

Position Applied for: _____

Name: _____ Date: _____ Certified: Yes No

**NEW PORT RICHEY POLICE DEPARTMENT
APPLICATION FOR EMPLOYMENT**

**NEW PORT RICHEY POLICE DEPARTMENT
6739 Adams Street
New Port Richey, Florida 34652
Telephone (727) 841 4553**

NOTICE:

Please read and follow these instructions exactly. Your ability to complete this document as requested will be evaluated and used as one basis for employment decisions. This document, when completed will be used by the New Port Richey Police Department as an investigative aid.

INSTRUCTION:

- 1. Hand print clearly in black ink in your own handwriting.**
2. Answer every question. If a question does not apply to you, so state with N/A
3. If the space available is insufficient, use a separate sheet of 8 ½” x 11” paper.
4. Do not misstate or omit any material fact since the statements made herein are subject to verification to determine your qualifications for employment.
5. Answer all the questions accurately and completely. Do not make any exaggerated, false, or misleading statements as they may cause your rejection or dismissal.
6. Each and every question has a purpose. Do not fail to answer each question completely even if you feel it is “not important”

“ I have read and understand all of the above instructions.”

Signature of Applicant

Date

All candidates must produce the below listed documents prior to this application being processed.

NPRPD USE ONLY

	1. Birth Certificate
	2. High School diploma or GED Equivalency
	3. College Diploma or transcripts (if attended)
	4. Other Schools and/or Courses
	5. Armed Force Discharge and DD214
	6. Selective Service “ notice of Classification”
	7. Naturalization Papers
	8. Valid drivers License
	9. Florida Police Standards Minimum Standards Certificates
	10. Social Security Card

NPRPD USE ONLY

Reviewed By: _____

Physical Date / Time: _____

Psychological Evaluation Date / Time _____

I. Personal

1. Full Name : _____
(last) (first) (middle)
2. Alias(es), nickname, maiden name: _____
3. Have you ever had your name changed legally ____ Yes ____ No
4. If you responded positively to question 3. Indicate as follows:
 - A. Previous Name _____
 - B. Date and Location of Change _____
 - C. Reason for change (include official document(s) concerning any change in name

5. Date of Birth: Month _____ Day _____ Yr _____
6. Place of Birth: City _____ State _____ Country _____
7. Weight: ____ lbs. Height: ____ ft. ____ in. Hair Color ____ Color eyes ____
8. Scars, tattoos and /or Distinguishing marks _____
9. Are you a citizen of the United States? ____ Yes ____ No
10. ____ Natural Born ____ Naturalized
11. If a naturalized citizen, check below if you are a citizen by virtue of Naturalization Certificate issued to: ____ Self ____ Parent ____ Spouse
12. Present Home Address

City _____ Street

State _____ Zip Code _____
13. How long have you lived at your present address? _____
14. With Whom do you reside: _____
15. Telephone: (Home) _____ (Work) _____ (Other) _____

16: Chronologically list all previous places of residence since leaving elementary school

From: _____ To: _____

Street Address: _____

City: _____ Country: _____ State: _____ Zip Code _____

Landlord's Name: _____

Landlords Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

From: _____ To: _____

Street Address: _____

City: _____ Country: _____ State: _____ Zip Code _____

Landlord's Name: _____

Landlords Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

From: _____ To: _____

Street Address: _____

City: _____ Country: _____ State: _____ Zip Code _____

Landlord's Name: _____

Landlords Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

17. Are there any activities or conditions you have been advised to avoid? ____ Yes ____ No
If yes, explain: _____
18. Do you drink alcoholic beverages? ____ Yes ____ NO . If yes, what is your estimated monthly rate of consumption? _____
19. Have you ever used marijuana? ____ Yes ____ No. If yes how many times and when was the last time you used marijuana (explain the circumstances): _____

20. Have you ever used any other illegal drugs, hashish, opiates, barbiturates, amphetamines, Hallucinogenics, etc? ____ Yes ____ No. if yes, give details: _____

21. Have you ever sold or delivered any amount of illegal drugs (i.e. marijuana, cocaine, hashish, heroin, ecstasy) ? ____ Yes ____ No.
22. Have you ever received any medical treatment for a drug habit? ____ Yes ____ No.

List all clubs, societies, civic or fraternal organizations to which you now or ever have been a member.

Name of Organization	Active	Office or Position Held	Membership	
	Y / N		From	To

You need not respond to this question if your response would indicate racial, religious, or composition of the membership.

23. If it becomes necessary in the course of your police duties to lawfully take a human life, would you be reluctant to do so because of religious of other beliefs? ____ Yes ____ No.
(if yes explain on separate sheet)

II. Marriage (Present Marital Status)

(Information in this section applies only to those applicants married at present.)

1. Spouse's Full Name _____ Birth date _____
(Last) (First) (Middle)

2. Maiden Name _____
(Last) (First) (Middle)

3. Date of Marriage _____
(Month) (Day) (Year)

4. Location of Marriage _____
(City) (Country) (State)

5. Are you presently living with your spouse? ____ Yes ____ No.

III. Family

List in order given, showing relationship, parents, guardians, stepparents, parent-in-law, brother and sisters, children. (list all even though deceased.)

Relationship	Name	Present Address	Phone	Birth Date	Occupation
Father	-----	-----	-----	-----	-----
Mother	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----

IV. Education

1. List all elementary, junior high, and high schools attended: (include copies of high schools or GED diploma).

Name	Location	Dates Attended		Years Completed	Graduated	
		From	To		Yes	No

2. **Higher Education:** List all information below for all colleges or universities attended, include official transcript from last institution of higher education attended.

Name and Location College or University	Dates Attended		Credit Hours		Degree Received	Year Received
	From	To	Semester	Quarter		

3. **Other schools or training (trade, vocational, business or military). Give for each, the name and location of schools, dates attended, subjects, certificate, and any other pertinent data.**

Dates		Name of school and location	Courses/Studies	Certificate	
From	To			Yes	No

4. Were you ever expelled or suspended from ANY SCHOOL or were you ever disciplined by any school official. _____ Yes _____ No. If yes, give particulars below:

V. Foreign Language:

1. **Enter foreign language and indicate your knowledge of each by placing an “X” in the proper column.**

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair

VI. Special qualifications and Skills:

- 1. Indicate type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and the date the current license expires. (Except vehicle operator's license):**

- 2. Indicate special skills that you possess and machines and equipment you can use.**

- 3. Approximate words per minute: Typing _____ Shorthand _____**

- 4. Indicate special qualifications not covered in the application. For example, your most important publications, (do not submit unless requested), your patents or inventions, public speaking and public experience, membership in professional or scientific societies, etc., and honors and fellowships received:**

VII. Military Information:

- 1. Have you ever served in a military organization of the United States? ___ Yes ___ No.**

- 2. If yes, give period of active military service and other data requested:**

From: _____ To: _____ Branch of Service: _____

Serial Number: _____ Rank: _____

Type of Discharge Received: _____

Reason for Discharge: _____

From: _____ To: _____ Branch of Service: _____

Serial Number: _____ Rank: _____

Type of Discharge Received: _____

Reason for Discharge: _____

From: _____ To: _____ Branch of Service: _____

Serial Number: _____ Rank: _____

Type of Discharge Received: _____

Reason for Discharge: _____

3. Were you ever tried, punished, reprimanded, or reduced in rank for any infraction of military rules and regulations? _____ Yes _____ No. If yes, indicate on a separate sheet of paper the (1) dates, (2) charges against you, (3) type of court martial or other disciplinary proceedings, and (4) the disposition of charges.

4. Has your discharge or separation ever been corrected or changed? _____ Yes _____ No. If yes, indicate details below:

Changed from: _____ to: _____

Authority: _____

VII. Reserve and/or National Guard Record:

1. Are you now or were you ever an active member of any branch of the United States Reserves or States National Guard? _____ Yes _____ No. If yes, indicate whether it was United States Reserve Force or State National Guard along with other data requested.

Branch of Service: _____ From: _____ To: _____

Unit: _____ Present or Last Rank: _____

Type of Discharge: _____

Mailing Address of Unit: _____

Branch of Service: _____ From: _____ To: _____

Unit: _____ Present or Last Rank: _____

Type of Discharge: _____

Mailing Address of Unit: _____

Branch of Service: _____ From: _____ To: _____

Unit: _____ Present or Last Rank: _____

Type of Discharge: _____

Mailing Address of Unit: _____

2. While Serving with the Reserves or National Guard, were you ever tried, punished, reprimanded, or reduced in rank for any infraction of military rules and regulations? ____Yes ____No. If yes, indicate on a separate sheet the (1) date(s); (2) charges against you; (3) type of court martial or other disciplinary proceedings, and (4) disposition of the charge(s).

3. Has your discharge or separation ever been corrected or changed? ____Yes ____No. If yes, indicate details below:

Changed from _____ to: _____

Authority: _____

IX. Foreign Military Service:

1. Have you ever served in a military organization in any foreign government?
____Yes ____No. If yes: name of Country; _____ Date of entry _____

Date of separation: _____ Rank: _____

Type of Discharge: _____

X. Selective Service:

1. What is your present Selective service Classification? _____
Selective Service board Number: _____
Selective Service Address: _____
Selective Service Number: _____
2. Please indicate all draft classifications you have ever had in addition to your present
Status: _____
3. Have you ever asked for or received a deferment from military service? ____ Yes ____ No
4. Have you received information from your selective service board that would indicate that you will be inducted into the service in the near future? ____ Yes ____ No. If yes, give details on a separate sheet.

XI. Employment:

1. What is your occupation or calling? _____
2. Are you now or have you ever been engaged in any business as an owner, partner, or corporate member? If yes, give details: _____

3. What is your social security number: _____
4. Where you ever discharged, terminated, fired or forced to resign because of misconduct or unsatisfactory service (except military)? ____ Yes ____ No. If yes, explain, giving name, and address of employer, approximate date and reason in each case: _____

5. Have your employers always treated you fairly? ___Yes ___No. If not, explain

6. Do you object to wearing a uniform? ___Yes ___No.

7. Do you object to working nights? ___Yes ___No.

8. Have you had experience with shift work? ___Yes ___No.

9. Have you ever received unemployment insurance or other Federal, State or Local benefits or assistance? ___Yes ___No.

TYPE OF ASSISTANCE	LOCAL OFFICE	ADDRESS	FOR HOW LONG?

10. List all jobs you have held in the last ten years. Place your present or most recent job first. If you need more space, you may include additional sheets. Include military service in proper time sequence and also all periods of unemployment. List all part-time, temporary, seasonal, and voluntary jobs. If you were self-employed, provide copies of tax returns.

FROM DATE	NAME OF EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO.	DESCRIPTION OF DUTIES	
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR	
SALARY END	WHY DID YOU LEAVE?		NAME OF COWORKER	

FROM DATE	NAME OF EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO.	DESCRIPTION OF DUTIES	
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR	
SALARY END	WHY DID YOU LEAVE?		NAME OF COWORKER	

FROM DATE	NAME OF EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO.	DESCRIPTION OF DUTIES	
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR	
SALARY END	WHY DID YOU LEAVE?		NAME OF COWORKER	

FROM DATE	NAME OF EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO.	DESCRIPTION OF DUTIES	
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR	
SALARY END	WHY DID YOU LEAVE?		NAME OF COWORKER	

FROM DATE	NAME OF EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO.	DESCRIPTION OF DUTIES	
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR	
SALARY END	WHY DID YOU LEAVE?		NAME OF COWORKER	

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SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR	
SALARY END	WHY DID YOU LEAVE?		NAME OF COWORKER	

FROM DATE	NAME OF EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO.	DESCRIPTION OF DUTIES	
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR	
SALARY END	WHY DID YOU LEAVE?		NAME OF COWORKER	

11. If any of the employers listed are relatives, indicate which ones (including relatives through marriage) on a separate sheet.
12. Do you object to your present employer being contacted? ___Yes ___No.
13. Have you ever applied for a position with any law enforcement agency? ___Yes ___No. If yes, indicate on a separate sheet; (1) the police department to which you made application; (2) the date on which you applied; (3) whether you were rejected or accepted; (4) if rejected, the reason for rejection; (5) If accepted, why you refused employment.
14. Has any license or permit (excluding divers license or learners permit) issued by any city, county, state or federal agency ever been denied to you or any corporation or partnership of which you were an officer, director or partner? ___Yes ___No. If yes, provide details on a separate sheet.
15. Has any such license or permit been revoked, canceled or suspended? ___Yes ___No.

16. Are you now on any eligibility list? ____ Yes ____ No. If yes, indicate where and for what position.

17. If you were ever placed on an eligibility list and were not hired, state why:

18. Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which may be required of you in a law enforcement capacity or which might require further explanation? ____ Yes ____ No. If yes, give details:

XII. Financial History:

1. List firms with which you have had charge accounts. List firms from which you have borrowed money for any purpose. (To establish your credit worthiness, a credit check may be made).

Name of Firm: _____ Type of Business: _____

Street Address: _____ Date closed: _____ Amount Owed: _____

Original Amount Owed: _____ Purpose: _____

Name of Firm: _____ Type of Business: _____

Street Address: _____ Date closed: _____ Amount Owed: _____

Original Amount Owed: _____ Purpose: _____

Name of Firm: _____ Type of Business: _____

Street Address: _____ Date closed: _____ Amount Owed _____

Original Amount Owed: _____ Purpose: _____

Name of Firm: _____ Type of Business: _____

Street Address: _____ Date closed: _____ Amount Owed _____

Original Amount Owed: _____ Purpose: _____

Name of Firm: _____ Type of Business: _____

Street Address: _____ Date closed: _____ Amount Owed _____

Original Amount Owed: _____ Purpose: _____

2. List spouse's occupation and place of employment: _____

3. What is your total indebtedness at the present time? _____

4. Have your creditors treated you fairly? ___ Yes ___ No. If not, explain: _____

5. Have you ever had accounts placed in the hands of a collection agency? ___ Yes ___ No
If yes give details:

6. Have you ever had wages attached? ___ Yes ___ No.

7. Have you ever been party to small claims or other court action? ___ Yes ___ No.

8. Do you have any immediate civil action pending against you? ___ Yes ___ No.

9. Have you ever had a judgement rendered against you? ___ Yes ___ No.
10. Are you responsible for child support payments? ___ Yes ___ No. If yes, indicate how much: _____
11. Are you responsible for paying alimony? ___ Yes ___ No. If so, indicate how much: _____
12. If you are responsible for making child payments or paying alimony, has legal action ever been taken against you for either failing to make payment or delaying payments?
___ Yes ___ No.
13. List all motor vehicles and/or boats owed by you or your spouse or that you operate.

MAKE	YEAR	REGISTRATION NUMBER	COST	DATE OF PURCHASE

14. List any business you or your spouse have a financial interest in.

BUSINESS	AMOUNT OF INTEREST	YEARLY INCOME	NAME AND ADDRESS

XIV. Criminal and Juvenile Record:

(Arrest, Detention and litigation – Show all arrests including juvenile and traffic arrests).

1. Have you ever been arrested or detained in ANY law enforcement agency? Provide police and court records; if available (include any arrest in which the records were expunged).

Crime charged: _____ Police agency: _____

Date: _____ Disposition of Case: _____

2. Have you ever been placed on probation? ____ Yes ____ No. If yes, give details: _____

3. Have you ever been required to pay a fine? ____ Yes ____ No. If yes, give details: _____

4. Have you ever been reported as a missing person or runaway? ____ Yes ____ No. If the answer is yes, give complete details, including police jurisdiction, dates and outcome:

5. If you have ever been fingerprinted by a law enforcement agency for any reason, give details below. Your answer will be checked with the FBI and other agencies.

Agency: _____ Date: _____ Purpose: _____

Agency: _____ Date: _____ Purpose: _____

Agency: _____ Date: _____ Purpose: _____

Agency: _____ Date: _____ Purpose: _____

Agency: _____ Date: _____ Purpose: _____

6. Have you ever been advised of your Miranda Right? If yes, give complete details: _____

7. Have you ever been the subject of a police investigation? If yes, give details including police department and date: _____

8. Have you ever had a polygraph examination? If yes, list dates, examiners name, location and purpose for each examination. _____

9. Has any member of your immediate family ever been arrested or convicted of a criminal offence? ___ Yes ___ No. If yes, give particulars below:

NAME	RELATIONSHIP	OFFENSE	WHERE ARRESTED	DATE

10. Do you know of anyone who is an enemy or who might try and harm you in any way? ___ Yes ___ No. If yes, give details; _____

11. Have you or your spouse ever sued anyone (civil court plaintiff)? ___ Yes ___ No. If yes, give details and provide copies: _____

12. Has you or your spouse ever been sued by anyone (civil court defendant)? ___ Yes ___ No. If yes give details and provide copies. _____

XV. Vehicle Operator's License (Driver's, Chauffeur's, etc.)

1. Can you operate a motor vehicle? ___ Yes ___ No.
2. Do you now or did you ever possess a valid driver's license from the State of Florida? ___ Yes ___ No.
Driver's License Number: _____
3. Did you ever possess a driver's license issued by any state other the Florida?
___ Yes ___ No. If yes, provide the following information:
Driver's License Number _____ Date issued: _____
Restrictions: _____
4. Was your license ever suspended or revoked? ___ Yes ___ No. If yes, give reasons, date, and length of suspension. _____

5. Was your license ever restored? ___ Yes ___ No. When? _____
6. Have you ever been refused a driver's license from any state? ___ Yes ___ No. If yes, give detail:

7. Has your driver's license ever been restricted due to traffic offence convictions?
___ Yes ___ No. If yes give detail: _____

8. Have you ever been involved in a motor vehicle accident? ___ Yes ___ No. If the answer is yes, give complete details for each accident whether collision, non-collision or hit and run.
Date: _____ Police investigation: ___ Yes ___ No
Location: _____
Cause of Accident (example: Ran red light, Careless Driving, etc.) _____

___ Injury ___ Non injury. Who was charged with accident and court disposition?

Date: _____ Police investigation: ___ Yes ___ No

Location: _____

Cause of Accident (example: Ran red light, Careless Driving, etc.) _____

___ Injury ___ Non injury. Who was charged with accident and court disposition?

Date: _____ Police investigation: ___ Yes ___ No

Location: _____

Cause of Accident (example: Ran red light, Careless Driving, etc.) _____

___ Injury ___ Non injury. Who was charged with accident and court disposition?

Date: _____ Police investigation: ___ Yes ___ No

Location: _____

Cause of Accident (example: Ran red light, Careless Driving, etc.) _____

___ Injury ___ Non injury. Who was charged with accident and court disposition?

9. List below all the traffic citations you have received: (include parking tickets).

LOCATION (Street, City, State)	APPROX DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

LOCATION (Street, City, State)	APPROX DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

XVI. Character References:

(Do not include relatives, former employers, or persons living outside the United States or its territories). List only character references who have a definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors. List 8 character references.

NAME OF CHARACTER REFERENCE	YEARS KNOWN	ADDRESS (Street, city, state, Zip)	PHONE NUMBER	
			BUSINESS	HOME

1. Are you acquainted with any member of the New Port Richey Police Department? If so, whom?

EMPLOYMENT WAIVER
(TO BE COMPLETED BY OFFICER APPLICANTS ONLY)

Date: _____

I, _____, thoroughly understand that I am being considered for employment as a Police Officer, and must successfully complete a Background Investigation, Psychological Examination, and Physical Examination. I understand that should unfavorable information be developed, I will be denied employment.

I am seeking employment on the basis that no unfavorable information will be developed by the New Port Richey Police Department with the exception of what I have indicated on my application and has been explained by me in detail during the interview process.

I understand that the New Port Richey Police Department has no funds available to reimburse any expenses I may incur in seeking this position. I recognize that the time required to process and select police officer applicants is lengthy and time consuming. No promises or commitments are expected as to a time when a hiring decision and/or actual hiring will take place.

I understand that certain non-exempt portions of the Background Investigation may become available for inspection by the public pursuant to the records law. I understand and agree to the contents of this statement.

SIGNATURE

DATE

Federal and State Laws prohibit discrimination in employment because of handicap. Employment is contingent on passing a physical examination by an authorized physician.

I REQUEST THE VETERAN'S PREFERENCE IN APPOINTMENT AND RETENTION IN EMPLOYMENT RULE, CHAPTER 22VP-1 OF THE FLORIDA ADMINSTRATIVE CODE.

___ YES ___ NO

If yes, under what qualification? _____

All statements and information given in this application are true, to the best of my ability. I hereby authorize the Personnel Department to verify any of this information to determine my capabilities for employment. I understand that any statements found not to be materially correct constitute grounds for my dismissal.

SIGNATURE

DATE

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any police officer or authorized representative of the New Port Richey Police Department bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment record or educational records including, but not limited to, achievement, attendance, personal history, and disciplinary records; medical records; credit records; and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the New Port Richey Police department to furnish such information, as is described above, to third parties in the course of fulfilling it's official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital, or other repository of medical records, credit bureau or consumer-reporting agency, including its officers, employees or other related personnel, both individual and collectively, from any and all liability for damages or whatever kind, which may at any time result to me, my heirs, family or associates, because of compliance with the authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

NAME PRINTED

CONTACT PHONE NUMBER

(FULL NAME) SIGNATURE

DATE

ACKNOWLEDGEMENT

STATE OF FLORIDA

COUNTY OF PASCO

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON THE _____

DAY OF _____, 20 _____, WHO HAS PRODUCED _____

(TYPE OF IDENTIFICATION) AND DID NOT TAKE AN OATH.

SIGNATURE _____

NOTARY PUBLIC

The following is to be executed prior to submission:

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

SIGNATURE OF APPLICANT

DATE

ACKNOWLEDGEMENT

STATE OF FLORIDA

COUNTY OF PASCO

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON THE _____

DAY OF _____, 20 _____, WHO HAS PRODUCED _____

(TYPE OF IDENTIFICATION) AND DID NOT TAKE AN OATH.

SIGNATURE _____

NOTARY PUBLIC