



**TEQUESTA POLICE
DEPARTMENT
EMPLOYMENT APPLICATION**

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER



TEQUESTA POLICE DEPARTMENT

357 Tequesta Drive
Tequesta, Florida 33469-0273
Phone: (561) 768-0500
Fax: (561) 768-0695



Christopher Elg
Chief of Police

Dear Applicant,

Thank you very much for your interest in a position with the Tequesta Police Department. We are thrilled that you are considering joining the fine men and women of this professional law enforcement agency in northern Palm Beach County. Please make sure to carefully review the next page since your application will not be given any further consideration if any of the listed items apply to you at this time. We are seeking only those applicants who have a strong desire to serve and be part of our team. Please take your time and fully respond to every question on the application.

We look forward to reviewing your application and potentially offering you an opportunity to move forward in our selection process. Thanks again for your interest with the Village of Tequesta Police Department!

Sincerely,

A handwritten signature in black ink that reads "Christopher L. Elg".

Christopher L. Elg
Chief of Police

EMPLOYMENT DRUG POLICY

The Village of Tequesta Police Department is firmly committed to a drug-free society and work place. Therefore, the unlawful use of drugs by Village of Tequesta Police Department employees is not tolerated. Furthermore, applicants for employment with the Village of Tequesta Police Department who currently use illegal drugs will be found unsuitable for employment. The Village of Tequesta Police Department does not condone any prior unlawful drug use by applicants. We realize, however, some otherwise qualified applicants may have used drugs at some point in their pasts. The following policy sets forth the criteria for determining whether any prior drug use makes an applicant unsuitable for employment, balancing the needs of the Village of Tequesta Police Department to maintain a drug-free workplace and the public integrity necessary to accomplish the Village of Tequesta Police Department's intelligence and law enforcement missions. Applicants who do not meet the listed criteria should not apply for any Village of Tequesta Police Department position.

Criteria

You can easily determine whether you meet the Village of Tequesta Police Department's illegal drug policy by answering the following questions:

1. Have you used marijuana within the last three years?
2. Have you used any other illegal drug including anabolic steroids in the past ten years?
3. Have you ever sold, distributed, manufactured, or transported any illegal drug?
4. Have you ever used any prescription drug or used a legally obtainable substance in a manner for which it was not intended within the last three years?

If you answered **YES** to any of these questions, you are not eligible for employment with the Village of Tequesta Police Department.

Additionally, you will not be eligible for employment if:

1. You have been convicted of a DUI within the last five years or convicted of two or more DUI's regardless of time span.
2. Driving history with any of the following:
 - a. Four or more moving violations within the past three years.
 - b. Suspension of driver's license within the past three years.
 - c. Accumulation of thirty six points or more within the past three years.
3. You have been Dishonorably Discharged from military service.

Please acknowledge that you have read the above information by checking box!

APPLICATION FOR EMPLOYMENT



Village of Tequesta

345 Tequesta Drive, Tequesta, FL 33469. Tel: (561) 768-0700, Fax: (561) 768-0697

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. (Application must be completed in full even if attaching a resume.)

POSITION APPLIED FOR: _____ **DATE OF APPLICATION:** _____

PLEASE PRINT				
LAST NAME:	FIRST NAME:	MIDDLE:		
ADDRESS:	Street	City	State	Zip Code
TELEPHONE NUMBER(S)				
EMAIL ADDRESS:				
HOW DID YOU LEARN ABOUT US?				
<input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> TEQUESTA WEBSITE AD <input type="checkbox"/> FRIEND <input type="checkbox"/> GENERAL INQUIRY <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> RELATIVE <input type="checkbox"/> OTHER _____				

Have you ever worked under another name? Yes No
 If so, please provide name: _____

Have you ever been employed with us before? Yes No
 If yes, please provide details: _____

Have you ever filed an application with us before? Yes No
 If yes, please provide details: _____

Are any of your friends or relatives presently employed with the Village? Yes No
 If yes, please state name and relation: _____

Are you currently employed? Yes No

Are you available to work:

	Overtime	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Nights	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Weekends	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you are under age 18, please state your age: _____

Date Available for work: _____ Wage Expected? _____ (hourly/annually)

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? Yes No

Have you ever been convicted of a crime or violation other than a minor traffic infraction? Yes No

(A conviction record will not necessarily be a bar to employment. Factors such as job relations, age and time of the offense, seriousness and nature of violation and rehabilitation will be taken into account)

If yes, please explain: _____

Have you ever been discharged from any employment or asked to resign? Yes No

If yes, please explain: _____

EDUCATION					
School Type	Name and Address of School	Course of Study/ Major	Circle last year attended	Graduated?	Diploma/ Degree
High School			9 10 11 12	Yes No	
College			1 2 3 4	Yes No	
Graduate/ Professional			1 2 3 4	Yes No	
Business			1 2 3 4	Yes No	
Other			1 2 3 4	Yes No	

ADDITIONAL EXPERIENCE OR QUALIFICATION
List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment.

VETERANS PREFERENCE
<p>Veteran's preference will be granted to Florida residents in accordance with Florida law to eligible veterans and spouses of veterans. To be considered for veteran's preference points, you are required to submit a copy of your DD214 showing dates of entry, separation, and if disabled, proof of current receipt of disability benefits within 5 business days of applying for a position with the Village of Tequesta, or prior to the closing date announcement, whichever is later.</p>
<p>Did you serve in the Armed Services? _____ Branch of Service? _____</p>
<p>Date of Entry? _____ Date of Discharge? _____ Was your discharge honorable? _____</p>
<p>Have you previously claimed and been employed through a veteran's preference? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If so, please give name of employer? _____</p>
<p>Signature of Applicant: _____ Date: _____</p>

EMPLOYMENT HISTORY

NAME OF COMPANY	DATES EMPLOYED From		To	Describe your duties	Reason for Leaving (please explain)
Address					
City, State, Zip	HRLY RATE/SALARY Starting Final				
Telephone Number(s)					
Name & Title of immediate supervisor	May we contact? Yes No				
Job Title					

Explain any period between jobs

NAME OF COMPANY	DATES EMPLOYED From		To	Describe your duties	Reason for Leaving (please explain)
Address					
City, State, Zip	HRLY RATE/SALARY Starting Final				
Telephone Number(s)					
Name & Title of immediate supervisor	May we contact? Yes No				
Job Title					

Explain any period between jobs

NAME OF COMPANY	DATES EMPLOYED From		To	Describe your duties	Reason for Leaving (please explain)
Address					
City, State, Zip	HRLY RATE/SALARY Starting Final				
Telephone Number(s)					
Name & Title of immediate supervisor	May we contact? Yes No				
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Explain any period between jobs

NAME OF COMPANY	DATES EMPLOYED From		To	Describe your duties	Reason for Leaving (please explain)
Address					
City, State, Zip	HRLY RATE/SALARY Starting Final				
Telephone Number(s)					
Name & Title of immediate supervisor	May we contact? Yes No				
Job Title					

Explain any period between jobs

BUSINESS OR PERSONAL REFERENCES

NAME	PHONE NUMBER(S)	OCCUPATION	RELATIONSHIP	HOW LONG KNOWN
1.				
2.				
3.				

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT ANY OMISSION OF FACTS, MISREPRESENTATIONS OR MISSTATEMENTS ON THIS APPLICATION MAY RENDER THIS APPLICATION VOID, DISQUALIFY ME FROM EMPLOYMENT CONSIDERATION WITH THE VILLAGE, OR IF EMPLOYED, CONSTITUTE GROUNDS FOR DISMISSAL

Questions regarding this statement should be directed to the employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the Village to conduct recruitment and selection in an affirmative manner to provide equal employment opportunity to all applicants and to prohibit discrimination because of race, religion, color, national origin, gender, gender identity or expression, political affiliation, veteran status, marital status, familial status, pregnancy, ancestry, sexual orientation, age, disability, or any other discriminatory factor prohibited by law.

I authorize the Village of Tequesta to conduct a background check pertaining to my suitability for employment, which will include a criminal history check. I understand that any application information submitted to the Village of Tequesta is public record and I authorize any employee or agent of the Village of Tequesta to verify the information submitted. I hereby release all of my prior employers, schools and other persons from all liability related to any information provided them to the Village of Tequesta.

Subsequent to an employment offer, I give my voluntary consent to be examined and to be subject to a drug screening test. I understand that the result of this drug screening test may disqualify me from further consideration for employment. Further, I understand that acceptance of an offer of employment does not create a contractual obligation upon the Village to continue to employ me in the future.

I understand that I will be required to provide the Village of Tequesta with documentation which verifies my identity and my right to work in the United States

I understand that by signing this application, I agree to accept all of the above terms.

APPLICANT SIGNATURE: _____ DATE: _____



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



CJSTC 58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME: _____
DATE OF BIRTH: _____
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: Tequesta Police Department

ADDRESS: 357 Tequesta Drive, Tequesta, FL 33469

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. 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, and 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 any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature _____ Date _____

Applicant's Address _____

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____

day of _____, year _____, By _____

Signature of Notary Public – State of Florida _____

Print, Type, or Stamp Commissioned name of Notary Public _____

Personally Known OR Produced Identification

Type of Identification Produced _____