



INDIAN CREEK VILLAGE

Public Safety Department Employment Application

9080 Bay Drive
Indian Creek, FL 33154
305-866-2446
www.indiancreekvillagefl.gov

APPLICATION INSTRUCTIONS

Date: _____

POSITION APPLYING FOR: _____

GENERAL INFORMATION AND INSTRUCTIONS

Indian Creek Village is an equal opportunity employer and does not discriminate on the basis of age, citizenship, intending citizenship status, color, disability, marital status, national origin, race, religion, or sexual orientation. No person shall be denied employment solely on the basis of their disability, and the Village will make every reasonable effort to accommodate such disability in the work setting. The above factors are NOT qualifications. The above information may be used, however, as identification factors in conducting the background investigation. Information and records, such as those listed in the "AUTHORIZATION AND RELEASE" form will be obtained by letter, telephone, personal interview with primary and secondary sources, and other means as deemed necessary and appropriate.

The information and records obtained are used as a selection criterion only where related to performance of the job for which the individual has applied and is being considered. Military records and type of discharge are also used for verification of eligibility for applicants who have claimed and been granted Veterans' Preference under Florida Statute 295.

NOTICE

Please read and follow these instructions exactly. Your ability to complete this document will be evaluated and used as one basis for employment decisions. This document, when completed, will be used by the Indian Creek Village as an investigative aid. This personal data will remain in the investigative files of the Indian Creek Village Police Backgrounds and Selections Unit.

INSTRUCTIONS

1. DOWNLOAD THIS FORM TO YOUR DEVICE AND USE **FREE ADOBE READER** TO COMPLETE THE FORM. FORM FEATURES AND SAVING MAY NOT BE AVAILABLE WHEN VIEWING THE PDF IN A WEB BROWSER OR OTHER PDF VIEWING APPLICATION. ADOBE READER WILL ALLOW YOU TO SAVE THE FORM AND FILL IT OUT OVER SEVERAL SESSIONS. IF PRINTING THE FORM TO COMPLETE, TYPE OR PRINT IN BLACK INK ONLY
2. EVERY QUESTION HAS A PURPOSE. ANSWER EACH AND EVERY QUESTION ACCURATELY AND COMPLETELY, EVEN IF YOU FEEL IT IS NOT IMPORTANT. IF A QUESTION DOES NOT APPLY TO YOU, ANSWER "N/A".
3. IF THE SPACE AVAILABLE IS INSUFFICIENT TO ANSWER A QUESTION, USE THE ADD PAGE BUTTONS LOCATED THROUGHOUT THE FORM OR IF USING A PRINTED FORM ADD SEPARATE SHEET(S) OF 8 1/2" X 11" PAPER NUMBERED TO CORRESPOND TO THE APPROPRIATE QUESTION.
4. INCLUDE PHONE NUMBERS ON ALL EMPLOYERS, REFERENCES, AND SCHOOLS ATTENDED.
5. IF YOU DO NOT KNOW THE ANSWER TO A QUESTION PLEASE PUT "UNK."
6. WHEN THE APPLICATION IS COMPLETE, SUBMIT THE PDF FILE AS AN EMAIL ATTACHMENT TO village@icvps.org. YOU CAN USE THE SUBMIT BUTTON ON THIS PAGE TO GENERATE AN EMAIL WITH THE FILE ATTACHED.
7. DOWNLOAD, PRINT, COMPLETE, SIGN AND NOTARIZE THE AUTHORITY FOR RELEASE OF INFORMATION FORM FROM THE FLORIDA DEPARTMENT OF LAW ENFORCEMENT. YOU CAN DOWNLOAD THE PDF [HERE](#).

I HAVE READ AND I UNDERSTAND ALL OF THE ABOVE STATEMENTS AND INSTRUCTIONS. I ALSO UNDERSTAND THAT I MAY BE ASKED TO TAKE A POLYGRAPH REGARDING THE INFORMATION AND DOCUMENTS I HAVE PROVIDED.

I agree that by entering my name in the field below I am signing this document electronically.

Signature _____ Print Name _____ Date _____

REQUIRED DOCUMENTS

Submit Application

- | | |
|---|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Marriage Certificate (if applicable) |
| <input type="checkbox"/> *Social Security Card | <input type="checkbox"/> Divorce Decree(s) (if applicable) |
| <input type="checkbox"/> High School Diploma or GED Certificate | <input type="checkbox"/> Florida Drivers License |
| <input type="checkbox"/> College Diploma and Transcript (if applicable) | <input type="checkbox"/> DD-214 Member 4 Form (if applicable) |
| <input type="checkbox"/> Proof of Certification (copies of original documents will be accepted) | |
| <input type="checkbox"/> Official transcripts from each college/institution attended (original) | |

*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.

NOTE: DO NOT WRITE ON THE BACK OF THIS FORM! IF YOU NEED ADDITIONAL SPACE, PLEASE ADD AN ADDENDUM SHEET REFERENCING THE QUESTION NUMBER.



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VOLUNTARY ETHNICITY/GENDER SURVEY

Date: _____

POSITION APPLYING FOR: _____

The information requested on this form is utilized by Indian Creek Village to aid in its commitment to Equal Employment Opportunity. Completion of this survey is voluntary, and the information will be maintained separately from your application.

GENDER

Male

Female

ETHNIC AND RACIAL IDENTITY

- White, not of Hispanic origin – a person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black, not of Hispanic Origin – a person having origins in any of the black racial groups of Africa.
- Hispanic – a person of Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander – a person having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent, or Pacific Islands.
- American Indian or Alaskan Native – a person having origins in the original people of North America, and who maintains cultural identification through tribal affiliation or community recognition.



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EMPLOYMENT APPLICATION & PERSONAL HISTORY

Date: _____

POSITION APPLYING FOR: _____ JOB ANNOUNCEMENT NUMBER: _____

1. WHEN AVAILABLE _____

2. APPLYING FOR (Check all responses that apply) Full-Time Part-Time

3. PRESENT LEGAL NAME _____

LAST NAME FIRST NAME M.I.

4. DATE/PLACE OF BIRTH Date of Birth _____

Place of Birth (City/County/State) _____

5. SEX/GENDER Male Female

6. RACE/NATIONALITY Check all that apply

White (Non-Hispanic) Asian/Pacific Islander Hispanic

Black American Indian/Alaskan Native Other

7. CITIZENSHIP Are you a U.S. Citizen? Yes No

8. SOCIAL SECURITY NUMBER _____

9. PRESENT ADDRESS Street _____ Apt. # _____

City _____ County _____ State _____ Zip Code _____

10. CONTACT INFORMATION Home Phone _____ Cell Phone _____

Email Address _____

11. DRIVERS LICENSE Do you have a valid license? Yes No License #: _____

License Type Operator CDL Class _____

State _____ Exp. Date _____ Endorsement Code _____

12. HEIGHT/EYES/HAIR Height (inches) _____ Eye Color _____ Hair Color _____

13. SCARS/TATTOOS

List ALL scars, tattoos and/or distinguishing marks. Include description and location of tattoos, pictures of tattoos may be requested.

DESCRIPTION OF TATTOO/SCAR/MARK	LOCATION ON THE BODY



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14. NICKNAMES/ALIASES

List ALL changes in name including maiden name, nicknames, alias(es), etc. Include official documents concerning any changes in name.

15. SOCIAL MEDIA INFORMATION

List ALL personal email addresses and social media accounts (username) used within the past 10 years. This should include but not be limited to Twitter, Facebook, Instagram, Snapchat, LinkedIn, Tik Tok etc.

16. MARITAL STATUS Single Married Engaged Separated Divorced Widowed

With whom do you reside? _____

If married, are you living with your spouse? Yes No

If no, state reasons:

17. INFORMATION ON ALL MARRIAGES

a. MARRIAGES Provide requested information for any/all marriages.

DATE MARRIED	WHERE PERFORMED	SPOUSE'S NAME (MAIDEN)	DATE OF BIRTH	SOCIAL SECURITY NO. (LAST 4 DIGITS ONLY)

b. SEPARATION, ANNULMENT, DIVORCE Provide requested information for any separation, annulment, or divorce.

DATE OF ORDER	SEPARATION, ANNULMENT, OR DIVORCE	DATE OF ORDER	SEPARATION, ANNULMENT, OR DIVORCE



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17. INFORMATION ON ALL MARRIAGES (continued)

c. NAMES & ADDRESSES OF SPOUSE(S) Provide requested information for any spouses if divorced or separated

NAME	ADDRESS (Street, City, State)	TELEPHONE NUMBER

18. CHILDREN AND DEPENDENTS List all children, stepchildren and/or adopted children.

(For additional space, use the Add Page for Children & Family button on the next page.)

NAME	BIRTH DATE	PLACE OF BIRTH	CHILD'S PRIMARY RESIDENTIAL ADDRESS	LIVING WITH	FULL-TIME/ PART-TIME

Do you pay Child Support to anyone to help financially support any of your children? Yes No

If yes, how much total child support per month: _____

If no, please provide details:



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20. RESIDENCES

List ALL residences beginning with your present address. List the name, address, and phone number of present and prior landlords, if applicable.

From Month/Year _____	To Month/Year _____	<input type="checkbox"/>	Own	<input type="checkbox"/>	Rent
Street Address _____				Apt. # _____	
City _____	County _____	State _____	Zip Code _____		
Landlord's Name _____			Telephone Number _____		
Landlord's Address _____				Apt. # _____	
City _____	County _____	State _____	Zip Code _____		

From Month/Year _____	To Month/Year _____	<input type="checkbox"/>	Own	<input type="checkbox"/>	Rent
Street Address _____				Apt. # _____	
City _____	County _____	State _____	Zip Code _____		
Landlord's Name _____			Telephone Number _____		
Landlord's Address _____				Apt. # _____	
City _____	County _____	State _____	Zip Code _____		

From Month/Year _____	To Month/Year _____	<input type="checkbox"/>	Own	<input type="checkbox"/>	Rent
Street Address _____				Apt. # _____	
City _____	County _____	State _____	Zip Code _____		
Landlord's Name _____			Telephone Number _____		
Landlord's Address _____				Apt. # _____	
City _____	County _____	State _____	Zip Code _____		

From Month/Year _____	To Month/Year _____	<input type="checkbox"/>	Own	<input type="checkbox"/>	Rent
Street Address _____				Apt. # _____	
City _____	County _____	State _____	Zip Code _____		
Landlord's Name _____			Telephone Number _____		
Landlord's Address _____				Apt. # _____	
City _____	County _____	State _____	Zip Code _____		

From Month/Year _____	To Month/Year _____	<input type="checkbox"/>	Own	<input type="checkbox"/>	Rent
Street Address _____				Apt. # _____	
City _____	County _____	State _____	Zip Code _____		
Landlord's Name _____			Telephone Number _____		
Landlord's Address _____				Apt. # _____	
City _____	County _____	State _____	Zip Code _____		



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21. EDUCATION

Highest grade completed (1-12) _____ High School Diploma/GED? Yes No Date Received _____

Last HIGH SCHOOL attended (Name, City, State) _____

K-12/GED List information below for ALL elementary, junior high and high schools attended.

Name of School _____ Graduated? Yes No GED

Dates Attended: From _____ To _____ Years Completed _____

Mailing Address _____ Phone _____

Name of School _____ Graduated? Yes No GED

Dates Attended: From _____ To _____ Years Completed _____

Mailing Address _____ Phone _____

Name of School _____ Graduated? Yes No GED

Dates Attended: From _____ To _____ Years Completed _____

Mailing Address _____ Phone _____

Name of School _____ Graduated? Yes No GED

Dates Attended: From _____ To _____ Years Completed _____

Mailing Address _____ Phone _____

Name of School _____ Graduated? Yes No GED

Dates Attended: From _____ To _____ Years Completed _____

Mailing Address _____ Phone _____

Name of School _____ Graduated? Yes No GED

Dates Attended: From _____ To _____ Years Completed _____

Mailing Address _____ Phone _____

HIGHER EDUCATION List information below for ALL colleges and universities attended.

Name of School _____ Degree Received _____ Year _____

Dates Attended: From _____ To _____ Credit Hours: Semester _____ Quarter _____

Mailing Address _____ Phone _____

Name of School _____ Degree Received _____ Year _____

Dates Attended: From _____ To _____ Credit Hours: Semester _____ Quarter _____

Mailing Address _____ Phone _____

Name of School _____ Degree Received _____ Year _____

Dates Attended: From _____ To _____ Credit Hours: Semester _____ Quarter _____

Mailing Address _____ Phone _____

Name of School _____ Degree Received _____ Year _____

Dates Attended: From _____ To _____ Credit Hours: Semester _____ Quarter _____

Mailing Address _____ Phone _____



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21. EDUCATION (continued)

OTHER SCHOOLS OR TRAINING List information below for ALL trade, vocational, business, or military education/training.

Name of School _____ Certificate Yes No
Dates Attended: From _____ To _____ Courses Studied _____
Mailing Address _____ Phone _____
Additional Information _____

Name of School _____ Certificate Yes No
Dates Attended: From _____ To _____ Courses Studied _____
Mailing Address _____ Phone _____
Additional Information _____

Name of School _____ Certificate Yes No
Dates Attended: From _____ To _____ Courses Studied _____
Mailing Address _____ Phone _____
Additional Information _____

Name of School _____ Certificate Yes No
Dates Attended: From _____ To _____ Courses Studied _____
Mailing Address _____ Phone _____
Additional Information _____

Name of School _____ Certificate Yes No
Dates Attended: From _____ To _____ Courses Studied _____
Mailing Address _____ Phone _____
Additional Information _____

EXPULSIONS/SUSPENSIONS

Were you ever expelled or suspended from ANY SCHOOL or were you ever disciplined by any school official? Yes No

If yes, provide details:



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22. FOREIGN LANGUAGES

Enter foreign language and indicate your level of expertise by checking the correct column.

Language	Reading			Speaking			Understanding			Writing		
	Exc	Good	Fair	Exc	Good	Fair	Exc	Good	Fair	Exc	Good	Fair
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. SPECIAL QUALIFICATIONS AND SKILLS

- a. Specify any special skills that you possess, relating to the position for which you applied, including machines and equipment that you can use.

- b. Specify any special qualifications not covered in this application. For example, your most important publication, your patents or inventions, public speaking and publications experience, membership in professional or scientific societies, honors and fellowships received, etc.



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24. EMPLOYMENT

- a. May we contact your present employer regarding your record of employment now? OR Do you prefer we wait until you are potentially offered employment with us (if so, check 'Wait')? Yes Wait
- b. Are you now, or have you ever been, engaged in any business as an owner, partner, or corporate member? Yes No

If yes, provide details:

- c. Were you ever discharged, terminated, fired, or forced to resign in lieu of being fired for other than medical reasons (except military)? Yes No

If yes, explain, giving the name and address of the employer, approximate date, and reasons in each case.

- d. Have you ever received a reprimand or unsatisfactory job evaluation? Yes No

If yes, provide details:

- e. Do you object to wearing a uniform? Yes No
- f. Do you object to working nights? Yes No
- g. Do you object to rotating days off? Yes No
- h. Have you ever had experience with shift work? Yes No



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24. EMPLOYMENT (continued)

- i. List ALL PAST AND PRESENT employment. Enter your present, or most recent job FIRST. Include military service and any periods of unemployment in proper time sequence. List all part-time, temporary, seasonal, and voluntary jobs. If you were self-employed, provide copies of returns.

Employer Name _____ Job Title _____

From Date _____ To Date _____ Total Time _____ Full Time Part Time

Hours per Week _____ Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Employer Address _____ City _____ State _____ Zip _____

Phone Number _____ Name & Title of Supervisor _____

Description of Duties _____

Reason for Leaving _____

Additional Info _____

Employer Name _____ Job Title _____

From Date _____ To Date _____ Total Time _____ Full Time Part Time

Hours per Week _____ Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Employer Address _____ City _____ State _____ Zip _____

Phone Number _____ Name & Title of Supervisor _____

Description of Duties _____

Reason for Leaving _____

Additional Info _____

Employer Name _____ Job Title _____

From Date _____ To Date _____ Total Time _____ Full Time Part Time

Hours per Week _____ Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Employer Address _____ City _____ State _____ Zip _____

Phone Number _____ Name & Title of Supervisor _____

Description of Duties _____

Reason for Leaving _____

Additional Info _____

Employer Name _____ Job Title _____

From Date _____ To Date _____ Total Time _____ Full Time Part Time

Hours per Week _____ Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Employer Address _____ City _____ State _____ Zip _____

Phone Number _____ Name & Title of Supervisor _____

Description of Duties _____

Reason for Leaving _____

Additional Info _____



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25. MILITARY SERVICE

- a. Are you eligible for Veteran's Preference? (Spouses and family of veterans may be eligible). You can find eligibility details here: <https://floridavets.org/benefits-services/veterans-preference/> Yes No

If yes, please explain how you are eligible.

- b. Have you ever served in the armed services of the United States (including Coast Guard, Reserves, ROTC)? If yes, include a copy of DD214. Yes No

Branch of Service _____ Company _____ Regiment _____

Division _____ Ship _____

Service Number _____ Highest Rank Held _____

- c. How many periods of active military service have you had? _____

- d. List all medals and decorations awarded to you as a member of the armed forces:

- e. What type of Discharge did you receive?
 Honorable Dishonorable General Honorable Conditions

Other (Specify): _____

- f. Entrance into Active Duty (Date and Location):

Dates _____ Location _____

Dates _____ Location _____

- g. Discharge from Active Duty (Date and Location):

Dates _____ Location _____

Dates _____ Location _____

- h. List all period(s) of active military service:

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

- i. Are you now or were you ever on active duty of inactive duty in any branch of the United States Reserve forces? Yes No

Active Inactive From _____ To _____

State _____ Regiment _____ Unit _____ Rank _____

Type of Discharge _____

- j. Are you now or were you a member of the National Guard? Yes No

State _____ Regiment _____ Unit _____ Rank _____



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25. MILITARY SERVICE (continued)

- k. Were you ever court-martialed, tried on charges or were you the subject of a summary court, deck court, captain's mast or company punishment, Article 15, or any other disciplinary action while a member of the armed forces? If yes, explain below: Yes No

- l. List any disciplinary action against you in the National Guard or other Reserve unit.

- m. List any other information pertaining to military service not requested above.

26. ILLEGAL SUBSTANCES

- a. During your ENTIRE LIFETIME, how many times have you tried, used, or experimented with the following substances (if never, enter 0).

Substance	Number of Times	Date of First Time	Date of Last Time
Amphetamines			
Barbiturates			
Cocaine			
Hashish			
Heroin			
LSD			
Marijuana			
Mescaline			
Methadone			
P.C.P.			
Peyote (Mushrooms)			
Quaaludes			
Steroids			
THC			



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26. ILLEGAL SUBSTANCES (continued)

- b. Are there any illegal or controlled substances not listed on the chart that you have tried, experimented with, or used? If yes, list below: Yes No

Substance	Number of Times	Date of First Time	Date of Last Time

- c. Have you ever inhaled any substance (other than those listed above) for the purpose of intoxication or to “get high?” If yes, list below: Yes No

Substance	Number of Times	Date of First Time	Date of Last Time

- d. Have you ever bartered, sold, transferred, or transported or arranged or acted as an intermediary for sale or delivery of an illegal or controlled substance to another person? This applies to ALL instances, regardless of whether you profited from the transaction or whether you were arrested. Yes No



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If yes, explain each incident IN DETAIL (use additional pages if needed):



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27. MOTOR VEHICLE/DRIVERS LICENSE HISTORY

a. Do you now, or did you ever, possess a driver's license from the State of Florida? If yes, provide details: Yes No

License Number _____ Date Issued _____

Restrictions _____

b. Have you ever been issued a driver's license by any state other than Florida? If yes, provide the following information: Yes No

License Number _____ Date Issued _____ State _____

Restrictions _____

c. Was your license ever suspended or revoked? Yes No

If yes, when? _____

d. Was your license ever restored? Yes No

If yes, when? _____

e. Have you ever been refused a driver's license by any state? If yes, provide details below: Yes No

f. Has your driver's license ever been restricted due to traffic offense convictions or placed on negligent operator's probation? If yes, provide details below: Yes No

g. Have you ever been involved in a motor vehicle accident? Yes No

If the answer is yes, give complete details below for each accident whether collision, non-collision or hit and run.

Date of accident _____ Was an accident report completed? Yes No

Location _____

Cause of Accident (ex. ran red light, careless driving, etc.)

Were there injuries? Yes No

Who was charged with the accident and court disposition?

Date of accident _____ Was an accident report completed? Yes No

Location _____

Cause of Accident (ex. ran red light, careless driving, etc.)

Were there injuries? Yes No

Who was charged with the accident and court disposition?



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29. ARREST, DETENTION AND LITIGATION

Some convictions are not an automatic bar to appointment. The circumstances surrounding the conviction are considered, such as the nature, number, severity, subsequent work history, efforts at rehabilitation, date of offense and relation of the offense to the requirements of the position for which you have applied.

- a. List all instances in your lifetime in which you were questioned, arrested, or detained in any way by ANY law enforcement agency. List ALL arrests and detentions, including traffic arrests, offenses to which you pled nolo contendere, regardless of suspension of sentence or withholding of adjudication, and those adjudicated in a juvenile court. (Provide a copy of police and court records. Include any arrests in which records were expunged or sealed and submit all court documentation.)

Reason questioned or detained, or crime charged _____

Police Agency _____ Disposition of Case _____ Date _____

Reason questioned or detained, or crime charged _____

Police Agency _____ Disposition of Case _____ Date _____

Reason questioned or detained, or crime charged _____

Police Agency _____ Disposition of Case _____ Date _____

Reason questioned or detained, or crime charged _____

Police Agency _____ Disposition of Case _____ Date _____

- b. Have you ever been placed on probation? If yes, provide details below: Yes No

- c. Have you ever been required to pay a fine? If yes, provide details below: Yes No

- d. If you have been fingerprinted by a law enforcement agency, for any reason, give details below. Your answers will be checked with the FBI and other agencies.

Agency	Date	Purpose

- e. Have you ever been advised of your Miranda Rights? If yes, provide details below: Yes No

- f. Have you ever been the subject of a police investigation? If yes, provide details below: Yes No



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29. ARREST, DETENTION AND LITIGATION (continued)

g. Have you ever had a polygraph examination? If yes, give location and purpose below: Yes No

h. Has any member of your immediate family ever been arrested for or convicted of a criminal offense? If yes, provide details below: Yes No

Name	Relationship	Offense	Where Arrested	Date

i. Have you or any member(s) of your immediate family ever been a victim of crime? If yes, provide details below: Yes No

j. Have you or your spouse ever sued anyone (civil court plaintiff)? If yes, provide details below and provide copies: Yes No

k. Have you or your spouse ever been sued by anyone (civil court defendant)? If yes, provide details below and provide copies: Yes No

l. Have you ever had a domestic violence injunction, non-contact order, or any type of injunction or restraining order placed against you? If yes, provide details below and provide copies: Yes No

m. Have you ever placed a domestic violence injunction or any other type of restraining order against any other person? If yes, provide details below and provide copies: Yes No

n. Have you ever been involved in any type of domestic violence involving your spouse, significant other or other other or other



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family member? If yes, provide details below:

Yes

No



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30. FINANCIAL INFORMATION

a. Do you have a savings account? If yes, provide details below: Yes No

Account Number _____ Amount _____
 Name of Bank _____ City and State _____

b. Do you have a checking account? If yes, provide details below: Yes No

Account Number _____ Amount _____
 Name of Bank _____ City and State _____

c. Do you have any investments? If yes, provide details below, include all stocks, bonds, etc.: Yes No

Amount Invested	Company	City and State

d. Do you own or rent your home/residence? If you own, provide details below: Own Rent

Present Mortgage Balance _____ Monthly Mortgage Payment _____
 City and State _____ Mortgage Company _____

e. Do you own other real estate, including vacant lots? If yes, provide details below: Yes No

Type of Real Estate _____ Amount Invested _____
 Type of Real Estate _____ Amount Invested _____

f. Do you own or lease any vehicles? If yes, provide details below: Yes No

Bank or Company _____ City/State _____ Own Lease

Amount Invested _____ Amount Owed _____ Monthly Payments _____

Automobile Make _____ Color _____ Year _____ Tag Number _____

Bank or Company _____ City/State _____ Own Lease

Amount Invested _____ Amount Owed _____ Monthly Payments _____

Automobile Make _____ Color _____ Year _____ Tag Number _____

Bank or Company _____ City/State _____ Own Lease

Amount Invested _____ Amount Owed _____ Monthly Payments _____

Automobile Make _____ Color _____ Year _____ Tag Number _____

g. Do you have income other than salary at the present time? If yes, provide details below: Yes No

h. Does your spouse have an occupation and income? If yes, provide details below: Yes No

Occupation _____ Salary _____



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30. FINANCIAL INFORMATION (continued)

- i. Have you ever declared bankruptcy? Yes No
- Have you ever defaulted on a loan or payment plan? Yes No
- Have you ever had an account or loan go into debt collection (excluding medical related bills)? Yes No
- Are you now, or have you ever been, in a payment plan for debt? Yes No
- Are you now, or have you ever been, a participant in a debt consolidation program? Yes No

If yes to any of the above, please explain.

- j. List all current debts below.

Name of Provider	City/State	Amount	Purpose/Reason

31. CHARACTER REFERENCES

- a. List EIGHT character references. Do not include relatives, former employers or persons living outside the United States or its territories. List only character references that have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat the names of supervisors.

Name	Years Known	Address (Street, City, State, Zip)	Business Phone	Home or Cell Phone

- b. Are you acquainted with any member of the Indian Creek Village Public Safety Department? Yes No

If yes, with whom: _____



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32. MEMBERSHIPS IN ORGANIZATIONS

a. List all memberships in organizations past and present

Name of Organization _____	Type (Social, Professional, etc.) _____
Address _____	Phone _____
Office/Position Held _____	Membership: From _____ To _____
Name of Organization _____	Type (Social, Professional, etc.) _____
Address _____	Phone _____
Office/Position Held _____	Membership: From _____ To _____
Name of Organization _____	Type (Social, Professional, etc.) _____
Address _____	Phone _____
Office/Position Held _____	Membership: From _____ To _____

b. Subversive Organizations

Are you now or have you ever been a member of any group whose goal is to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States or any other country by unconstitutional means? Yes No

If yes, please explain in detail:

33. OTHER AGENCIES APPLIED TO

a. Have you previously submitted an application for employment with the Indian Creek Village Public Safety Department or any other law enforcement agency? If yes, list all below: Yes No

Agency (City and State)	Approximate Date	Position Applied For	Outcome

b. Have you ever worked for any law enforcement agency or criminal justice agency in any capacity whether paid or voluntary? If yes, list all below: Yes No

Agency (City and State)	Approximate Dates	Position	Current Status



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33. OTHER AGENCIES APPLIED TO (continued)

c. Are you now on any eligibility list? If yes, provide details below: Yes No

d. Were you ever placed on an eligibility list and then were not hired? If yes, provide details below, but DO NOT list any incident relating to medical/psychological suitability: Yes No

e. Were you ever rejected for any Law Enforcement position? If yes, provide details below, but DO NOT list any incident relating to medical/psychological suitability: Yes No

f. Have you ever held a government security clearance? If yes, with what agency or branch of military? Yes No

g. Have you ever been denied a security clearance? If yes, please explain. Yes No

34. SUITABILITY

Are there any incidents in your life, not mentioned herein which may reflect upon your suitability to perform the duties which may be required of you in a law enforcement capacity which might require further explanation? Yes No

If yes, provide details below. DO NOT list any incidents relating to medical/psychological suitability.



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35. REASONS FOR APPLYING

Please state your reasons for applying for this position and explain why you feel you are qualified.

IMPORTANT: Employment is subject to verification of an applicant’s background and conviction record. Persons selected for employment must (1) present a valid social security card, (2) take loyalty Oath, as per Florida Statute, Section 876.05 and (3) subsequent to an offer of employment, pass a medical examination including testing for current use of drugs and/or controlled substances. If traces of drugs or controlled substances are present in a candidate’s blood or urine and have NOT been obtained and taken as directed by a valid prescription, the candidate WILL NOT be given further consideration under the present announcement for this classification. Additionally, the Village is required by federal law to verify having seen documents, which the applicant must provide as part of employment processing, that show the applicant’s identity and right to work in the United States.

APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW. UNSIGNED APPLICATIONS WILL BE VOIDED.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the Village is true and correct. I understand that any incorrect, incomplete, false statement or information I have furnished may subject me to disqualification or to discharge at any time. Subsequent to an offer of employment, I give my voluntary consent to be medically examined and provide a sample of my blood or urine which may be tested for recent use of drugs and/or controlled substances. I further understand that upon commencement of employment, and thereafter, with Indian Creek Village may again be required to submit to a drug and alcohol test. I understand that refusal to take a requested test or failure to meet the minimum standards set for the test, may result in discipline, up to and including termination. Further, I release the Village, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination or the use of the test results therefrom.

I have read in full and understand the above statements and conditions of employment.

I agree that by entering my name in the field below I am signing this document electronically.

Signature _____

Print Name _____

Date _____