

Lynn Haven Police Department
108 E 9th Street
Lynn Haven, Florida 32444

Confidential Questionnaire

The information contained herein is confidential and will be used by the Lynn Haven Police Department and the City of Lynn Haven for employment purposes only.

Use only black ink to complete this questionnaire. Answer every question. Fill in every blank. If there is a question that does not pertain to you enter N/A in the blank. Print clearly. Do not misstate, or omit material facts since the statements given will be subject to verification. Exaggeration, false, or misleading answers are causes for rejection of the application.

The Lynn Haven Police Department utilizes a Computer Voice Stress Analyzer to verify answers given in this questionnaire. This is done to determine if the answers given are complete and accurate. If an answer given is found to be deceptive or misleading it may cause the application to be rejected, or require further questioning. The Lynn Haven Police Department strives to employ those with a high standard of integrity and professionalism. This testing process will eliminate those persons who attempt to gain employment for reasons contrary to the Ethical and Professional Standards of the Law Enforcement Community. By signing below you indicate that you have read and understand the instructions given, and agree to submit to a Computer Voice Stress Analysis concerning the information contained in this questionnaire.

Signature of Applicant _____ Date _____

Personal Information

Name _____

Male _____ Female _____ Date of Birth _____

Place of Birth: City _____ State _____

Race _____ U.S. Citizen? Yes ___ No ___

Social Security Number _____

Height _____ Weight _____ Eyes _____ Hair _____

Scars, Marks, or Tattoos _____

Present Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Pager _____

Marital Status: Single ___ Married ___ Divorced ___

* If married are you living with spouse? Yes ___ No ___

* If single, please list the following on Boy/Girl Friend:

Name _____ Male ___ Female ___

Address _____

Date of Birth _____ Phone _____

List all children, natural or adopted, and step children and provide the following:

Name	DOB/POB	Address
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

Are you financially responsible for the children born to you, adopted by you, and any step children? Yes ____ No ____ if not, provide details:

If you claim income tax exemption for support of dependants other than your spouse and children, provide the following information:

Name	Address	Relationship	% of support
<hr/>			
<hr/>			
<hr/>			
<hr/>			

Employment History

Please list in order, starting with the most recent, all employers and positions held for the past ten (10) years. Include any Military service and any breaks in employment with given reason.

From Date _____ To Date _____ Job Title _____

Name of Employer _____

Address _____

Phone Number _____ Supervisor _____

Description of Duties _____

Reason for Leaving _____

From Date _____ To Date _____ Job Title _____

Name of Employer _____

Address _____

Phone Number _____ Supervisor _____

Description of Duties _____

Reason for Leaving _____

From Date _____ **To Date** _____ **Job Title** _____

Name of Employer _____

Address _____

Phone Number _____ **Supervisor** _____

Description of Duties _____

Reason for Leaving _____

From Date _____ **To Date** _____ **Job Title** _____

Name of Employer _____

Address _____

Phone Number _____ **Supervisor** _____

Description of Duties _____

Reason for Leaving _____

From Date _____ **To Date** _____ **Job Title** _____

Name of Employer _____

Address _____

Phone Number _____ **Supervisor** _____

Description of Duties _____

Reason for Leaving _____

From Date _____ **To Date** _____ **Job Title** _____

Name of Employer _____

Address _____

Phone Number _____ **Supervisor** _____

Description of Duties _____

Reason for Leaving _____

From Date _____ **To Date** _____ **Job Title** _____

Name of Employer _____

Address _____

Phone Number _____ **Supervisor** _____

Description of Duties _____

Reason for Leaving _____

From Date _____ **To Date** _____ **Job Title** _____

Name of Employer _____

Address _____

Phone Number _____ **Supervisor** _____

Description of Duties _____

Reason for Leaving _____

From Date _____ **To Date** _____ **Job Title** _____

Name of Employer _____

Address _____

Phone Number _____ **Supervisor** _____

Description of Duties _____

Reason for Leaving _____

From Date _____ **To Date** _____ **Job Title** _____

Name of Employer _____

Address _____

Phone Number _____ **Supervisor** _____

Description of Duties _____

Reason for Leaving _____

From Date _____ **To Date** _____ **Job Title** _____

Name of Employer _____

Address _____

Phone Number _____ **Supervisor** _____

Description of Duties _____

Reason for Leaving _____

Did you list all of your jobs for the past 10 years in this questionnaire?

Yes ____ **No** ____ **if no, why?** _____

Have you ever been terminated or asked to resign from a job because of misconduct or unsatisfactory service? Yes ____ No ____ if yes, provide details of employer, date, and reason:

Have you ever filed and/or received workman compensation benefits of any claim made for injuries or illness received in connection with employment?

Yes ____ No ____ if yes, provide the following:

Date	Company	Diagnosis	Disposition
<hr/>			
<hr/>			

Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? Yes ____ No ____

Vehicle Operator's License

Do you possess a valid Florida Driver's License? Yes ____ No ____

Date of Issue _____ License Number _____

Restrictions _____ Endorsements _____

Has your license ever been revoked, cancelled, or suspended?

Yes ____ No ____

If yes, provide the following information:

Date of Action	Length of Action	Reason
----------------	------------------	--------

Have you ever been involved in a motor vehicle crash as the driver?

Yes ____ No ____

If yes, provide the following information:

Date of Crash	Location	Cause/Charges
---------------	----------	---------------

List all Traffic Citations you have received:

Date	Location	Violation	Disposition
------	----------	-----------	-------------

Are all the Citations you have received listed on this questionnaire?

Yes ____ No ____, if no why:

Do you presently have PIP/Liability Insurance on all vehicles registered to you?

Yes ____ No ____, if no why?

List all of the vehicles (motor vehicles, vessels etc.) currently registered to you:

Make	Model	Year
------	-------	------

Criminal Activity

Have you ever been arrested, detained, questioned, or been the focus of an investigation by any Law Enforcement Agency?

Yes ____ No ____, if yes, provide the following information:

Agency	Date
Charges	Disposition

Agency	Date
Charges	Disposition

Have you ever been placed on Parole, Probation, and/or Community Control, or served Community Service Hours?

Yes ____ No ____, if yes, provide details:

Have you ever been required to pay a Fine or Court Cost for a criminal proceeding?

Yes ____ No ____, if yes, provide details:

Have you ever physically abused a spouse, girl/boy friend, or child?

Yes ____ No ____, if yes, provide details:

Have you ever taken anything of value from a current or former employer?

Yes ____ No ____, if yes, provide details:

Has any member of your immediate family ever been arrested or convicted of a criminal offense?

Yes ____ No ____, if yes, provide details:

Has any member of your immediate family been the victim of a crime?

Yes ____ No ____, if yes, provide details:

Have you ever committed an act that you were not caught doing, but if caught, you would have been arrested?

Yes ____ No ____, if yes, provide details:

Have you ever filed a false insurance claim, or a false police report?

Yes ____ No ____, if yes, provide details:

Illegal Drug Usage

Have you ever used marijuana? Yes _____ No _____, if yes, give details:

Have you ever used any of the following? :

Speed _____ Barbiturate (uppers) _____ Steroids _____ Amphetamines _____ Rush _____
Crack _____ Quaaludes _____ LSD _____ Hash _____ Mushrooms _____
Methamphetamine _____ Mescaline _____ Ecstasy _____ Cocaine _____ PCP _____
Aminitrates _____ Peyote _____ Heroin _____ Another Persons Prescription _____
Designer Drugs _____ Inhalants to get high _____

If you checked any of the above, please provide details:

Have you ever purchased any illegal substance at any time, including while working as an undercover operative/agent or confidential informant for a law enforcement agency?

Yes _____ No _____, If yes, provide details:

Military Service

Have you ever served in any branch of the Military for the United States of America?
Yes ____ No ____, if yes please provide a copy of your DD214 along with the following information:

Branch of Service _____ Company _____

Regiment _____ Division _____ Ship _____

Service Number _____

How many periods of Active Service have you had? _____

Highest rank held _____

List all medals and decorations awarded to you

Are you now or were you ever an active member of the Reserve Forces of the United States? Yes ____ No ____, if yes, provide details:

Were you ever court-martialed, tried on charges, or were you ever the subject of a Summary Court, Deck Court, Captain's Mast, or Company punishment or subject to any other disciplinary action while a member of the Armed Forces?

Yes ____ No ____, if yes, provide details:

Past Residences

List all the addresses you have resided at for the past 15 years.

From	To	Street Address	City, State, Zip
------	----	----------------	------------------

Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which have adopted, or show 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 of America by unconstitutional means?

Yes _____ No _____, if yes, explain:

Have you or any members of your family ever made a financial or material contribution, collected or solicited any monies or dues for or in behalf of any subversive group?

Yes _____ No _____, if yes explain:

Have you or any members of your family ever participated in any parade, picket line, delegation, forums or attended any meetings, schools, training, or circulated or signed any petitions connected with any subversive group?

Yes _____ No _____, if yes, explain:

Civil Service

List every civil service exam you have taken:

Agency	Date	position sought
---------------	-------------	------------------------

Character References

List at least five (5) references who know you well enough to realize your qualifications for the position you are seeking. Do not use present or former supervisors, relatives, or persons living outside the United States.

Name	Years Known	Telephone
-------------	--------------------	------------------

Membership in Organizations

Name	Type	Position held	Dates
------	------	---------------	-------

Financial Information

Is your life insured? Yes ____ No ____

Name of Company _____ Insured Amount _____

Do you currently have a Savings Account? Yes ____ No ____

Name of Bank _____ Balance _____

Do you currently have a Checking Account? Yes ____ No ____

Name of Bank _____ Balance _____

Do you own or are you currently buying a Home? Yes ____ No ____

Mortgage Company _____ Balance owed _____

What other income do you presently have?

Have you ever declared Bankruptcy? Yes ____ No ____

List any Charge Accounts you presently have:

Name	Type	Approximate Balance
-------------	-------------	----------------------------

What would you estimate as your total indebtedness? _____

Education and Training

List all Elementary, Middle / Junior High Schools, High Schools that you attended:

Name	Location	Date From:	Date To:
------	----------	------------	----------

List all Colleges, Universities you attended:

Name	Location	Date From:	To:
------	----------	------------	-----

List your Major and Minor college courses:

List all Trade, Vocational, Business or Military Schools you attended:

Name

Location

Date From:

Date To:

Indicate any special Licenses or Authority that you possess:

Indicate any special qualifications not previously covered, such as, Public Speaking, Publications, Memberships in Professional Organizations, Honors and Awards received:

Current or Former Law Enforcement

Full Time, Part Time, or Reserve Status

Applies _____ Does Not Apply _____

If you answer yes to any question below, on a separate piece of paper indicate the circumstances and if you were employed at the time.

Have you ever accepted a bribe or gratuity?

Yes _____ No _____

Have you ever stolen anything from an investigative site?

Yes _____ No _____

Have you ever stolen anything from a prisoner?

Yes _____ No _____

Have you ever used more force than was necessary to subdue a person?

Yes _____ No _____

Have you ever struck a handcuffed prisoner?

Yes _____ No _____

Have you ever been the subject of an Internal Investigation?

Yes _____ No _____

Have you ever falsified any type of Official Report?

Yes _____ No _____

Have you ever received a verbal or written reprimand or been suspended while working as a law enforcement officer?

Yes _____ No _____

Have you ever told a friend, acquaintance, or relative about an investigation involving them?

Yes ____ No ____

Have you ever lied to a Police Supervisor to cover a mistake you made?

Yes ____ No ____

Have you ever lied under oath?

Yes ____ No ____

Have you ever used illegal drugs or alcohol on duty other than in a sanctioned operation?

Yes ____ No ____

I certify that the above information provided is true and correct. I have been completely truthful in my answers to these questions.

Signature

Date

Corrections Officers

Full Time, Part Time, Or Reserve Status

Applies _____ Does Not Apply _____

If you answer yes to any question below, on a separate piece of paper indicate the circumstances and if you were employed at the time.

Have you ever introduced contraband into a correctional facility for an inmate or another officer?

Yes _____ No _____

Since becoming a correctional officer, have you had sexual involvement with an inmate or another officer on duty?

Yes _____ No _____

Have you ever accepted a bribe from an inmate?

Yes _____ No _____

Have you ever maintained a friendship or relationship with an inmate after they were released?

Yes _____ No _____

Have you ever kept or given away an inmate's property?

Yes _____ No _____

I certify that the above information is true and accurate. I have been completely truthful in my answers to these questions.

Signature

Date

