



# STUART POLICE DEPARTMENT

Serving with *Pride*  
Protecting with Dignity

*David Dyess, Chief of Police*

830 SE Martin L. King Blvd. Stuart, FL 34994  
Telephone 772 - 287 - 1122 Fax 772 - 220 - 5986



Dear Applicant:

Thank you for your interest in the Stuart Police Department. Please review the attached information regarding the application process. It is imperative that you complete all required documents.

## POLICE OFFICER APPLICANTS:

Complete the employment application completely. Application must be notarized. All required documents must be submitted at the time of application. Applications will remain active for a period of 6 months. Applications will only be processed if there is an expected vacancy to be filled. Applicants who meet the minimum qualifications will be contacted to schedule a written test.

The Stuart Police Department utilizes the I/O Solutions National Criminal Justice Selection Test as part of the application process. There is a study guide available. Please note that the study guides will ONLY be provided when a test has been scheduled. You will be allowed one week prior to your test date to obtain the study guide. A deposit of \$10 (NO CASH) will be required to obtain a study guide. Please make checks payable to the Stuart Police Department. Study guides may be picked up at the Stuart Police Department. The deposit check will be returned to you upon return of the study guide. Failure to return the study guide within one (1) week after the written test date will result in the forfeiture of your deposit. PLEASE DO NOT WRITE IN THE STUDY GUIDE.

## DISPATCH APPLICANTS:

The Stuart Police Department utilizes the CritiCall test. The test is done online and consists of several different tasks that test typing skills, multi-tasking abilities, spelling, memory recall as well as other data entry skills. The test is not timed, however it takes approximately 2 hours to complete. Applicants must pass the CritiCall test to be considered for employment.

## CIVILIAN APPLICANTS:

A complete background investigation will be completed for all civilian positions. Additional testing may be required depending on the position applied for.

The information requested in the application has been developed to ensure only the most qualified applicants are considered for hiring. Our selection process includes several phases that an applicant must pass before being considered.

The submission of an application is the first impression you make to a prospective employer. Please take the time to submit a completed application. The following checklist has been developed to assist you in submitting your application. All documents are required.

- Answered all questions giving complete details
- High School Diploma or GED
- Copy of Florida Driver's License
  - Birth Certificate
  - Other documents and/or certifications you wish to include

You may include a formal resume with your application, however it is not required.



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We are very dedicated in our objective to hire only the most qualified individuals through a strong commitment to our hiring standards.

Please carefully review the information listed below. These specific guidelines are provided in an effort to assist you with your decision concerning whether it is beneficial to submit your application for employment to our Department.

## **I. You will not be eligible for employment if:**

- A. You have been convicted of a felony crime, a misdemeanor involving perjury or a crime for which you would be required to register per Florida Law.
- B. You have been convicted of DUI within five (5) years of your written application; or convicted of two (2) DUIs, regardless of time limit.
- C. Driving history with the following:
  - 1. Four or more moving violations within the past thirty-six (36) months.
  - 2. Suspension of driver's license within the past thirty-six (36) months.
  - 3. Accumulation of thirty six points or more within the past thirty-six (36) months.
- D. You have been convicted of Domestic Violence or Domestic Assault. (For any position which may be required to carry a firearm.)
- E. You have been Dishonorably Discharged from any military service.

## **II. Applicants taking or possessing without prescription or experimenting with any of the drugs in the following categories within two years of the date of the written application will not be considered for employment:**

- A. Cannabis substances (i.e., marijuana, hashish, hash oil, gange, etc.)
- B. Steroids (i.e., dianabol)

## **III Applicants taking or possessing without prescription or experimenting with any of the drugs in the following categories within ten years of the date of the written application will not be considered for employment:**

- A. Hallucinogens (i.e., LSD, PCP, peyote, mushrooms acid, mescaline, etc.)
- B. Narcotics (i.e., heroin, morphine, opium, codeine, methadone, etc.)
- C. Stimulants or depressants (i.e., cocaine, crank, crystal, methamphetamine, GHB, ecstasy.)



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**You will be questioned concerning your use of illegal drugs and be required to pass a Polygraph concerning your admitted drug usage.**

**Other areas of concern include, but are not limited to, the categories listed below:**

- A. Employment/Military history;
- B. Driving history;
- C. Financial history;
- D. Criminal activity/Involvement;
- E. Truthfulness/Character issues

**VI. All applicants must successfully complete the following:**

- A. Written test/ with 70% passing grade in each category.
- B. Oral interview/ with 70% passing grade.
- C. Background check.
- D. Psychological exam.
- E. Medical exam. (Officers)
- F. Polygraph
- G. Physical agility test. (Officers)
- H. Credit check.
- I. Drug screen.
- J. Dispatch Critical Test (Dispatchers only)

**VII. Order of testing:**

- A. Police Officer Selection Test
- B. Preliminary Background Investigation
- C. Oral Interview
- D. Final Background Investigation
- E. Conditional Job Offer
- F. Psychological Examination
- G. Polygraph
- H. Drug Screen
- I. Medical (Officers)
- J. Physical Abilities Test (Officers)
- K. Interview with the Chief of Police

Applications will stay on file for six (6) months. If the applicant has not been hired or completed their testing process within that time period, they will be required to update their application or submit a new one.



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## Stuart Police Department Information Fact Sheet

### Benefits (Sworn Employees)

- 3 Paid Holidays, 3 Optional Holidays, Birthday Leave
- Paid Time Off (PTO) accrued bi-weekly, based on years of service
- City paid Life Insurance
- Medical and Dental Insurance
- Employee Wellness Clinic (no cost to employee for appointments and some prescriptions)
- Florida State Retirement Plan
- City Paid Uniform Cleaning
- Annual Equipment Allowance
- Take Home Car Program (subject to length of employment)
- Educational Incentive up to \$130.00 per month

### Benefits (Civilian Employees)

- 8 Paid Holidays (clerical), 2 optional holidays, birthday leave
- 3 paid holidays (dispatchers), 3 optional holidays, birthday leave
- Paid Time Off (PTO) accrued bi-weekly, based on years of service
- City Paid Life Insurance
- Medical and Dental insurance
- Florida State Retirement Plan
- Employee Wellness Clinic (no cost to employee for appointments and some prescriptions)

The City of Stuart is an EEO/ADA/VP/H/AA employer. Qualified minority applicants are encouraged to apply.



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## Stuart Police Department Minimum Qualifications (Sworn Officer Positions)

Applicants Must Meet the Minimum Qualifications established in Florida Statutes 943.13

Individuals must:

- Be at least 19 years of age.
- Be a citizen of the United States.
- Have earned a high school diploma or equivalent (GED) for law enforcement and corrections applicants. A bachelors degree is required for correctional probation officers.
- Not have been convicted of any felony or of a misdemeanor involving perjury or false statement. Any person who, after July 1, 1981, pleads guilty or nolo contendere to, or is found guilty of a felony, or of a misdemeanor involving perjury or a false statement, shall not be eligible for employment or appointment as an officer, notwithstanding suspension of sentence or withholding of adjudication.
- Never have received a dishonorable discharge from any of the Armed Forces of the United States.
- Have documentation of processed fingerprints on file with the employing agency.
- Pass a physical examination by a licensed physician, physician assistant, or certified advanced registered nurse practitioner.
- Have good moral character as determined by a background investigation under procedures established by the Criminal Justice Standards and Training Commission.



# City of Stuart

## APPLICATION FOR EMPLOYMENT

*The City of Stuart is a tobacco-free workplace.*

**Human Resources Department**

**City Hall, 121 SW Flagler Avenue, Stuart, FL 34994-2139**

**For electronic submittal: Email: [HR@ci.stuart.fl.us](mailto:HR@ci.stuart.fl.us) or Fax: 772-600-1289**

**Website: [www.cityofstuart.us](http://www.cityofstuart.us)**

**NOTE:** For Stuart Police Department vacancies, please visit: [www.cityofstuart.com/police](http://www.cityofstuart.com/police)

PLEASE READ THIS APPLICATION THOROUGHLY AND COMPLETE IT HONESTLY. THE CITY OF STUART PERFORMS A DETAILED BACKGROUND INVESTIGATION ON ALL FINAL CANDIDATES. NO ONE WILL BE CONSIDERED WHO FAILS TO ANSWER ALL QUESTIONS ON THIS FORM.

IMPORTANT NOTICE: Applicants should be extremely careful as they complete this application. The City of Stuart utilizes a sophisticated and detailed background and pre-employment investigation process. This process frequently discloses inaccurate, false, and/or incomplete or omitted information. Should this process determine any inaccurate or incomplete information, it will result in you either being disqualified from employment with the City of Stuart as an applicant, or it will result in termination if the inaccuracies are discovered subsequent to your employment with the City of Stuart. Accordingly, the City of Stuart strongly suggests that you DO NOT complete this application until you have the requisite time and accurate information to do so. The City of Stuart is an equal opportunity employer and will not discriminate against any employee or applicant for employment in any manner prohibited by law. If you feel you have been discriminated against for any reason, please call this to the attention of Human Resources so that we may address your concerns.

Employment is conditioned on the successful completion of the screening process. By signing this application, the applicant represents that the information provided in this form is given voluntarily and may be used in filing reports required by state and federal governments. The City of Stuart may require individuals who successfully complete the initial employment screening process to submit to a drug screening and cotinine testing program, which may include the taking of blood and/or urine samples, and requires that all employees submit to drug and alcohol testing during the course of their employment in accordance with policy. The result of such screening will be initially disclosed to decision makers for the City of Stuart and may be the basis for disqualifying any candidate for employment. By signing this application, you agree to hold the City of Stuart harmless for any claims resulting from such screening for drug, alcohol and/or tobacco use.

**NOTE:** All applicants will be required to furnish proof of identity and legal work authorization to be considered for employment.

**P L E A S E   P R I N T**

### EMPLOYMENT INFORMATION

1. Position applied for: \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

Type of employment desired: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary

### PERSONAL

2. Applicant's Name: \_\_\_\_\_  
Last Name First Name Middle Initial

3. Residence Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_

4. Home Telephone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

May we contact you at work? Yes  No  EMAIL: \_\_\_\_\_

If yes, please provide your work telephone number: \_\_\_\_\_

When is the best time to contact you at work? \_\_\_\_\_ At home? \_\_\_\_\_

**RELATIVES**

5. To your knowledge, do you have any relatives, including elected officials, by blood or marriage working for the City of Stuart?: If yes, please provide: Yes  No

Name of Person(s)	Relationship
_____	_____
_____	_____
_____	_____

**EDUCATION**

6.	Name and Location of School	Course of Study	# Years Completed	Did you Graduate	Degree
College #1				[ ] YES [ ] NO	
College #2				[ ] YES [ ] NO	
High School				[ ] YES [ ] NO	
Other					

**PROFESSIONAL LICENSES, CERTIFICATIONS AND ORGANIZATION MEMBERSHIPS**

7. Agency or Organization Name	Type	Field	License/Number	Expiration

**DRIVER'S LICENSE**

8. Do you have a valid Florida Driver's License? Yes  No   
 (As required by position): Class E  CDL  CDL Class: \_\_\_\_\_



**OTHER QUALIFICATIONS, SKILLS**

10. **Only as applicable to the position for which you are currently applying**, please indicate whether you have been trained or are experienced in any of the following:

**OFFICE RELATED SKILLS:**

Please tell us about your office skills, which may include typing speed, software packages with which you have working knowledge, accounting skills, customer or citizen interactions, etc.

**CONSTRUCTION VEHICLES AND OTHER EQUIPMENT:**

Please tell us about your experience with heavy equipment and other machinery, which may include dozers, front end loaders, dump trucks, pressure washers, concrete mixers, chainsaws, mowers, hedge trimmers, etc.

**CRAFTS, TRADES, AND TECHNICAL SKILLS:**

Please tell us about your experience in this category, which may include plumbing, electrical, diesel engines, gas engines, welding, landscaping, painting, etc.

11. Please describe any other experience, skills or credentials which you feel qualify you for the position applied for with the City of Stuart:

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**AUTHORIZATION**

I UNDERSTAND that this application will only be considered "active" for 30 calendar days from the date of application. If I have not obtained employment with the City of Stuart within 30 days, but remain interested in obtaining employment with the City of Stuart, I understand that I must notify the City of Stuart in writing of my desire for my application to be considered for an additional 30 days.

I ALSO UNDERSTAND that all statements made by me in connection with my application for employment may be checked by the City of Stuart, and I authorize the City of Stuart to contact my prior employers, including each of those employers listed in paragraph no. 9, and authorize and direct each such employer to answer any and all questions regarding my prior employment. I hereby indemnify the City of Stuart and each of my prior employers listed in paragraph no. 9 and agree to hold them harmless from any claims arising from this authorization.

I UNDERSTAND further that any misstatements or material omissions in this application may result in a decision not to hire me, or discharge me when discovered at any time after hire.

If EMPLOYED, I agree to conform to the rules and regulations of the City of Stuart, and I understand that as a condition of my employment and continued employment, I may be required to submit to, and voluntarily agree to submit to any testing for the presence of drugs, tobacco (cotinine), and alcohol. I also agree that, just as I have, if hired, the right to terminate my employment at any time, with or without cause, and with or without notice, the City of Stuart may terminate my employment at any time with or without cause or notice. I understand that no manager or representative of the City of Stuart, other than the City Manager of the City of Stuart, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing either now, in the past or in the future. I further understand that even an agreement by the City Manager must be in writing and signed by (him/her) for it to be binding on either myself or the City of Stuart. I further understand that this supersedes any prior oral or written understanding and bars any future oral understanding to the contrary.

I ACKNOWLEDGE and AGREE that if at any time I am subjected to any type of discrimination and/or harassment, I will contact the City of Stuart Human Resources Director or the City Manager immediately to obtain assistance in the resolution of such matters.

I FURTHER ACKNOWLEDGE and AGREE that any dispute between the City of Stuart and me relating to my employment and/or the separation thereof, which cannot be resolved informally, shall be resolved in Martin County, Florida, by the process described in the City Personnel Manual. It is agreed that failure to timely submit any claim to arbitration shall result in a waiver of the alleged claims. I further agree to waive any and all claims not raised through this procedure.

I HEREBY REPRESENT AND WARRANT that I have read and fully understand the foregoing and seek employment under these conditions of my own free will and in accordance with my own judgment.

*The City of Stuart is committed to a Drug-Free Workplace Program, and all applicants selected for safety-sensitive positions will be required to submit to screening for illegal drug use prior to appointment. No person found to have a confirmed positive test will be extended an offer of employment.*

*The City of Stuart is a tobacco-free workplace. All applicants must attest that they have not used tobacco products for the preceding 3-month period from the date of the application. Candidates chosen for positions within the City of Stuart must undergo pre-employment screening to include verification of their non-use of tobacco products in order to be considered for employment.*

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**Applicant's Signature** **Date Signed**



At the City of Stuart, we are  
"Working On Wellness."

**Signature or electronic equivalent required for submittal.**

Only applicants selected for interviews will be contacted. Due to volume, the City of Stuart is regrettably unable to respond to inquiries regarding the status of applications submitted.

**Thank you for your interest in the City of Stuart.**

**VETERANS' PREFERENCE FORM**

Claim for Preference as a Veteran will be allowed in accordance with Florida Administration Code 55A-7 and Florida State Statute § 295.07. Original DD214 or comparable document must be presented at time of application. A Veteran is defined in Section 1.01 (14) of Florida State Statute § 295.07.

Dates of Active Duty: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please indicate type of discharge:

Honorable                       Dishonorable                       Other  
Explain \_\_\_\_\_

Are you a disabled Veteran?                       Yes                       No

If yes, what is your VA disability rating? \_\_\_\_\_ %

Are you a US Citizen or lawfully authorized alien?    Yes                       No

Note: In support of your claim for additional preference as a disabled Veteran, it is your responsibility to furnish adequate proof of your disability, a disability letter from the U.S. Department of Veterans' Affairs (DVA) dated within the last twelve months, at the time of application.

Completion of the Veterans' Preference section below is made on a voluntary basis and kept confidential in accordance with the ADA, HIPAA and any other applicable laws. To claim Veterans' Preference, circle the appropriate numbered item below; please circle only one.

1. A Veteran with an existing compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the DVA and the Department of Defense.
2. The spouse of a Veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a Veteran missing in action, captured in line of duty by a hostile force, or detained or interned in line of duty by a foreign government or power.
3. A Veteran of any war who has served at least one day on active duty during a wartime period as defined in FSS 295.07, Section 1.01 (14), excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America or who has been awarded a campaign or expeditionary medal.
4. The unremarried widow or widower of a Veteran who died of a service-connected disability.
5. The mother, father, legal guardian, or un-remarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the United States Department of Defense.
6. A current member of any reserve component of the United States Armed Forces or The Florida National Guard.

Applicants claiming exemption must furnish a DD214 or comparable document which serves as a certificate of release must be furnished at the time of application, as outlined in Rule 55A-7.013, F.A.C. Wartime periods are defined in FSS 295.07. Under Florida law, preference in appointment, employment and retention shall be given first to those persons included in categories 1 and 2 above, and second to those persons included in categories 3, 4, 5, and 6, provided such persons possess the minimum qualifications necessary to perform the essential functions of the position for which they are applying.

If eligible, which Veterans' Preference category are you claiming?

**CERTIFICATION BY APPLICANT:** I understand that according to applicable Florida law, I must submit the required documentation in support of my claim for the veteran's preference **AT TIME OF APPLICATION**.

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers, and that the entries made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE**

Name: \_\_\_\_\_

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

The City of Stuart is an equal opportunity employer with a voluntary Affirmative Action Program. This program and other governmental regulations require us to comply with certain regulations. **You are not obligated to complete this form** and any information you do provide voluntarily will be maintained in a file separate from your application. This information will be retained only for the purpose of monitoring the success of the City's affirmative action and equal opportunity employment programs and will not be used for, or have any effect on, any hiring decision.

1. Sex                    Male                        Female   

2. Ethnic Group: Please check one of the following:

- American Indian or Alaskan Native (not Hispanic or Latino): All persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Asian (not Hispanic or Latino): All persons 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.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino): All persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Black or African American (not Hispanic or Latino): All persons having origins in any of the black racial groups of Africa.
- Hispanic or Latino: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origins, regardless of race.
- White (not Hispanic or Latino): All persons having origins in any of original peoples of Europe, North Africa, or the Middle East.
- Two or More Races (not Hispanic or Latino): All persons who identify with more than one of the above five races.

**REFERENCES** (List only character references who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not include relatives, former employers or supervisors).

1. Name: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Home Telephone Number) (Work Telephone Number)

2. Name: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Home Telephone Number) (Work Telephone Number)

3. Name: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Home Telephone Number) (Work Telephone Number)

4. Name: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Home Telephone Number) (Work Telephone Number)

STUART POLICE DEPARTMENT  
PERSONAL HISTORY QUESTIONNAIRE

WILLFUL OR KNOWING FALSIFICATION ON THIS APPLICATION CAN RESULT IN DISQUALIFICATION FROM THE HIRING PROCESS OR IF DISCOVERED AFTER HIRING CAN RESULT IN TERMINATION. USE ADDITIONAL SHEETS OF PAPER AS NEEDED TO COMPLETE QUESTIONS. TO BE COMPLETED IN THE APPLICANT'S HANDWRITING.

Name: \_\_\_\_\_  
Other Names Used: \_\_\_\_\_  
\_\_\_\_\_

**DRIVER'S LICENSE INFORMATION**

State: \_\_\_\_\_ Number: \_\_\_\_\_  
Previous State: \_\_\_\_\_ Number: \_\_\_\_\_  
Suspensions/Revocations: \_\_\_\_\_  
\_\_\_\_\_

Reinstatement Date(s): \_\_\_\_\_  
Restrictions (business purposes only, too many points, negligent operator's probation): \_\_\_\_\_  
\_\_\_\_\_

**CITIZENSHIP**

US Citizen: Yes \_\_\_ No \_\_\_ Native: Yes \_\_\_ No \_\_\_  
Naturalized: Yes \_\_\_ No \_\_\_ Certificate #: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

**PREVIOUS RESIDENCES (List in order going back a minimum of 10 years)**

Month/Year                      Month/Year

From: \_\_\_\_\_ To: \_\_\_\_\_ Own \_\_\_ Rent \_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Month/Year                      Month/Year

From: \_\_\_\_\_ To: \_\_\_\_\_ Own \_\_\_ Rent \_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Month/Year                      Month/Year

From: \_\_\_\_\_ To: \_\_\_\_\_ Own \_\_\_ Rent \_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

**SPECIAL SKILLS, QUALIFICATIONS & CERTIFICATIONS**

Community Oriented Policing \_\_\_\_\_ Problem Oriented Policing \_\_\_\_\_  
Crime Prevention \_\_\_\_\_ Line Supervision \_\_\_\_\_ Middle Management \_\_\_\_\_  
Intoxilyzer \_\_\_\_\_ Radar \_\_\_\_\_ DARE Instructor \_\_\_\_\_ Other \_\_\_\_\_

**MILITARY SERVICE**

Yes \_\_\_ No \_\_\_ Date of Discharge: \_\_\_\_\_  
Branch of Service: \_\_\_\_\_ Discharge Type: \_\_\_\_\_  
Medals & Commendations: \_\_\_\_\_

Disciplinary action received while in military: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Were you ever discharged, dismissed, terminated, fired, forced to resign or quit before being dismissed because of misconduct or unsatisfactory service?

Yes \_\_\_ No \_\_\_ If yes, explain in detail and include name and address of employer. List the reason(s) in each case:

\_\_\_\_\_  
\_\_\_\_\_

Have your employers always treated you fairly? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, explain: \_\_\_\_\_

**TRAFFIC CITATIONS**

LOCATION	DATE	VIOLATION	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TRAFFIC CRASHES**

Have you ever been involved in a traffic crash? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give complete details:

Date: \_\_\_\_\_ Police Investigation: Yes \_\_\_\_\_ No \_\_\_\_\_

Location: \_\_\_\_\_

Cause of Crash: \_\_\_\_\_

Injury: Yes \_\_\_ No \_\_\_ Who was charged: \_\_\_\_\_

Court Disposition: \_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL INFORMATION**

Have you ever been denied credit? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have your creditors treated you fairly: Yes \_\_\_ No \_\_\_ If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

How many checks do you have returned each year for insufficient funds in your account? \_\_\_\_\_

Other than salary, what income do you have at the present time?  
\_\_\_\_\_

Will the salary you make here be sufficient? Yes \_\_\_ No \_\_\_ If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you foresee the need to work a second job? Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**ALCOHOL AND DRUG USAGE**

Do you drink alcoholic beverages? Yes \_\_\_ No \_\_\_ If yes, to what degree: \_\_\_\_\_  
\_\_\_\_\_

Have you ever used any of the following drugs? Previous use will not automatically exclude an applicant from consideration. Check all that apply. Marijuana \_\_\_ Cocaine \_\_\_ Hashish \_\_\_ PCP \_\_\_ Opiates \_\_\_ Heroin \_\_\_ LSD \_\_\_ Amphetamines \_\_\_ Steroids \_\_\_ Barbiturates \_\_\_ Morphine \_\_\_ Benzodiazepine \_\_\_ Pills \_\_\_ Methadone \_\_\_ Methaqualone \_\_\_ Propoxyphene \_\_\_ Other drugs \_\_\_

If yes to any of the above, give details of use to include drug used, dates of use, amount used and circumstances for each drug used:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ORGANIZATIONS**

(List memberships in any organization that you feel are related to the position for which you are applying.)

Organization	Membership Dates
Name: _____	From: _____ To: _____
Address: _____	
Office or Position Held: _____	

Organization                      Membership dates

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_  
Office or Position Held: \_\_\_\_\_

**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 or which might require further explanation? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REMARKS (Make any comments that you think are important.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE FOLLOWING IS TO BE EXECUTED PRIOR TO SUBMISSION**

I hereby swear or affirm that there are no misrepresentations or omissions in or falsifications of the above statements and answers to questions. I am aware that should an investigation disclose such misrepresentations, falsifications or omissions, my application will be rejected and I will be disqualified from applying in the future for any position in the service of the Stuart Police Department, or if after my acceptance for employment, subsequent investigation should disclose misrepresentations, falsifications or omissions, it will be just cause for immediate dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
State of: \_\_\_\_\_ County of: \_\_\_\_\_  
The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_ by \_\_\_\_\_, who is personally known to me or who has produced the following identification \_\_\_\_\_ and who did \_\_\_ or did not \_\_\_  
*List type of and number on identification*  
take an oath.

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

**DRUG TESTING CONSENT FORM**

In compliance with the Rules of the Florida Department of Law Enforcement, I understand that as part of the pre-appointment process, the Police Department will require me to provide hair and/or body fluid samples for the testing/analysis, and I do hereby voluntarily consent to the collection and subsequent testing of my hair and/or body fluids, including urine and blood. I understand that refusal to supply the necessary samples may be grounds for rejection of my application for appointment. I further understand that the results of the testing may be utilized in conjunction with any other information developed during the pre-appointment process to determine my eligibility for the position for which I have applied, and that written confirmatory laboratory reports may be subject to disclosure under Florida's Public Records Act.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_ Applicant refused to sign consent form: \_\_\_\_\_  
Date

AFFIDAVIT  
NO MILITARY SERVICE

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, do hereby swear (or affirm)  
that I have never served in any branch of the Armed Forces of the  
United States of America.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_, who is personally known to  
me or has produced \_\_\_\_\_ as  
(Type of Identification)  
identification.

\_\_\_\_\_  
(Signature) Notary Public State of Florida

\_\_\_\_\_  
(Name of Notary typed, printed or stamped)

(SEAL ABOVE)

**(OFFICERS ONLY)**  
**STUART POLICE DEPARTMENT**  
**APPLICANT AGREEMENT**

As a condition prior to the final processing of my application for appointment, with the Stuart Police Department, I, \_\_\_\_\_, hereby agree to the following:

1. I agree and promise to take a written test, demonstrate the ability to perform the essential job function and submit to an oral board, all conducted by representatives of the Stuart Police Department. I understand and agree that all costs for any examination I undergo will be paid for by the Department and that the results, scores, interpretations, and conclusions of the examiner shall be submitted directly to the Chief or designee for review and shall become part of my application file.

\_\_\_\_\_  
Signature of Applicant

2. I agree and understand that my application will be subject to close scrutiny and a comprehensive background check will be conducted by representatives of the Stuart Police Department, the results of which will be submitted directly to the Chief or designee for review and shall become part of my application file.

\_\_\_\_\_  
Signature of Applicant

3. I agree and promise to take a MENTAL/PSYCHIATRIC EXAMINATION/EVALUATION to be performed by a licensed examiner/evaluator selected by the Department. I understand and agree that all costs for any Examination/Evaluation I undergo will be paid for by the Department and that the results, scores, interpretations, and conclusions of the examiner/evaluator shall be submitted directly to the Chief or designee for review and shall become a part of my application file.

\_\_\_\_\_  
Signature of Applicant

4. I agree and promise to take a MEDICAL PHYSICAL EXAMINATION/EVALUATION to be performed by a licensed examiner/evaluator selected by the Department. I understand and agree that all costs for any Examination/Evaluation I undergo will be paid for by the Department and that the results, scores, interpretations, and conclusions of the examiner/evaluator shall be submitted directly to the Chief or designee for review and shall become a part of my application file.

\_\_\_\_\_  
Signature of Applicant

5. I agree and promise to take a POLYGRAPH to be administered by a licensed operator selected by the Department. I understand and agree that all costs for any examination I undergo will be paid for by the Department and that the results, scores, polygraphs, interpretations, and conclusions of the examiner shall

be submitted directly to the Department for review and shall become a part of my application file.

\_\_\_\_\_  
Signature of Applicant

- 6. I agree and promise to accurately, truthfully, and completely prepare, on a form or forms to be provided by the Department, A FINANCIAL DISCLOSURE REPORT, and I further agree and understand that the completed report shall become part of my application file.

\_\_\_\_\_  
Signature of Applicant

- 7. I agree and promise that if requested by the Department, I will give the Department WRITTEN AUTHORIZATION to (a) inspect and/or copy any or all records, files, reports, and documents whatever nature that are maintained or possessed by a natural person, business, partnership, corporation, organization, or governmental agency or entity whether federal, state, or local; and which relates to me; and to (b) receive copies of any or all records, files, reports, and documents of whatever nature from the sources indicated in (a) above herein; and (c) to release for inspection and/or copying, an any individual requesting, any or all records, files, reports, and documents of whatever nature which may be maintained or possessed by the Department, which relates to me.

\_\_\_\_\_  
Signature of Applicant

- 8. I agree and promise to undergo a PHYSICAL/CHEMICAL EXAMINATION/EVALUATION of my blood, breath, hair, urine, or other bodily substances as may be requested by the Department. I understand and agree that all costs for any examination (except for the initial examinations requested by the Florida Criminal Justice Standards & Training Council, which will be paid for by the Department and that the results, interpretations, analysis, and reports relating to such tests shall be submitted directly to the Department for review and shall become a part of my application file.

\_\_\_\_\_  
Signature of Applicant

I voluntarily agree to the above conditions

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

MY COMMISSION EXPIRES:

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA