CITY OF EDGEWOOD POLICE DEPARTMENT

John T. Freeburg – Chief of Police

Dear Potential Applicant:

I want to thank you for considering the Edgewood Police Department as a potential employer.

Aside from being part of an agency that is truly committed to making a difference in the community it serves you will become part of our family not only means a rewarding career with the City of Edgewood but also being a part of a special group of men and women who serve in the Edgewood Police Department.

Our community and City leaders are very supportive of our Officers and department. Becoming a member of our department not only means you become part of our family but your family becomes part of ours.

Some of the benefits we offer are:

- Minimum starting salary $43,500
- State of Florida Retirement System (FRS)
- Health Care Benefits
  - Medical
    - Employee 100% paid by City
    - Family 50% paid by City
  - Dental
    - Employee 100% paid by City
    - Family 50% paid by City
  - Vision
    - Employee 100% paid by City
    - Family 50% paid by City
  - $2,000 (annually) Health Reimbursement Arrangement (HRA) card to cover that reimburses employees for out-of-pocket medical expenses.
- 13 paid holidays
- Longevity pay after one year of service
- All equipment supplied.
- Tuition Reimbursement Plan
  - Up to 75% of tuition, books and fees covered by the City of Edgewood
  - Benefit becomes eligible after two years of service
- Off duty details within the City of Edgewood and City of Orlando

We appreciate your interest and hope you find our agency is a great place to work and a great place to grow.

Sincerely,

John T. Freeburg
Chief of Police

5565 S. ORANGE AVENUE
EDGEWOOD, FL 32809-3406

PHONE 407-851-2820
FAX 407-851-0604

WWW.EDGEWOOD-FL.GOV

EDGEWOOD POLICE DEPARTMENT

5565 S. ORANGE AVENUE
EDGEWOOD, FLORIDA 32809
(407) 851-2820

EQUAL OPPORTUNITY EMPLOYER
The Edgewood Police Department does not discriminate on the basis of race, religion, color, sex, age, national origin, or disability. Veteran's Preference form is located within application

Name:_____ Phone #: (_)____- _____

Address: _____
Street City State Zip Code

Date of Birth: _____Sex: _____ Race: _____(For Statistical and Criminal History Purposes only)

Driver's License Number: _____ State:_____

Position Sought: _____Full Time ( ) Part Time ( )
(You must have completed a Florida Law Enforcement Academy)

Height _____Weight _____ Hair Color:_____US Citizen: _____

Cell Phone:_____ Email Address: _____

INSTRUCTIONS FOR COMPLETING APPLICATION

The purpose of this application is to get truthful answers. Providing false information may be sufficient cause for rejection. The background investigation and polygraph will verify all information provided.

Please complete all portions of this application fully and accurately, or your processing may be delayed or stopped. All addresses must be complete, including a zip code and phone number. If an item does not apply to you, write in the letters "N/A" for "Not Applicable." The application must be completed by the candidate only and must be notarized. **Failure to provide and fill out all information in this application will be grounds for termination of this application.**

APPLICANT: READ THIS FIRST

The Edgewood Police Department is requiring you to fill out this employment questionnaire. No other document, which you will prepare during your application process for a position with the City of Edgewood, is as important as this questionnaire, and it is in your best interest to follow these instructions. There are many more applicants for employment than there are available positions; investigators and administrative aides do not have the time to correct your questionnaire or conduct inquires to complete your responses.

Do not type or otherwise reproduce this document except by printing it yourself. Further, after thoroughly completing the document, you **MUST HAVE IT NOTARIZED** on the appropriate pages.

Before completing this document, closely read the instructions, which are written throughout. There are a number of copies of official documents, which you are required to obtain, and these documents will be necessary. The Edgewood Police Department understands that some documents may have to be requested and mailed to you. In that case a written explanation of why the document is missing and what you are doing to obtain the document will be required with the application.

When mentioning persons, be sure to fully identify the individual by his or her full correct name. Further, give complete address; **DO NOT ASSUME** that the investigator will attempt to determine street numbers, correct street spellings, apartment numbers, telephone numbers or zip codes. If your questionnaire is not complete and notarized this application will be terminated.

When completing the residence portion of this questionnaire, be sure that you provide every address where you have lived for the last ten (10) years, in order from your present address backwards. If necessary, call the appropriate person to find out the exact address and the time period during which you resided at that address. Per the City of Edgewood Contract with the Edgewood Police Department, you must reside within a 30 mile radius of the Edgewood Police Department.

When completing the employment portion of this questionnaire be sure you provide each employer for the past ten (10) years, in order from your present employer backwards. If you have ever had a previous law enforcement/corrections employment you must list it, even if it was more than ten (10) years ago. If there was a period of unemployment, enter it in the employment section in the same sequence and manner as if this were another employer by indicating "from" and "to" and printing "UNEMPLOYED" in the block headed "Employer Name." Further, if you worked more than one job at one time, place the major job first and enter the part-time or secondary job in the block immediately after the primary position.

If you need to use the continuation pages in this questionnaire clearly mark what section you are continuing. If you need more space, use the last sheet in this questionnaire. Be as thorough as possible.

Again, answer each question as completely and honestly as possible. Many more people are not accepted because of omission and concealment than because of previous behavior. Any such omission or concealment will be considered deception. While indiscretions or other situations in your life history may or may not be condoned, deception will absolutely not be tolerated.

IMPORTANCE OF HONESTY

The Edgewood Police Department is seeking applicants who demonstrate certain characteristics. Honesty is the most important characteristic that you must demonstrate. It is extremely important that you are completely honest in all of your answers.

The importance of honesty from time of application, completion of all documents and questionnaire as well as during all interviews cannot be overemphasized. Failure to respond to any question accurately and completely, whether orally or writing, will result in disqualification. Many applicants have been disqualified for dishonesty.

While filing out documents, you are cautioned to take your time and to be thorough and specific in all your answers. If you have any doubt in your mind concerning a particular question, or if you are unsure whether to include certain information, the answer is "Yes: include it."

You may think that something you have done will disqualify you from further consideration. It may or may not. What will certainly disqualify you is lying or distorting the truth. For example, an arrest (either when you were a juvenile or as an adult) may or may not disqualify you. However, lying about that arrest will disqualify you from further consideration. Or, you may have been fired from a job that, by itself, may or may not disqualify you. However, lying about it will disqualify you from further consideration. The use of drugs, including marijuana, may or may not disqualify you. However, lying about it will disqualify you from further consideration.

I have read and understand the contents of this paper

Applicant's Signature_____Date_____

Address:

_____

_____

- -

Section Below To Be Completed By NOTARY PUBLIC
AFFIDAVIT

STATE OF FLORIDA
COUNTY OF

Before me, personally appeared_____ , who says that they have executed this authorization of their own free will and with full knowledge of its purpose.

Sworn to and subscribed before me, this _____ day of _____, 20

_____
(Notary Public)

My Commission Expires:

____ Personally Known
____ Produced Identification Type of I.D.: _____

APPLICANT CHECKLIST

Along with your application, please submit copies of any of the documents listed below which apply to you. Copies should be on 8.5" by 11" paper and should be inserted in the order listed at the back of the application. Your application will not be accepted, and your processing will not begin without the necessary documents; if any are missing, your application will be placed on hold and you will have sixty days to submit them after you have been contacted. In the event you are selected for a position with this agency, you will be required to present an original copy of your driver's license, registered alien card with photo, birth certificate, or state ID, and social security card to satisfy Immigration Law requirements.

___Birth certificate
___ High School or GED diploma/transcripts for GED
___ Name, Social Security Number
___ Drivers License
___ College degree, college transcripts if no degree* (Does not need to be "Official" copy.)
____ DD214 military discharge with re-enlistment code* ("Long" form)
____ Proof of legal name change*
____ Law Enforcement Academy/State Certificate(s)*
____ Florida Basic State Law Enforcement Exam results*
___ Other documents reflecting your qualifications, e.g., letters of recommendation, training certificates*
____ If possible, include up to three performance evaluations from your current employer, or, if previously employed by a law enforcement agency, include up to three evaluations.
(** if applicable)*

****

Name: _____Social Security #:_____/_____/_____

List all other names you have used, including maiden names and nicknames:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

INFORMATION

1. Date of Birth: ___/___/_____ Sex: ___ Race: _____

(For statistical, affirmative action, and criminal history use.)

2. Yes [] No [] Are you a U.S. Citizen?

   If not, are you a Permanent Resident? Yes [] No []

   If yes, USCIS Number: _____

3. Yes [] No [] Were you referred to the Edgewood Police Department?

   Source: _____

4. Yes [] No [] Do you have any relative working for the Edgewood Police Department?

   Name:

   Relationship: _____

5. Yes [] No [] Have you ever worked for or applied to the Edgewood Police Department?

   Position: _____

   Date: _____

6. Yes [] No [] Have you ever applied to any other law enforcement agency?

Agency(ies) and date(s) of application:

_____

_____

_____

_____

_____

7. Yes [] No [] Is there any language (other than English) you can read, write, and/or speak fluently? _____

8. Yes [] No [] Do you have any Social Media accounts?

If yes list all below (use additional sheets of paper as needed):

Facebook: _____

Twitter: _____

Instagram: _____

Snapchat: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

9. Yes [] No [] Have you ever been arrested, received a notice to appear, charged, convicted, pled nolo-contendre or pled guilty to any criminal violation, regardless if the record was sealed or expunged.

If yes, please explain including year, charge, outcome:

_____

_____

_____

_____

_____

_____

_____

10. Yes [] No [] Are you presently under any criminal investigation?

If yes explain:

_____

_____

11. Yes [] No [] Have you ever been involved in any criminal activity?

If yes explain:

_____

_____

12. Yes [] No [] Have you used any illegal drugs/narcotics or abused prescription drugs in the past 10 years?

If yes, specify type and year used.

_____

_____

13. Yes [] No [] Have you ever been involved in the sale of illegal drugs?

If yes explain:

_____

_____

_____

_____

14. Yes [] No [] Have you ever taken anything from an employer without proper permission?

If yes explain:

_____

_____

_____

15. Yes [] No [] Are you now or have you ever been (or known anyone who has been) associated with any group which advocates the overthrow or seeks to alter our constitutional form of government or seeks to deny others their rights under the U.S. Constitution?

If yes, please list:

_____

_____

16. Yes [] No [] Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the job or which might require further explanation?

If yes, please list:

_____

_____

_____

17. Yes [] No [] Do you have any tattoos?

If yes, please list description and location:

_____

_____

_____

EMPLOYMENT HISTORY

Please note, if your application proceeds to the background investigation stage, *your present employer will be contacted.*

Describe below any employment or occupations you have had, including experience in the military, and part-time, temporary, or volunteer work, even if the company is closed. *Additionally, list all periods of unemployment.* Begin with your present or most recent employment and work backward.

JOBS

If you were employed under a different name with a past employer, indicate below. Applicants may be required to furnish satisfactory proof of experience claimed. Use a separate sheet or copy of this form if necessary.

Present or Most Recent *Dates of Employment -*
1. Employer: _____ From: _____ To: _____
Address: _____ Phone: _____
Position(s) Held: _____ Type of Business: _____
Supervisor: _____
Length of Supervision: _____ Prev. Supervisor: _____
Description of Duties: _____
Reason for Leaving: _____
Salary/Earnings: Starting: _____ per _____ Ending: _____ per _____

Dates of Employment -
2. Employer: _____ From: _____ To: _____
Address: _____ Phone: _____
Position(s) Held: _____ Type of Business: _____
Supervisor: _____
Length of Supervision: _____ Prev. Supervisor: _____
Description of Duties: _____
Reason for Leaving: _____
Salary/Earnings: Starting: _____ per _____ Ending: _____ per _____

Dates of Employment -
3. Employer: _____ From: _____ To: _____
Address: _____ Phone: _____
Position(s) Held: _____ Type of Business: _____
Supervisor: _____
Length of Supervision: _____ Prev. Supervisor: _____
Description of Duties: _____
Reason for Leaving: _____
Salary/Earnings: Starting: _____ per _____ Ending: _____ per _____

Dates of Employment -

4. Employer:_____ From: _____ To: _____
Address: _____ Phone: _____
Position(s) Held: _____Type of Business: _____
Supervisor: _____
Length of Supervision: _____ Prev. Supervisor: _____
Description of Duties:_____
Reason for Leaving: _____
Salary/Earnings: Starting per _____ Ending: per _____

Dates of Employment -

5. Employer: _____From: _____To:_____
Address: _____ Phone: _____
Position(s) Held: _____Type of Business: _____
Supervisor: _____
Length of Supervision: _____ Prev. Supervisor: _____
Description of Duties:_____
Reason for Leaving: _____
Salary/Earnings: Starting:_____ per _____ Ending: _____ per _____

Dates of Employment -

6. Employer:_____ From: _____To:_____
Address: _____ Phone: _____
Position(s) Held: _____Type of Business: _____
Supervisor: _____
Length of Supervision: _____ Prev. Supervisor: _____
Description of Duties:_____
Reason for Leaving: _____
Salary/Earnings: Starting:_____ per _____ Ending: _____ per _____

Dates of Employment -

7. Employer: _____ From: _____To:_____
Address:_____ Phone: _____
Position(s) Held: _____ Type of Business: _____
Supervisor:_____
Length of Supervision: _____ Prev. Supervisor: _____
Description of Duties: _____
Reason for Leaving: _____
Salary/Earnings: Starting: _____ per _____ Ending:_____ per_____

Please answer the following questions as they relate to all prior employers:

1. Yes [] No [] Have you ever been formally disciplined by an employer(s)? (List each discipline, employer and dates, even if employment has been more than 10 years ago.)

   _____

   _____

   _____

2. Yes [] No [] Have you ever been terminated or asked to resign from a job? (Give Details.)

   _____

   _____

   _____

3. Yes [] No [] Do you have prior law enforcement experience? If yes, have you ever been are you currently under internal investigation? (Give details.)

   _____

   _____

   _____

4. Yes [] No [] Have you ever been the subject of a complaint? *(Give details.)*

   _____

   _____

   _____

EDUCATIONAL RECORD

High School (Last)
Name:_____ City, State:_____
Dates Attended, From: mo./yr. _____To: mo./yr. _____
Did you graduate ___ Yes ___ No
If no, do you have a general education diploma (GED) or a high school equivalency?
___ Yes ___ No State: _____Year: _____

College
Name: _____ City, State:_____
Dates Attended, From: mo./yr. _____To: mo./yr. _____
Course of Study: _____
Degree Received: ___ Yes ___ No
If no, how many credits do you need to complete?_____

College
Name: _____ City, State:_____
Dates Attended, From: mo./yr. _____ To: mo./yr._____
Course of Study: _____
Degree Received:___ Yes ___ No
If no, how many credits do you need to complete?_____

Basic Law Enforcement Academy
Name: _____ City, State:_____
Dates Attended, From: mo./yr. _____ To: mo./yr._____
Type of Certificate: _____
Did you take/pass the Florida State Exam? ___ Yes ___ No

Other Significant Training
Name: _____ City, State:_____
Dates Attended, From: mo./yr. _____ To: mo./yr._____
Course of Study: _____
Explain in Detail: _____

Honors & Awards:

Professional Affiliations:

RESIDENCES

List chronologically all of your residences for the past ten years, beginning with the most recent. Include addresses while attending school, if away from home, and all military addresses, including any off military base. ***You must reside within a 30 miles radius of the Edgewood Police Department***

Dates *(Month/Year)* From	To	Street Address	City	Co.	State

REFERENCES

List three personal references who are friends or coworkers that you have known for at least five (5) years. Do not list relatives or neighbors. You must give complete information on each reference.

Name:
Relationship: Occupation:
Address: City: State:____ Zip:
Home Phone: ( ) Work Phone: ( )

Name:
Relationship: Occupation:
Address: City: State:____ Zip:
Home Phone: ( ) Work Phone: ( )

Name:
Relationship: Occupation:
Address: City: State:____ Zip:
Home Phone: ( ) _____ Work Phone: ( )

NEIGHBOR REFERENCES: List three neighbors who live next door or near to you. You do not need to know the name of the individuals.

Name *(if known)*: _____
Address *(Street, City, State, Zip)*:
_____

Name *(if known)*: _____
Address *(Street, City, State, Zip)*:
_____

Name *(if known)*: _____
Address *(Street, City, State, Zip)*:

LANDLORD: If you currently reside in an apartment or rental home, list landlord below.

Name:_____
Address (*Street, City, State, Zip*):

DRIVING HISTORY

1. Yes [] No [] Do you possess a valid driver's license?

   Type/Class: ____ CDL? Yes [] No []

   License Number: _____ State: _____

2. Yes [] No [] Have you ever had a driver's license suspended or revoked? (List all details, date, state.)

   _____

   _____

   _____

3. Yes [] No [] Was your license restored?

   Date: _____

4. Yes [] No [] Have you ever had a driver's license in another state? (If Yes, please list and provide a copy of the driving record)

_____

_____

_____

5. Yes [] No [] Have you ever received a traffic citation, other than parking?
   If yes, complete below section:

City/County/State	Issuing Agency	Date	Charge	Disposition

UNITED STATES MILITARY RECORD

___ Yes ___ No Have you ever been a member of the United States Armed Forces? If yes, please complete the portion below and the following page.

___ Yes ___ No Have you ever been disciplined or received an Article 15 while in the military? *(List each discipline, dates and outcome.)*

_____
_____
_____
_____
_____
_____
_____

Branch: _____Active Service From: _____To:____
Highest Rank: _____ Type of Discharge: _____
Reserve/National Guard Status: ___ Active ___ Inactive Dates From: _____To:
Military Specialization/Duties: _____

VETERAN'S PREFERENCE: If you are claiming Veteran's Preference, check the appropriate block. Documentation substantiating your claim must be furnished at the time of application.

___ 1. A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense, OR

___ 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, OR

___ 3. A veteran of any war who has served on active duty of 181 consecutive days or more, or who has served 180 consecutive days or more since January 1, 1955 and who was discharged or separated therefrom with an honorable discharge from the Armed Forces of the U.S.A. if any part of such activity was performed during a wartime era. Active duty for training is not allowable, OR

___ 4. The un- remarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed through Veteran's Preference since October 1, 1987?
___ Yes ___ No If yes, give the name of the Employer: _____

NOTE: *Under Florida law, preference in appointment and employment shall be given, by the State and its political divisions, first to those persons included in 1 and 2 above, and second to those persons included under 3 and 4 above. If any applicant claiming Veteran's Preference for a vacant position is not selected for the position, they may file a complaint with the Division of Veterans Affairs, P.O. Box 1437, St. Petersburg, FL 33731-1437. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given, a complaint may be filed at any time.*

REMARKS

Write anything you want the Advisory Board to know. (for example, you may wish to write about your career plans and objectives). **USE YOUR OWN HANDWRITING** and please write at least one or two paragraphs.

CERTIFICATION OF INFORMATION

Please read and sign in the presence of a Notary.

I certify that the information contained in this application is correct and complete to the best of my knowledge. I agree to inform the agency in writing of any additional information relating to questions raised on the application which occur after completing the application. I realize that misrepresentation of facts or the failure to include or update information may be cause for rejection or dismissal after employment. I understand that each application will be given consideration, but its receipt does not imply that the candidate will be employed. The offer of employment is conditional upon my satisfactory completion of all pre-placement procedures, which includes the following: applications screening, writing skills test, initial interview,
background investigation, panel interview, and any other testing that the Edgewood Police Department deems necessary. If made an offer of conditional employment, a medical pre-placement evaluation, drug test, truth verification exam and psychological evaluation will be completed to determine my suitability for the job. As part of my processing form, employment with the Edgewood Police Department, I may incur some expenses for background checks, medical test's, etc. I understand that I will not be reimbursed for these extra expenses whether employed or not. I also realize that this processing may be lengthy *(up to one year)* and that no promises or commitments are expected as to a time when a hiring decision and/or actual employment may take place.

Should I be employed by the Edgewood Police Department, I understand and accept that I must successfully complete a probationary period, and if deemed necessary by the agency, that probationary period may be extended beyond the minimum 12 month period and minimum completion of FTEP (field training) Phases 1-3. If probation period is extended beyond either referred to minimum requirements, I will be notified of the extension and the length of it. As a probationary employee, I understand that I may be discharged at-will with no entitlement to any right to discharge me for any or no reason.

I understand that the continuation of processing does not guarantee that the results of preceding examinations were acceptable. Candidates not selected for a position shall be notified in writing within 30 days of decision. I understand that due to the large volume of applicants, I am not to contact the Edgewood Police Department unless specifically told to do so by a representative from the Training Division. Applicants will be contacted periodically by recruiting or a representative from the Edgewood Police Department.

I acknowledge that I have read and understand the above statement and the conditions of processing for employment.

Name: _____Social Security #: _____ -____ -_____

Signature:_____

Applicant will sign in ink on this line in the presence of a Notary Public.

NOTARY:

Before me, personally appeared _____, who says that they have executed this authorization of their own free will and with full knowledge of its purpose.

Sworn to and subscribed before me, this _____ day of _____ , 20 _____

_____
(Notary Public)

My Commission Expires: _____

____ Personally Known
____ Produced Identification Type of I.D.: _____

TRAINING STATUTE

Please read and sign.

Be it enacted by the Legislature of the State of Florida, Section 1. Section 943.16 Florida Statutes, is amended to read: 943.16 Payment of tuition by employing agency.

(1)An employing municipality, state agency, or political subdivision of this state is authorized to pay any or all costs of tuition of members in attendance at approved training programs.

(2) A probationary employee who attends such approved training programs at the expense of a municipality, state agency, or political subdivision must remain in the employment of such municipality, state agency, or political subdivision for a period of not less than one year; provided that if his/her employment is terminated on his/her participation in such training program and such municipality, state agency, or political subdivision for his/her participation in such training program and such municipality, state agency, or political subdivision may institute a civil action to collect such tuition costs if not reimbursed.

I, _____ , have read and agree to the contents of the aforementioned amended statute from the agency.

Signature:_____

THIS IS NOT AN EMPLOYMENT CONTRACT OR OFFER OF EMPLOYMENT.

In signing below, I acknowledge that I have read and understand the attached policies and standards of the City of Edgewood and the job description for the position for which I am applying.

I confirm that I do have the ability to perform all job-essential duties with or without reasonable accommodation. I understand that I must comply with the conditions outlined in this application package to be considered for employment. I also understand that the information contained in this application package is subject to change by the Edgewood Police Department or the City of Edgewood and that the requirements contained in this application package may not be all of the requirements necessary for successfully obtaining the position for which I have applied.

_____ _____

Signature of Applicant Date

POLICIES AND STANDARDS

Please read and sign.

EQUAL OPPORTUNITY EMPLOYER: The Edgewood Police Department does not discriminate on the basis of race, religion, color, sex, national origin, veteran status, political affiliation, marital status, disability, or other factors that are not considered bonafide occupational qualifications identified by job analyses. This policy covers all areas of employment, including, but not limited to, recruitment, selection, placement, training, promotion, transfer, discipline, layoff, termination, wages, benefits, performance appraisals, and work conditions.

The Department strongly encourages minorities and women to apply for positions within the Edgewood Police Department, and active recruiting efforts will be directed toward that end. The selection process will use only those components that measure behaviors, knowledge, skills, and abilities which are demonstrated to be job-related.

SIGNIFICANT JOB REQUIREMENTS: As an employee with the Edgewood Police Department, you may be required to work any hour of the day, and day of the week, any recognized holiday. You will be required to maintain proficiency in the use of any equipment related to your job classification. You will be required to work with and for persons of differing race, sex, religious affiliation, age group, and physical disability.

POLICY STATEMENT: It is the policy of the Edgewood Police Department to recruit qualified individuals who will make the best candidate from all segments of the work force. In pursuing this goal, a background investigation of each candidate is conducted with respect to factors that may have a bearing upon the applicant's job performance or which measure job capability. It is impossible to state all relevant and material factors necessary for a complete background investigation. In each case, the agency will consider whether the candidate's background makes him/her the best suited candidate for employment. The circumstances underlying any negative findings will be considered as they relate to the candidate's ability to perform the particular job for which he/she is applying.

DRUG FREE WORKPLACE: In accordance with the requirements set forth in Florida State Statues 440.101 and 440.102, as well as in accordance with Rule 38F-9, established by the Florida Department of Labor and Employment Security, Division of Worker's Compensation, the City of Edgewood adheres to a "Drug Free Workplace Policy". It is a condition of employment with the City of Edgewood to refrain from reporting to work or working with the presence of drugs or alcohol in his/her body.

The City of Edgewood sees substance abuse as a serious threat to both employees and its customers, the general public. Violation of this policy may subject the employee to disciplinary procedures up to and including termination.

FELONY/MISDEMEANOR CONVICTIONS: Any individual convicted of a felony shall be ineligible for appointment to the Edgewood Police Department as required in Florida Statute 943.13. A felony is defined by Florida law as any offense for which a person may receive one year of confinement in a state or federal institution. Additionally, any misdemeanor crime shall be a preclusion if it involved moral character, false statement, or perjury.

With respect to all other criminal convictions which are not felonies, in each case the agency will consider whether the prior criminal conviction or military offense conviction will have a bearing on the applicants' qualifications or suitability for the job for which he/she is applying, in accordance with FL State Statute 943.13. The date and nature of the offense, the requirements of the position sought, as well as other qualifications, will be evaluated.

PUBLIC RECORDS: During the selection and placement process, it will be necessary to inform the appropriate persons participating in the selection process of your record. Pursuant to Florida Statute 119, the Public Records Act, documents made or received by the Edgewood Police Department in the course of processing the application may be public record and open for inspection by the public. Some records, such as examination questions and answers and medical documentation are not public records and may not be disclosed. Medical documentation may only be released with the written consent of the applicant.

RE-APPLICATION: The Edgewood Police Department allows for reapplication, retesting, and reevaluation of candidates not selected for employment. This does not include candidates whose history indicates an unfitness for duty; candidates who were untruthful during the initial application process; candidates who were not selected due to not fulfilling state mandated requirements. Applicants must wait until the next hiring cycle, provided that a vacancy exists at that time, and must go through the entire testing/evaluation process with each reapplication.

PATROL OFFICER JOB DESCRIPTION: The job description is subject to change by the employer as the needs of the employer and requirements of the job change.

PURPOSE OF POSITION: Performs police patrol, investigations, traffic regulation, and related law enforcement activities. Works under the general supervision of the Patrol Shift Supervisor.

JOB ESSENTIALS: Works on rotating shifts performing security patrols, traffic control, investigation and first aid at accidents, detection, investigation and arrest of persons involved in crimes or misconduct.

Works an assigned shift using independent judgment in deciding course of action, expected to handle difficult situations without assistance.

Maintains normal availability by radio or telephone for consultation on major emergencies.

Carries out duties in conformance with Federal, State, County and City laws and ordinance.

Patrols City streets, parks, commercial and residential areas to preserve the peace and enforce the law, control vehicular traffic, prevent or detect and investigate misconduct involving misdemeanors, felonies, and other law violations, and to otherwise serve and protect.

Responds to emergency radio calls and investigates accidents, robberies, civil disturbances, domestic disputes, fights, drunkenness, missing children, prowlers, abuse of drugs, etc. Takes appropriate law enforcement action.

Interrogates suspects, witnesses and drivers. Preserves evidence. Arrests violators. Investigates and renders assistance at scene of vehicular accidents. Takes measurements and draws diagrams of scene.

Prepares a variety of reports and records including officer's daily log, reports of investigation, field interrogation report, alcohol reports, influence reports, breathalyzer check list, bad check form, vehicle impoundment form, traffic hazard report, etc.

Undertakes community-oriented police work, and assists citizens with such matters as locked or stalled vehicles, crime prevention, drug abuse resistance education (DARE), traffic safety, etc.

Participates in investigating criminal law violations occurring within the City limits, obtaining evidence and compiling information regarding these crimes. Preparing cases for filing of charges, testifying in court, and related activities.

Conducts patrol activities including directing traffic, and investigation of reported or observed violations of law.

Coordinates activities with other officers and other City departments as needed. Exchanges information with officers in other law enforcement agencies, and obtains advice from the City Attorney, Court Administrator, and Municipal Prosecutor's Office regarding cases, policies and procedures, as needed and assigned.

Maintains contact with police supervisory personnel to coordinate investigation activities. Provide mutual assistance during emergency situations and general information about Department activities.

OTHER JOB FUNCTIONS:

Maintains departmental equipment, supplies and facilities.

Maintains contact with general public, court officials, and other City Officials in the performance of daily activities.

Serves as a member of various employee committees.

Performs other duties as assigned.

CRITICAL SKILLS AND EXPERTISE:

Working knowledge of modern law enforcement principles, procedures, techniques, and equipment.

Working knowledge of applicable laws, ordinances, and department rules and regulations.

Ability to learn the applicable laws, ordinances, and department rules and regulations.

Ability to communicate effectively, orally and in writing.

Ability to exercise sound judgment in evaluating situations and making decisions.

Ability to follow and give verbal and written instructions.

Skill in the operation of the tools and equipment listed below.

TOOLS AND EQUIPMENT USED:

Police car, police radio, radar gun, handgun and other weapons as required, baton, handcuffs, personal computer, cell phone, first aid equipment.

PHYSICAL DEMANDS:

The physical demands described here are representative of those that must be met by an officer to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the officer is frequently required to sit and talk or hear. The officer is occasionally required to stand; walk; use hands to touch, handle, or operate objects, controls, or tools listed above; reach with hands and arms; climb or balance; stoop, kneel, crouch or crawl; and taste or smell.

The officers must occasionally lift and/or move more than 100 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

WORK ENVIRONMENT:

The work environment characteristics described here are representative of those an officer encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the officer occasionally works in outside weather conditions. The employee occasionally works near moving mechanical parts; in high, precarious places; and with explosives, and is occasionally exposed to wet and/or humid conditions, fumes or airborne particles, toxic or caustic chemicals, extreme cold, extreme heat, and vibration.

The noise level in the work environment is usually moderate.

QUALIFICATIONS:

Required: High school diploma or equivalent.

Preferred: A minimal two-year community college degree or vocational school training in police science, law enforcement, criminal justice administration, public administration, or related field, or an equivalent combination of education and experience.

Required: Possess certifications as required by Florida Police Standards Council and any other certificates mandated by State, County, or local Statutes.

Required: Possess a valid State of Florida Driver's License without record of suspension or revocation in any state.

CITY OF EDGEWOOD, FLORIDA

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

FOR THE POSITION OF POLICE OFFICER

Self-Identification Form

Required Information

Name: _____Date of Application:_____

Position(s) for which you are applying: _____

Voluntary Information

The following information is requested for Equal Employment Opportunity record keeping and reporting compliance purposes only a specified by Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, Section 709c.

THIS INFORMATION WILL NOT BE USED TO EVALUATE YOUR APPLICATION AND IS VOLUNTARY.

Gender: ☐Male ☐Female

Definitions of race/ethnicity are on the next page (as defined by the Equal Employment Opportunity Commission).

Race/Ethnic Identification (check one):

Are you Hispanic or Latino? ☐ Yes ☐ No

If you answered "Yes" you have completed this form. If you answered "No" please select a race from the options below.

☐**White (Not Hispanic or Latino)**

☐**Black or African American (Not Hispanic or Latino)**

☐**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**

☐**Asian (Not Hispanic or Latino)**

☐**American Indian or Alaska Native (Not Hispanic or Latino)**

☐**Two or More Races (Not Hispanic or Latino)**

☐**I do not wish to disclose.**

Definitions of race/ethnic categories

Hispanic of Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

FDLE
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.

CJSTC 58

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: _____

ADDRESS: _____

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

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

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

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

_____

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 _____