No	<input type="checkbox"/> Yes
LSD	<input type="checkbox"/> No	<input type="checkbox"/> Yes	OTHER _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
MARIJUANA	<input type="checkbox"/> No	<input type="checkbox"/> Yes	OTHER _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
MESCALINE	<input type="checkbox"/> No	<input type="checkbox"/> Yes	OTHER _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
METHADONE	<input type="checkbox"/> No	<input type="checkbox"/> Yes	OTHER _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes

2. Have you ever experimented with drugs or controlled substances in the past without a Physician's prescription? "Experimented" means smoking, inhaling, swallowing, placing to gums, lips or tongue, injecting, or ingesting by any other means. No Yes

3. Do you now or have you ever possessed drugs or controlled substances without a Physician's prescription? No Yes

4. Do you now or have you ever unlawfully supplied, made or sold drugs or controlled substances? No Yes

5. Have you ever purchased any illegal drugs? No Yes

6. Have you ever made any illegal drugs? No Yes

If you answered "Yes" to any of the previous questions, provide details on the next page.

Additional space is provided on page 24 for added responses.

Applicant Initials _____

DRUG OR CONTROLLED SUBSTANCE	FIRST TIME USED MO/YR	DATE LAST USED MO/YR	NUMBER OF TIMES USED	TYPE OF ACTIVITY/EXPLAIN
<input type="checkbox"/> Used <input type="checkbox"/> Made <input type="checkbox"/> Sold <input type="checkbox"/> Possessed <input type="checkbox"/> Purchased Name of Substance				
<input type="checkbox"/> Used <input type="checkbox"/> Made <input type="checkbox"/> Sold <input type="checkbox"/> Possessed <input type="checkbox"/> Purchased Name of Substance				
<input type="checkbox"/> Used <input type="checkbox"/> Made <input type="checkbox"/> Sold <input type="checkbox"/> Possessed <input type="checkbox"/> Purchased Name of Substance				
<input type="checkbox"/> Used <input type="checkbox"/> Made <input type="checkbox"/> Sold <input type="checkbox"/> Possessed <input type="checkbox"/> Purchased Name of Substance				

7. Have you ever possessed any substance in a quantity greater than might reasonably be construed as intended for experimentation? No Yes, provide specific details:

8. Have you ever been present during ANY type of sale, transfer, storage, possession or delivery of any controlled or illegal substance (regardless of amount)? No Yes, provide details:

UNDER PENALTY OF PERJURY, I DELCARE THAT ALL INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT DATE

STATE OF _____ COUNTY OF _____

Subscribed and Sworn Before Me This _____ Day of _____, 20____.

By _____ Personally Known To Me Produced Identification
NAME OF APPLICANT

Type of Identification Produced: _____ Expires on: _____

SIGNATURE OF NOTARY PRINTED NAME OF NOTARY

My Commission Expires: _____

Additional space is provided on page 24 for added responses.

Applicant Initials _____

SECTION XI. MISCELLANEOUS

1. Do you now or have you ever used any tobacco products? No Yes, provide details:

TYPE OF TOBACCO PRODUCT USED	FIRST TIME USED MONTH/YEAR	DATE LAST USED MONTH/YEAR	HOW OFTEN

2. Has your name ever been legally changed? No Yes, please give dates, names and reasons. Provide copies of official documentation:

3. Does your spouse/significant other support your decision to be a Public Servant? No Yes N/A

4. Have you ever been separated or divorced? No Yes, provide details:

SEPARATED OR DIVORCED	SPOUSES FULL NAME	REASON
<input type="checkbox"/> Separated <input type="checkbox"/> Divorced Date: _____		
SEPARATED OR DIVORCED	SPOUSES FULL NAME	REASON
<input type="checkbox"/> Separated <input type="checkbox"/> Divorced Date: _____		

5. Do you have a Concealed Weapons Permit? No Yes, in what State? _____

Permit # _____ Why? _____

6. Have you ever used a firearm or other deadly weapon? No Yes, provide specific details:

7. Are you now, or have you ever been associated with any individual or organization which was investigated or is being investigated for involvement in criminal activity? No Yes, provide specific details:

8. How did you learn about the position for which you are applying?

- Town Employee Visit to Human Resources Town/Department's Web Page
- Employment Agency College/High School Job/Career Fair, Where? _____
- Internet Site: _____ Newspaper Ad _____
- Recruitment Posting at: _____ Other _____

Additional space is provided on page 24 for added responses.

Applicant Initials _____

AFFIDAVIT AND CONSENT

I, _____, am being considered for employment for the position of _____. I understand the preceding Personal History Questionnaire is considered part of my official application for the above named position. By signing this document, I hereby certify all information contained in the attached Personal History Questionnaire and all accompanying documents submitted are true, accurate and complete to the best of my knowledge and there is no material falsification, misrepresentation or omission. I also understand all statements and accompanying documents are subject to investigation and any material falsification, misrepresentation, omission or other unfavorable information developed during any phase of the background investigation process or anytime thereafter, is sufficient cause for immediate disqualification, immediate dismissal from Town service and/or subject to prosecution for the criminal violation of perjury as specified in Section 837.012, Florida Statutes.

I consent to voluntarily submit to the following background investigation procedures which may include, but not be limited to: medical evaluation, urinalysis, mental health evaluation, psychological and polygraph as stated on the job announcement and fingerprint processing, oral interview, and other means as deemed necessary and proper by the Town of Davie to complete its investigation as to my fitness and suitability for the classification for which I have applied. I thoroughly understand that I must successfully complete the above mentioned process. I hereby release the Town of Davie and the examiner(s) administering said examinations from all claims resulting from said examinations. I authorize the release of all interviews and examinations to those parties having an interest in same. I further understand any interview may be videotaped.

I understand that the Town of Davie will not reimburse me of any expenses I might incur in seeking this position. I recognize that the time required to process and select employees for this position is lengthy and time consuming. No promises are implied as to any time commitment regarding a hiring decision and/or any actual hiring.

I understand and consent to all of the above statements and conditions.

PRINT FULL NAME

SIGNATURE OF APPLICANT

DATE

STATE OF _____ **COUNTY OF** _____

Subscribed and Sworn Before Me This _____ Day of _____, 20____.

By _____ Personally Known To Me Produced Identification
NAME OF APPLICANT

Type of Identification Produced: _____ Expires on: _____

SIGNATURE OF NOTARY

PRINTED NAME OF NOTARY

My Commission Expires: _____

Additional space is provided on page 24 for added responses.

Applicant Initials _____

DAVIE FIRE DEPARTMENT
Insert to Fire Employment Application

Instructions: This affidavit is to be submitted with the employment application.

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF _____

Before me this day personally appeared _____, who, being first duly sworn, deposes and says that he/she has been a non-user of tobacco or tobacco products for at least one (1) year immediately preceding the date of submission of this employment application.

(Must be signed in presence of Notary)

Sworn to and subscribed before me

this _____ day of _____, 20__.

Signature of Notary Public

(SEAL)

Print or Type Commissioned Name of Notary

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

Additional space is provided on page 24 for added responses.

Applicant Initials _____

DAVIE FIRE DEPARTMENT
Insert to Fire Employment Application

Instructions: This affidavit is to be submitted with the employment application.

AFFIDAVIT

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

STATE OF FLORIDA

COUNTY OF _____

I respectfully request and authorize you to furnish the Division of State Fire Marshal, Bureau of Fire Standards and Training, any and all information that you may have concerning my work record, school record, military record, and moral character. Please include any and all Information of a confidential or privileged nature and photocopies of same if requested. This information is to be used by the Bureau of Fire Standards and Training in determining my qualifications and fitness for certification as a firefighter or fire safety inspector in the State of Florida.

Signature of Applicant
(Must be signed in presence of Notary)

Sworn to and subscribed before me

this _____ day of _____, 20____.

Signature of Notary Public

(SEAL)

Print or Type Commissioned Name of Notary

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

Additional space is provided on page 24 for added responses.

Applicant Initials _____

BACKGROUND INFORMATION RELEASE WAIVER

In connection with my application for employment with the TOWN OF DAVIE FIRE DEPARTMENT, I understand a background investigation, in accordance with the Fair Credit Reporting Act and all State and Federal laws, is to be conducted, and may include information about my personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent towards determining my qualifications for employment.

I understand, according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Credit Reporting Agency. Upon written request, I will be informed whether an Investigative Consumer Report was requested and will be given full information as to the nature and scope of this investigation, as well as the name of the reporting agency or sources of information.

I understand that during this background investigation, the TOWN OF DAVIE may make inquiries and request information including but not limited to my criminal history, consumer credit history, employment history, driving history, military history, medical history, workers' compensation history, education, professional licensing, including information of a confidential or privileged nature.

I hereby authorize, without reservation, any party (including, but not limited to, past and present employers, Law Enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by the TOWN OF DAVIE, to furnish any or all of the above mentioned information. In addition, I hereby release the TOWN OF DAVIE and its agents or representatives, from any and all liability for damages arising from this background investigation and the disclosure of the requested information. I further release and discharge from all liability, any companies, agencies, officials, officers, employees, and other persons, who, in good faith, provides to the TOWN OF DAVIE any of the above mentioned requested information obtained during the course of the background investigation.

I will also allow a photocopy or facsimile of this Background Information Release Waiver to be as valid as the original.

PRINT FULL NAME

SIGNATURE OF APPLICANT

DATE OF BIRTH

SOCIAL SECURITY NUMBER

STATE OF _____ **COUNTY OF** _____

Subscribed and Sworn Before Me This _____ Day of _____, 20____.

By _____ Personally Known To Me Produced Identification
NAME OF APPLICANT

Type of Identification Produced: _____ Expires on: _____

SIGNATURE OF NOTARY

PRINTED NAME OF NOTARY

My Commission Expires: _____

Additional space is provided on page 24 for added responses.

Applicant Initials _____

*****PLEASE READ CAREFULLY*****

DO YOU HAVE COURT SEALED OR EXPUNGED RECORDS?

IF SO, PLEASE COMPLETE THE REQUESTED INFORMATION BELOW.
IF NOT, LEAVE THIS PAGE BLANK AND PROCEED TO THE NEXT PAGE.

AFFIDAVIT FOR CERTIFICATION

Florida Statute 943.058 Criminal History record expunction or sealing:

The Statute under Section 943.058 (b) states in part, “When all criminal history records, except for records retained under seal by the Courts or the Department of Law Enforcement, have been expunged, the subject of such records may lawfully deny or fail to acknowledge the events covered under expunged or sealed records, except in the following circumstances:

1. When the person who is the subject of the record is a candidate for employment with a criminal agency.”

This exception requires by law that you as an applicant for employment with a criminal justice agency (such as the Town of Davie) may **NOT** lawfully deny or fail to acknowledge the events in **ANY** expunged or sealed records.

Having read the above, and understanding the same, I sign my name below.



Before you sign this, have you read the above statement carefully?

PRINT APPLICANT FULL NAME

PRINT WITNESS FULL NAME

APPLICANT SIGNATURE

WITNESS SIGNATURE

DATE

DATE

Additional space is provided on page 24 for added responses.

Applicant Initials _____

VETERANS' PREFERENCE FORM

Complete ONLY if you are claiming Veterans' Preference.

Overview: In order to claim Veterans' Preference, please check the appropriate box below. Documentation substantiating your claim must be furnished at the time of application. Per Florida Statutes, Chapter 295.07, Veterans' Preference points will be awarded on promotional exams only with regard to a veteran's first promotion after reinstatement or re-employment with the Town after active duty service.

Please select the category in which you are claiming preference:

1. _____ Disabled Veteran's who have served on active duty in any branch of the Armed Forces and who presently have an existing service-connected disability which is compensable under public laws administered by the Department of Veterans Affairs (DVA) or are receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the DVA and the Department of Defense. (15 points)

Required Proof: Shall furnish a Department of Defense document, commonly known as form DD-214 or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and Character of Discharge. Shall also furnish a document from the Department of Defense, the DVA, or the Department certifying that the Veteran has a service-connected disability (dated within the past 12 months).

2. _____ The spouse of a Veteran:

(a) Who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment; or

(b) Who is missing in action, captured in the line of duty by a hostile force, or detained or interned in line of duty by a foreign government or power. (10 points)

Required Proof: (a) Shall furnish a Department of Defense document, commonly known as form DD-214 or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and Character of Discharge. Spouses of disabled Veterans shall also furnish either a certification from the Department of Defense or the DVA that the Veteran is totally and permanently disabled or an identification card issued by the Department; spouses shall also furnish evidence of marriage to the Veteran and a statement that the spouse is still married to the Veteran at the time of the application for employment; the spouse shall also submit proof that the disabled Veteran cannot qualify for employment because of the service-connected disability. (b) Spouses of persons on active duty shall furnish a document from the Department of Defense or the DVA certifying that the person on active duty is listed as missing in action, captured in the line of duty, or forcibly detained or interned in line of duty by a foreign government or power; such spouses shall also furnish evidence of marriage and a statement that

Additional space is provided on page 24 for added responses.

Applicant Initials _____

the spouse is married to the person on active duty at the time of that application for employment.

3. ____ A Veteran of any war, who has served at least one day during that war time period as defined in subsection 1.01 (14) or who has been awarded a campaign or expeditionary medal. Active duty for training shall not be allowed for eligibility under this paragraph. (10 points)

Required Proof: Shall furnish a Department of Defense document, commonly known as form DD-214 or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and Character of Discharge.

4. ____ The un-remarried widow or widower of a Veteran who died of a service-connected disability. (10 points)

Required Proof: Shall furnish a document from the Department of Defense showing the death of service member while on duty status under combat-related conditions or the DVA certifying the service-connected death of the Veteran, and shall further furnish evidence of marriage.

5. ____ The mother, father, legal guardian, or un-remarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the U.S. Department of Defense. (10 points)

Required Proof: Shall furnish a document from the Department of Defense showing the death of service member while on duty status under combat-related conditions or the DVA certifying the service-connected death of the Veteran, and shall further furnish evidence of marriage. The legal guardian shall show the proper court documents establishing the legal authority for the Guardian.

6. ____ A Veteran as defined in section 1.01m (14) Florida Statutes. "Active Duty for Training" may not be allowed under this paragraph. The term "Veteran" is defined as a person who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions. (5 points)

Required Proof: Shall furnish a Department of Defense document, commonly known as form DD-214 or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and Character of Discharge.

7. ____ A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard. (5 points)

Required Proof: DMS is requiring that current reserve members and National Guard members provide a letter from their Commanding Officer stating the dates of their military service to

Additional space is provided on page 24 for added responses.

Applicant Initials _____

establish that they are currently active.

If any applicant claiming Veterans' Preference for a vacant position is not selected for the position, they may file a complaint within twenty-one (21) calendar days after notice of a hiring decision being made. If no notice is given then the individual may file a complaint within three (3) months of the date the application is filed with the employer. An applicant who believes he or she was not afforded employment/retention preference may file a complaint with the Florida Department of Veterans' Affairs (FDVA). (FS 295.11)

For details, call the FDVA at (727) 319-7462.

I certify that the information provided is complete and correct.

Applicant's Signature

Date

Veteran's Name (if different than applicant)

Additional space is provided on page 24 for added responses.

Applicant Initials _____



AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)



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

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME: _____
DATE OF BIRTH: _____
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: Davie Police Department
ADDRESS: _____

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Davie Police Department, 1230 S. Nob Hill Road, Davie, FL 33324

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employee was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature _____
Date

Applicant's Address

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF _____ The foregoing instrument was acknowledged before me this date _____

By: _____ who is personally known _____

or who has produced identification. Type of identification: _____

Notary's Signature _____
Print, type, or stamp Commissioned Name of Notary

Notary Seal: _____ Upon witnessing the applicant signing of this affidavit, the notary public shall complete the notary block.

Effective: 8/9/2001 Pursuant to Original - Employing Agency 1 of 1 Commission-Approved Revisions: 8/6/2009
Sections 943.134(2)(a) and (4), F.S. Form Effective Date: 06/03/2010

Additional space is provided on page 24 for added responses.

Applicant Initials _____