

CITY OF LIGHTHOUSE POINT
Police Department
3701 N.E. 22nd Avenue
Lighthouse Point, Florida 33064

EMPLOYMENT APPLICATION - POLICE OFFICER

INSTRUCTIONS:

This Application must be filled out accurately and completely. Please type or print (in ink) all information. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Applicants who submit incomplete applications will not be considered for employment.

All statements made on the Application are subject to verification. Any exaggerated, false, or misleading statements may be cause for disqualification from further consideration from employment and/or subsequent termination from employment. Eligibility for hire may be based on a rating of this Application; therefore, completeness and accuracy is of the utmost importance.

The City of Lighthouse Point provides reasonable accommodation to applicants with disabilities where appropriate. If you need a reasonable accommodation for any part of the application and hiring process, please notify the Personnel/Human Resources Department at (954) 943-6500 or at 2200 N.E. 38th Street, Lighthouse Point, Florida 33064. Determinations on requests for reasonable accommodation will be made on a case-by-case basis.

The City of Lighthouse Point is an Equal Opportunity Employer.

REQUIRED DOCUMENTS:

All applicants are required to submit copies of the following documents to be eligible for consideration of employment:

- Birth certificate
- Social Security card
- High school diploma (or GED certificate)
- College certificate (or transcript), if applicable
- Florida (or current resident state's) driver's license
- DD Form 214 (when prior military)
- Naturalization papers (when not American-born citizen)
- Proof of Law Enforcement Certification

LIGHTHOUSE POINT POLICE DEPARTMENT POLICE OFFICER APPLICATION

FOR ADDITIONAL INFORMATION:

If you have any questions or require additional information, please call (954) 942-8080 or contact the Police Department at: City of Lighthouse Point, 3760 N.E. 22nd Avenue, Lighthouse Point, Florida 33064.

IMPORTANT NOTICES TO ALL APPLICANTS:

Fraudulent conduct or false statements by any applicant or by another person on the applicant's behalf and with the applicant's knowledge, in any aspect of the employment evaluation process, will be cause for the exclusion of such applicant from consideration from employment.

Your social security number is requested for the purpose of payroll eligibility verification, processing employment benefits, applicant and employee background checks, and income reporting, and will be used solely for these purposes.

The City of Lighthouse Point does not employ individuals who now use or have used tobacco products within the last twelve (12) months.

LIGHTHOUSE POINT POLICE DEPARTMENT POLICE OFFICER APPLICATION

ALL APPLICANTS **MUST** MEET THE FOLLOWING:

1. Be a citizen of the United States.
2. Have graduated from an accredited high school or have obtained a state issued G.E.D. certificate or equivalent, as determined acceptable by the Florida Criminal Justice Standards and Training Commission.
3. Possess a valid driver's license. (Note: Applicant must have a valid Florida driver's license at the time of hiring.)
4. Be in good physical condition as determined by a Florida licensed physician and as determined acceptable by the Florida Criminal Justice Standards and Training Commission.
5. Meet the vision requirements as determined acceptable by the Florida Criminal Justice Standards and Training Commission (suggested 20/30 with glasses).
6. Be of good moral character (as determined acceptable by the Florida Criminal Justice Standards and Training Commission).
7. Must never have been convicted of a felony, or a misdemeanor involving "moral turpitude" (as the term is defined by law), and must not have been released or discharged under any conditions other than honorable conditions from the Armed Forces of the United States.
8. Successfully complete the Broward Community Criminal Justice Institute Law Enforcement Physical Agility and Written Examinations (Building 22, 3501 SW Davie Road, Fort Lauderdale, 33314, 954-475-6790 for information).
9. Have not falsified any information provided in this application or failed to provide any required or relevant information (as determined by the City).
10. Not associated with persons involved in illegal activities in the past or the present; the experimental use of drugs in the past can be grounds for disqualification.

AFFIRMATION

I, (please print) _____, have read and understand the above relating to the selection standards of the Lighthouse Point Police Department. I am willing to abide by the decision of the Lighthouse Police Department with regard to my selection as a candidate for employment.

Signature of Applicant

Date Signed

**LIGHTHOUSE POINT POLICE DEPARTMENT
POLICE OFFICER APPLICATION**

RELEASE AND WAIVER

To Whom It May Concern:

I am making application for employment as a police officer with the City of Lighthouse Point.

I understand that critical components of the City's investigation into my application for employment are an examination of my medical, educational, financial, employment, and personal conduct background.

I hereby authorize the City of Lighthouse Point, within one (1) year of the date noted below, to obtain all information in your files pertaining to any past or present employment, credit or educational records, including, but not limited to, academic achievement, attendance, athletic or medical performances/history, the product of any and/or all background, polygraph, CVSA, medical and/or psychological investigations or examinations, any and all department performance evaluations, attendance records, internal affairs and/or department investigations, and disciplinary records.

I also hereby authorize any duly-authorized representative of the City of Lighthouse Point bearing this release, or a copy thereof, to obtain copies of any or all of the above-mentioned records.

I hereby direct you to release this information upon request of the bearer. This release is executed with the full knowledge and understanding that this information is for the official use of the City of Lighthouse Point.

My consent is granted for the City of Lighthouse Point to furnish the information described above to all parties required in the course of their official duties.

I hereby release you, as the custodian of such records, of any past or present employer; school, college, university, or other educational institution wherein my scholastic records are available; any hospital or other repository of any of my medical records; any credit bureaus, lending institutions, consumer reporting agencies; or retail business establishments possessing my credit/debit payment records 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 the compliance with this authorization and request to release information. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Your assistance in this matter is greatly appreciated. Thank you.

Applicant's Signature: _____

Applicant's Name (print): _____

Date: _____ **Phone Number:** _____

**LIGHTHOUSE POINT POLICE DEPARTMENT
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1. GENERAL PERSONAL INFORMATION

- a. Last Name: _____
- b. Social Security Number: _____
- c. First Name: _____ Middle Initial: _____
- d. Current Residential Address: _____
- e. City: _____ State: _____ Zip Code: _____
- f. Home Phone: _____ Work Phone: _____
- g. E-mail address (if available): _____
- h. Residential Addresses for prior ten (10) years (include City, State, and Zip Code):

2. SUMMARY OF LAW ENFORCEMENT EXPERIENCE

- a. Are you currently employed as a sworn law enforcement officer? No___ Yes___
- b. If yes, with what Agency are you currently employed? _____

- c. Name and Address of Agency (including City, State, and Zip Code)

**LIGHTHOUSE POINT POLICE DEPARTMENT
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2. SUMMARY OF LAW ENFORCEMENT EXPERIENCE (continued)

- d. Phone number of Agency: _____
- e. Dates of employment: _____
- f. Current rank: _____ Highest rank attained: _____
- g. Number of sworn law enforcement personnel employed by the Agency: _____
- h. If you are **not** currently employed as a sworn law enforcement officer, have you ever been employed as a sworn law enforcement officer? No ____ Yes ____
- i. If yes, with what agency(ies) were you so employed? _____

- j. Name and Address of Agency (including City, State, and Zip Code)
- k. Phone number of agency: _____
- l. Dates of employment: _____
- m. Highest rank attained: _____
- n. Number of sworn law enforcement personnel employed by the Agency: _____
- o. Reason(s) for leaving: _____

3. LAW ENFORCEMENT CERTIFICATION

- a. Have you attended a Police Academy(ies)? No ____ Yes ____
- b. Name of the Academy(ies) attended: _____
- c. Did you graduate from the above-listed Academy(ies)? No ____ Yes ____
- d. If you answered yes to the above question **and** you attended more than one (1) Academy, from which Academy did you graduate? _____
- e. Academy Hours: _____ Dates attended: From _____ To _____

**LIGHTHOUSE POINT POLICE DEPARTMENT
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4. EMPLOYMENT HISTORY

This section must be completed in full as resumes will not be accepted as official applications.

Identify for the last ten (10) years your paid work experience beginning with your current or most recent job. List each promotion or transfer as a separate job, even if with an employer you have already listed. Include military service, part time employment, and self-employment. List all gaps in work history in the spaces provided. If necessary, attach additional sheets to this Application to ensure a complete listing of all employment.

Are you presently employed? No ☐ Yes ☐ Current Job Title: _____
Name of Current Employer: _____
Employer's Address: _____
Employer's Phone Number: _____
Dates of Employment: _____ to _____
Starting Salary: _____ Current Salary: _____
Supervisor's Name and Title: _____
Specific Job Responsibilities: _____
Number of Employees Supervised (if any): _____
May we contact your present employer? No ☐ Yes ☐
If no, please explain: _____

Reason for leaving: _____

Name of Former Employer: _____
Job Title: _____ Employer's Phone Number: _____
Employer's Address: _____
Dates of Employment: _____ to _____
Starting Salary: _____ Ending Salary: _____
Supervisor's Name and Title: _____
Specific Job Responsibilities: _____

Number of Employees Supervised (if any): _____
May we contact this former employer? No ☐ Yes ☐
If no, please explain: _____

Reason for leaving: _____

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Name of Former Employer: _____
Job Title: _____ Employer's Phone Number: _____
Employer's Address: _____
Dates of Employment: _____ to _____
Starting Salary: _____ Ending Salary: _____
Supervisor's Name and Title: _____
Specific Job Responsibilities: _____

Number of Employees Supervised (if any): _____
May we contact this former employer? No ___ Yes ___
If no, please explain: _____

Reason for leaving: _____

Name of Former Employer: _____
Job Title: _____ Employer's Phone Number: _____
Employer's Address: _____
Dates of Employment: _____ to _____
Starting Salary: _____ Ending Salary: _____
Supervisor's Name and Title: _____
Specific Job Responsibilities: _____

Number of Employees Supervised (if any): _____
May we contact this former employer? No ___ Yes ___
If no, please explain: _____

Reason for leaving: _____

Name of Former Employer: _____
Job Title: _____ Employer's Phone Number: _____
Employer's Address: _____
Dates of Employment: _____ to _____
Starting Salary: _____ Ending Salary: _____
Supervisor's Name and Title: _____
Specific Job Responsibilities: _____

Number of Employees Supervised (if any): _____
May we contact this former employer? No ___ Yes ___
If no, please explain: _____

Reason for leaving: _____

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List ALL of the Police Departments that you have applied to in the last TWO (2) years.

5. EMPLOYMENT SUMMARY

a. Have you ever been involuntarily terminated from employment or asked to resign from employment? No ____ Yes ____

b. If yes, please explain (include name of employer(s); supervisor(s); and date(s) of incident(s)): _____

c. Have you ever been subjected to disciplinary action (including written counseling, written reprimand, demotion, suspension, or termination), including during a probationary period? No ____ Yes ____

d. If yes, please explain (include name of employer(s); supervisor(s); and date(s) of incident(s)): _____

e. Have you ever terminated your employment while the subject of any investigation by an employer? No____ Yes____

f. If yes, please explain (include name of employer(s); supervisor(s); and date(s) of incident(s)): _____

g. Are you a certified or volunteer Firefighter? _____

**LIGHTHOUSE POINT POLICE DEPARTMENT
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6. EDUCATION AND SPECIAL TRAINING

- a. Do you have a High School diploma? No___ Yes___
- b. If yes, date obtained: _____
- c. If you do not have a High School diploma, do you have a G.E.D.?
No___ Yes___
- d. If so, date obtained: _____
- e. If you do not have a high school diploma or G.E.D., please indicate the highest grade completed: _____
- f. Last high school attended _____
Name City State

Colleges and Universities Attended

g.
Name and Location: _____

Major/Minor Degree Field or Program of Study: _____

Did you graduate? No ___ Yes___ Type of Degree received: _____

If no, indicate number of credit hours received: _____

h.
Name and Location: _____

Major/Minor Degree Field or Program of Study: _____

Did you graduate? No ___ Yes___ Type of Degree received: _____

If no, indicate number of credit hours received: _____

i.
Name and Location: _____

Major/Minor Degree Field or Program of Study: _____

Did you graduate? No ___ Yes___ Type of Degree received: _____

If no, indicate number of credit hours received: _____

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6. EDUCATION AND SPECIAL TRAINING (continued)

**Special Training Schools
(Business, Trade, Vocational, Armed Forces)**

j. Name and Location: _____
Course/Subject Taken: _____
Certificates Received: _____
Total Hours Completed: _____ Hours Required for Certification: _____

k. Name and Location: _____
Course/Subject Taken: _____
Certificates Received: _____
Total Hours Completed: _____ Hours Required for Certification: _____

l. Name and Location: _____
Course/Subject Taken: _____
Certificates Received: _____
Total Hours Completed: _____ Hours Required for Certification: _____

If you have more education training information to provide, please attach a separate sheet in the same format

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7. CHARACTER REFERENCES

Do not include relatives, former employers, persons who live outside of the United States or its territories, or present supervisors. List only references who have definite knowledge of your qualifications and fitness for the position as a Police Officer. List five (5) persons.

a.
Name: _____ Phone Number: _____
Address: _____
(include City, State, and Zip Code)
How long have you known this person? _____ Relationship: _____

b.
Name: _____ Phone Number: _____
Address: _____
(include City, State, and Zip Code)
How long have you known this person? _____ Relationship: _____

c.
Name: _____ Phone Number: _____
Address: _____
(include City, State, and Zip Code)
How long have you known this person? _____ Relationship: _____

d.
Name: _____ Phone Number: _____
Address: _____
(include City, State, and Zip Code)
How long have you known this person? _____ Relationship: _____

e.
Name: _____ Phone Number: _____
Address: _____
(include City, State, and Zip Code)
How long have you known this person? _____ Relationship: _____

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8. DECLARATION

Do you have any knowledge or information, in addition to that specifically requested in the preceding questions, which is or which may be relevant, either directly or indirectly related to your eligibility or fitness for the position of police officer, including but not limited to knowledge or information concerning your character, physical or mental condition, temperance, habits, employment, education, family associations, criminal records, traffic violations history, or other facts: No ____ Yes ____

If yes, explain: _____

_____ How long have you known this person? _____

Please read this statement carefully before signing below:

I hereby certify that each response on this Application and all other information I have provided in applying for employment with the City of Lighthouse Point are true and correct and contain no misrepresentations, omissions, or concealment of material fact. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification from further consideration for employment or discharge from employment at any time.

Copies of all required documents must be submitted prior to employment. All information and documentation is subject to investigation and verification.

Applicant's Signature: _____

Applicant's Name (print): _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____ (name of person making statement).

Signature of Notary Public State of Florida
(NOTARY SEAL)

Name of Notary Typed, Printed, or Stamped

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

**LIGHTHOUSE POINT POLICE DEPARTMENT
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**APPLICANT BACKGROUND INVESTIGATION
DRUG USE AND CRIMINAL HISTORY QUESTIONNAIRE**

Answer these questions truthfully and provide details of any YES answer. If additional space is needed, write on back of paper.

Failure to answer each and every question with complete truth will result in either your disqualification if during the application process or dismissal at any time once employed, upon discovery of falsehood.

1. Have you ever used, sold, delivered, manufactured, smuggled, trafficked in, or possessed illegal substances, or drug paraphernalia (regardless of your age at the time, as a teenager, etc.)?

2. Have you ever been accused or charged with use of, selling, delivering, manufacturing, smuggling, or trafficking in, or possession of illegal substances or drug paraphernalia? (Regardless of your age at the time, i.e., as a teenager, etc., and regardless of whether the charges were DISMISSED, you were found NOT GUILTY, or the RECORDS WERE SEALED OR EXPUNGED) No ____ Yes ____

(If yes, explain in detail, provide dates, etc.):

3. Have you ever committed a crime, whether arrested or not, that would constitute a felony, or a first-degree misdemeanor, whether as a juvenile or an adult? (Regardless of your age at the time, i.e., as a teenager, etc. and regardless of whether the charges were DISMISSED, you were found NOT GUILTY, or the RECORDS WERE SEALED OR EXPUNGED) No ____ Yes ____

(If yes, explain in detail, provide dates, etc.)

**LIGHTHOUSE POINT POLICE DEPARTMENT
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**APPLICANT BACKGROUND INVESTIGATION
DRUG USE AND CRIMINAL HISTORY QUESTIONNAIRE (continued)**

INDICATE ALL ARRESTS, INCLUDING THOSE EXPUNGED OR SEALED

a. Were you ever arrested or taken into custody under ANY circumstances (including all arrests as a juvenile): No____ Yes____

b. If yes, list all such arrests:

c. Charge	Agency	Date	Disposition/Sentence
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d. Are you now or have you ever been the subject of a criminal investigation by any law enforcement agency? No ____ Yes ____

e. If yes, identify the investigating agency; the approximate dates of the investigation; the circumstances leading to the investigation; and the outcome of the investigation.

f. Have you ever been found guilty of, had adjudication withheld, or pled no contest to any violation of law? No____ Yes____

g. If yes, please identify the state in which the arrest occurred; the date of the arrest; the arresting agency; the offense(s) with which you were charged; whether the offense was a misdemeanor or felony; and the outcome of the charge.

**LIGHTHOUSE POINT POLICE DEPARTMENT
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**APPLICANT BACKGROUND INVESTIGATION
APPLICANT INFORMATION CREDIT CHECK**

a. Have you ever been brought into civil court for non-payment of a debt, had a credit or loan application declined, had property repossessed or auctioned, been evicted, or filed bankruptcy? No ____ Yes ____

b. If yes, explain (provide company involved, dates and locations):

c. List ALL debts you are presently paying, or which are outstanding. Include mortgages, car payments, credit cards, etc. List the creditor's name and phone number; amount owed; amount paid; period of payment (i.e., monthly, bi-weekly):

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**APPLICANT BACKGROUND INVESTIGATION
APPLICANT INFORMATION CREDIT CHECK (continued)**

- d. Have you ever had any "FAIL TO PAY" complaints? No ____ Yes ____
If yes, explain:

- e. Have you ever been refused CREDIT? No ____ Yes ____
If yes, explain:

- f. Have you ever been required to surrender a credit card? No ____ Yes ____
If yes, explain:

- g. Have you ever had any property repossessed? No ____ Yes ____
If yes, explain:

- h. Have you ever filed for bankruptcy? No ____ Yes ____
If yes, explain:

- i. Have you ever been named in a civil action involving a DEBT? No ____ Yes ____
If yes, explain:

- j. Have you ever had property sold at public auction in order to pay tax, debts,
etc.? No ____ Yes ____
If yes, explain:

**LIGHTHOUSE POINT POLICE DEPARTMENT
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**APPLICANT BACKGROUND INVESTIGATION
DRIVER'S LICENSE AND VEHICLE ACCIDENT CHECK**

Please answer the following questions. Failure to provide complete, accurate, and truthful responses will be cause for elimination from consideration as a candidate, or if discovered after being hired, will be cause for dismissal.

- a. Do you possess a valid Florida driver's license? No ____ Yes ____
- b. If yes, what is your License number: _____
- c. Type of license you have: _____
- d. Date of issue: _____
- e. Expiration Date: _____
- f. Have you ever had a driver's license in any state other than Florida?
No____ Yes____
- g. If yes, what State: _____
- h. License number: _____
- i. Type of license: _____
- j. Date of issue: _____
- k. Expiration Date: _____
- l. Please record your name exactly as it appears on your driver's license(s). If you have had your name spelled differently (with or without middle initial; had a legal name change), list each verification and the state in which so licensed.

Name Spelled

State

**LIGHTHOUSE POINT POLICE DEPARTMENT
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**APPLICANT BACKGROUND INVESTIGATION
DRIVER'S LICENSE AND VEHICLE ACCIDENT CHECK (continued)**

- m. Please list each and every state in which you have been a licensed driver, in chronological order, and list the period of time so licensed. (Example, Florida 1978-1999) If none, check here ☼

State	Date from-until
_____	_____
_____	_____
_____	_____

- n. Please list each and every traffic citation you have received in chronological order, showing state, agency issuing, charge, date, and resolution or disposition. If none, check here ☼

State	Agency	Charge	Date	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- o. Please list chronologically each and every automobile accident you have been involved in, in which you were either identified as being at fault, even though not cited, or in which you were cited, and the disposition thereof. If none, check here ☼

State	Agency Investigating	Date	Cited for	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- p. Please list chronologically, all instances in which you have sued or been sued as the result of an automobile accident. If none, check here ☼

State	Court Location	Date	Sued for	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**LIGHTHOUSE POINT POLICE DEPARTMENT
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**APPLICANT BACKGROUND INVESTIGATION
DRIVER'S LICENSE AND VEHICLE ACCIDENT CHECK (continued)**

- q. Has your driver's license ever been suspended or revoked? No ____ Yes ____
If yes, explain in detail. List state, cause, etc., and state how and when re-licensing was accomplished.

- r. Is there any additional information regarding your driving and/or accident record, which has not been requested previously, which may have a bearing on your suitability for employment as a law enforcement officer? No ____ Yes ____
If yes, explain in detail.

I affirm that the facts provided herein by me are true to the best of my knowledge.

Applicant's Signature: _____

Applicant's Name (print): _____

Date Signed: _____

**LIGHTHOUSE POINT POLICE DEPARTMENT
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**APPLICANT BACKGROUND INVESTIGATION
MILITARY SERVICE**

You must respond to all questions in this section even if all information was provided above in Section 4.

1. Do you now or have you ever served in the United States Armed Forces?
No ____ Yes ____
2. If yes, which branch(es) have you served, MOS, and primary duty performed?

3. Date of Service: _____ to _____
4. Duty in Service (i.e., Military Police): _____

5. Total time of active duty _____ 6. Highest rank reached _____
7. Number of enlistments or re-enlistments _____
8. Type of discharge(s): _____
9. DD 214 presented to support each tour of service? No ____ Yes ____
10. While in the military service, were you ever arrested for an offense that resulted in a trial by a court or by a summary, special, or general court-martial?
No ____ Yes ____
11. If yes, identify the arresting branch, the approximate date of the investigation; explain the circumstances leading to the investigation, and identify the outcome of the investigation :

**LIGHTHOUSE POINT POLICE DEPARTMENT
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12. Did you have any violations of military rules or regulations that resulted in you being tried, punished, reprimanded, or reduced in rank? No ____ Yes ____

If yes, explain _____

13. Were you ever denied a promotion while in the military service? No ____ Yes ____

14. Were you ever accused of, or counseled for, displays of religious, racial, or ethnic prejudice? No ____ Yes ____

If yes, explain _____

15. Were you ever accused of, or counseled for, displays of anger, violence, or the use of excessive force? No ____ Yes ____

If yes, explain _____

16. Were you ever accused of, or counseled for, failure to pay debts, had wages garnished, declared bankruptcy, or been sued in regard to financial matters?

No ____ Yes ____

If yes, explain _____

17. Did you ever take military property for personal use? No ____ Yes ____

If yes, explain _____

**LIGHTHOUSE POINT POLICE DEPARTMENT
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PRE-EMPLOYMENT AGREEMENT

PART 1 of 4

**DISCLOSURE TO APPLICANT OF MEDICAL EXAMINATION
REQUIREMENT
INCLUDING TEST FOR CURRENT USAGE OF DRUGS**

Prior to employment with the City of Lighthouse Point, Police Officer candidates with conditional job offers are required to submit to a medical examination to determine whether they are able to perform all essential job duties and to assure the safety, health, and welfare of City employees and the general public. The City of Lighthouse Point is a Drug-Free Workplace and, therefore, offers of employment are conditioned upon satisfactory results of drug testing. Conditional job offers will be revoked if the applicant refuses to submit to a drug testing or if the results of the drug testing are unsatisfactory.

CONSENT TO MEDICAL EXAMINATION AND DRUG TESTING

In the event that I am conditionally offered employment by the City of Lighthouse Point as a Police Officer, I voluntarily consent to a medical examination prior to my beginning employment. In the event that I am conditionally offered employment by the City of Lighthouse Point, I also consent to a drug test of my urine and/or blood and/or hair prior to my beginning employment. I hereby authorize and give full permission to have the City's contracted medical provider, its staff, and/or associates send a specimen of my urine and/or blood and/or hair to a laboratory for screening tests for the presence of drugs. I authorize these results, whether positive or negative, to be given to a

Medical Review Officer selected by the City and the City's Personnel Department. I release the City of Lighthouse Point, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination and/or drug test or the use of the results therefrom. I have read in full and understand the above Disclosure and Consent and conditions of employment contained therein.

Applicant's Name (print) _____

Applicant's Signature _____

Date _____

Witness' Signature _____ Date _____

**LIGHTHOUSE POINT POLICE DEPARTMENT
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PRE-EMPLOYMENT AGREEMENT

PART 2 of 4

TOBACCO PRODUCTS AFFIDAVIT

The City of Lighthouse Point does not employ individuals who now use or have used tobacco products within the last twelve (12) months.

Do you now or have you ever within the last twelve (12) months smoked or used tobacco products? No ____ Yes ____

If yes, explain _____

AFFIDAVIT

I, _____, do hereby affirm that I have not been a user of tobacco products within the at least twelve (12) months immediately preceding my application for employment with the City of Lighthouse Point. Under the penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

DATED and SIGNED this _____ day of _____, 20____.

Signature of Applicant

Print Applicant's Name

**LIGHTHOUSE POINT POLICE DEPARTMENT
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PRE-EMPLOYMENT AGREEMENT

PART 3 of 4

EMPLOYMENT INQUIRY RELEASE

I understand that as a condition of employment, statements I have made either verbally or in writing in the course of my seeking employment with the City of Lighthouse Point, will be verified through various sources including but not limited to a Criminal History Records search, Driver's License History, credit reports, education records, former and current employers, and personal references. I hereby authorize the City of Lighthouse Point to obtain any information in your files pertaining to any past or present employment, credit, or educational records, including, but not limited to, academic achievement, the product of any and/or all background, any and all department performance evaluations, attendance records, internal affairs and/or department investigations, and disciplinary records. Additionally, I authorize the City of Lighthouse Point to conduct a credit, criminal, and driving record inquiry. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use only of the City of Lighthouse Point. Consent is further granted for the City of Lighthouse Point to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, sort, or description, 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. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name _____

Current Address _____

Phone Number _____ Social Security Number _____

Driver's License Number _____ State _____

Other Prior Names/Aliases _____

Applicant's Signature _____ Date _____

**LIGHTHOUSE POINT POLICE DEPARTMENT
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PRE-EMPLOYMENT AGREEMENT

PART 4 of 4

**NOTICE TO APPLICANT OR EMPLOYEE OF
INTENT TO OBTAIN AN INVESTIGATIVE CONSUMER REPORT**

Dear Applicant or Employee:

In connection with your application for employment or your employment, the City of Lighthouse Point would like to procure certain background information concerning you which is contained in an investigative consumer report. An investigative consumer report may contain information regarding your: credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, and/or criminal background. This information may be gathered from personal interviews with your neighbors, friends, and/or associates (e.g., former employers).

Before we may procure an investigative consumer report, you must authorize such procurement in writing. You have the right to decline authorization for us to procure an investigative consumer report. However, we will not consider you further for employment if you so decline. If you are an employee, we may consider employment action if you decline.

We intend to ask your former employer(s) the following questions concerning you:

- What were the dates of your former employment?
- What position(s) did you hold?
- Were you ever demoted or otherwise disciplined? If so, what were the circumstances.
- Did you perform your job in a satisfactory manner?
- Under what circumstances did you leave?
- Would you rehire the individual?

Attached to this form you will find a release which will allow us to obtain an investigative consumer report concerning the foregoing questions. Please read the release carefully before signing it and indicating your choice regarding disclosure.

**LIGHTHOUSE POINT POLICE DEPARTMENT
POLICE OFFICER APPLICATION**

RELEASE TO PROCURE A CONSUMER REPORT

I have read the "Notice to Applicant" letter attached to this form.

I understand that I have the right to decline authorization for the City of Lighthouse Point to procure an investigative consumer report concerning me.

I understand that the investigative consumer report may contain information concerning my: credit worthiness, credit standing, general reputation, personal characteristics, mode of living, and/or criminal background.

As disclosed on the form below, I understand the nature and scope of the investigation that is going to be made into my background.

Understanding these rights,

- ☐ I authorize the City of Lighthouse Point to procure an investigative consumer report concerning me.
- ☐ I do not authorize the City of Lighthouse Point to procure an investigative consumer report concerning me.

NAME (Print please): _____

SIGNATURE: _____

DATE: _____

Full Name _____ Other Names Used _____

Current Address _____ Telephone Number _____

City _____ State _____ Zip Code _____

Previous Address _____

City _____ State _____ Zip Code _____

Driver's License Number _____ State _____ Expiration Date _____

Social Security Number _____ Date of Birth* _____

Applicant's Signature _____ Date _____

Prospective Employ _____

*Date of Birth is being requested to obtain accurate retrieval of records.