

# Important Notice!

## PLEASE READ THIS PAGE BEFORE CONTINUING

When completed please mail the **Background Information Form, waivers, supporting documentation**, and all **test scores** to the:

**Boca Raton Police Services Department**  
Professional Standards Bureau  
6500 Congress Ave. Suite 100  
Boca Raton, FL 33487

### **DO NOT SEND ANY DOCUMENTS TO HUMAN RESOURCES.**

Your application for the position of **Police Officer** is **not** complete unless you have also submitted the City of Boca Raton's **online application for employment**.

If you **do not** submit your test scores, the **online application for employment, Background Information Form, waivers and all supporting documentation**, you **will not** be considered for the position of **Police Officer** for the city of Boca Raton.

Please read the following pages completely. There are links in this document that will connect you to various sites for additional items that must be completed.

It is the **applicant's** responsibility to schedule and take all required tests **prior** to submitting **any** documentation to the City of Boca Raton.

Note:

***To assure that you have all the necessary documents, a checklist has been provided on page 5 of this packet.***

***The background information form on pages 6-26 is to be filled in electronically (not hand written). Once you have completed those pages, print the document and submit it along with the items listed on page 5 within two weeks of submitting your online application.***

***Do not alter, cut and paste, add, or insert pages or modify this background form in any way.***

***Please do not return the instruction or informational pages, only those pages requiring information or signatures should be returned.***



# City of Boca Raton

## Police Officer Candidate Packet

**To apply for the position of Police Officer/Candidate, applicants must meet the following MINIMUM QUALIFICATIONS:**

1. Applicant must be at least 19 years of age.
2. Applicant must be a United States Citizen.
3. Applicant must have a minimum of 60 credits from an accredited college OR two (2) years active military duty with an honorable discharge, OR, two (2) years certified law enforcement experience. (Not correctional officer).
4. Applicant must not have been convicted of any felony, or of a misdemeanor involving perjury, or a false statement. Any person who, after July 1981, pleads guilty or nolo contendere to, or is found guilty of a felony or a misdemeanor involving perjury, is not eligible for employment or appointment as an officer, notwithstanding suspension of sentence or withholding adjudication.
5. Applicant must be of good moral character as determined by a background investigation.
6. Applicant must possess, before date of hire, a valid Florida driver's license, with no more than six (6) points within the last three (3) years.
7. A credit check will be requested and used for employment purposes on all candidates.
8. While on duty, employees are not permitted to have any tattoos visible.

***It is a condition of employment that persons appointed as sworn Police Officers with the City of Boca Raton on or after 01/09/91, shall not use tobacco products either on or off duty. Noncompliance will result in termination of employment. Upon submission of an application for the position of Police Officer, candidates must affirm, by oath, that as of their date of hire, they will not use tobacco products on or off duty.***

**APPLICANTS WHO POSSESS A BACHELOR'S DEGREE DO NOT NEED TO TAKE THE T.A.B.E.**

**EFFECTIVE JULY 1, 2004:**

All applicants, except those with a Bachelor's degree, are required to pass the T.A.B.E. (***for those applicants taking the test at PBSC you will need to take the level A, books 9&10 full battery version.***) with a score of 12.9 in Language, Reading, and Math. All applicants, including those with a Bachelor's degree, must pass the C.J.B.A.T. with a score of 85% or above and successfully pass the Physical Agility Test. Note: The Broward Testing Center requires applicants to register for the TABE online.

You must arrange to take these tests according to the Criminal Justice Center's established testing schedule. For a copy of the Broward Community College Criminal Justice Testing Center's Information Booklet please follow this link. [www.broward.edu/ips](http://www.broward.edu/ips) then click on "testing center" and the "testing center information booklet" is available in .pdf form. For the Palm Beach State College Criminal Justice Testing Center visit their website at <http://www.palmbeachstate.edu/testing/Documents/LWtestschedFS.pdf>. Please be aware that the T.A.B.E. score is valid for 2 years, C.J.B.A.T. score is valid for 4 years, and the Basic Motor Skills test score is valid for 6 months.

**INCOMPLETE SUBMISSIONS WILL NOT BE PROCESSED.**

**After completing the above tests, please submit the test scores, a copy of your birth certificate, driver's license, Social Security card, non-smoking affidavit, copy of driver's license history, high school diploma, official college transcripts (must have a minimum of 60 credits), and/or military discharge papers.**

The balance of the selection process is as follows:

1. Completion of Sworn Personnel Background Information Form
2. Oral Interview & B-PAD Video Test
3. Polygraph
4. Background Investigation
5. A psychological evaluation
6. A medical examination

Once an application is accepted, it can take up to 90 days to complete the process.

## BENEFITS-POLICE OFFICER F.O.P.

**ANNUAL LEAVE:** Eligible one year from date of employment. Maximum accrual of 360 hours.

0 through 5 full years	8 hours per month
5 to 10 full years	10 hours per month
10 to 15 full years	12 hours per month
15 years and over	14 hours per month

**SICK LEAVE:** 8 hours per month. Any hours in excess of 960 will be paid off annually according to payout schedule.

**HEALTH INSURANCE (Premiums):** Employee Medical HRA - Paid 100% by City. Employee contributions is required for PPO employee coverage; Employee Dental and Vision paid by the employee.

**CONTINUOUS SERVICE BENEFIT:** As of December 2015 each year- paid during the month of December.

10 to 15 full years	\$1,500 annually
15 full years and over	\$2,000 annually

**WORKER'S COMPENSATION/DISABILITY LEAVE:** Regular rate of pay except where applicable State law provides a greater benefit. If granted Worker's Compensation, Social Security or other benefit, employee will be paid the difference between those benefits and the regular rate of pay for the hours the employee would otherwise have been regularly scheduled to work.

**ACCIDENTAL DEATH & DISMEMBERMENT:** (maintained by the City) - \$25,000. Wrongful Death - \$75,000.

**PENSION PLAN (Required):** Defined Benefit Plan upon hire. Vested after 10 years. Retirement eligibility: 20 years of service or age 55 with 10 years of service, a 5-year Deferred Retirement Option Plan (DROP) and retirement supplement of \$10.50/month for each year of service. Mandatory employee contribution: 11.5%. City contributes actuarially determined amount. **Optional:** 457 Deferred Compensation Saving Plan is available.

**HOLIDAYS:** 12 per year: 10 recognized holidays and 2 floating days.

**FUNERAL LEAVE:** If in State- up to 3 workdays If out of State- up to 5 workdays

**PERFORMANCE EVALUATION:** Employees receive an annual performance evaluation on their anniversary date of employment or last promotion. Provided the evaluation is satisfactory or above, the employee's base salary shall be moved up to the next applicable step.

**TUITION REIMBURSEMENT:** Eligible when employed a minimum of 12 months, subject to available department funds. Must be approved prior to enrollment.

**PROFESSIONAL DEVELOPMENT & BONUS:** An officer who has or acquires at least 90 semester hours toward a baccalaureate degree in Public Administration, Business Administration, or Criminal Justice shall receive a professional development bonus of \$150 annually.

**UNIFORM ALLOWANCE**

**ACCIDENT-FREE BONUS**

**DETECTIVE ASSIGNMENT PAY**

**MILITARY LEAVE:** Not to exceed 30 days each calendar year.

**This summary is an overview of information contained in the City of Boca Raton Ordinances, Policies, Procedures, and collective bargaining agreement. Please refer to the appropriate document for specific explanation.**

## IMPORTANT INFORMATION FOR THE APPLICANT

The Boca Raton Police Services Department must do a complete background investigation on all candidates. The Background information Questionnaire must be accurate and complete.

Any omissions, inaccuracies, or falsifications may cause the removal of the applicant from the process.

Driving and arrest records are of crucial importance and must be completely accurate.

**Before submitting your completed package, please check that you have included all of the following items.**

1. Boca Raton Police Department Background Information Questionnaire with a **current passport photo(not a copy)** attached (21 pages)
2. T.A.B.E. test results (waived if you possess a Bachelor's Degree)
3. C.J.B.A.T. Test
4. Basic Motor Skills Test – Agility (BMST)
5. Signed FDLE CJSTC 58 - Authority for Release of Information (Background Investigation Waiver)
6. Signed Boca Raton Police Department Employment Waiver
7. Signed Boca Raton Police Department Pre-Training Agreement
8. Signed Boca Raton Police Department Personal Inquiry Waiver (Authority for Release of Information)
9. Signed Boca Raton Police Department Credit Report
10. Signed Boca Raton Police Department Oath of Affirmation (Non-Smoking Affidavit)
11. Signed Background Check Authorization And Release form
12. Copy of your Valid Driver's License
13. Copy of your Birth Certificate
14. Copy of your Social Security Card
15. Copy of your driving record from the Department of Highway Safety and Motor Vehicle from the State in which your license was issued.
16. Copy of your High School Diploma
17. Official college transcripts and/or Military discharge papers
18. Any other documentation listed in the background portion of this packet

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# BACKGROUND INFORMATION

DATE COMPLETED: \_\_\_\_\_  
FILLED IN BY APPLICANT



**Applicant  
Attach  
Recent  
Passport  
Photo  
Here  
(No Photo Copies)**

POSITION APPLIED FOR: \_\_\_\_\_

## INSTRUCTIONS

Read every question carefully and ANSWER **EACH QUESTION ACCURATELY AND COMPLETELY**, **Include work and home phone numbers and zip codes**. An applicant will be disqualified from further processing if he/she intentionally makes a false statement of a material fact, practices, or attempts to practice, any deception or fraud or does not accurately and completely provide **all** required information. If space provided is not sufficient for complete answers, or you wish to furnish additional information, use the Additional Information section. **Include copy of birth certificate, high school diploma, college diploma and official transcript, drivers license, and driving record, DD-214 (if prior military service), change of name verification (if applicable), copy of social security card, and naturalization certificate (if applicable). Marriage and/or divorce certificate (if applicable).**

**FILL OUT ELECTRONICALLY, PRINT, AND MAIL TO THE PROFESSIONAL STANDARDS UNIT**

### I. PERSONAL DATA

1. \_\_\_\_\_  
(Last) (First) (Middle Name)
2. List all other names you have used, including nicknames, aliases or maiden name:  
\_\_\_\_\_
3. Telephone no. Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ List all social networking sites you are a member of including user names:  
\_\_\_\_\_
4. Age: \_\_\_\_\_ Sex: Male  Female  Height: \_\_\_\_\_ Weight: \_\_\_\_\_
5. Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
(Month/day/year) (City) (State or country)
6. Are you a registered voter? Yes  No  Are you a U.S. Citizen? Yes  No
7. If naturalized citizen give: Date: \_\_\_\_\_ Place: \_\_\_\_\_ Certificate # \_\_\_\_\_
8. Social Security Number: \_\_\_\_\_

9. Present address: \_\_\_\_\_  
(Street address) (apt. no)  
\_\_\_\_\_  
(City) (County) (State) (Zip)

10. How long have you lived at this address? (Number of years) \_\_\_\_\_

11. Do you: Own  or Rent  Monthly Rent/Mortgage Payment: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_  
(Street address) (City) (State) (Zip)  
Landlord's Phone Number: \_\_\_\_\_

12. With whom do you reside? \_\_\_\_\_  
(Name) (Relationship)

\_\_\_\_\_  
(Date of Birth) (Place of Birth)

\_\_\_\_\_  
(Employer) (Employer's Street Address) (Phone)

\_\_\_\_\_  
(City) (County) (State) (Zip)

13. Give your home address for the past ten years, excluding your present address:  
(if you rent, give name, etc. of landlord).

MONTH/YEAR

From: \_\_\_\_\_ To: \_\_\_\_\_ Own  Rent

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (County) (State) (Zip)

\_\_\_\_\_  
(Landlord's Name) (Landlord's Street Address)

\_\_\_\_\_  
(City) (County) (State) (Zip)

MONTH/YEAR

From: \_\_\_\_\_ To: \_\_\_\_\_ Own  Rent

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (County) (State) (Zip)

\_\_\_\_\_  
(Landlord's Name) (Landlord's Street Address)

\_\_\_\_\_  
(City) (County) (State) (Zip)

MONTH/YEAR

From: \_\_\_\_\_ To: \_\_\_\_\_

Own

Rent

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Landlord's Name)

\_\_\_\_\_  
(Landlord's Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

MONTH/YEAR

From: \_\_\_\_\_ To: \_\_\_\_\_

Own

Rent

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Landlord's Name)

\_\_\_\_\_  
(Landlord's Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

MONTH/YEAR

From: \_\_\_\_\_ To: \_\_\_\_\_

Own

Rent

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Landlord's Name)

\_\_\_\_\_  
(Landlord's Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

MONTH/YEAR

From: \_\_\_\_\_ To: \_\_\_\_\_

Own

Rent

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Landlord's Name)

\_\_\_\_\_  
(Landlord's Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

MONTH/YEAR

From: \_\_\_\_\_ To: \_\_\_\_\_

Own

Rent

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Landlord's Name)

\_\_\_\_\_  
(Landlord's Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

14. Have you ever been refused credit? Yes  No

If yes, indicate who refused, and reason for refusal: \_\_\_\_\_  
\_\_\_\_\_

15. List below any past or current credit accounts, auto or boat loans, mortgages, or any other person or company you are indebted to:

\_\_\_\_\_  
(Creditor Name)                      \_\_\_\_\_  
(Creditors Address)                      \_\_\_\_\_  
(Account Number)

\_\_\_\_\_  
(Account Type)                      \_\_\_\_\_  
(Balance)                      \_\_\_\_\_  
(Monthly Payment)

\_\_\_\_\_  
(Creditor Name)                      \_\_\_\_\_  
(Creditors Address)                      \_\_\_\_\_  
(Account Number)

\_\_\_\_\_  
(Account Type)                      \_\_\_\_\_  
(Balance)                      \_\_\_\_\_  
(Monthly Payment)

\_\_\_\_\_  
(Creditor Name)                      \_\_\_\_\_  
(Creditors Address)                      \_\_\_\_\_  
(Account Number)

\_\_\_\_\_  
(Account Type)                      \_\_\_\_\_  
(Balance)                      \_\_\_\_\_  
(Monthly Payment)

\_\_\_\_\_  
(Creditor Name)                      \_\_\_\_\_  
(Creditors Address)                      \_\_\_\_\_  
(Account Number)

\_\_\_\_\_  
(Account Type)                      \_\_\_\_\_  
(Balance)                      \_\_\_\_\_  
(Monthly Payment)

\_\_\_\_\_  
(Creditor Name)                      \_\_\_\_\_  
(Creditors Address)                      \_\_\_\_\_  
(Account Number)

\_\_\_\_\_  
(Account Type)                      \_\_\_\_\_  
(Balance)                      \_\_\_\_\_  
(Monthly Payment)

\_\_\_\_\_  
(Creditor Name)                      \_\_\_\_\_  
(Creditors Address)                      \_\_\_\_\_  
(Account Number)

\_\_\_\_\_  
(Account Type)                      \_\_\_\_\_  
(Balance)                      \_\_\_\_\_  
(Monthly Payment)

\_\_\_\_\_  
(Creditor Name)                      \_\_\_\_\_  
(Creditors Address)                      \_\_\_\_\_  
(Account Number)

\_\_\_\_\_  
(Account Type)                      \_\_\_\_\_  
(Balance)                      \_\_\_\_\_  
(Monthly Payment)

16. Do you presently have a bank account: Yes  No   
 If yes, specify type of account: Checking  Savings

\_\_\_\_\_  
 (Bank Name)

\_\_\_\_\_  
 (Bank Address)

17. Do you now or have you had any garnishee, wage assignment, or judgment pending against you? Yes  No   
 If yes, give details: \_\_\_\_\_

18. Have you ever filed for bankruptcy? Yes  No   
 If yes, give details: \_\_\_\_\_

19. Have you ever had any personal property repossessed? Yes  No   
 If yes, give details: \_\_\_\_\_

20. Do you currently or have you **EVER** had any account in collections? Yes  No   
 If yes, give details: \_\_\_\_\_

## II. Family History

21. Are you: Single  Married  Separated  Divorced   
 Widowed  Boyfriend/girlfriend  Engaged

\_\_\_\_\_  
 (Name of person checked above)

\_\_\_\_\_  
 (Street Address)

\_\_\_\_\_  
 (Phone)

\_\_\_\_\_  
 (City)

\_\_\_\_\_  
 (County)

\_\_\_\_\_  
 (State)

\_\_\_\_\_  
 (Zip)

\_\_\_\_\_  
 (Date of Birth)

\_\_\_\_\_  
 (Place of Birth)

\_\_\_\_\_  
 (Employer & Occupation)

\_\_\_\_\_  
 (Employer's Street Address)

\_\_\_\_\_  
 (Phone)

\_\_\_\_\_  
 (City)

\_\_\_\_\_  
 (County)

\_\_\_\_\_  
 (State)

\_\_\_\_\_  
 (Zip)

22. Give following information regarding marriage or marriages:

\_\_\_\_\_  
 (Date of marriage)      \_\_\_\_\_  
 (Where)      \_\_\_\_\_  
 (By Whom)      \_\_\_\_\_  
 (Spouse's Name)

\_\_\_\_\_  
 (Date of marriage)      \_\_\_\_\_  
 (Where)      \_\_\_\_\_  
 (By Whom)      \_\_\_\_\_  
 (Spouse's Name)

\_\_\_\_\_  
 (Date of marriage)      \_\_\_\_\_  
 (Where)      \_\_\_\_\_  
 (By Whom)      \_\_\_\_\_  
 (Spouse's Name)

\_\_\_\_\_  
 (Date of marriage)      \_\_\_\_\_  
 (Where)      \_\_\_\_\_  
 (By Whom)      \_\_\_\_\_  
 (Spouse's Name)

23. Are you currently living with boyfriend/girlfriend/spouse? Yes  No   
 If married and living apart, state reasons: \_\_\_\_\_

24. If ever separated, annulled, or divorced, indicate below, and fill in applicable information.

Separated  Annulled  Divorced

Date issued: \_\_\_\_\_ Where issued: \_\_\_\_\_

Court and State: \_\_\_\_\_ Offending Party as decreed by law: \_\_\_\_\_

Reason: \_\_\_\_\_

Separated  Annulled  Divorced

Date issued: \_\_\_\_\_ Where issued: \_\_\_\_\_

Court and State: \_\_\_\_\_ Offending Party as decreed by law: \_\_\_\_\_

Reason: \_\_\_\_\_

Separated  Annulled  Divorced

Date issued: \_\_\_\_\_ Where issued: \_\_\_\_\_

Court and State: \_\_\_\_\_ Offending Party as decreed by law: \_\_\_\_\_

Reason: \_\_\_\_\_

25. Information of ex-spouse(s)

\_\_\_\_\_  
(Name) (Street Address) (Phone)

\_\_\_\_\_  
(City) (County) (State) (Zip)

\_\_\_\_\_  
(Name) (Street Address) (Phone)

\_\_\_\_\_  
(City) (County) (State) (Zip)

\_\_\_\_\_  
(Name) (Street Address) (Phone)

\_\_\_\_\_  
(City) (County) (State) (Zip)

26. List below, every child born to you, or adopted:

\_\_\_\_\_  
(Name) (Date of Birth)

\_\_\_\_\_  
(Place of Birth) (With whom, and where does the child reside)

\_\_\_\_\_  
(Name) (Date of Birth)

\_\_\_\_\_  
(Place of Birth) (With whom, and where does the child reside)

\_\_\_\_\_  
(Name) (Date of Birth)

\_\_\_\_\_  
(Place of Birth) (With whom, and where does the child reside)

\_\_\_\_\_  
(Name) (Date of Birth)

\_\_\_\_\_  
(Place of Birth) (With whom, and where does the child reside)

27. Are you now supporting all children born to you, adopted by you and stepchildren? Yes  No   
 If no, please provide specific details in the Additional Information section.
28. Other dependants. IF you claim income tax exemptions for support of dependents other than your spouse and children, provide the following information:

\_\_\_\_\_  
 (Name) (Address – Street, City, State, Zip)

\_\_\_\_\_  
 (Relationship) (Percent of support provided)

\_\_\_\_\_  
 (Name) (Address – Street, City, State, Zip)

\_\_\_\_\_  
 (Relationship) (Percent of support provided)

\_\_\_\_\_  
 (Name) (Address – Street, City, State, Zip)

\_\_\_\_\_  
 (Relationship) (Percent of support provided)

### III. RELATIVES

29. All applicants must give complete information concerning their relatives. Even though a relative is deceased, give all the information requested and indicate last residence, year of death and cause of death. Include step-brothers, sisters, half brothers and sisters. If you have step-parents, legal guardians or others who, instead of your parents, raised you, the requested information should be furnished concerning them as well as your biological parents. If relative is not employed, list any schools attended. Complete all names, (no initials)

\_\_\_\_\_  
 (Father's name) (Street Address) (Phone)

\_\_\_\_\_  
 (City) (County) (State) (Zip)

\_\_\_\_\_  
 (Date of Birth) (Place of Birth)

\_\_\_\_\_  
 (Father's Employer) (Employer's Street Address) (Phone)

\_\_\_\_\_  
 (City) (County) (State) (Zip)

\_\_\_\_\_  
 (Father's occupation) (Number of years employed)

Deceased - Yes  No  If yes, cause death: \_\_\_\_\_

Date of death: \_\_\_\_\_

\_\_\_\_\_  
 (Mother's name) (Street Address) (Phone)

\_\_\_\_\_  
 (City) (County) (State) (Zip)

\_\_\_\_\_  
 (Date of Birth) (Place of Birth)

\_\_\_\_\_  
(Mother's Employer)                      (Employer's Street Address)                      (Phone)  
\_\_\_\_\_  
(City)                      (County)                      (State)                      (Zip)  
\_\_\_\_\_  
(Mother's occupation)                      (Number of years employed)

Deceased - Yes  No  If yes, cause death: \_\_\_\_\_  
Date of death: \_\_\_\_\_

\_\_\_\_\_  
(Father-in-law's name)                      (Street Address)                      (Phone)  
\_\_\_\_\_  
(City)                      (County)                      (State)                      (Zip)  
\_\_\_\_\_  
(Date of Birth)                      (Place of Birth)

\_\_\_\_\_  
(Father-in-law's Employer)                      (Employer's Street Address)                      (Phone)  
\_\_\_\_\_  
(City)                      (County)                      (State)                      (Zip)  
\_\_\_\_\_  
(Father-in-law's occupation)                      (Number of years employed)

Deceased - Yes  No  If yes, cause death: \_\_\_\_\_  
Date of death: \_\_\_\_\_

\_\_\_\_\_  
(Mother-in-law's name)                      (Street Address)                      (Phone)  
\_\_\_\_\_  
(City)                      (County)                      (State)                      (Zip)  
\_\_\_\_\_  
(Date of Birth)                      (Place of Birth)

\_\_\_\_\_  
(Mother-in-law's Employer)                      (Employer's Street Address)                      (Phone)  
\_\_\_\_\_  
(City)                      (County)                      (State)                      (Zip)  
\_\_\_\_\_  
(Mother-in-law's occupation)                      (Number of years employed)

Deceased - Yes  No  If yes, cause death: \_\_\_\_\_  
Date of death: \_\_\_\_\_

Sibling: Brother  Sister

\_\_\_\_\_  
(Sibling's name) (Street Address) (Phone)  
\_\_\_\_\_  
(City) (County) (State) (Zip)  
\_\_\_\_\_  
(Date of Birth) (Place of Birth)  
\_\_\_\_\_  
(Sibling's Employer) (Employer's Street Address) (Phone)  
\_\_\_\_\_  
(City) (County) (State) (Zip)  
\_\_\_\_\_  
(Sibling's occupation) (Number of years employed)

Deceased - Yes  No  If yes, cause death: \_\_\_\_\_  
Date of death: \_\_\_\_\_

Sibling: Brother  Sister

\_\_\_\_\_  
(Sibling's name) (Street Address) (Phone)  
\_\_\_\_\_  
(City) (County) (State) (Zip)  
\_\_\_\_\_  
(Date of Birth) (Place of Birth)  
\_\_\_\_\_  
(Sibling's Employer) (Employer's Street Address) (Phone)  
\_\_\_\_\_  
(City) (County) (State) (Zip)  
\_\_\_\_\_  
(Sibling's occupation) (Number of years employed)

Deceased - Yes  No  If yes, cause death: \_\_\_\_\_  
Date of death: \_\_\_\_\_

Sibling: Brother  Sister

\_\_\_\_\_  
(Sibling's name) (Street Address) (Phone)  
\_\_\_\_\_  
(City) (County) (State) (Zip)  
\_\_\_\_\_  
(Date of Birth) (Place of Birth)  
\_\_\_\_\_  
(Sibling's Employer) (Employer's Street Address) (Phone)  
\_\_\_\_\_  
(City) (County) (State) (Zip)  
\_\_\_\_\_  
(Sibling's occupation) (Number of years employed)

Deceased - Yes  No  If yes, cause death: \_\_\_\_\_  
Date of death: \_\_\_\_\_

Sibling: Brother  Sister

_____ (Sibling's name)	_____ (Street Address)	_____ (Phone)	
_____ (City)	_____ (County)	_____ (State)	_____ (Zip)
_____ (Date of Birth)	_____ (Place of Birth)		
_____ (Sibling's Employer)	_____ (Employer's Street Address)	_____ (Phone)	
_____ (City)	_____ (County)	_____ (State)	_____ (Zip)
_____ (Sibling's occupation)	_____ (Number of years employed)		

Deceased - Yes  No  If yes, cause death: \_\_\_\_\_  
Date of death: \_\_\_\_\_

#### IV. EDUCATION

30. List **ALL** schools and postsecondary institutions starting with high school.

MONTH/YEAR

_____ (From)	_____ (To)	_____ (Name of School)	_____ (Date of Completion)
_____ (Street Address)			
_____ (City)	_____ (County)	_____ (State)	_____ (Zip)

MONTH/YEAR

_____ (From)	_____ (To)	_____ (Name of School)	_____ (Date of Completion)
_____ (Street Address)			
_____ (City)	_____ (County)	_____ (State)	_____ (Zip)

MONTH/YEAR

_____ (From)	_____ (To)	_____ (Name of School)	_____ (Date of Completion)
_____ (Street Address)			
_____ (City)	_____ (County)	_____ (State)	_____ (Zip)

MONTH/YEAR

_____ (From)	_____ (To)	_____ (Name of School)	_____ (Date of Completion)
_____ (Street Address)			
_____ (City)	_____ (County)	_____ (State)	_____ (Zip)

31. Did you graduate and receive a High School Diploma: Yes  No   
 If no, did you receive a GED? Yes  No   
 If you received a GED, who is the issuing authority? \_\_\_\_\_
32. If you attended college, what was your major? \_\_\_\_\_  
 What was your minor? \_\_\_\_\_
33. Was a degree conferred? Yes  No   
 If yes, please provide the following information  
 Associates Degree  Bachelor Degree  Master's Degree  
 College \_\_\_\_\_ College \_\_\_\_\_ College \_\_\_\_\_  
 Other: \_\_\_\_\_
34. If no degree was conferred, indicate total credit hours earned: \_\_\_\_\_
35. Were you dismissed from a school or college, or was any other disciplinary action, including scholastic probation, ever taken against you? Yes  No   
 If yes, indicate below and provide a detailed explanation in the "Additional Information" section.  
 \_\_\_\_\_
36. Have **YOU** had any training in law enforcement? Yes  No   
 If yes, provide specific details in the "Additional Information" section.
37. What foreign languages do you speak? \_\_\_\_\_  
 What foreign languages do you write? \_\_\_\_\_  
 What foreign languages do you read? \_\_\_\_\_

### V. MILITARY SERVICE

38. Selective Service Number: \_\_\_\_\_
39. Have you ever served on active or reserve duty in the Armed Forces of the United States?  
 Yes  No   
 If yes, indicate below all active military service (submit copy of DD-214)

Branch	From Mo/Yr	To Mo/Yr	Highest Rank Held	Primary Duty	Type of Discharge
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If you received a discharge other than honorable, provide a detailed explanation in the "Additional Information" section.

40. Were you ever Court Martialed, tried on charges, or were you the subject of a Summary Court, Deck Court, Captain's Mast, Company Punishment, or any other disciplinary action?  
 Yes  No   
 If yes, provide specific details in the "Additional Information" section.
41. If you were enrolled in specialist schools while in the Armed Forces, specify the military school, length of time attended and type of study. \_\_\_\_\_  
 \_\_\_\_\_

42. List all commendations and citations awarded to you as a member of the Armed Forces. \_\_\_\_\_
- 
43. Have you ever served in a military organization of any foreign government? Yes  No   
 If yes, provide specific details in the "Additional Information" section.

**VI. EMPLOYMENT**

44. Have you **EVER** applied for employment with this department, any other police department, fire department, law enforcement training academy, or any other governmental agency?  
 Yes  No   
 If yes, provide details, position(s) sought, dates and agencies and the status of each application in the "Additional Information" section on page 21.
45. **LIST BELOW YOUR COMPLETE WORK HISTORY, STARTING WITH YOUR PRESENT POSITION AND WORKING BACKWARD**, to your first employment as an adult. List any period of unemployment, and include amount of compensation. All of your time must be accounted for. Include all part-time employment.

MONTH/YEAR

(From)	(To)	(Company Name)	(Name of Supervisor)
(Company Street Address)			(Supervisor's phone number)
(City)	(County)	(State)	(Zip)
(Beginning Salary)	(Ending Salary)	(Position & work performed)	(Shift e.g. 8a-5p M-F)
(Reason for leaving)			(Length of Notice)

MONTH/YEAR

(From)	(To)	(Company Name)	(Name of Supervisor)
(Company Street Address)			(Supervisor's phone number)
(City)	(County)	(State)	(Zip)
(Beginning Salary)	(Ending Salary)	(Position & work performed)	(Shift e.g. 8a-5p M-F)
(Reason for leaving)			(Length of Notice)

MONTH/YEAR

(From)	(To)	(Company Name)	(Name of Supervisor)
(Company Street Address)			(Supervisor's phone number)
(City)	(County)	(State)	(Zip)
(Beginning Salary)	(Ending Salary)	(Position & work performed)	(Shift e.g. 8a-5p M-F)

(Reason for leaving)

(Length of Notice)

MONTH/YEAR

(From)	(To)	(Company Name)	(Name of Supervisor)
(Company Street Address)			(Supervisor's phone number)
(City)	(County)	(State)	(Zip)
(Beginning Salary)	(Ending Salary)	(Position & work performed)	(Shift e.g. 8a-5p M-F)
(Reason for leaving)			(Length of Notice)

MONTH/YEAR

(From)	(To)	(Company Name)	(Name of Supervisor)
(Company Street Address)			(Supervisor's phone number)
(City)	(County)	(State)	(Zip)
(Beginning Salary)	(Ending Salary)	(Position & work performed)	(Shift e.g. 8a-5p M-F)
(Reason for leaving)			(Length of Notice)

MONTH/YEAR

(From)	(To)	(Company Name)	(Name of Supervisor)
(Company Street Address)			(Supervisor's phone number)
(City)	(County)	(State)	(Zip)
(Beginning Salary)	(Ending Salary)	(Position & work performed)	(Shift e.g. 8a-5p M-F)
(Reason for leaving)			(Length of Notice)

MONTH/YEAR

(From)	(To)	(Company Name)	(Name of Supervisor)
(Company Street Address)			(Supervisor's phone number)
(City)	(County)	(State)	(Zip)
(Beginning Salary)	(Ending Salary)	(Position & work performed)	(Shift e.g. 8a-5p M-F)
(Reason for leaving)			(Length of Notice)

46. Have your employers always treated you fairly? Yes  No   
 If no, explain: \_\_\_\_\_

47. Do you object to wearing a uniform? Yes  No

48. Do you object to working nights/weekends/holidays? Yes  No
49. Have you had experience with shift work? Yes  No
50. Were you ever **DISCHARGED/FIRED/TERMINATED OR ASKED TO RESIGN** from any employment? Yes  No   
If yes, provide specific details in the "Additional Information" section.
51. Were you ever **LAYED OFF** from any employment? Yes  No   
If yes, provide specific details in the "Additional Information" section.
52. Were you ever subjected to **DISCIPLINARY ACTION** in connection with any employment?  
Yes  No   
If yes, provide specific details in the "Additional Information" section.
53. Were you ever asked to take a polygraph? Yes  No   
If yes, provide specific details in the "Additional Information" section.
54. Have you or your boyfriend/girlfriend/spouse **EVER** experimented, tried, used, possessed, or sold any illegal drugs?  
Yes  No   
If yes, provide specific details in the "Additional Information" section.
55. Have you ever stolen or participated in the theft of property or merchandise?  
Yes  No   
If yes, provide specific details in the "Additional Information" section.
56. Do you drink any alcoholic beverages? Yes  No   
If yes, list below how many and what type of drinks per week? \_\_\_\_\_  
\_\_\_\_\_
57. Do you gamble? Yes  No   
If yes, provide details: \_\_\_\_\_
58. Have you ever solicited the services of a prostitute or escort? (Including legal services)  
Yes  No   
If yes, provide specific details in the "Additional Information" section.
59. Do you have any tattoos? Yes  No   
If yes, provide specific details on the location and description of the tattoo(s) in the additional information section.
60. Give three references (no relatives, former or current employers, fellow employees, teachers, or person's with whom you reside) who are responsible adults of reputable standing in their communities who have known you well during the past five years.

_____		_____	
(Name)		(Street Address)	
_____		_____	
(City)	(County)	(State)	(Zip)
_____		_____	
(Home phone)	(Email address)	(Cellular phone)	
_____		_____	
(Years known)	(Occupation)		

(Name)	(Street Address)		
(City)	(County)	(State)	(Zip)
(Home phone)	(Email address)	(Cellular phone)	
(Years known)	(Occupation)		

  

(Name)	(Street Address)		
(City)	(County)	(State)	(Zip)
(Home phone)	(Email address)	(Cellular phone)	
(Years known)	(Occupation)		

### VII. ARRESTS AND SUMMONSES

61. Were you **EVER** arrested, detained, or taken into custody in this state, in any other state, in military service, or elsewhere; or were you ever investigated by the police for any reason? Yes  No   
 If yes, include copies of all supporting documentation, police reports, court paperwork, and a detailed account of the arrest in the "Additional Information" section.

62. Have you ever been reported as a missing person or as a runaway? Yes  No   
 If yes, provide specific details in the "Additional Information" section.

63. Have you ever been fingerprinted by a law enforcement agency for **ANY** reason? Yes  No   
 If yes, provide details below.

Agency: \_\_\_\_\_ Date: \_\_\_\_\_  
 Purpose: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_  
 Purpose: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_  
 Purpose: \_\_\_\_\_

64. Have you **EVER** been a party (plaintiff or defendant) in a civil action? Yes  No   
 If yes, provide details below and include copies of ALL supporting documentation, court paperwork and reports.

Action or proceeding: \_\_\_\_\_ Date: \_\_\_\_\_  
 As:  Plaintiff,  Defendant,  Petitioner,  Respondent,  Witness  
 Court Disposition: \_\_\_\_\_

Action or proceeding: \_\_\_\_\_ Date: \_\_\_\_\_  
 As:  Plaintiff,  Defendant,  Petitioner,  Respondent,  Witness  
 Court Disposition: \_\_\_\_\_

Action or proceeding: \_\_\_\_\_ Date: \_\_\_\_\_  
 As:  Plaintiff,  Defendant,  Petitioner,  Respondent,  Witness  
 Court Disposition: \_\_\_\_\_

Action or proceeding: \_\_\_\_\_ Date: \_\_\_\_\_  
 As:  Plaintiff,  Defendant,  Petitioner,  Respondent,  Witness  
 Court Disposition: \_\_\_\_\_

Action or proceeding: \_\_\_\_\_ Date: \_\_\_\_\_  
 As:  Plaintiff,  Defendant,  Petitioner,  Respondent,  Witness  
 Court Disposition: \_\_\_\_\_

65. Were you ever involved in an accident while driving a vehicle? Yes  No   
 If yes, provide specific details in the "Additional Information" section, and include copies of all police reports.

66. Do you possess a Florida Driver's License? Yes  No   
 Driver's License number: \_\_\_\_\_  
 Do you have any restrictions or endorsements on your driver's license? Yes  No   
 If yes, explain: \_\_\_\_\_  
 Have you ever possessed a driver's license in another state? Yes  No   
 If yes: State: \_\_\_\_\_ License #: \_\_\_\_\_

67. Are you a licensed pilot? Yes  No   
 If yes, include a copy of F.A.A. pilot certificate.

68. Indicate below **EVERY TRAFFIC SUMMONS/TICKET/CITATION RECEIVED IN THIS OR ANY OTHER STATE** (excluding parking CITATIONS) regardless of disposition:

Date	Offense	Location	Court Disposition	Your Age at the Time	Police Agency Involved
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

69. Has your license ever been suspended or revoked? Yes  No   
 If yes, provide specific details in the "Additional Information" section.

70. List all vehicles that you currently own or operate.

Year	Make	Model	Color	License Plate #	State
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

71. **MOTOR VEHICLE INSURANCE**

a. Do you presently have automobile liability insurance? Yes  No

If no, provide details: \_\_\_\_\_

b. If you presently have automobile insurance, list the following information:

\_\_\_\_\_  
(Name of Company) (Policy Number)  
\_\_\_\_\_  
(Address) (Phone Number)

c. List your present policy coverage: \_\_\_\_\_  
d. Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance? Yes  No   
If yes, provide details: \_\_\_\_\_

72. Were you ever or are you now a member of any civic, professional, social, or labor organization? Yes  No   
If yes, list below:

MONTH/YEAR

\_\_\_\_\_  
(From) (To) (Name of Organization) (Type of Organization)  
\_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City) (County) (State) (Zip)

MONTH/YEAR

\_\_\_\_\_  
(From) (To) (Name of Organization) (Type of Organization)  
\_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City) (County) (State) (Zip)

MONTH/YEAR

\_\_\_\_\_  
(From) (To) (Name of Organization) (Type of Organization)  
\_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City) (County) (State) (Zip)

73. Have you paid, promised to pay, or given any money, material, service or consideration to any person, directly or indirectly, for any recommendation, service, or influence promised toward procuring your appointment to this department? Yes  No   
If yes, provide details: \_\_\_\_\_

74. Do you have any close friends or relatives employed by the **CITY OF BOCA RATON**?  
Yes  No   
If yes, provide name(s) and relationship: \_\_\_\_\_











Florida Department of Law Enforcement

**AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)**

Incorporated by Reference in Rule 11B-27.0022(2)(a), 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: Boca Raton Police Services Department
ADDRESS: 6500 Congress Ave. #1, Boca Raton, FL 33487

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:

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 of the former or current employee 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 employer 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

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF COUNTY OF

Sworn to (or affirmed) and subscribed before me this

day of, year, By

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced

# CITY OF BOCA RATON

## BACKGROUND CHECK AUTHORIZATION AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself, including consumer credit, criminal convictions, level 2 background screening for applicable classifications, motor vehicle, any and all Worker's Comp records, and other reports. These reports may include information as to my character, education, work habits, performance and experience along with reasons for termination of past employment. Further, I understand that you will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences.

I authorize without reservations, any party or agency contracted by this employer to furnish the above-mentioned information.

I agree to indemnify and hold harmless the City of Boca Raton, its employees, officers, directors, affiliates, sub contractors, and agents from any loss, expense, or damage, which may result directly or indirectly from information or reports regarding your background.

I hereby consent to you obtaining the above information from authorized agents. I understand to aid in the proper identification of my files or records the following information, as well as other information, is necessary.

Print Name \_\_\_\_\_

Soc. Sec # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Current Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Please complete the information below if you lived in any state other than Florida within the last three (3) years:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## CREDIT REPORT

By this document, the City of Boca Raton discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Please sign below to signify receipt of the foregoing disclosure.

---

APPLICANT'S SIGNATURE

---

DATE



## EMPLOYMENT WAIVER

Date: \_\_\_\_\_

I, \_\_\_\_\_, thoroughly understand that I am being considered for employment as a Police Department Employee and must successfully complete one or more of the following Background Investigations, Polygraph Examination, Psychological Evaluation, Physical Examination and any other pre-employment screening. I understand that should unfavorable information be developed, I will be denied employment.

I am seeking employment on the basis that I know that no unfavorable information will be developed by the Boca Raton Police Department with the exception of what I have indicated on my application and has been explained by me in detail during the interview process.

I understand that the Boca Raton Police Department has no funds available to reimburse any expense I may incur in seeking this position. I recognize that the time required to process and select applicants is lengthy and time consuming. No promises or commitments are expected as to a time when a hiring decision and/or actual hiring will take place.

I understand that certain non-exempt portions of the Background Investigation, Psychological Evaluation and Physical Examination may become available for inspection by the public pursuant to the public records law. I understand and agree to the contents of this statement.

I understand that **out of state applicants** will be required to make as **many as three trips** to Boca Raton in order to complete the applicant selection process.

Signature \_\_\_\_\_



PERSONAL INQUIRY WAIVER  
AUTHORITY FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, hereby affirm that on this \_\_\_\_\_ day of \_\_\_\_\_, that I read and completed the foregoing background questionnaire; that I understand the contents thereof; that the information written by me is true to the best of my knowledge and belief; and that I have been informed and understand that any material misrepresentation of fact given by me shall be cause for rejection before appointment or dismissal from the Department after appointment; and that I authorize any company or person listed in the foregoing background questionnaire to give any and all information regarding my employment record, school record, character, reputation, divorce record, if applicable, financial and mental records, and Photostats of same, if possible. I release said company or person from all liability for any damage whatsoever that may arise from furnishing such information to the Boca Raton Police Services Department.

\_\_\_\_\_  
Applicant's Signature  
(Applicant must sign before a Notary Public)

STATE OF \_\_\_\_\_  
\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_ by \_\_\_\_\_, who is personally known  
to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public



**PRE-TRAINING AGREEMENT  
(Police Officer Only)**

Florida State Statute 943.16 states:

- (1) An employing agency is authorized to pay any costs of tuition of a trainee in attendance at an approved basic recruit training program.
  
- (2) A trainee who attends such approved training program at the expense of an employing agency must remain in the employment or appointment of such employing agency for a period of not less than 2 years after graduation from the basic recruit training program. If employment or appointment is terminated on the trainee's own initiative within 2 years, he or she shall reimburse the employing agency for the full cost of his or her tuition, other course expenses, and trainee's wages and benefits paid by the employing agency during the academy training period. The employing agency may institute a civil action to collect these costs, wages and benefits if they are not reimbursed.

I hereby agree that in the event I fail to satisfactorily complete my Basic Police Academy Training, or if I voluntarily resign my employment as a Boca Raton Police Officer within two years of the date of graduation from the Police Academy, I will reimburse the City of Boca Raton for the actual cost of my Police Academy Training along with wages and benefits as outlined in Florida State Statute 943.16.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

The forgoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public



STATE OF FLORIDA  
COUNTY OF PALM BEACH  
CITY OF BOCA RATON  
NON SMOKING AFFIDAVIT  
OATH OF AFFIRMATION

I, \_\_\_\_\_, having made an application for a position with the City of Boca Raton, do hereby solemnly swear and affirm that as of my date of hire I will not use cigarettes or any tobacco product.

I further understand that pursuant to a collective bargaining agreement between the City of Boca Raton, and the Fraternal Order of Police (F.O.P.) Lodge 35, it is a condition of my employment that I do not use cigarettes or other tobacco products on or off the job during the term of my employment with the City. I further understand that my failure to comply with this requirement shall result in my dismissal.

\_\_\_\_\_  
Signature

The above oath was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Expiration Date



## REVIEW OF SOCIAL NETWORKING WEBSITES

By signing this document, I agree to have a Background Investigator with the Boca Raton Police Services Department review any social networking websites that I may belong to. Failure to disclose or intentionally omit my Social Networking websites and to allow the review of same may result in my being disqualified for employment consideration.

---

Applicant

---

Signature

Print Name

---

Date

List all of your Social Networking sites and your E-Mail addresses.

**PLEASE PRINT CLEARLY**

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# A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: <a href="http://www.federalreserveconsumerhelp.gov">www.federalreserveconsumerhelp.gov</a> Email Address: <a href="mailto:ConsumerHelp@FederalReserve.gov">ConsumerHelp@FederalReserve.gov</a>
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

**This document is for the applicant's information!**