



# CITY OF PLANTATION PLANTATION POLICE DEPARTMENT



## APPLICANT BACKGROUND INFORMATION FORM

Position Applied For: \_\_\_\_\_

**INSTRUCTIONS:** Read each question carefully. Answer every question accurately and completely. **DO NOT MISSTATE, OMIT, EXAGGERATE, MINIMIZE OR PROVIDE FALSE OR MISLEADING FACTS.** Any or all of these may disqualify an Applicant from further processing. If a question is not applicable, indicate **N/A**.

All entries must be typed or printed legibly in black ink. Make every effort to provide telephone numbers and complete addresses, including zip code, in all requested areas. If the space provided on this form is not sufficient for complete answers, **provide additional information on a separate page**, preceding each answer with the Section Name and number/letter of the referenced block..

**Have you read, and do you understand, ALL of these instructions?**

**YES**    **NO**

### 1. PERSONAL INFORMATION

Last Name		First Name		Middle Name	Suffix
Alias, Nickname, Maiden, Other Name [Attach official document(s) regarding any name change]					Social Security Number
Date of Birth		Place of Birth [City, County, State, Country]			
U.S. Citizen?		Naturalization #	Date and Place Where Naturalized		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
Height	Weight	Eye Color	Hair Color	Scars, Tattoos, Other Distinguishing Marks	
Current Residence # / Street Name / Apt.			City	State	ZIP Code
Permanent Residence # / Street Name / Apt.			City	State	ZIP Code

### 2. MARITAL STATUS Single   Married   Separated   Divorced   Widowed

Date Married	Status and Date [Separated, Divorced, Widowed]	Spouse's Name	Spouse's DOB

### 3. CONTACT INFORMATION

Residence Phone	Business Phone	Cell Phone	Email Address
Other Contact [Name and Relationship]			Other Contact Phone

**Position Applied For:** \_\_\_\_\_

**4. RELATIVES**

Applicants **must** provide all information concerning their relatives, including those who are no longer alive. Report detailed information for living relatives; or indicate "**deceased**" (where appropriate) and date of death in the Occupation field, and providing City/State of last residence prior to death. Identify all adult children (age 18 and older) who reside with you and/or for whom you have assumed legal responsibility. **In addition** to your immediate family, include step-siblings, half-siblings, step-parents, legal guardians, and/or others who (instead of your parents) raised you. Provide any additional information on a separate page, **if necessary**.

<b>4A. SPOUSE</b>		<b>Addresses and Employer Information</b>
<u>Name</u> (maiden, if appropriate)		<u>Home Address</u>
<u>Occupation</u>		<u>Employer Name</u>
<u>Date of Birth</u>	<u>Telephone Number</u>	<u>Employer Address</u>
<b>4B. EX-SPOUSE</b>		<b>Addresses and Employer Information</b>
<u>Name</u> (maiden, if appropriate)		<u>Home Address</u>
<u>Occupation</u>		<u>Employer Name</u>
<u>Date of Birth</u>	<u>Telephone Number</u>	<u>Employer Address</u>
<b>4C. ADULT CHILD #1</b>		<b>Addresses and Employer Information</b>
<u>Name</u>		<u>Home Address</u>
<u>Occupation</u>		<u>Employer Name</u>
<u>Date of Birth</u>	<u>Telephone Number</u>	<u>Employer Address</u>
<b>4D. ADULT CHILD #2</b>		<b>Addresses and Employer Information</b>
<u>Name</u>		<u>Home Address</u>
<u>Occupation</u>		<u>Employer Name</u>
<u>Date of Birth</u>	<u>Telephone Number</u>	<u>Employer Address</u>
<b>4E. FATHER</b>		<b>Addresses and Employer Information</b>
<u>Name</u>		<u>Home Address</u>
<u>Occupation</u>		<u>Employer Name</u>
<u>Date of Birth</u>	<u>Telephone Number</u>	<u>Employer Address</u>
<b>4F. MOTHER</b>		<b>Addresses and Employer Information</b>
<u>Name</u>		<u>Home Address</u>
<u>Occupation</u>		<u>Employer Name</u>
<u>Date of Birth</u>	<u>Telephone Number</u>	<u>Employer Address</u>

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**4. RELATIVES**

<b>4G. STEPFATHER</b>		<b>Addresses and Employer Information</b>
<u>Name</u>		<u>Home Address</u>
<u>Occupation</u>		<u>Employer Name</u>
<u>Date of Birth</u>	<u>Telephone Number</u>	<u>Employer Address</u>
<b>4H. STEPMOTHER</b>		<b>Addresses and Employer Information</b>
<u>Name</u>		<u>Home Address</u>
<u>Occupation</u>		<u>Employer Name</u>
<u>Date of Birth</u>	<u>Telephone Number</u>	<u>Employer Address</u>
<b>4I. FATHER-IN-LAW</b>		<b>Addresses and Employer Information</b>
<u>Name</u>		<u>Home Address</u>
<u>Occupation</u>		<u>Employer Name</u>
<u>Date of Birth</u>	<u>Telephone Number</u>	<u>Employer Address</u>
<b>4J. MOTHER-IN-LAW</b>		<b>Addresses and Employer Information</b>
<u>Name</u>		<u>Home Address</u>
<u>Occupation</u>		<u>Employer Name</u>
<u>Date of Birth</u>	<u>Telephone Number</u>	<u>Employer Address</u>
<b>4K. BROTHER or SISTER (full, step, or half)</b>		<b>Addresses and Employer Information</b>
<u>Name</u>		<u>Home Address</u>
<u>Occupation</u>		<u>Employer Name</u>
<u>Date of Birth</u>	<u>Telephone Number</u>	<u>Employer Address</u>
<b>4L. BROTHER or SISTER (full, step or half)</b>		<b>Addresses and Employer Information</b>
<u>Name</u>		<u>Home Address</u>
<u>Occupation</u>		<u>Employer Name</u>
<u>Date of Birth</u>	<u>Telephone Number</u>	<u>Employer Address</u>
<b>4M. BROTHER or SISTER (full, step or half)</b>		<b>Addresses and Employer Information</b>
<u>Name</u>		<u>Home Address</u>
<u>Occupation</u>		<u>Employer Name</u>
<u>Date of Birth</u>	<u>Telephone Number</u>	<u>Employer Address</u>

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**4. RELATIVES**

<b>4N. BROTHER or SISTER</b> (full, step or half)		<b>Addresses and Employer Information</b>
Name		Home Address
Occupation		Employer Name
Date of Birth	Telephone Number	Employer Address
<b>4O. BROTHER or SISTER</b> (full, step or half)		<b>Addresses and Employer Information</b>
Name		Home Address
Occupation		Employer Name
Date of Birth	Telephone Number	Employer Address
<b>4P. BROTHER or SISTER</b> (full, step or half)		<b>Addresses and Employer Information</b>
Name		Home Address
Occupation		Employer Name
Date of Birth	Telephone Number	Employer Address
<b>4Q. OTHER RELATIVE</b>		<b>Addresses and Employer Information</b>
Name		Home Address
Occupation		Employer Name
Date of Birth	Telephone Number	Employer Address
<b>4R. OTHER RELATIVE</b>		<b>Addresses and Employer Information</b>
Name		Home Address
Occupation		Employer Name
Date of Birth	Telephone Number	Employer Address
<b>4S. OTHER RELATIVE</b>		<b>Addresses and Employer Information</b>
Name		Home Address
Occupation		Employer Name
Date of Birth	Telephone Number	Employer Address
<b>4T. OTHER RELATIVE</b>		<b>Addresses and Employer Information</b>
Name		Home Address
Occupation		Employer Name
Date of Birth	Telephone Number	Employer Address

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**5. RESIDENCES** List all residences for the past TEN years; begin with your **Current** address.

Month / Year (From)	Month / Year (To)	Street Address	City, State, ZIP
	<b>Current</b>		

**6. EDUCATION** Do you have a high school diploma or G.E.D.?  YES  NO

**6(A). HIGH SCHOOL / G.E.D.**

Identify the High School from where diploma or G.E.D. was received.

High School Name	City / State	Month / Year (From)	Month / Year (To)	Graduate?	G.E.D. Cert. #
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

**6(B). COLLEGES / UNIVERSITIES**

List ALL colleges and/or universities attended; Provide phone numbers.

College / University Name	City / State / PHONE NUMBER	Month / Year (From)	Month / Year (To)	Graduate?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

**6(C). MAJORS / DEGREES**

List major fields of study and degree(s) received. If no degree conferred, specify hours earned.

College / University Major(s)	Degree Received / Hours Earned

**6(D). OTHER SCHOOLS / TRAINING**

List any other schools (vocational or business) attended, and any other training received.

School Name	City / State / PHONE NUMBER	Month / Year (From)	Month / Year (To)	Graduate?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

List courses taken and/or describe training received.

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**6. EDUCATION**

**6(E). FOREIGN LANGUAGE PROFICIENCY**

List proficiency in foreign languages by placing an X in the appropriate column.

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

**6(F).** Have you ever been expelled, suspended, academically suspended, disciplined, or placed on scholastic probation while attending **ANY** school?  **YES**  **NO**

If **YES**, provide name of school(s) and official(s) issuing discipline; describe offense(s) and form(s) of discipline and approximate date for **EACH** incident. List any accomplice(s), their phone numbers, and any additional pertinent information about school disciplinary actions.

**7. EMPLOYMENT**

List all places of employment since the age of 18, starting with the **most recent job first**. Include all periods of military service, full-time schooling, and all periods of unemployment longer than 3 months. List all temporary and seasonal employment. [If necessary, provide additional employment information on separate page(s).]

**7(A). CURRENT OR MOST RECENT EMPLOYMENT**

Name of Employer			Address: Street, City, ZIP Code			
Month / Year (From)	Month / Year (To)	Beginning Salary	Ending Salary	Reason for Leaving		
Name / Title of Supervisor				Supervisor's Phone Number		
Job Title and Responsibilities						

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**7. EMPLOYMENT**

**7(B). EMPLOYMENT INFORMATION**

Name of Employer		Address: Street, City, ZIP Code		
Month / Year (From)	Month / Year (To)	Beginning Salary	Ending Salary	Reason for Leaving
Name / Title of Supervisor				Supervisor's Phone Number
Job Title and Responsibilities				

**7(C). EMPLOYMENT INFORMATION**

Name of Employer		Address: Street, City, ZIP Code		
Month / Year (From)	Month / Year (To)	Beginning Salary	Ending Salary	Reason for Leaving
Name / Title of Supervisor				Supervisor's Phone Number
Job Title and Responsibilities				

**7(D). EMPLOYMENT INFORMATION**

Name of Employer		Address: Street, City, ZIP Code		
Month / Year (From)	Month / Year (To)	Beginning Salary	Ending Salary	Reason for Leaving
Name / Title of Supervisor				Supervisor's Phone Number
Job Title and Responsibilities				

Position Applied For: \_\_\_\_\_

**7. EMPLOYMENT**

**7(E). EMPLOYMENT INFORMATION**

<b>Name of Employer</b>		<b>Address: Street, City, ZIP Code</b>		
<b>Month / Year (From)</b>	<b>Month / Year (To)</b>	<b>Beginning Salary</b>	<b>Ending Salary</b>	<b>Reason for Leaving</b>
<b>Name / Title of Supervisor</b>				<b>Supervisor's Phone Number</b>
<b>Job Title and Responsibilities</b>				

**7(F). EMPLOYMENT INFORMATION**

<b>Name of Employer</b>		<b>Address: Street, City, ZIP Code</b>		
<b>Month / Year (From)</b>	<b>Month / Year (To)</b>	<b>Beginning Salary</b>	<b>Ending Salary</b>	<b>Reason for Leaving</b>
<b>Name / Title of Supervisor</b>				<b>Supervisor's Phone Number</b>
<b>Job Title and Responsibilities</b>				

**7(G). EMPLOYMENT INFORMATION**

<b>Name of Employer</b>		<b>Address: Street, City, ZIP Code</b>		
<b>Month / Year (From)</b>	<b>Month / Year (To)</b>	<b>Beginning Salary</b>	<b>Ending Salary</b>	<b>Reason for Leaving</b>
<b>Name / Title of Supervisor</b>				<b>Supervisor's Phone Number</b>
<b>Job Title and Responsibilities</b>				



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**7. EMPLOYMENT**

**7(H). EMPLOYMENT INFORMATION**

Name of Employer		Address: Street, City, ZIP Code		
Month / Year (From)	Month / Year (To)	Beginning Salary	Ending Salary	Reason for Leaving
Name / Title of Supervisor				Supervisor's Phone Number
Job Title and Responsibilities				

**7(I).** Were you ever discharged, terminated, fired, or forced to resign from a job?  YES  NO

**7(J).** Did you ever leave a place of employment under mutual agreement in lieu of termination?  YES  NO

If your answer is **YES** to either of these questions, list company name and address, supervisor's name and phone number, approximate date of dismissal action, and an **explanation** for each termination.

**7(K).** Were you ever asked to take a polygraph exam or CVSA (Computer Voice Stress Analysis) during, or prior to, any previous employment?  YES  NO

If **YES**, provide details below.

**7(L).** Are you now, or have you ever been, an owner, part owner, silent partner or corporate member of any business(es)?  YES  NO

If **YES**, provide name of business, type of business, involvement or role you had, and time period when you were associated with the business.

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**8. MILITARY SERVICE**

8(A). Have you ever served in a branch of the military?  YES  NO

8(B). Nation served (identify country)  U.S.  OTHER \_\_\_\_\_

If YES, complete below to describe military service.

Military Branch	Service Number	Rank at Separation	Entry Date Month / Year	Separation Date Month / Year

8(C). List all military commendations, certifications, and/or citations awarded.

Commendation, Certification, Citation	Date Awarded	Commendation, Certification, Citation	Date Awarded

8(D). Have you ever received less than an **HONORABLE** military discharge?  YES  NO

If LESS than honorable conditions (or Uncharacterized), provide explanation below.

8(E). Have you ever been court-martialed, tried on criminal or civil charges while in the military, or ever been the subject of a summary court, deck court, captains mast, company punishment, or **ANY OTHER DISCIPLINARY PROCEEDING** while a member of the armed forces?  YES  NO

8(F). While in the armed forces, were you involved in any incidents that went unreported or were not investigated?  YES  NO

If YES to either of the above two questions, explain below and include punishment received.

8(G). Have you ever attempted to enlist in the armed forces and were refused?  YES  NO

If YES, provide explanation below.

Position Applied For: \_\_\_\_\_

**9. DRIVING RECORD**

9(A). Are you able to operate a motor vehicle? If **NO**, explain below.  YES  NO

9(B). Do you have a current, valid driver's license?  YES  NO

9(C). List **ANY** driver's license(s) issued to you -- include commercial, military, or learner's permit.

Issuing Authority	License Number	Restrictions / Endorsements *	Date Issued	Date Surrendered

\* Provide explanation for any restrictions or endorsements listed above.

9(D). Has **ANY** license(s) issued to you **EVER** been suspended or revoked?  YES  NO  
If **YES**, explain -- list reason(s), date(s), length of suspension.

9(E). Have you **EVER** been refused a driver's license? If **YES**, explain below.  YES  NO

9(F). Has your driver's license **EVER** been restricted due to traffic convictions?  YES  NO  
If **YES**, explain below.

9(G). As a vehicle's driver, have you **EVER** been involved in a motor vehicle accident, whether reported or unreported?  YES  NO

If **YES**, provide complete details for **EACH** accident.

Accident #1 Date	Accident Location: City/County, State	Police Investigation?	Investigating Police Agency	Report Number
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Type	Cause of Accident	Person Charged	Court Disposition	
<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury <input type="checkbox"/> Fatality				

Position Applied For: \_\_\_\_\_

**9. DRIVING RECORD**

9(G) (continued) If YES, details for EACH accident.

Accident #2 Date	Accident Location: City/County, State	Police Investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Investigating Police Agency	Report Number
Type	Cause of Accident	Person Charged	Court Disposition	
<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury <input type="checkbox"/> Fatality				
Accident #3 Date	Accident Location: City/County, State	Police Investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Investigating Police Agency	Report Number
Type	Cause of Accident	Person Charged	Court Disposition	
<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury <input type="checkbox"/> Fatality				
Accident #4 Date	Accident Location: City/County, State	Police Investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Investigating Police Agency	Report Number
Type	Cause of Accident	Person Charged	Court Disposition	
<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury <input type="checkbox"/> Fatality				
Accident #5 Date	Accident Location: City/County, State	Police Investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Investigating Police Agency	Report Number
Type	Cause of Accident	Person Charged	Court Disposition	
<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury <input type="checkbox"/> Fatality				

9(H). List ALL traffic citation(s) that you have EVER received, including moving and non-moving citations, regardless of court disposition or whether the citations appear on your driving history. Also list your parking citations; if you have numerous parking citations, list only the total number received.

City / State	Issuing Authority	Date	Violation Cited	Disposition

Position Applied For: \_\_\_\_\_

**10. VEHICLE INFORMATION**

10(A). List ALL vehicles that you currently own, operate, or lease.

Year	Make	Model	Color	Tag / State	Own?
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

10(B). Do you presently have automobile liability insurance?  YES  NO

10(C). Have you ever had your automobile insurance **REVOKED**; or have you ever been **DENIED** auto insurance?  YES  NO  
If YES, explain below.

**11. ARREST(S), DETENTION, LITIGATION**

11(A). Have you ever been questioned, detained, issued a Notice To Appear or been arrested by ANY law enforcement agency?  YES  NO

11(B). List ALL arrests below, including juvenile or traffic. Per Florida State law, it is **MANDATORY** that you include arrests that were **sealed**, **expunged**, or any in which you plead Nolo Contendre.

Investigating Agency	City/County, State	Date	Report #	Reason Questioned/Detained or Crime Charged

11(C). Provide disposition of ANY of the arrest(s) or detention(s) listed above. Include details such as incarceration, probation, pretrial intervention or community service.

11(D). Have you ever been placed on probation or parole?  YES  NO  
If YES, explain below.

11(E). Have you ever been required to pay a fine for ANYTHING?  YES  NO  
If YES, explain below.

Position Applied For: \_\_\_\_\_

**11. ARREST(S), DETENTION, LITIGATION**

**11(F).** Has any family member or close relative (including in-laws) **EVER** been arrested and/or been convicted of a criminal offense?

YES  NO

If **YES**, list below.

Name	Relationship	Offense	Arresting Agency	Date

**11(G).** Have you or any member of your family **EVER** been a victim of a crime?

YES  NO

If **YES**, explain below.

**11(H).** Have you **EVER** sued anyone, been sued by anyone, or are you currently suing anyone now?

YES  NO

If **YES**, explain below.

**11(I).** Have you **EVER** been a party in a civil action?

YES  NO

If **YES**, provide details below.

Date	Action / Proceeding Type	Plaintiff, Defendant, Petitioner, Respondent or Witness?	Court Disposition

**12. THEFT**

**12(A).** Have you **EVER** stolen anything?

YES  NO

**12(B).** If **YES**, what is the most valuable thing you have ever stolen? \_\_\_\_\_

Explain circumstances below.

**12(C).** What is the most recent item that you have stolen? \_\_\_\_\_

Explain circumstances below.

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**13. ILLEGAL DRUGS**

**13(A).** Have you **EVER illegally** used, experimented with, tried, or felt the effects of **marijuana**, other than on occasions when it was medically prescribed?  YES  NO

If **YES**, list the last time that you used marijuana illegally; describe circumstances of its use.

**13(B).** Have you **EVER illegally** used, experimented with, tried, or felt the effects of **ANY OTHER** illegal, non-medically prescribed drug, including (but not limited to): steroids, cocaine, heroin, any hallucinogen, mushrooms, LSD, hashish, opiates, inhalants, amphetamines, methamphetamine (crystal meth)?  YES  NO

If **YES**, list the drug, the last time used, and circumstances of drug usage.

**13(C).** Have you **EVER** sold or supplied drugs to anyone?  YES  NO

If **YES**, provide details below.

**14. OTHER QUESTIONS**

**14(A).** Have you **EVER** used the services of, paid for the services of, or been paid as, a **prostitute**?  YES  NO

If **YES**, provide details below.

**14(B).** Are you now, or have you ever been, a member of any communist, fascist, foreign or domestic organization, association, movement, group or combination of persons which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional or unlawful means?  YES  NO

If **YES**, explain fully below.





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**15. APPLICATIONS TO OTHER AGENCIES**

**15(B).** Were you ever **REJECTED** by any of the law enforcement or corrections agencies you listed in 15(A), above, **for any reason?**  YES  NO

If YES, list reason(s) below.

Date Rejected	Agency Name	Position Applied For	Reason for Rejection

**16. LAW ENFORCEMENT EXPERIENCE**

If no prior law enforcement experience, check N/A; Go to Question 16F.  N/A

**16(A).** Have you ever been the subject of an internal investigation?  YES  NO  
If YES, explain below. Provide disposition.

**16(B).** Have you ever been the subject of a Use of Force complaint, including discharging a firearm (accidentally or otherwise) not investigated by Internal Affairs?  YES  NO

If YES, describe incident below. Provide disposition.

**16(C).** Have any citizen complaints ever been filed against you?  YES  NO  
If YES, describe below. Provide disposition.

**16(D).** Have you ever been involved in any on-duty car crashes?  YES  NO  
If YES, explain below. Provide disposition.

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**16. LAW ENFORCEMENT EXPERIENCE**

**16(E).** Have you ever been suspended, counseled or reprimanded?

YES  NO

If YES, provide details of incidents and type of discipline.

**16(F).** Have you ever cohabited or associated with any known felons?

YES  NO

If YES, explain below.

**16(G).** Have you ever been a member of, or associated with, any gang?

YES  NO

If YES, explain below.

**16(H).** Have you ever been investigated for, involved with, or accused of any type of **DOMESTIC VIOLENCE** crime or incident?

YES  NO

If YES, explain circumstances in detail.

**17. ELIGIBILITY AND FITNESS**

**17(A).** Are you related to, or acquainted or affiliated with, any member of the Plantation Police Department?

YES  NO

If YES, identify person and your relationship.

**17(B).** Do you have any knowledge or information, in addition to that specifically asked in the preceding questions, which is or which may be relevant (directly or indirectly) in connection with an investigation of your eligibility or fitness for appointment to the Plantation Police Department? Your answer should **include, but not be limited to**, knowledge or information concerning your character, employment, education, residence, illegal use of drugs, subversive activities, family, associations, criminal record, or traffic violations.

YES  NO

If YES, explain fully below.

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**18. APPLICANT'S CERTIFICATIONS**

I hereby certify that all statements made in the Applicant Background Information Report are true and complete.

I understand that misrepresentation or omission of information by me in this Report shall serve as a basis for termination of my employment with the City of Plantation.

Permission is granted to the City of Plantation to investigate and verify any information provided by me on this Report and successive documents completed by me for purposes of employment consideration.

In return for consideration of my application, I release any person who provides information pertaining to me from all claims or liabilities that might otherwise result from such information or opinions.

I understand that, if I am employed by the City of Plantation, a future potential employer may contact the City concerning my work record and performance at the City.

I hereby consent to and authorize persons employed by the City to divulge any and all information they consider to be relevant to any person representing themselves to be an employer of mine, or a potential employer of mine, with respect to my work record and performance of my job at the City of Plantation.

\_\_\_\_\_  
(Applicant's **Signature**)

\_\_\_\_\_  
(Application Date)

The foregoing instrument was acknowledged and sworn to before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally  
(month) (year) (Name of Affiant)

known to me, or who has produced \_\_\_\_\_ as identification,  
(Type of Identification)

and who did take an oath.

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

\_\_\_\_\_  
(Name of Notary and Stamp/Seal)