



# City of Green Cove Springs

321 Walnut Street  
Green Cove Springs, FL 32043

Phone: (904) 297-7500  
Fax: (904) 284-8118

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Dear Applicant:

Thank you for your interest in employment with the City of Green Cove Springs Police Department. The City accepts applications only for vacant positions and requires the completion of an employment application. While you may submit a resume, your response to this recruitment also requires a completed police application form. Applications/Resumes may be submitted by mail, email, or in person. Faxes of these documents are not considered valid or accepted.

Your application for this position only will be deemed active and be retained by the City for a period of six (6) months. Should future vacancies arise that you are interested in, it will be necessary for you to submit another application for that particular recruitment.

The City of Green Cove Springs is an equal opportunity employer. It is the policy of the City to hire without discrimination on the basis of sex, race, color, national origin, religion, age, disability, marital status, veteran status, or any other protected status.

It is the policy of the City to conduct a pre-employment screening before a job offer is made. If a job offer is made, employment is contingent upon the successful completion of a medical examination and a drug screen.

If you have any questions relative to this recruitment, my contact information is 904-297-7500, Ext. 3313 or email [jobs@greencovesprings.com](mailto:jobs@greencovesprings.com).

Sincerely,

*Mary Jane Lundy*

Mary Jane Lundy  
Interim Human Resources Director

**The City of Green Cove Springs  
321 Walnut Street  
Green Cove Springs, Florida 32043**

**POLICE APPLICATION  
FOR EMPLOYMENT**



**EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

**SERVING WITH S.P.I.R.I.T.**

APPLICATION REVISED: 11/8/2016

**Message from the Chief of Police**

*As the Chief of Police for the City of Green Cove Springs Police Department, I want to thank you for your interest in our agency and welcome your questions during the application process. The Law Enforcement field you are aspiring to enter has gone through many changes over the past fifteen years and the members of our agency are proud of the quality services they provide to our community, understanding that crime control and problem solving are shared responsibilities between the community and law enforcement. Only through partnering with our community in addressing "quality of life" issues, can we make Green Cove Springs the safest city in Florida.*

*Integrity, partnerships and education form the foundation upon which a healthy police/community relationship is built and for this reason, no member of our department will ever compromise honesty and integrity in their dealings with the community. With these principles in mind, it is incumbent upon us to continuously develop strong partnerships with our community to maximize our opportunities to positively address problems and issues within our City.*

*For this reason, I have charged every member of the Green Cove Springs Police Department with the responsibility of furthering these principles and trust that collectively we can make positive contributions that will improve the overall "quality of life" within the City of Green Cove Springs.*

*Thank you for your interest in the Green Cove Springs Police Department.*

*Sincerely,*

*Chief of Police*

**PURPOSE:**

*The Green Cove Springs Police Department, in partnership with our community is committed to the protection of life and property, safeguarding of order and enforcement of criminal laws, through the continuous application of proactive policing practices. The members of your police department proudly carry out their duties by exhibiting a professional demeanor, exemplifying their commitment to public service and professional integrity.*

**VISION:**

*To be the premier law enforcement agency in North Florida, providing superior policing services to our community in all of our duties.*

**MISSION:**

*The Green Cove Springs Police Department is unwavering in our duties of protecting life, property and rights of all people, by resolving issues and promoting peace in our community through partnerships and the continuous development of our organization and its members.*

**CORE VALUES:**

- S** **Safety:** *We are committed to providing safety within our community, through continuous partnerships and problem solving methods.*
- P** **Professionalism:** *We are committed to providing service excellence to our community in all aspects of our duties.*
- I** **Integrity:** *We are committed to unwavering legal, ethical, and moral standards in the lives we lead.*
- R** **Respect:** *We are committed to valuing and promoting human dignity in all of our duties.*
- I** **Innovation:** *We are committed to the continuous improvement of the services we provide to our community.*
- T** **Training:** *We are committed to being a leader through continuous education and development of our personnel and the agency.*

**Serving with S.P.I.R.I.T.**

## Application Instructions

This application must be typewritten or printed legibly in ink. All required documents must accompany your completed and notarized application. Return the application and attachments to the City of Green Cove Springs City Hall, 321 Walnut Street, Green Cove Springs, FL 32043.

1. Answer all questions. If a question does not apply, place an N/A in the space.
2. Provide NAMES, COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODES, AND TELEPHONE NUMBERS of former employers, date of employment and your job title.
3. References should be long-time friends, but not neighbors, supervisors or co-workers.
4. 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 questions.

**Please attach and check off copies of the following documents to your completed application.**

- Birth certificate.
- Driver's License and Social Security Card.
- High school diploma or State Equivalency (G.E.D.) \*\* If you have an equivalency diploma from ANY state other than Florida, you MUST provide a copy of your transcript.
- Police Standards Certification, if applying for a Law Enforcement Position.  
\*\*If you are an out of State Officer, Military Police Officer, or Federal Officer who has requested exemptions from Florida Basic Recruit Training Programs, you must provide an equivalency of training.
- Basic recruit exam scores, if certification date is after June 30, 1993.
- BAT test results, if attended academy after January 1, 2002.
- Form DD214 if you are former military.
- College Degree, if applicable.
- Current credit report.
- Documents showing legal changes of name from birth to present (example: marriage license, divorce papers, adoption papers, etc.).

Notify the Police Department of any changes in this application such as: residency, phone numbers, name changes, military status, etc.

You are hereby informed that a thorough background investigation, including information as to your character, general reputation, personal characteristics and mode of living will be part of your processing. This information is solely for the purpose of evaluating your qualifications for employment within this agency. The submission of this application carries the understanding that you are authorizing this agency to contact any and all available sources for the purpose of obtaining information as to your qualifications.

**The Green Cove Springs Police Department is an Equal Opportunity Employer. No person will be subject to discrimination on the grounds of race, color, national origin, sex, age, disability, marital status or religion.**

**Application for Employment  
Green Cove Springs Police Department  
Green Cove Springs, Florida**

Position applied for: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**1. PERSONAL HISTORY**

a. Name \_\_\_\_\_  
Last Name First Name Middle Name

b. List all other names used, including nicknames. If you are using your spouse's name, please list your maiden name. If you have ever used any other surname, other than your true name, during what period, and under what circumstances were these used? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ d. Place of birth: \_\_\_\_\_

e. Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

f. Have you ever legally changed your name (other than by marriage)?  
No \_\_\_\_\_ Yes \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place: \_\_\_\_\_  
Court \_\_\_\_\_

g. Have you ever been legally adopted? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please furnish date \_\_\_\_/\_\_\_\_/\_\_\_\_, and place \_\_\_\_\_  
Court \_\_\_\_\_

h. How long have you been a resident of this County? \_\_\_\_\_ Florida? \_\_\_\_\_  
Years/Months Years/Months

i. If you are related to anyone who works for the City, please state their name and department.  
\_\_\_\_\_



**4. CITIZENSHIP**

a. Are you a U.S. citizen? Yes \_\_\_ No \_\_\_ b. By birth? Yes \_\_\_ No \_\_\_ c. Naturalized? Yes \_\_\_ No \_\_\_

If naturalized, furnish date \_\_\_/\_\_\_/\_\_\_ and place \_\_\_\_\_

Court \_\_\_\_\_ Naturalization Number \_\_\_\_\_

(Attach copy of documentation)

**5. EDUCATION**

**Circle last grade completed: Grammar School 1 2 3 4 5 6 7 8 High School 1 2 3 4  
College 1 2 3 4 Trade School 1 2 3 4 Correspondence School 1 2 3 4**

(Use additional pages if required)

a. List awards, honors, citations, positions held in school organizations and any other special recognition you received while attending school: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Give the name and address of any college or university from which you received a degree:

\_\_\_\_\_  
\_\_\_\_\_

c. What foreign languages do you speak? \_\_\_\_\_

Read? \_\_\_\_\_ Write? \_\_\_\_\_

d. Have you had any education/training in law enforcement? Yes \_\_\_ No \_\_\_ If yes, describe:

\_\_\_\_\_

e. Do you possess a driver's license? Yes \_\_\_ No \_\_\_ State: \_\_\_ Type: \_\_\_\_\_

License Number: \_\_\_\_\_ Other states? Yes \_\_\_ No \_\_\_

State: \_\_\_ License Number: \_\_\_\_\_ Type: \_\_\_\_\_ Expires: \_\_\_\_\_

f. List any special abilities, interests and hobbies with degree of proficiency: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

h. Special skills you possess, equipment, and computer software you can use (for example computer, TDD machine, transcribing machine, scientific or professional devices):

\_\_\_\_\_  
\_\_\_\_\_

i. Approximate number of words per minute: Typing \_\_\_\_\_ Shorthand \_\_\_\_\_

## 6. EMPLOYMENT

List chronologically all employments beginning with present employment. Include summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, indicate by setting forth dates of unemployment.

a. Employer: \_\_\_\_\_ Dates: (Month/Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Salary: \_\_\_\_\_ Position and Kind of Work: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

b. Employer: \_\_\_\_\_ Dates: (Month/Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Salary: \_\_\_\_\_ Position and Kind of Work: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

c. Employer: \_\_\_\_\_ Dates: (Month/Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Salary: \_\_\_\_\_ Position and Kind of Work: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_



d. Employer: \_\_\_\_\_ Dates: (Month/Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Salary: \_\_\_\_\_ Position and Kind of Work: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

e. Employer: \_\_\_\_\_ Dates: (Month/Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Salary: \_\_\_\_\_ Position and Kind of Work: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

f. Employer: \_\_\_\_\_ Dates: (Month/Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Salary: \_\_\_\_\_ Position and Kind of Work: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

g. Employer: \_\_\_\_\_ Dates: (Month/Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Salary: \_\_\_\_\_ Position and Kind of Work: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

## 7. CREDIT DATA

a. Has your credit record (including spouse) ever been considered unsatisfactory, or have you ever been refused credit? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, give dates, places, names of creditors and circumstances) Explanation: \_\_\_\_\_

\_\_\_\_\_

b. Are you or your spouse indebted to anyone? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, list all debts by creditor, address and account number.) \_\_\_\_\_

\_\_\_\_\_

- c. List all debts that are past due. Indicate number of payments past due and amount of each payment.

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**8. COURT DATA**

- a. Have you ever been convicted of a felony or misdemeanor? Yes \_\_\_ No \_\_\_

If yes, please explain: (Dates, Places, Agency involved) \_\_\_\_\_

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- b. Have you ever been arrested, received a notice to appear, charged, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

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- c. Have you ever been questioned, interviewed or in any way contacted by a law enforcement agency for any reason? (List name of agency and reason for contact.) \_\_\_\_\_

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- d. Have you ever received a traffic citation (other than parking)? Yes \_\_\_ No \_\_\_

If yes, list below the (1) City, (2) County, (3) State, (4) Name of Agency issuing the citation, (5) Date, (6) Charges and (7) Final Disposition. \_\_\_\_\_

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**COMPLETE INFORMATION MUST BE SUPPLIED**

- e. Have you ever been involved in a traffic accident in the role as driver? Yes \_\_\_ No \_\_\_

If yes, give dates, locations and who was at fault. \_\_\_\_\_

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- f. Have you or your spouse ever been a plaintiff or defendant in a civil court action? Yes \_\_\_

No \_\_\_ If yes, give date, place, court names of parties involved, nature of action and final disposition.

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g. Have you ever been involved in a Civil Rights action for a Civil Rights Violation of Federal Law 1983? Yes \_\_\_ No \_\_\_ If yes, give dates, location, description and conclusion.

\_\_\_\_\_  
\_\_\_\_\_

h. Have you ever been a respondent on a claim of sexual or racial harassment? Yes \_\_\_ No \_\_\_  
If yes, give dates, location, description and conclusion. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### 9. MILITARY DATA

a. Have you served in the Armed Forces of the United States? Yes \_\_\_ No \_\_\_

b. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Branch of Service      Serial Number      Dates of Active Duty      Highest Rank

\_\_\_\_\_

c. Discharge type: \_\_\_\_\_ Basis for: \_\_\_\_\_

Separation center: \_\_\_\_\_

d. Member of Reserve? Yes \_\_\_ No \_\_\_ If yes, Service Branch \_\_\_\_\_

e. National Guard? Present: \_\_\_ Former: \_\_\_ None: \_\_\_ If you attend drills, meetings or camps, give name of Unit and location: \_\_\_\_\_

\_\_\_\_\_

f. Was any disciplinary action taken against you in the service?

N/A \_\_\_ Yes \_\_\_ No \_\_\_ If yes, Date: \_\_\_/\_\_\_/\_\_\_ Place: \_\_\_\_\_

Nature of offense: \_\_\_\_\_

Action taken: \_\_\_\_\_

g. Veteran's Preference:

Are you claiming Veteran's Preference? Yes \_\_\_ No \_\_\_

If yes, you must attach copies of eligibility documents at the time of application, per 55A-7.013, F.A.C.

(Note: Preference in appointment will be given to eligible veterans and spouses of veterans per F.S. 295.07.)

## 10. ORGANIZATION MEMBERSHIP

List all clubs and societies of which you are a member

a. Name: \_\_\_\_\_ City and State: \_\_\_\_\_  
Present Member Yes \_\_\_ No \_\_\_ If yes, please list position held and describe activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Name: \_\_\_\_\_ City and State: \_\_\_\_\_  
Present Member Yes \_\_\_ No \_\_\_ If yes, please list position held and describe activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Name: \_\_\_\_\_ City and State: \_\_\_\_\_  
Present Member Yes \_\_\_ No \_\_\_ If yes, please list position held and describe activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 11. RELATIVES

**Spouse:** Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ DOB: \_\_\_\_\_  
Occupation/Place of Employment: \_\_\_\_\_

**Your Father:** Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ DOB: \_\_\_\_\_  
Occupation/Place of Employment: \_\_\_\_\_

**Your Mother:** Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ DOB: \_\_\_\_\_  
Occupation/Place of Employment: \_\_\_\_\_

**Brothers/Sisters:** Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ DOB: \_\_\_\_\_  
Occupation/Place of Employment: \_\_\_\_\_

**Brothers/Sisters:** Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ DOB: \_\_\_\_\_  
Occupation/Place of Employment: \_\_\_\_\_

**Brothers/Sisters:** Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ DOB: \_\_\_\_\_  
Occupation/Place of Employment: \_\_\_\_\_

**12. PERSONAL REFERENCES**

Give four references (not relatives, former employers, fellow employees or school teachers) who are responsible persons of reputable standing in their communities, such as householders, property owners, business or professional men or women, including your family physician if you have one, who have known you well during the past five years.

a. Complete Name: \_\_\_\_\_ Sex \_\_\_ Age \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Business Name: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
How long acquainted? (Years/Months) \_\_\_\_\_

b. Complete Name: \_\_\_\_\_ Sex \_\_\_ Age \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Business Name: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
How long acquainted? (Years/Months) \_\_\_\_\_

c. Complete Name: \_\_\_\_\_ Sex \_\_\_ Age \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Business Name: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
How long acquainted? (Years/Months) \_\_\_\_\_

d. Complete Name: \_\_\_\_\_ Sex \_\_\_ Age \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Business Name: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
How long acquainted? (Years/Months) \_\_\_\_\_

### 13. NEIGHBORS

As part of the background, it is necessary for us to check with your neighbors. Please list full names, address, and telephone numbers of these neighbors, if known.

- a. Complete Name: \_\_\_\_\_ Sex \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_
- b. Complete Name: \_\_\_\_\_ Sex \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_
- c. Complete Name: \_\_\_\_\_ Sex \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_
- d. Complete Name: \_\_\_\_\_ Sex \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_
- e. Complete Name: \_\_\_\_\_ Sex \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_
- f. Complete Name: \_\_\_\_\_ Sex \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_
- g. Complete Name: \_\_\_\_\_ Sex \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**14. APPLICANT'S CERTIFICATION**

I understand that any employment offered to 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 Green Cove Springs Police Department. I agree to these conditions and do hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I also understand and agree that this employment application shall be the property of the Green Cove Springs Police Department.

\_\_\_\_\_  
Legal Signature of the Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed By

**ATTACH PHOTOGRAPH HERE**

**NOTICE: The AFFIDAVIT on the following page MUST be completed, duly notarized, and submitted with the application, otherwise, the application will NOT be considered.**

**GREEN COVE SPRINGS POLICE DEPARTMENT  
1001 IDLEWILD AVENUE  
GREEN COVE SPRINGS, FL 32043**

**Pursuant to the Omnibus Consolidated Appropriations Act of 1997, any person convicted of a misdemeanor crime of violence as defined by the Act is prohibited from shipping, transporting, possessing, or receiving firearms or ammunition. There is no “official use” exemption to this prohibition. Accordingly, the Green Cove Springs Police Department is requiring that every officer and/or applicant granted the authority to bear arms or applying for such a position submit the attached affidavit in compliance with the law.**

**A conviction shall not apply for the purpose of this law UNLESS:**

**(A) The person was represented by counsel in the case or knowingly and intelligently waived the right to counseling in the case; and**

**(B) If the person was entitled to a trial by jury under the laws of the convicting jurisdiction, then the conviction must have resulted from:**

**1. A trial by jury.**

**2. The person knowingly and intelligently waived the right to have the case tried by a jury, by guilty plea or otherwise.**

**Chief of Police**



# Green Cove Springs Police Department

## NOTICE TO APPLICANT

All new employees shall be required by the City to execute an agreement with the City, on a form to be provided by the City, in which the employee agrees, in addition to repayment of tuitions as provided for in Florida Statutes 943.16, that any such new employee who leaves the employment of the City voluntarily prior to the expiration of three (3) full years of employment with the City, shall reimburse the City all other costs or expenses for education/training and for clothing or uniforms which had been paid for by the City to the date of the termination of employment. Furthermore, in such agreement, the City shall require and the employee shall agree that any such amounts due and owing to the City upon said employee's voluntary termination shall be withheld by the City from said employee's paycheck(s) and/or any other financial benefits otherwise paid by the City to that employee. This shall not be construed to constitute a waiver or otherwise prohibit the City from collecting any additional amounts owed pursuant to this Agreement through any other legal process.

I have read, I understand and I agree with the above-referenced policy concerning the required agreement, should I become an employee of the City, signed this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

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**Signature**



# City of Green Cove Springs

321 Walnut Street  
Green Cove Springs, FL 32043

Phone: (904) 297-7500  
Fax: (904) 284-8118

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## Equal Employment Opportunity Statistical Information

The following information will be used in compiling statistical reports for various government agencies. It will not be used in any manner relative to employment with the City of Green Cove Springs.

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

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

Check one of the following:

1. Sex

- Male
- Female

2. Race

- Black or African American
- Hispanic or Latino
- Asian
- Pacific Islander or Native Hawaiian
- American Indian or Alaska Native
- White
- Two or More Races

**\*\*\*DO NOT SIGN OR LIST YOUR NAME ON THIS FORM\*\*\***

**AUTHORITY FOR RELEASE OF INFORMATION  
(Background Investigation Waiver)****CJSTC  
58**

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

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:** \_\_\_\_\_**ADDRESS:** \_\_\_\_\_

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 \_\_\_\_\_

