

**Milton Police Department**  
**5451 Alabama St.**  
**Milton, FL 32570**  
**(850) 983-5420**



**NOTICE: As of October 1, 2013, The City of Milton has gone TOBACCO FREE!**  
**All applicants must be Tobacco Free for a minimum of six (6) months prior to the application process.**

**POSITION APPLIED FOR:**       Sworn Police Officer       Civilian

**APPLICATION INSTRUCTIONS:**

Read the following instructions carefully before completing your application. You must furnish all requested information. The information you provide will be used to determine your qualifications for employment. If you fail to answer all questions on your application fully and accurately, you may delay consideration of your application and may lose employment opportunities.

1. Complete the attached "Application for Employment" by **typing** in necessary information. **Do not hand write the application.**
2. Check your application to be sure the following attachments are enclosed before returning:
  - (A) A recent copy of a valid driver's license.
  - (B) A good, clear copy of your **birth certificate.**
  - (C) An official **transcript of your high school and college records** showing the date of graduation or a **GED certificate.**
  - (D) Certified copy of your **DD-214 - Military Discharge**, provided you have been in the military service.
3. Return the application and above listed attachments to:

**City of Milton Police Department**  
**5451 Alabama St.**  
**Milton, FL 32570**

4. If you have a change of name, address, or telephone number, notify the Civil Service Commission **in writing.**
5. Applications that are not legible or that are incomplete will not be considered. **All addresses throughout the application must include zip code.**
6. Applicant must be a **citizen of the United States.**
7. **MINIMUM AGE REQUIREMENTS:**  
Police Department ..... Applicant must be at least 19 years of age.
8. Applicant must be a Florida certified police officer, or hold out-of-state certification and achieve Florida certification within six (6) months of appointment.

# APPLICATION FOR EMPLOYMENT

**We accept applications for employment with the Milton Police Department without regard to race, color, religion, creed, gender, national origin, disability, marital status, veteran status, sexual orientation, or any other legally protected status. If a conditional offer of employment is made, the applicant will be required to submit to a medical examination and urinalysis drug screen. Any information requested regarding age, sex or ethnicity is voluntary and will be used strictly for background investigation purposes.**

**NOTICE!** This application must be **typewritten**. All questions must be answered. If a question is not applicable, so state. Applications which are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with the questions.

All Applicants must attach items 1, 2, 3, & 4

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. A recent copy of a valid driver's license</li> <li>2. Birth Certificate - A good, clear copy</li> <li>3. A transcript of school records or GED Certificate (No diploma)</li> </ol> | <ol style="list-style-type: none"> <li>4. A certified copy of your DD - 214 (Release or discharge from active duty in military service)</li> </ol> |
|--|--|

## 1. PERSONAL HISTORY

Last Name	First Name	Middle Name
<p>List all names you have ever used including nicknames and maiden name, if applicable. List any surname other than your true name, and identify the period and under what circumstances the name(s) were used:</p> <p>1. _____ 2. _____</p> <p><i>Explain:</i></p>		
<p>Have you ever legally changed your name?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Place: _____ Court: _____</p>		
Social Security Number		Home Phone
Drivers License Number	State	Work Phone / Other
<p>Has your privilege to operate a motor vehicle ever been suspended or revoked?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain fully:</p>		
Height		Weight
Place of Birth, City / State		Date of Birth
<p>Are you a Florida Resident?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Are you a citizen of the United States?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Have you been naturalized?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Date: _____</p>
How Long? _____	How Long? _____	Certificate Number: _____

## 2. RESIDENCES

A. Present Address:

House / Apt Number      City      State      Zip Code

B. Mailing Address:

House / Apt Number      City      State      Zip Code

C. List chronologically all of your residences for the past ten (10) years, including any address you had while attending school.

Dates From    To		Apt Number	Street Address	City	State

## 3. EDUCATION

Educational Background - Mark highest school year completed:

1 2 3 4 5 6 7 8 9 10 11 12  
13 14 15 16 17 18 19 20

High School Diploma     YES     NO

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

GED Certificate:     YES     NO

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

Were you ever dismissed from a school, or were any disciplinary actions including scholastic probation ever taken against you during your scholastic career?

YES  NO

\_\_\_\_\_

School      Date      T      ype of Action

High School	City / State		Date Graduated	Diploma?	
				<input type="checkbox"/> Yes <input type="checkbox"/> NO	
Undergraduate College or University Attended	Total Credit Hours Received	Field of Study Major    Minor		Dates Attended From    To	Type of Degree & Year Received
GRADUATE SCHOOL					

#### 4. REFERENCES

Give three (3) references, not relatives, who are responsible adults of reputable standings in their communities, such as householders, property owners, business or professional persons, who have known you well during the past five (5) years, and three (3) social acquaintances in your own age group.

##### Reference

A) Complete Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Yrs Acquainted: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

##### Reference

B) Complete Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Yrs Acquainted: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

##### Reference

C) Complete Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Yrs Acquainted: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

##### Social Acquaintance

A) Complete Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Yrs Acquainted: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

##### Social Acquaintance

B) Complete Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

\_\_\_\_\_

Yrs Acquainted: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_

**Social Acquaintance**

C) Complete Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Yrs Acquainted: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_

**5. OTHER SKILLS & INTERESTS**

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

**OTHER QUALIFICATIONS** Summarize any specialized skills & qualifications you have.

## 6. EMPLOYMENT HISTORY

A. List chronologically all employments, including summer and part-time work:

Current or Last Employer		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ Per	Ending Salary: \$ Per	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
<b>Employer</b>		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ Per _____	Ending Salary: \$ Per _____	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
<b>Employer</b>		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ Per _____	Ending Salary: \$ Per _____	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

<b>Employer</b>		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ _____ Per _____	Ending Salary: \$ _____ Per _____	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
<b>Employer</b>		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ _____ Per _____	Ending Salary: \$ _____ Per _____	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
<b>Employer</b>		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ _____ Per _____	Ending Salary: \$ _____ Per _____	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

<b>Employer</b>		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ _____ Per _____	Ending Salary: \$ _____ Per _____	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
<b>Employer</b>		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ _____ Per _____	Ending Salary: \$ _____ Per _____	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
<b>Employer</b>		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ _____ Per _____	Ending Salary: \$ _____ Per _____	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

<b>Employer</b>		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ _____ Per _____	Ending Salary: \$ _____ Per _____	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
<b>Employer</b>		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ _____ Per _____	Ending Salary: \$ _____ Per _____	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
<b>Employer</b>		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ _____ Per _____	Ending Salary: \$ _____ Per _____	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

<b>Employer</b>		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ _____ Per _____	Ending Salary: \$ _____ Per _____	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
<b>Employer</b>		Address (including Zip Code)		Phone No. (including area code)
Job Title:		Supervisor's Name:		Number of people supervised by you?
Date Employed Month / Year	Starting Salary: \$ _____ Per _____	Ending Salary: \$ _____ Per _____	Reason for Leaving	
Date Separated Month / Year	Duties:			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

B. Have you ever been dismissed or asked to resign from any employment position you have had?

Yes  No

\_\_\_\_\_ Date  
Employer's Name

Reason: \_\_\_\_\_

C. Are you now employed by an agency of the Federal or State Government:  Yes  No

Have you been employed by the Federal or State Government within the past ninety (90) days?

Yes  No

\_\_\_\_\_ Agency Name/Date

## 7. MILITARY RECORD

### MILITARY RECORD

Have you ever served in the Armed Forces of the United States?     YES     NO

Branch of Service:

Military Occupation:

Rank:

Dates Served: From                      to

Type of Discharge:     Honorable             Medical             Hardship

Other: *Explain:*

Type Release From Active of Duty:     Expiration of Enlistment             Retired

Other: *Explain*

Are you a member of the National Guard or other Reserve Unit?     Yes     No

Reserve Branch:     Army     Navy     Air Force     Marine Corps     Coast Guard

If you are in a pay status requiring drills, meetings or camps, give the unit and location:

Reserve Status:  None     Active     Inactive    Discharge Date:

Veteran's Preference Claimed?     Yes     No    What is the basis for the claim:

**ATTACH COPY OF DD - 214**

If you were ever disciplined while in the military service, explain fully the circumstances in detail. List all dates, nature of offense(s), type of court-martial or company punishment, whichever is applicable, and show the disposition of charge(s). Show any and all fines, restrictions, and any confinement in detail.

Offense	Type of Court-Martial	Disposition of Charge	Fine, Restrictions, Confinement

**Describe any job-related training you received in the United States military.**

**8. COURT RECORD**

A. Have you ever been arrested or charged with any violation, including traffic tickets? Do not include parking tickets.

Yes     No \*Under Florida Law, you **must** reveal all arrests and convictions regardless of sealed or expunged or juvenile status.

Date	Place	Charge	Final Disposition	Details

B. Has any member of your immediate family or close relative *including in-laws* ever been arrested for anything other than a traffic ticket?

Yes     No

Name	Relationship	Date	Place	Charge	Final Disposition

C. Have you ever been a party to any civil, quasi-criminal or chancery action in County, Circuit or Chancery Court?  Yes     No

*Give date, place, court, names, of parties in involved, nature of action, and final disposition.*

Date	Court	Parties Involved	Nature of Action	Final Disposition

D. Are you now, or have you ever been a member of the Communist Party, U.S.A., or any Communist or fascist organization, or a member of a criminal street gang, militia, or other “secret organization”?

Yes     No

Please Identify: \_\_\_\_\_

## 9. RELATIVES

**All applicants must give complete information concerning their relatives.** If you have been married more than once, give the requested information concerning each former husband or wife. Even though a relative may be deceased, you should provide all information requested, and indicate last residence and year of death. Include step-brothers and sisters, half-brothers and sisters, and if you or your wife or husband have any step-parents, legal guardians, or others who have reared you instead of your parents, the requested information should be furnished concerning them as well as your real parents. If you are engaged to be married or contemplating marriage in the near future, complete information should be included under sections C, H, I, and J regarding your future husband or wife, including future in-laws. You should clearly show the relationship that is contemplated.

Complete Name, (No) Initials and Address of All Relatives	Occupation, Including name and address of firm where employed	Date and place of naturalization, if applicable
<b>A. Father</b> Name: Address: Age:                      Place of Birth:		
<b>B. Mother</b> Name: Address: Age:                      Place of Birth:		
<b>C. Husband/Wife</b> Name: Address: Age:                      Place of Birth:		
<b>D. Children</b> 1. Name: Address: Age:                      Place of Birth:		
2. Name: Address: Age:                      Place of Birth:		
3. Name: Address: Age:                      Place of Birth:		
4. Name: Address: Age:                      Place of Birth:		

5. Name: Address: Age:            Place of Birth:		
6. Name: Address: Age:            Place of Birth:		
7. Name: Address: Age:            Place of Birth:		
<b>E. Brothers</b>		
1. Name: Address: Age:            Place of Birth:		
2. Name: Address: Age:            Place of Birth:		
3. Name: Address: Age:            Place of Birth:		
4. Name: Address: Age:            Place of Birth:		
5. Name: Address: Age:            Place of Birth:		
<b>F. Sisters</b>		
1. Name: Address: Age:            Place of Birth:		
2. Name: Address: Age:            Place of Birth:		
3. Name: Address: Age:            Place of Birth:		
4. Name: Address: Age:            Place of Birth:		
5. Name: Address: Age:            Place of Birth:		

<p><b>Wives/Husbands of Brothers and Sisters</b></p> <p>1. Name: Address: Age:            Place of Birth:</p>		
<p>2. Name: Address: Age:            Place of Birth:</p>		
<p>3. Name: Address: Age:            Place of Birth:</p>		
<p>4. Name: Address: Age:            Place of Birth:</p>		
<p>5. Name: Address: Age:            Place of Birth:</p>		
<p>6. Name: Address: Age:            Place of Birth:</p>		
<p>7. Name: Address: Age:            Place of Birth:</p>		
<p><b>H. Father-in-Law</b></p> <p>Name: Address: Age:            Place of Birth:</p>		
<p><b>I. Mother-in-Law</b></p> <p>Name: Address: Age:            Place of Birth:</p>		
<p><b>J. Brothers &amp; Sisters of Your Spouse</b></p> <p>1. Name: Address: Age:            Place of Birth:</p>		
<p>2. Name: Address: Age:            Place of Birth:</p>		
<p>3. Name: Address: Age:            Place of Birth:</p>		

**All records submitted become the property of the City of Milton**

I understand that all appointments are probationary for a period of one (1) year, during which time the employee must demonstrate his/her fitness for continued employment by the City of Milton. I also understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the City of Milton and I agree to these conditions. I also understand that should I be offered a position, I must successfully pass a medical examination and a drug screen.

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(Signature of applicant as usually written)

**STATE OF** \_\_\_\_\_

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

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named \_\_\_\_\_ who, being by me first duly sworn, states upon his oath that the matters and things set forth in the above and foregoing application for employment are true and correct as therein stated.

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

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

My Commission Expires: \_\_\_\_\_

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

# AUTHORITY TO RELEASE INFORMATION FORM

Please read the following release form carefully and enter your signature, address, and the date in the designated spaces. **This form must be notarized!**

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

To Whom It May Concern:

Having made application to the City of Milton Police Department, and desiring them to be informed of my past record and character, whether it be financial, academic, military, employment, judicial, or personal reference, I, the undersigned, being under no disability whatsoever, hereby authorize the release of all such information, privileged or otherwise, to the City of Milton and its representatives, and release all contributing parties of such information from any charges of liability whatsoever because of furnishing said information.

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

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

S.S.N.: \_\_\_\_\_

D.O.B. \_\_\_\_\_



STATE OF \_\_\_\_\_

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

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named \_\_\_\_\_, who acknowledged to me that he signed and delivered the above foregoing waiver on the date therein mentioned and for the purpose therein expressed.

Given under my hand and seal of office, this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My Commission Expires: \_\_\_\_\_

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

\_\_\_\_\_