



# STUART POLICE DEPARTMENT

**Joseph Tumminelli, Chief of Police**  
830 SE Martin L. King Blvd. Stuart, FL 34994  
Telephone 772-287-1122 Fax 772-220-5986

*We are S.P.D!* Selfless ♦ Proud ♦ Dedicated

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 for sworn officers and 30 days for all non-sworn personnel. Applications will only be processed if there is an expected vacancy to be filled.

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 if 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.

## CIVILIAN APPLICANTS:

Applications remain active for a period of 30 calendar days. 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.

## DISPATCH APPLICANTS:

The Stuart Police Department utilizes the CitiCall 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 CitiCall test to be considered for employment.



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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.

- 1) Please carefully review the information listed below. This list is provided in an effort to assist you with your decision concerning whether it is beneficial to submit your application for employment to our Department.
  - 2) 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.
    - 3) 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)
      - 4) 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:
        - 5) Hallucinogens (i.e., LSD, PCP, peyote, mushrooms acid, mescaline, etc.)
        - 6) Narcotics (i.e., heroin, morphine, opium, codeine, methadone, etc.) 8.
        - 7) 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 include, but are not limited to, the categories listed below:

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

9) All applicants must successfully complete the following (as applicable to the position):

- A. Written test with 80% passing grade in each category.
- B. Oral interview.
- C. Background check.
- D. Psychological exam. (Officers only)
- E. Medical exam. (Officers only)
- F. Polygraph
- G. Physical agility test. (Officers only)
- H. Drug screen.
- I. Dispatch Critical Test (Dispatchers only)
- J. Typing Test (Records Personnel only)

10) Process:

- A. Application Submission
- B. Testing (as applicable to the position)
- C. Oral Interview
- D. Conditional Job Offer
- E. Psychological Examination
- F. Polygraph
- G. Background Investigation
- H. Drug Screen
- I. Medical (Officers)
- J. Physical Abilities Test (Officers)
- K. Interview with the Chief of Police

Applications will remain active for a period of 6 months for sworn officers and 30 days for all nonsworn personnel. 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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## City of Stuart Benefits

In addition to a satisfying work environment where employees are respected and valued for their contributions, the City of Stuart offers an attractive benefits package and award-winning wellness program. The City is pleased to offer:

Medical Insurance (CIGNA)

**Basic Plan:** designed for those who rarely use insurance, but desire coverage “just in case”

Employee Only - \$30.00 per bi-weekly pay (City covers 90% of the premium) Employee and Spouse / Domestic Partner: \$113.85 per pay (City covers 83%) Employee and Child(ren): \$86.63 per pay (City covers 86%) Employee and Family: \$187.00 per pay (City covers 81%)

**Buy-Up Plan:** designed for those who may use insurance more often

Employee Only - \$61.20 per bi-weekly pay (City covers 85% of the premium) Employee and Spouse / Domestic Partner: \$209.76 per pay (City covers 77%) Employee and Child(ren): \$166.80 per pay (City covers 80%) Employee and Family: \$307.74 per pay (City covers 77%)

\*Rates reflect the “best” rate, with successful completion of an annual HRA and Cotinine testing / Cessation Class attendance Dental Insurance (CIGNA) DPPO Plan: designed for those who only seek twice-annual cleanings and minor dental work

Employee Only - \$0.00 per bi-weekly pay (City covers 100% of the premium) Employee and Spouse / Domestic Partner, Employee and Child(ren), and Employee and Family: \$14.48 per pay (City covers 50%)

**DHMO Plan:** designed for those who use insurance more often; includes adult orthodontia

Employee Only - \$0.00 per bi-weekly pay (City covers 100% of the premium) Employee and Spouse / Domestic Partner, Employee and Child(ren), and Employee and Family: \$9.79 per pay (City covers 52%)

\*Insurance rates may change with each fiscal year Additional Options:

- Employee Health Center where employees and dependents who carry City medical insurance can receive treatment and prescriptions free of charge
- Retirement through Florida Retirement System, funded primarily by the City, as well as Deferred Compensation
- Vision Insurance (CIGNA), 4 tiers of coverage available
- Flexible Spending Accounts (Health Care and Dependent Care)
- Life Insurance (CIGNA), paid in full by the City; employee can purchase additional for self and family
- LTD and STD (CIGNA and AFLAC)
- Employee Assistance Program, paid in full by the City
- Wellness Program (WOW): a vibrant, award-winning wellness initiative for employees and their families
- Supplemental Insurance through AFLAC
- Additional options include: Dream Trips Vacations, Pet Insurance, Legal & Identity Protection Plans, Liberty Mutual Insurance, and more.

**Other Benefits:** Tuition Reimbursement, Paid Time Off, Optional Holidays, Birthday Day, and much more (Collective Bargaining Agreements with PBA and IAFF may offer additional or varied benefits).

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 for law enforcement and corrections applicants.
- 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. (after an offer has been made)
- 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)**

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


Do you have a relationship with any employees that could serve in violation of the City’s Nepotism policy outlined on Page 6 of this employment application? Yes  No  \_\_\_\_\_

**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: ---

Can you perform the Essential Duties of the position for which you are applying, with or without a reasonable accommodation? Yes  No

Are you legally able to work in the United States? Yes  No

**EMPLOYMENT HISTORY**

9. Please list, beginning with your most recent employment, starting with your current employer, any and all prior work experience which you have had during the past 10 years or more. *Please account for periods of unemployment.*

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<b>Company Name:</b>	Telephone: (    ) Cell: (    )
Address:	Employed (Month and Year)
Name of Immediate Supervisor:	From:                      To:
	Salary:
	Start                                  End

---

Your Job Title:	Reason for Leaving:
Describe Your Work:	

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May we contact them?                      Yes                       No

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<b>Company Name:</b>	Telephone: (    ) Cell: (    )
Address:	Employed (Month and Year)
Name of Immediate Supervisor:	From:                      To:
	Salary:
	Start                                  End

---

Your Job Title:	Reason for Leaving:
Describe Your Work:	

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May we contact them?                      Yes                       No

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<b>Company Name:</b>	Telephone: (    ) Cell: (    )
Address:	Employed (Month and Year)
Name of Immediate Supervisor:	From:                      To:
	Salary:
	Start                                  End

---

Your Job Title:	Reason for Leaving:
Describe Your Work:	

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May we contact them?                      Yes                       No

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<b>Company Name:</b>	Telephone: (    ) Cell: (    )
Address:	Employed (Month and Year)
Name of Immediate Supervisor:	From:                      To:
	Salary:
	Start                                  End

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Your Job Title:	Reason for Leaving:
Describe Your Work:	

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May we contact them?                      Yes                       No

**\*\* Please attach additional pages if necessary and include a resume if you have one.**



**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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**ADDITIONAL INFORMATION**

12. State the number of times you were absent or late from work during the last 12 months. **NOTE:** Do **not** include absences related to a disability, FMLA, or Workers' Compensation.

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13. Have you been formally disciplined at work in the past 12 months? Yes  No

Reason(s): -

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15. Have you ever been terminated or laid off from a position? Yes  No

If yes, please explain (please attach additional paper if you need more space to answer this question):

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16. Please explain, in your own words, why you want to work at the City of Stuart, in what position(s), and any other reasons you feel should be considered:

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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 Section 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 Section 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.

**AUTHORIZATION**

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.***

***Nepotism policy - The “relatives” or “partners” of a City employee shall not be appointed, promoted, or transferred to a regular full-time or part-time position where a direct or indirect reporting relationship exists, as it may present a conflict of interest. Such relationships must be disclosed at the time of application and throughout employment with the City if selected. All employees of the City are under the supervision of the City Manager.***

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



## City of Stuart Recruitment Survey

Thank you for taking the time to complete the following survey. This information will only be used to assist with our recruitment efforts:

What position are you applying for? \_\_\_\_\_

How did you hear about this vacancy?

- From a Friend
- From a City Employee (name) \_\_\_\_\_
- City Website (who or what led you to the website) \_\_\_\_\_
- Visit to Downtown/City Hall
- Facebook Page
- School / College / University
- Search Engine
- Newspaper Ad or Insert
- Business Associate / Networking
- Internet Ad
- Veterans Agency or Veterans Source
- Other \_\_\_\_\_

Thank you for sharing this information with us.

Human Resources

**REFERENCES** (List any 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: \_\_\_\_\_

\_\_\_\_\_  
Email Address: \_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_

2. Name: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Complete Address: \_\_\_\_\_

\_\_\_\_\_  
Email Address: \_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_

3. Name: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Complete Address: \_\_\_\_\_

\_\_\_\_\_  
Email Address: \_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_

4. Name: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Complete Address: \_\_\_\_\_

\_\_\_\_\_  
Email Address: \_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_

5. Name: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Complete Address: \_\_\_\_\_

\_\_\_\_\_  
Email Address: \_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_

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

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

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.  
(name of person making statement)

(Signature of Notary Public - State of Florida)  
(Print, Type, or Stamp of Notary Public)

Personally Known OR Produced Identification  
Type of Identification Produced



**(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 have read and understand the Applications Instructions in its entirety.
2. 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

3. I agree and understand that my application will be subject to close scrutiny and a comprehensive background check may 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

4. I agree and promise to take a MENTAL/PSYCHIATRIC EXAMINATION/EVALUATION, if hired, 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 MEDICAL PHYSICAL EXAMINATION/EVALUATION if hired 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

6. 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

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 if hired, 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

STATE OF FLORIDA

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

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

(name of person making statement)

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced