

**MELBOURNE BEACH POLICE DEPARTMENT  
507 OCEAN AVENUE  
MELBOURNE BEACH, FLORIDA 32951  
(321) 723-4343**

APPLICANT NAME: \_\_\_\_\_ **SWORN QUESTIONNAIRE**

Please complete this background questionnaire using black ink. Upon completion, please double check that you have answered all questions fully and honestly, and that you have given complete addresses, including zip codes. Write detailed answers on the reverse side of the question sheet starting at the top. If any type of question or requested information does not apply, place "N/A" across the response area.

Return this questionnaire to the Melbourne Beach Police Department at the above listed address within seven (7) days. Also, attach copies of any documents listed below that pertain to you.

The Town of Melbourne Beach is an Equal Opportunity Employer. We consider applicants without regard to race, color, religion, creed, gender, national origin, age, disability, genetic information, marital or veteran status, or any other category protected by federal, state or local law. The Town of Melbourne Beach is a Drug-Free Workplace

Any and all inquiries that appear to be of a personal nature are necessary in order that full background checks can be made. This is essential due to the nature, scope, and confidentiality of the profession.

You must sign the last page of the background questionnaire and all releases, but do so ONLY IN THE PRESENCE OF A NOTARY. If you cannot locate a notary, bring the packet to us, UNSIGNED, and we will arrange for notarization. INCOMPLETE APPLICATIONS OR THOSE THAT HAVE DISCREPANCIES BETWEEN WHAT THE APPLICANT HAS WRITTEN AND WHAT IS DISCOVERED DURING BACKGROUND CHECKS, POLYGRAPHS, ETC., MAY NOT BE CONSIDERED FOR REVIEW, which could adversely affect your opportunity with this agency.

IF APPLICABLE SUBMIT COPIES OF THE FOLLOWING:

1. Birth Certificate
2. Naturalization Papers
3. Education Certificates
  - a. High School Diploma
  - b. High School Equivalency
  - c. College Diploma
  - d. Other School and/or Training Certificates
4. Current valid Florida Driver's License
5. Proof of registration for Selective Services
6. Military Service Discharge or Release Papers (DD-214)
7. Marriage Certificate(s)
8. Divorce Papers
9. Official Documentation of any name change
10. Current valid vehicle insurance card
11. Copy of Social Security Card
12. Recent Photo, passport type in size

If you have any questions, please call the Melbourne Beach Police Department at the above listed number. Thank you.

**QUESTIONNAIRE - BIOGRAPHIC INFORMATION**

Name \_\_\_\_\_

Last

First

Middle

Maiden

Current Street Address (Not Post Office Box): \_\_\_\_\_  
\_\_\_\_\_

How many years at this address? \_\_\_\_\_ Email \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Scars, marks, tattoos: \_\_\_\_\_

Social Security # \_\_\_\_\_ Position applying for: \_\_\_\_\_

Driver license valid? Yes ( ) No ( ) Drivers' License # \_\_\_\_\_

Alias (Nicknames, Maiden Name or other Name Changes): \_\_\_\_\_  
\_\_\_\_\_

**FOR STATISTICAL AND BACKGROUND CHECK PURPOSES ONLY:**

Marital Status (Check One): Single ( ) Married ( ) Engaged ( ) Separated ( ) Divorced ( )

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date/Place of Birth: \_\_\_\_\_

If you are married, please complete the following:

Spouse's name: \_\_\_\_\_

Last

First

Middle

Maiden

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date/Place of Birth: \_\_\_\_\_



## ADDRESSES

Chronologically list ALL residence addresses that you have ever lived, starting with the most recent and working back.  
Include out of Country travel

<p>From (Month/Year): _____ To (Month/Year): _____ Street Address: _____ City: _____ State: _____ Zip: _____ Own ( ) Rent ( ) Landlord's Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____</p>
<p>From (Month/Year): _____ To (Month/Year): _____ Street Address: _____ City: _____ State: _____ Zip: _____ Own ( ) Rent ( ) Landlord's Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____</p>
<p>From (Month/Year): _____ To (Month/Year): _____ Street Address: _____ City: _____ State: _____ Zip: _____ Own ( ) Rent ( ) Landlord's Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____</p>
<p>From (Month/Year): _____ To (Month/Year): _____ Street Address: _____ City: _____ State: _____ Zip: _____ Own ( ) Rent ( ) Landlord's Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____</p>
<p>From (Month/Year): _____ To (Month/Year): _____ Street Address: _____ City: _____ State: _____ Zip: _____ Own ( ) Rent ( ) Landlord's Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____</p>
<p>From (Month/Year): _____ To (Month/Year): _____ Street Address: _____ City: _____ State: _____ Zip: _____ Own ( ) Rent ( ) Landlord's Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____</p>
<p>From (Month/Year): _____ To (Month/Year): _____ Street Address: _____ City: _____ State: _____ Zip: _____ Own ( ) Rent ( ) Landlord's Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____</p>

**ADDRESSES (CONTINUED)**

From (Month/Year): _____ To (Month/Year): _____ Street Address: _____ City: _____ State: _____ Zip: _____ Own ( ) Rent ( ) Landlord's Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____
From (Month/Year): _____ To (Month/Year): _____ Street Address: _____ City: _____ State: _____ Zip: _____ Own ( ) Rent ( ) Landlord's Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____
From (Month/Year): _____ To (Month/Year): _____ Street Address: _____ City: _____ State: _____ Zip: _____ Own ( ) Rent ( ) Landlord's Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____
From (Month/Year): _____ To (Month/Year): _____ Street Address: _____ City: _____ State: _____ Zip: _____ Own ( ) Rent ( ) Landlord's Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____
From (Month/Year): _____ To (Month/Year): _____ Street Address: _____ City: _____ State: _____ Zip: _____ Own ( ) Rent ( ) Landlord's Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____
From (Month/Year): _____ To (Month/Year): _____ Street Address: _____ City: _____ State: _____ Zip: _____ Own ( ) Rent ( ) Landlord's Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____
From (Month/Year): _____ To (Month/Year): _____ Street Address: _____ City: _____ State: _____ Zip: _____ Own ( ) Rent ( ) Landlord's Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____
From (Month/Year): _____ To (Month/Year): _____ Street Address: _____ City: _____ State: _____ Zip: _____ Own ( ) Rent ( ) Landlord's Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____
From (Month/Year): _____ To (Month/Year): _____ Street Address: _____ City: _____ State: _____ Zip: _____ Own ( ) Rent ( ) Landlord's Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____

### QUESTIONNAIRE - GENERAL INFORMATION

If you answer "no" to any of the below three questions, list the question number and details on the reverse side starting at the top of the page.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Are you at least 19 years of age?
<input type="checkbox"/>	<input type="checkbox"/>	2. Are you a citizen of the United States?
<input type="checkbox"/>	<input type="checkbox"/>	3. Are you a high school graduate or its equivalent?

If you answer "yes" to the following questions, list the question number and details on the reverse side starting at the top of the page

<input type="checkbox"/>	<input type="checkbox"/>	4. Have you ever been convicted of any felony or of a misdemeanor involving perjury of false statement, or have received a dishonorable discharge from any of the Armed Forces of the United States?
<input type="checkbox"/>	<input type="checkbox"/>	5. Have you completed a course of basic recruit training as established by Florida Police Standards?
<input type="checkbox"/>	<input type="checkbox"/>	6. Do you consume alcoholic beverages?
<input type="checkbox"/>	<input type="checkbox"/>	7. Have you applied with any other law enforcement agencies? If so, please list which ones.
<input type="checkbox"/>	<input type="checkbox"/>	8. Do you currently smoke cigarettes?

## QUESTIONNAIRE - GENERAL INFORMATION (CONTINUED)

In order to detect illegal drug use, drug tests are conducted on all applicants for positions in the Town of Melbourne Beach Police Department. This information is being requested in order to aid us in detecting such illegal drug use. If you answer "yes" to any of the following questions, list question number and details on the reverse side starting at the top of the page.

Have you ever used, sold, transported, delivered, or possessed any of the following substances, other than as allowed by law?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Hallucinogenic Drugs
<input type="checkbox"/>	<input type="checkbox"/>	2. Amphetamines
<input type="checkbox"/>	<input type="checkbox"/>	3. Cocaine
<input type="checkbox"/>	<input type="checkbox"/>	4. Marijuana
<input type="checkbox"/>	<input type="checkbox"/>	5. Barbiturates
<input type="checkbox"/>	<input type="checkbox"/>	6. Tranquilizers
<input type="checkbox"/>	<input type="checkbox"/>	7. Crack
<input type="checkbox"/>	<input type="checkbox"/>	8. Crank
<input type="checkbox"/>	<input type="checkbox"/>	9. Heroin
<input type="checkbox"/>	<input type="checkbox"/>	10. Any other illegal drug or narcotic
<input type="checkbox"/>	<input type="checkbox"/>	11. Have you ever misused a prescription drug?
<input type="checkbox"/>	<input type="checkbox"/>	12. Have you ever obtained a prescription drug through fraud?
<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever used steroids?

**QUESTIONNAIRE - GENERAL INFORMATION (CONTINUED)**

14. Why do you want to work for the Melbourne Beach Police Department?

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15. Who referred you to the Melbourne Beach Police Department?

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16. For what position are you applying for?

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17. Why did you choose this occupation?

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### QUESTIONNAIRE - EDUCATION HISTORY

If you answer "yes" to any of the below listed questions, list the question number and provide details on the reverse side starting at the top of the page.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Were you ever suspended or expelled from school?
<input type="checkbox"/>	<input type="checkbox"/>	2. Were you ever subject to disciplinary action while in school?
<input type="checkbox"/>	<input type="checkbox"/>	3. Were you ever held back a school year?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you ever receive any awards or honors in school?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you speak, read, write or understand any foreign languages?
<input type="checkbox"/>	<input type="checkbox"/>	6. Have you had any specialized training or courses?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you have any special skills?
<input type="checkbox"/>	<input type="checkbox"/>	8. Can you operate any special equipment?
<input type="checkbox"/>	<input type="checkbox"/>	9. Can you type? How many words per minute? _____
<input type="checkbox"/>	<input type="checkbox"/>	10. Are you currently enrolled in school?

11. List specific educational goals below:

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### QUESTIONNAIRE - PERSONAL REFERENCES

List the names of five (5) people who have known you for at least five (5) years. Do not list people residing at your address, who are related to you, or who are former/current employers. Also, do not list persons who are related to each other. All the people you list will be contacted by the Department to appraise your character, ability, experiences, personality, and other qualities.

Name: _____ Phone #: _____ Sex: _____ Date of Birth or Age: _____ How many years have you known this person? _____ Address: _____ Zip: _____ Occupation: _____ Title: _____ Business Address: _____ Zip: _____ Business Telephone: _____ May we contact at work? Yes ( ) No ( )
Name: _____ Phone #: _____ Sex: _____ Date of Birth or Age: _____ How many years have you known this person? _____ Address: _____ Zip: _____ Occupation: _____ Title: _____ Business Address: _____ Zip: _____ Business Telephone: _____ May we contact at work? Yes ( ) No ( )
Name: _____ Phone #: _____ Sex: _____ Date of Birth or Age: _____ How many years have you known this person? _____ Address: _____ Zip: _____ Occupation: _____ Title: _____ Business Address: _____ Zip: _____ Business Telephone: _____ May we contact at work? Yes ( ) No ( )
Name: _____ Phone #: _____ Sex: _____ Date of Birth or Age: _____ How many years have you known this person? _____ Address: _____ Zip: _____ Occupation: _____ Title: _____ Business Address: _____ Zip: _____ Business Telephone: _____ May we contact at work? Yes ( ) No ( )
Name: _____ Phone #: _____ Sex: _____ Date of Birth or Age: _____ How many years have you known this person? _____ Address: _____ Zip: _____ Occupation: _____ Title: _____ Business Address: _____ Zip: _____ Business Telephone: _____ May we contact at work? Yes ( ) No ( )

## QUESTIONNAIRE - CRIMINAL HISTORY

If you answer yes to any of the below questions, list question number and details on the reverse side starting at the top of the page.

	Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Have you ever been arrested or detained by ANY law enforcement agency?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Have you ever been placed on probation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Have you ever been required to pay a fine?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Have you ever been reported as a missing person?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Have you ever been fingerprinted by a law enforcement agency?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Have you ever been questioned as a suspect for any crime?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Have you ever been advised of your MIRANDA Rights?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Have you ever been the subject of a police investigation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Have you ever had a polygraph examination?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Has any member of your family ever been arrested or convicted of a criminal offense?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Have you or any member of your family ever been the victim of a crime?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Do you know of anyone who is an enemy or who might try to harm you in any way?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you or your spouse ever sued anyone?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Are you currently involved in any civil litigation (lawsuit) of any kind?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had any records sealed or expunged?



### QUESTIONNAIRE - DRIVING HISTORY

The purpose of the following questions are to determine general driving ability, and illegal behavior while driving in the past. If you answer "yes" to any of the below questions, list the question number and details on the reverse side starting at the top of the page, unless specifically instructed otherwise.

	Yes	No	
			1. Have you ever been refused a driver's license by any State?
			2. Has your driver's license ever been revoked or suspended?
			3. Was your driver's license ever restored?
			4. Have you ever received a traffic citation? (List on next page)
			5. Have you ever been involved in a motor vehicle accident?
			6. Have you ever had any accidents while operating an emergency vehicle? (List on next page)
			7. Do you have any traffic citation which you failed to pay? (List on next page)
			8. Do you have any parking tickets you failed to pay? (List on next page)
			9. Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance?
			10. Have you ever been charged with driving a motor vehicle while under the influence of alcoholic beverages, chemical substances, or controlled substances?
			11. Have you ever refused to submit to a breath, blood, or urine test to determine the influence of alcoholic beverages, chemical substances, or controlled substances?

**QUESTIONNAIRE - DRIVING HISTORY (CONTINUED)**

List below all traffic citations and parking tickets that you have ever received.

DATE	LOCATION OCCURRED	VIOLATION TYPE	PENALTY/ DISPOSITION

**ACCIDENTS**

List all accidents in which you have been involved.

DATE	LOCATION OCCURRED	INJURY/DEATH	WHOSE FAULT

### QUESTIONNAIRE - MILITARY HISTORY

If you answer "yes" to any of the following questions, list question number and details on the reverse side starting at the top of the page. In this section, Armed Forces is defined as any military, paramilitary or Coast Guard Organization of any nation, including R.O.T.C., or any Reserve component thereof, or any National Guard component.

	Yes	No	
			1. Have you ever served in a military or naval organization of the United States, including R.O.T.C.?
			2. Have you ever served in the Armed Forces of another country?
			3. Are you now, or have you ever been, a member of the National Guard of any State?
			4. Were you ever tried, punished, reprimanded, or reduced in rank for any infraction, rule or regulation while in the Armed Forces?
			5. Has your separation or discharge ever been changed?
			6. Did you ever receive any medals, awards or decorations?
			7. Are you on active duty at this time?
			8. Have you received information from the Selective Service System indicating that you may be inducted into the Armed Forces in the near future?
			9. Have you ever asked for or received a deferment from military service? If so, why?
			10. Were you ever employed by the government of a foreign nation?
			11. Are you registered with the Selective Service System? If so, date and location registered: _____ Current Selective Service Classification Number: _____
			12. If you served in the service, have you received other than an honorable discharge?
			13. In what branch of the Armed Forces did you serve? _____ Your highest rank? _____ Service Number: _____

14. What was your organizational unit(s)? \_\_\_\_\_  
\_\_\_\_\_
15. How many periods of active service have you had? \_\_\_\_\_

**AFFIDAVIT - NO MILITARY SERVICE**

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

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

**AFFIDAVIT**

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

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

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type, Stamped Name

\_\_\_\_ Personally known OR \_\_\_\_ Produced ID Type of ID \_\_\_\_\_

## QUESTIONNAIRE - EMPLOYMENT HISTORY

If you answer "yes" to any of the below listed questions, list question number and details on the reverse side starting at the top of the page.

	Yes	No	
1.			Do you object to your present employer being contacted?
2.			Were you ever discharged, terminated, fired or forced to resign?
3.			Have you ever been suspended by an employer?
4.			Have you ever had your pay garnished by your employer?
5.			Have you ever been sued by an employer?
6.			Has an employer ever taken disciplinary action against you?
7.			Do you object to wearing a uniform?
8.			Do you object to working nights, weekends or holidays?
9.			Do you object to working shift work?
10.			Have you ever had experience with shift work?
11.			Have you ever received unemployment insurance or other Federal, State or Local Benefits or assistance, not including Workers' Compensation?
12.			Can you perform the essential functions of this job with or without a reasonable accommodation?

**QUESTIONNAIRE - EMPLOYMENT HISTORY (CONTINUED)**

List any and all jobs that you have ever had:

From Date: _____ To Date: _____ Job Title: _____ Part/Full Time: _____ Name of Employer: _____ Phone #: _____ Address: _____ City: _____ State: _____ Zip: _____ Beginning Salary: _____ Ending Salary: _____ Name of Supervisor: _____ Description of Duties: _____ Why did you leave? _____ Name and Address of Co-Worker: _____
From Date: _____ To Date: _____ Job Title: _____ Part/Full Time: _____ Name of Employer: _____ Phone #: _____ Address: _____ City: _____ State: _____ Zip: _____ Beginning Salary: _____ Ending Salary: _____ Name of Supervisor: _____ Description of Duties: _____ Why did you leave? _____ Name and Address of Co-Worker: _____
From Date: _____ To Date: _____ Job Title: _____ Part/Full Time: _____ Name of Employer: _____ Phone #: _____ Address: _____ City: _____ State: _____ Zip: _____ Beginning Salary: _____ Ending Salary: _____ Name of Supervisor: _____ Description of Duties: _____ Why did you leave? _____ Name and Address of Co-Worker: _____
From Date: _____ To Date: _____ Job Title: _____ Part/Full Time: _____ Name of Employer: _____ Phone #: _____ Address: _____ City: _____ State: _____ Zip: _____ Beginning Salary: _____ Ending Salary: _____ Name of Supervisor: _____ Description of Duties: _____ Why did you leave? _____ Name and Address of Co-Worker: _____
From Date: _____ To Date: _____ Job Title: _____ Part/Full Time: _____ Name of Employer: _____ Phone #: _____ Address: _____ City: _____ State: _____ Zip: _____ Beginning Salary: _____ Ending Salary: _____ Name of Supervisor: _____ Description of Duties: _____ Why did you leave? _____ Name and Address of Co-Worker: _____

**QUESTIONNAIRE - EMPLOYMENT HISTORY (CONTINUED)**

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Job Title: \_\_\_\_\_ Part/Full Time: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
Why did you leave? \_\_\_\_\_  
Name and Address of Co-Worker: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Job Title: \_\_\_\_\_ Part/Full Time: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
Why did you leave? \_\_\_\_\_  
Name and Address of Co-Worker: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Job Title: \_\_\_\_\_ Part/Full Time: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
Why did you leave? \_\_\_\_\_  
Name and Address of Co-Worker: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Job Title: \_\_\_\_\_ Part/Full Time: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
Why did you leave? \_\_\_\_\_  
Name and Address of Co-Worker: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Job Title: \_\_\_\_\_ Part/Full Time: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
Why did you leave? \_\_\_\_\_  
Name and Address of Co-Worker: \_\_\_\_\_

## QUESTIONNAIRE - CREDIT HISTORY

If you answer "yes" to any of the below listed questions, list the number and details on the reverse side starting at the top of the page, unless specifically instructed to do otherwise.

	Yes	No	
1.			Have you ever been refused credit?
2.			Have you ever been refused a surety bond?
3.			Do you anticipate any income other than from the Town of Melbourne Beach?
4.			Do you have any investments (stock, bonds, etc)?
5.			Do you own a home?
6.			Do you own an automobile?
7.			Do you have any overdue bills?
8.			Have you ever been a party to any civil action (lawsuit)?
9.			Have you ever had any accounts placed in the hands of a collection agency?
10.			Have you ever filed for bankruptcy?
11.			Do you pay child support? If so, how much? \$_____ Court: _____ Case #: _____ Date of last payment: _____
12.			How much money do you owe at this time?
13.			Do you have a checking account? If so, give bank: _____

**QUESTIONNAIRE - CREDIT HISTORY (CONTINUED)**

List firms from which you have, or have had, charge accounts. List firms from whom you have borrowed money for any purpose.

Name of Firm: _____ Type of Business: _____ Street Address: _____ Date Closed: _____ Amt. Owed: _____ Original Amount Owed: _____ Purpose: _____
Name of Firm: _____ Type of Business: _____ Street Address: _____ Date Closed: _____ Amt. Owed: _____ Original Amount Owed: _____ Purpose: _____
Name of Firm: _____ Type of Business: _____ Street Address: _____ Date Closed: _____ Amt. Owed: _____ Original Amount Owed: _____ Purpose: _____
Name of Firm: _____ Type of Business: _____ Street Address: _____ Date Closed: _____ Amt. Owed: _____ Original Amount Owed: _____ Purpose: _____
Name of Firm: _____ Type of Business: _____ Street Address: _____ Date Closed: _____ Amt. Owed: _____ Original Amount Owed: _____ Purpose: _____
Name of Firm: _____ Type of Business: _____ Street Address: _____ Date Closed: _____ Amt. Owed: _____ Original Amount Owed: _____ Purpose: _____
Name of Firm: _____ Type of Business: _____ Street Address: _____ Date Closed: _____ Amt. Owed: _____ Original Amount Owed: _____ Purpose: _____
Name of Firm: _____ Type of Business: _____ Street Address: _____ Date Closed: _____ Amt. Owed: _____ Original Amount Owed: _____ Purpose: _____
Name of Firm: _____ Type of Business: _____ Street Address: _____ Date Closed: _____ Amt. Owed: _____ Original Amount Owed: _____ Purpose: _____
Name of Firm: _____ Type of Business: _____ Street Address: _____ Date Closed: _____ Amt. Owed: _____ Original Amount Owed: _____ Purpose: _____
Name of Firm: _____ Type of Business: _____ Street Address: _____ Date Closed: _____ Amt. Owed: _____ Original Amount Owed: _____ Purpose: _____
Name of Firm: _____ Type of Business: _____ Street Address: _____ Date Closed: _____ Amt. Owed: _____ Original Amount Owed: _____ Purpose: _____
Name of Firm: _____ Type of Business: _____ Street Address: _____ Date Closed: _____ Amt. Owed: _____ Original Amount Owed: _____ Purpose: _____
Name of Firm: _____ Type of Business: _____ Street Address: _____ Date Closed: _____ Amt. Owed: _____ Original Amount Owed: _____ Purpose: _____

### QUESTIONNAIRE - LOYALTY

If you answer "yes" to any of the below listed questions, list the question number and give details on a separate sheet of paper. The term "subversive organization," as used here, means any group or organization which supports, follows, or sympathizes with the principles to overthrow the United States Government with violence.

	Yes	No	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever, by word of mouth or in writing, advocated, advised, or taught the doctrine that the government of the United States of America, or any other states or political subdivision thereof, should be overthrown by force, violence, or other unlawful means in any way?
2.	<input type="checkbox"/>	<input type="checkbox"/>	Do you hold any belief which would prevent you from vowing allegiance to the flag and Constitution of the United States of America or from taking a life in carrying out your duties when such action is lawful and necessary?
3.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever participated in any parade, picket line, delegation, or demonstration sponsored by any subversive organizations?
4.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been a member of or attended any school, camp, class or forum sponsored by any subversive organizations?
5.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever signed or solicited others to sign any petition sponsored or issued by any subversive organization, or any petition which, as its sole purpose, endorses the aiding and abetting of any person, cause, or program connected with any subversive organization?
6.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any belief or loyalty which would place you in conflict with the law, or the position for which you are applying?

### QUESTIONNAIRE - ORGANIZATIONAL HISTORY

List all clubs, societies, civic and fraternal organization of which you are a member or with which you have been affiliated. You need not answer if your answer would indicate the RACIAL, ETHNIC, RELIGIOUS, OR SEXUAL COMPOSITION OF THE MEMBERSHIP.

Name of Organization \_\_\_\_\_  
Dates of Membership \_\_\_\_\_ to \_\_\_\_\_

Name of Organization \_\_\_\_\_  
Dates of Membership \_\_\_\_\_ to \_\_\_\_\_

Name of Organization \_\_\_\_\_  
Dates of Membership \_\_\_\_\_ to \_\_\_\_\_

Name of Organization \_\_\_\_\_  
Dates of Membership \_\_\_\_\_ to \_\_\_\_\_

Name of Organization \_\_\_\_\_  
Dates of Membership \_\_\_\_\_ to \_\_\_\_\_

Name of Organization \_\_\_\_\_  
Dates of Membership \_\_\_\_\_ to \_\_\_\_\_

Name of Organization \_\_\_\_\_  
Dates of Membership \_\_\_\_\_ to \_\_\_\_\_

Name of Organization \_\_\_\_\_  
Dates of Membership \_\_\_\_\_ to \_\_\_\_\_

Name of Organization \_\_\_\_\_  
Dates of Membership \_\_\_\_\_ to \_\_\_\_\_

Name of Organization \_\_\_\_\_  
Dates of Membership \_\_\_\_\_ to \_\_\_\_\_

Name of Organization \_\_\_\_\_  
Dates of Membership \_\_\_\_\_ to \_\_\_\_\_

Name of Organization \_\_\_\_\_  
Dates of Membership \_\_\_\_\_ to \_\_\_\_\_

Name of Organization \_\_\_\_\_  
Dates of Membership \_\_\_\_\_ to \_\_\_\_\_

Name of Organization \_\_\_\_\_  
Dates of Membership \_\_\_\_\_ to \_\_\_\_\_

**AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I HEREBY AUTHORIZE the Melbourne Beach Police Department and its authorized representatives bearing this release, or a copy thereof, within one (1) year of the date hereon, to obtain any information in your files pertaining to my employment or military service, to include credit history, education, achievement, attendance, athletics, personal history, and any and all disciplinary actions/investigations, and medical information. I hereby direct you to release such information upon request of the bearer or sender of this instrument. This release is executed with the full knowledge and understanding that the information is for the official use of the Melbourne Beach Police Department to evaluate my fitness for employment by that Agency. I hereby release you, as custodian of such records, and any school, college, university and other education institution, employer, hospital, or other repository of medical records, credit bureau, business establishment including its officers, employees, or 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 attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis with the understanding that such is not required by law or regulation. I have been advised that the Melbourne Beach Police Department will utilize this number only to facilitate the location of employment, military, credit, residence and educational records concerning me in connection with this application. Should there be any questions as to the validity of this release, you may contact me as indicated below.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

Print Full Name \_\_\_\_\_ Social Security # \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type, Stamped Name

\_\_\_\_ Personally known OR \_\_\_\_ Produced ID Type of ID \_\_\_\_\_

**POLYGRAPH INFORMATION**

Are you willing to take a polygraph examination to verify information in this application and all other information supplied by you to the Melbourne Beach Police Department? Yes ( ) No ( ) If no, state reason(s)

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**AFFIRMATION**

I HEREBY SWEAR AND AFFIRM that this application contains no misrepresentations or falsifications, omissions, or concealment of material fact, and that information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this application are subject to later investigation. I am further aware that should any investigation disclose any such misrepresentation, falsification, omission or concealment of material fact, my application may be rejected and my name removed from any eligibility list; and if already appointed, I may be dismissed. I also understand that failure to comply with or complete any portion of the testing, examination, or other application process for employment may result in my application being rejected and my name removed from any eligibility list; and if already appointed, I may be dismissed. I further understand that nothing in this application constitutes a promise or commitment, nor has any other promise or commitment been made to me as to a time when hiring will take place, when a decision on hiring will take place, or whether I will even be hired.

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

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

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

\_\_\_\_\_

Signature of Notary Public

\_\_\_\_\_

Print, Type, Stamped Name

\_\_\_\_\_ Personally known OR \_\_\_\_\_ Produced ID Type of ID \_\_\_\_\_

THIS FORM TO BE USED BY THE GOVERNMENTAL AGENCY REQUESTING TRANSCRIPTS OF DRIVING RECORDS. EACH AGENCY SHALL FURNISH ITS OWN FORM AND SUBMIT IN DUPLICATE.

Mail Requests to: DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES BUREAU OF DRIVER LICENSE RECORDS, NEILL KIRKMAN BUILDING TALLAHASSEE, FL 32399-0575

Name exactly as shown on Drivers' License.

Name & Address: \_\_\_\_\_

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

FL Driver License Number: \_\_\_\_\_

I hereby certify that the above information is to be used solely used by Melbourne Beach Police Department for official business of said governmental agency.

\_\_\_\_\_  
Name and Title of Official Requesting Records

Prepared by: \_\_\_\_\_

Signature and Title \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Attention: Background Investigations