

**Virginia Gardens Police Department  
Certified Law Enforcement Officer Applicant**

**Thank you for your interest in applying for our agency. Please review the following documents in this order:**

- Virginia Gardens Application for Employment
- Virginia Gardens Personal History Questionnaire (PHQ)\*\*  
[with all copies of supporting documentation in the appropriate order]
- Virginia Gardens Pre-Employment Required Documents
- CJSTC 58 – Authority for Release of Information
- Virginia Gardens Letter of Understanding Agreement
- Virginia Gardens Reserve Law Enforcement Officer Agreement

**Carefully review and complete the following documents:**

- Virginia Gardens Application for Employment
- Virginia Gardens Personal History Questionnaire (PHQ)\*\*  
[with all copies of supporting documentation in the appropriate order]
- CJSTC 58 – Authority for Release of Information
- Virginia Gardens Letter of Understanding Agreement
- Virginia Gardens Reserve Law Enforcement Officer Agreement

Should you have additional questions, please contact Detective D. Villavicencio at (305) 871-3141 or [dvillavicencio@vgpd.com](mailto:dvillavicencio@vgpd.com).

**Detective Darwin Villavicencio, M.S.**

**General Investigations Unit, GIU**

Village of Virginia Gardens Police Department

6498 NW 38 Terrace

Virginia Gardens, Florida 33166

Office: 305.871.3141 / Fax: 305.871-7471

[www.vgpd.com](http://www.vgpd.com)

*"Dedicated to The Spirit of Excellence"*



# VILLAGE OF VIRGINIA GARDENS POLICE DEPARTMENT

6498 NW 38 Street  
VIRGINIA GARDENS, Florida 33166  
PHONE: (305) 871-3141

Police Officer

## APPLICATION FOR EMPLOYMENT

*"An Equal Opportunity Employer"*

INSTRUCTIONS: Please print all *information*. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write *N/A* (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, be sure to include your name and the position applied for. You may also attach copies of documents or certificates which supports your application. All materials submitted become the property of the Village and will not be returned. All statements made on the application are subject to verification. Exaggerated, false or misleading statements may be cause for rejection of the application and/or termination of employment. Return this application to the Police Department.

### 1. NAME

Last	First	Middle
------	-------	--------

### 2. DATE OF BIRTH

### 3. HEIGHT

### 4. WEIGHT

### 5. SEX

### 6. SOCIAL SECURITY NO.

### 7. HOME TELEPHONE NUMBER

Area Code	Number

### OTHER TELEPHONE NUMBER

Area Code	Number

### 8. DRIVER'S LICENSE:

Do you have a valid license?  YES  NO

License Type:  Operator  CDL Class \_\_\_\_\_

Endorsement Code \_\_\_\_\_

License # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

### 9. PRESENT ADDRESS

Street Address		
City	State	Zip code

How long have you lived at present address? Years \_\_\_\_\_ Months \_\_\_\_\_

### 10. PREVIOUS ADDRESS

Street Address		
City	State	Zip code

How long did you live at this address? Years \_\_\_\_\_ Months \_\_\_\_\_

### 11. EMPLOYMENT RECORD - List your present employment.

May we contact your present employer regarding your record of employment?  YES  NO

#### Present or Most Recent Job

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week \_\_\_\_\_

Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Last Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Employer: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Reason for Leaving Position: \_\_\_\_\_

12. Have you ever been discharged or forced to resign from employment?  YES  NO



**13. EDUCATION AND SPECIAL TRAINING**

High School Diploma (Check):  YES  NO Date received:    
 (Month) (Year)

Equivalency - GED (Check):  YES  NO

Name and location of last HIGH SCHOOL attended:     
 Name City State

**List Special Training (Police Academy, Business, Trade, Vocational, Armed Forces Schools, etc.) Below:**

Name and Location	Dates Attended				Total Months Completed	Courses or Subject Taken	Certificates given or other pertinent information
	From		To				
	Mo.	Yr.	Mo.	Yr.			

**List Colleges and Universities Attended Below:**

Name and Location	Dates Attended				Credit Hours Received Sem. Qtr.	Grade Point Average	Major/Minor Degree Field or Program of Study	Degree Received
	From		To					
	Mo.	Yr.	Mo.	Yr.				

14. Do you have a relative employed with the Village of Virginia Gardens?  YES  NO

Name	Relationship	Department

Since your 18th birthday, have you been **CONVICTED** of **ANY** violation of the law, other than minor traffic offenses, or pleaded **NOLO CONTENDERE** to criminal charges, even if adjudication was withheld?  YES  NO

Nature of Offense: \_\_\_\_\_  
 (Use separate page if necessary)  
 Name and location of court: \_\_\_\_\_  
 Disposition of case: \_\_\_\_\_

NOTE: A conviction does not automatically mean you cannot be employed by the Town. The nature of the offense, how long ago it occurred, etc. are given consideration.

Have you ever been sued for misappropriation of funds, property, or for intentionally injuring or damaging property?  YES  NO If yes, complete the following:

Action	Disposition

**IMPORTANT:** Employment is subject to verification of an applicant's background. Persons selected for employment must (1) present a valid social security card, (2) take a Loyalty Oath, as per Florida Statute, Section 876.05 and (3) subsequent to an offer of employment, pass a medical examination. The medical examination will include testing for current use of drugs and/or controlled substances. If traces of drugs or controlled substances are present in a candidate's blood or urine and have NOT been obtained and taken as directed by a valid prescription, the candidate WILL BE DISQUALIFIED. Additionally, the Village is required by federal law to verify having seen documents which the applicant, must provide as part of employment processing, that show the applicant's identity and right to work in the United States.

**APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW.**

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the Virginia Gardens Police Department is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time. Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of my blood or urine which may be tested for recent use of drugs and/or controlled substances. Further, I release Virginia Gardens, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination or the use of the test results therefrom.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Equal Employment Opportunity Information Form

Virginia Gardens is required by the United States Equal Employment Opportunity Commission to collect and maintain the information requested below for E.E.O. statistical reporting purposes. The information which you provide will be maintained separately from your application and will not be provided to other agencies when you are referred for employment consideration.

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

Social Security No.: \_\_\_\_\_

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

Job/Position Applied for: \_\_\_\_\_

Sex: \_\_\_\_\_ Female \_\_\_\_\_ Male

Date of Birth: \_\_\_\_\_

### Race/Ethnic Categories (check one)

- \_\_\_\_\_ **WHITE:** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- \_\_\_\_\_ **BLACK:** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- \_\_\_\_\_ **HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- \_\_\_\_\_ **ASIAN OR PACIFIC ISLANDER:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for examples, China, Japan, Korea, the Philippine Islands and Samoa.
- \_\_\_\_\_ **AMERICAN INDIAN OR ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

(OPTIONAL) if you are handicapped or disabled, please specify:

---

---

---

---

**NOTICE:**

PLEASE READ AND FOLLOW THESE INSTRUCTIONS EXACTLY. YOUR ABILITY TO COMPLETE THIS DOCUMENT AS REQUESTED WILL BE EVALUATED AND USED AS ONE OF THE BASIS FOR EMPLOYMENT DECISIONS. THIS DOCUMENT, WHEN COMPLETED, WILL BE USED BY THE VIRGINIA GARDENS POLICE DEPARTMENT AS AN INVESTIGATIVE AID. RETENTION OF THIS PERSONAL DATA WILL REMAIN IN THE INVESTIGATIVE FILES OF THE HUMAN RESOURCES SECTION.

**INSTRUCTIONS:**

1. HAND PRINT CLEARLY (IN BLACK INK) OR TYPE.
2. ANSWER EVERY QUESTION. IF A QUESTION DOES NOT APPLY TO YOU, SO STATE WITH N/A.
3. ANY UNANSWERED, INCOMPLETE, OR OMITTED QUESTIONS MAY RESULT IN REJECTION OF YOUR APPLICATION OR DISMISSAL.
4. IF THE SPACE AVAILABLE IS INSUFFICIENT, USE A SEPARATE SHEET OF 8½ X 11 PAPER AND PRECEDE EACH ANSWER WITH THE NUMBER OF THE REFERENCED BLOCK.
5. DO NOT MISSTATE OR OMIT ANY MATERIAL FACT SINCE THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT.
6. ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY. DO NOT MAKE EXAGGERATED, FALSE, OR MISLEADING STATEMENTS AS THEY MAY CAUSE YOUR REJECTION OR DISMISSAL.
7. EACH QUESTION HAS A PURPOSE. DO NOT FAIL TO ANSWER EACH QUESTION COMPLETELY. EVEN IF YOU FEEL IT IS "NOT IMPORTANT."

"I HAVE READ AND I UNDERSTAND ALL THE ABOVE INSTRUCTIONS. I ALSO UNDERSTAND THAT I MAY BE ASKED TO TAKE A POLYGRAPH (LIE DETECTOR) EXAMINATION TO DETERMINE THE AUTHENTICITY OF THE INFORMATION PROVIDED IN THIS QUESTIONNAIRE."

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



The following types of information are examples of what will be collected; employment and educational histories, military, insurance, credit and financial information, motor vehicle, and police records, information about your abilities, family, character, lifestyle, and organization memberships. Information will be obtained by letter, by telephone, and by personal interview with both primary and secondary sources. This information is used as one of the basis for employment decisions.

# PERSONAL HISTORY QUESTIONNAIRE

(With Criminal History)

## VIRGINIA GARDENS POLICE DEPARTMENT MIAMI-DADE COUNTY, FLORIDA

POSITION APPLIED FOR \_\_\_\_\_

LAST NAME FIRST NAME MIDDLE NAME

STREET ADDRESS APARTMENT NO.

CITY COUNTY STATE ZIP CODE

CELL PHONE (AREA CODE) BUSINESS TELEPHONE (AREA CODE)

SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER STATE

DATE OF BIRTH (Month-day-year) EMAIL ADDRESS

Virginia Gardens will use information concerning ethnicity, sex, age, and disability for affirmative action purposes only, consistent with and pursuant to its obligation under federal law.

RACE/ETHNICITY

PHOTO

V.G.P.D. USE ONLY

WHITE ( Non-Hispanic ) \_\_\_\_\_

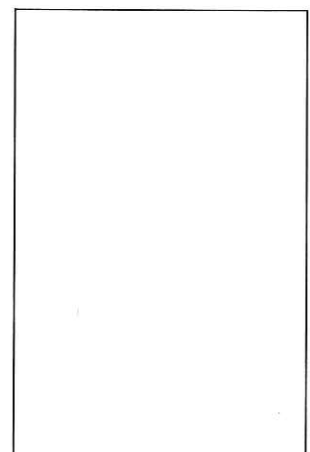
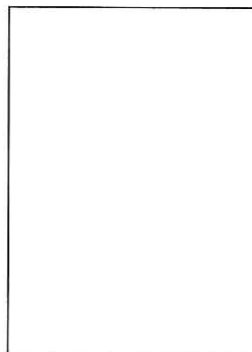
BLACK ( Non- Hispanic ) \_\_\_\_\_

HISPANIC \_\_\_\_\_

ASIAN \_\_\_\_\_

AMERICAN INDIAN \_\_\_\_\_

OTHER \_\_\_\_\_





## PERSONAL HISTORY QUESTIONNAIRE

1. LAST NAME			FIRST NAME		MIDDLE NAME		2. MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>					
3. Alias(es), Nickname, Maiden Name, or other changes in name (Include official document(s) concerning any changes in name)														
4. Race/Ethnicity: Check appropriate box.														
<input type="checkbox"/> White (Non-Hispanic)			<input type="checkbox"/> Asian American			<input type="checkbox"/> Hispanic								
<input type="checkbox"/> Black (Non-Hispanic)			<input type="checkbox"/> American Indian			<input type="checkbox"/> Other								
5. U.S. Citizen		NATIVE		Naturalized Certificate No.		If derived, parent Certificate No.		Date, Place and Court						
Yes <input type="checkbox"/>		Yes <input type="checkbox"/>												
No <input type="checkbox"/>		No <input type="checkbox"/>												
6. Height		Weight		Color of Eyes		Color of Hair		Scars, tattoos, and/or distinguishing marks (Specify location/size/description)						
7. Date of Birth (Month, Day, Year)				Place of Birth (City, County, State)				(Include photostatic copy of birth certificate)						
8. Present residence address					Street or RFD		City or Post Office		State	Zip				
9. With whom do you reside?														
10. Marital Status:			<input type="checkbox"/> SINGLE			<input type="checkbox"/> MARRIED			<input type="checkbox"/> ENGAGED		<input type="checkbox"/> SEPARATED		<input type="checkbox"/> DIVORCED	
11. If married, are you living with your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No														
If not, state reasons _____														
12A. NAME OF FIANCÉE (if applicable)														
Name _____					Employer _____									
Address _____					Address _____									
_____					_____									
Phone _____					Phone _____									
Date of Birth _____					_____									
12B. GIRL/BOY FRIEND ("STEADY")														
Name _____					Employer _____									
Address _____					Address _____									
_____					_____									
Phone _____					Phone _____									
Date of Birth _____					_____									
13. Include a photostatic copy of marriage certificate, separation and/or divorce decree. (If applicable)														
14. Information concerning marriages: (List all marriages)														
Date Married		Where performed		Spouse's name (Wife maiden name)			Date of Birth		Social Security Number					
15. Name and address of spouse(s) if divorced or separated.														
Name				Address (Street, City, State)				Phone No (Area Code)						

16. If ever separated, annulled, or divorced, indicate below the following information:

Separated, annulled or decreed by law	Date of order or decree	By Whom – Where Issued (Court and State)
a. _____	_____	_____
b. _____	_____	_____

Offending party as decreed by law	Reason
a. _____	_____
b. _____	_____

17. List all your children, stepchildren and adopted children, and give the following information.

Name	BIRTH		RESIDENCE		
	Date	Place	Address	With Whom	Supported By
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

18. Are you now supporting all children born to you, adopted by you and stepchildren? Yes  No

If not, give details: \_\_\_\_\_  
 \_\_\_\_\_

19. Other dependents. If you claim income tax exemptions for support of dependents other than your spouse and children, provide the following information:

NAME	ADDRESS (Street, City, State)	RELATIONSHIP	Percent of Support Provided
_____	_____	_____	_____
_____	_____	_____	_____

20. FAMILY

a. List in the order given, showing relationship, parents, guardians, stepparents, parents-in-law, brothers and sisters, even though deceased. Include any others you have resided with or with whom a close relationship existed or exists:

RELATIONSHIP	NAME	PRESENT ADDRESS (If Living)	PHONE	BIRTHDATE	OCCUPATION
FATHER	_____	_____	_____	_____	_____
MOTHER (Maiden)	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

b. List all residences for the past TEN years, beginning with your present address. List the name, address and phone number of present and prior landlords, if applicable.

From: \_\_\_\_\_ MONTH/YEAR To: \_\_\_\_\_ MONTH/YEAR Own \_\_\_\_\_ Rent \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



From \_\_\_\_\_ MONTH/YEAR To \_\_\_\_\_ Own \_\_\_\_\_ MONTH/YEAR Rent \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Landlord's Name \_\_\_\_\_  
Landlord's Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From \_\_\_\_\_ MONTH/YEAR To \_\_\_\_\_ Own \_\_\_\_\_ MONTH/YEAR Rent \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Landlord's Name \_\_\_\_\_  
Landlord's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ MONTH/YEAR To \_\_\_\_\_ Own \_\_\_\_\_ MONTH/YEAR Rent \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Landlord's Name \_\_\_\_\_  
Landlord's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ MONTH/YEAR To \_\_\_\_\_ Own \_\_\_\_\_ MONTH/YEAR Rent \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Landlord's Name \_\_\_\_\_  
Landlord's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ MONTH/YEAR To \_\_\_\_\_ Own \_\_\_\_\_ MONTH/YEAR Rent \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Landlord's Name \_\_\_\_\_  
Landlord's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



24 MILITARY:

- a. Have you ever served in the United States military or Coast Guard, including R.O.T.C.? Yes  No   
(If yes, **INCLUDE A PHOTOSTATIC COPY OF DD 214**)
- b. Branch of Service \_\_\_\_\_ Unit or Ship \_\_\_\_\_
- c. What is your service number? \_\_\_\_\_
- d. Highest rank held: \_\_\_\_\_
- e. How many periods of active military service have you had? \_\_\_\_\_
- f. List all medals and decorations awarded to you as a member of the armed forces \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- g. What is the type of your discharge? Be exact:  
Honorable  Dishonorable  General  Honorable Conditions  Other: \_\_\_\_\_
- h. Give date and location of entrance to active duty: \_\_\_\_\_
- i. Give date and location of discharge: \_\_\_\_\_
- j. If you have had no military service, give reasons: \_\_\_\_\_
- k. Give period or periods of active military service:  
From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_
- l. Are you now or were you ever on active or inactive duty of any branch of the United States Reserve Forces? Yes  No   
State which: Active  or Inactive
- m. Are you now or were you ever a member of the National Guard? Yes  No   
State \_\_\_\_\_ Regiment \_\_\_\_\_ Unit \_\_\_\_\_ Rank \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Type of Discharge \_\_\_\_\_
- n. What is your present draft classification? \_\_\_\_\_  
Date of classification? \_\_\_\_\_ Selective Service Number: \_\_\_\_\_  
Draft board number and location \_\_\_\_\_
- o. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action while as a member of the armed forces? Yes  No   
If yes, explain below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- p. List any disciplinary action taken against you in the National Guard or other reserve unit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- q. List any other information pertaining to military not requested above.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



25. EMPLOYMENT:

- a. What is your occupation or calling? \_\_\_\_\_
- b. Are you now or have you ever been engaged in any business as an owner, partner, or corporate member? Yes  No   
If yes, give details \_\_\_\_\_
- c. Were you ever discharged, terminated, fired or forced to resign because of misconduct or unsatisfactory service for other than medical reasons (except military)?  
Yes  No  If yes, explain, giving name and address of employer, approximate date, and reasons in each case: \_\_\_\_\_
- d. Have you ever received a suspension, reprimand (oral or written) or an unsatisfactory job evaluation from an employer? If yes, give details? \_\_\_\_\_
- e. Have your employers always treated you fairly? Yes  No  If not, explain: \_\_\_\_\_
- f. Do you object to wearing a uniform? Yes  No
- g. Do you object to working nights? Yes  No
- h. Have you had experience with shift work? Yes  No
- i. 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?

j. 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	NAME OF EMPLOYER	PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER

FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER

FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER

FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER
FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER
FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER
FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER
FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER
FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER
FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER

FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER
FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER
FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER
FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER
FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER
FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER
FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER
FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER





i. List all vehicles you currently own or operate:

YEAR	MAKE	MODEL	COLOR	TAG NUMBER	OWN	
					Yes	No

27. MOTOR VEHICLE INSURANCE:

a. Do you presently have automobile liability insurance? Yes  No

If no, give details: \_\_\_\_\_

b. If you presently have automobile insurance, list the following information:

Name of Company	Policy Number	Name of Agent	Address	Phone Number

List the dates of coverages: FROM \_\_\_\_\_ TO \_\_\_\_\_

c. If you have been insured by this company for less than three years, list the previous insurance company:

Name of Company	Policy Number	Name of Agent	Address	Phone Number

List the dates of coverages: FROM \_\_\_\_\_ TO \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_

d. List your present policy coverage \_\_\_\_\_

e. Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance? Yes  No

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. ARREST, DETENTION, AND LITIGATION: (Show all arrests including as a juvenile, traffic, and promise to appear)

a. Have you ever been detained or arrested by ANY law enforcement agency? Provide police and court records, if available. (Include any arrest in which the records were expunged or sealed in accordance with FSS 943.058.)

CRIME CHARGED \_\_\_\_\_ Police Agency \_\_\_\_\_

Date \_\_\_\_\_ Disposition of Case \_\_\_\_\_

b. Have you ever been placed on probation? Yes  No  If yes, give details \_\_\_\_\_

c. Have you ever been required to pay a fine? Yes  No  If yes, give details \_\_\_\_\_

d. Have you ever been reported as a missing person or as a runaway? Yes  No  If the answer is yes, give complete details, including police jurisdiction, date and outcome \_\_\_\_\_

e. If you have been fingerprinted by a law enforcement agency for any reason, give details below. Your answers will be checked with the F.B.I. and other agencies.

Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_

Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_

Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_

Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_

- f. Have you ever been advised of your Miranda rights? Yes  No  If yes, give complete details \_\_\_\_\_
- g. Have you ever been the subject of a police investigation? If yes, give details including police department and date \_\_\_\_\_
- h. Have you ever had a polygraph examination? If yes, list date, examiners name, location and purpose for each examination \_\_\_\_\_
- i. Has any member of your immediate family ever been arrested or convicted of a criminal offense? Yes  No   
If yes, give particulars below
- | NAME | RELATIONSHIP | OFFENSE | WHERE ARRESTED | DATE |
|------|--------------|---------|----------------|------|
|      |              |         |                |      |
|      |              |         |                |      |
|      |              |         |                |      |
- j. Have you or any members of your immediate family ever been a victim of a crime? Yes  No  If yes, give particulars below: \_\_\_\_\_
- k. Do you know of anyone who is an enemy or who might try to harm you in any way? Yes  No  If yes, give details below: \_\_\_\_\_
- l. Have you or your spouse ever sued anyone (civil court plaintiff)? Yes  No  If yes, give details below and provide copies. \_\_\_\_\_
- m. Have you or your spouse ever been sued by anyone (civil court defendant)? Yes  No  If yes, give details below and provide copies. \_\_\_\_\_

29. FINANCIAL INFORMATION:

- a. Is your life insured? Yes  No  NAME OF COMPANY \_\_\_\_\_  
Value or amount \_\_\_\_\_ Address \_\_\_\_\_
- b. Do you have a savings account? Yes  No  Account Number \_\_\_\_\_ Amount \_\_\_\_\_  
Name of Bank \_\_\_\_\_ City & State \_\_\_\_\_
- c. Do you have a checking account? Yes  No  Account Number \_\_\_\_\_ Amount \_\_\_\_\_  
Name of Bank \_\_\_\_\_ City & State \_\_\_\_\_
- d. Do you have any investments (Include all stocks, bonds, etc.)? Yes  No   
Amount invested \_\_\_\_\_ Company \_\_\_\_\_ City & State \_\_\_\_\_
- e. Do you own or are you buying your own home? Yes  No   
Amount invested \_\_\_\_\_ Company \_\_\_\_\_ City & State \_\_\_\_\_  
Present mortgage balance \_\_\_\_\_ Monthly mortgage payment \_\_\_\_\_  
Insurance Coverage \_\_\_\_\_ Company \_\_\_\_\_ City & State \_\_\_\_\_
- f. Do you own or are you buying other real estate? Yes  No   
Type of real estate \_\_\_\_\_ Amount Invested \_\_\_\_\_  
Bank or Company \_\_\_\_\_ City & State \_\_\_\_\_  
Make of Auto \_\_\_\_\_ Year \_\_\_\_\_ Tag Number \_\_\_\_\_
- g. Do you own or are you buying an automobile? Yes  No   
Amount Invested \_\_\_\_\_ Amount Owning \_\_\_\_\_ Monthly Payments \_\_\_\_\_  
Name of Bank or Company \_\_\_\_\_  
City & State \_\_\_\_\_ Make of Auto \_\_\_\_\_ Year \_\_\_\_\_ Tag No. \_\_\_\_\_



h. What income other than salary do you have at the present time?

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

i. List spouse's occupation, place of employment and salary:

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

j. List firms from which you have or have had charge accounts. List firms from whom you have borrowed money for any 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 \_\_\_\_\_

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 \_\_\_\_\_

k. What is your total indebtedness at the present time?

l. Have your creditors treated you fairly? Yes  No  If not, explain \_\_\_\_\_

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

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

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

n. Have you ever filed for bankruptcy? Yes  No  If yes, give details below, including date and court filed:

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

30. CONTROLLED SUBSTANCE USE:

- a. Have you ever possessed, smoked or ingested by any means, marijuana without legal authorization? Yes  No  If yes, how many times and when was the last time you used marijuana (explain the circumstances)?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- b. Have you ever possessed, injected, inhaled, swallowed or ingested by any other means, any illegal drugs without legal authorization? Yes  No  If yes, how many times and when was the last time you used any illegal drugs (explain the circumstances)?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

31. CHARACTER REFERENCES: (Do not include relatives, former employers, or persons living outside the United States or its Territories). List only character references who have definite knowledge of your qualifications for the position for which you are applying. Do not repeat the names of supervisors. List eight (8) character references.

NAME OF CHARACTER REFERENCE	Years Known	ADDRESS (Street, City, State Zip Code)	PHONE NUMBER	
			Business	Residence

- b. Are you acquainted with any members of the Village of Virginia Gardens Police Department? If so, whom:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

32. PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS:

NAME OF CHARACTER REFERENCE	TYPE (Social, Fraternal, Unions, Professional, Academic, Etc.)	Office or Position Held	MEMBERSHIP	
			From	To

b. SUBVERSIVE ORGANIZATIONS:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Are you now or have you ever been a member of the Communist Party U.S.A. or any Communist organization(s) anywhere?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Are you now or have you ever been a member of a Fascist organization?   | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 3. Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the 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 by unconstitutional means? | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 4. Are you now or have you ever been affiliated or associated with any organization of the type described above, as an agent, official, or employee?   | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 5. Are you now associating with, or have you associated with individuals, including relatives, who you know or have reason to believe are or have been members of any of the organizations identified above?   | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 6. Have you ever been engaged in any of the following activities of any organization of the type described above: Contribution(s) to, attendance at or participation in any organizations, social, or other activities of said organizations or of any projects sponsored by them; the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced, or published, by them or any of their agents or instrumentalities?                                  | <input type="checkbox"/>     | <input type="checkbox"/>    |

If YES to any of the answers above, describe the circumstances. Attach sheets for a full detailed statement. If associated with any of these organizations, specify nature and extent of associations with each, including office or position held. Also include dates, places and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organizations with which they were or are affiliated.



35. REMARKS (Any comments you think are important)

Lined area for writing remarks.

36. 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 above statements and answers to questions. I am aware that should an 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 Virginia Gardens Police Department, or, if after my acceptance for employment, subsequent investigation should disclose misrepresentations, falsifications, or omissions, it will be just cause for immediate dismissal.

Date \_\_\_\_\_

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

Subscribed and sworn to before me this \_\_\_\_\_ day

Of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_  
(Name of Affiant)

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

(Check One)

Type of identification Produced: \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Florida at large

\_\_\_\_\_  
Notary Public, Print Name

My Commission expires \_\_\_\_\_, 20\_\_\_\_\_



**EMPLOYMENT WAIVER**

Date \_\_\_\_\_

I, \_\_\_\_\_, thoroughly understand that I am being considered for employment as a Police Officer, and must successfully complete a Background Investigation and Assessment Center Evaluation; and after a conditional offer of employment, a Psychological Evaluation, and Medical Examination.

I understand that should unfavorable information be developed, I will be denied employment.

I am seeking employment on the basis that I know that no unfavorable information will be developed by the Virginia Gardens Police Department except for what I have indicated on my application and has been explained by me in detail during the interview process.

I understand that the Virginia Gardens 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, Psychological Evaluation and Medical Examination may become available for inspection by the public pursuant to the public records law. I understand and agree to the contents of this statement.

Signature \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the Virginia Gardens Police Department bearing his release, or copy thereof, to obtain any information in your files pertaining to employment records or educational records, including, but not limited to, achievement, attendance, personal history, and disciplinary records; medical records, after a conditional offer of employment; 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 Virginia Gardens Police Department. Consent is granted for the Virginia Gardens Police Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational Institution, physician hospital or other repository of medical records after a conditional offer of employment, credit bureau or consumer reporting agency, including its officers, employees, or 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 an attempt to Comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

FULL NAME:

\_\_\_\_\_  
(Signature)

FULL NAME:

\_\_\_\_\_  
(Printed Name)

DATE:

\_\_\_\_\_

CURRENT ADDRESS:

\_\_\_\_\_

TELEPHONE NUMBER:

\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day

Of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_.

(Name of Affiant)

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

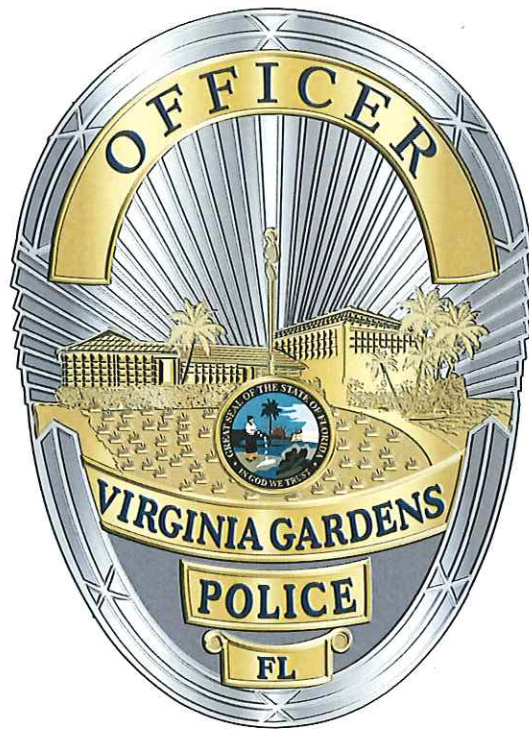
(Check One)

Type of identification Produced: \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Florida at Large

\_\_\_\_\_  
Notary Public, Print Name

My Commission expires \_\_\_\_\_, 20\_\_\_\_\_



## PRE-EMPLOYMENT REQUIRED DOCUMENTS

### (Certified Law Enforcement Officer Applicants)

All Applicants must submit COPIES of the following original documents:

1. Virginia Gardens Police Department Application for Employment
2. Personal History Questionnaire, PHQ
3. FDLE Authority for Release of Information, Background Investigation Waiver Form 58
4. Letter of Understanding Agreement for 1 Year Service
5. Reserve Law Enforcement Officer Agreement
6. Birth Certificate
7. Social Security Card
8. High School Diploma or GED Certificate
9. College Diploma and Transcript (if applicable)
10. Marriage Certificate (if applicable)
11. Divorce Decree(s) (if applicable)
12. Florida Driver's License
13. DD-214 (if applicable)
14. Proof of Certification (copies of original documents will be accepted)
15. Official Transcripts from each college/institution attended (**Original**)
16. 7-year Driving History (**Certified Copy**)
17. Credit Report (Any of the following: Experian, TransUnion, Equifax)
18. Two Current Passport Type Photographs (2"x 2")



**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: Village of Virginia Gardens Police Department

ADDRESS: 6498 NW 38 Terrace Virginia Gardens, Florida 33166

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



# VIRGINIA GARDENS POLICE DEPARTMENT

6498 N.W. 38TH TERRACE  
VIRGINIA GARDENS, FLORIDA 33166



RAYMOND HERNANDEZ  
INTERIM CHIEF OF POLICE

PHONE: (305) 871-3141  
FAX: (305) 871-7174

I, \_\_\_\_\_, understand that the Village of Virginia Gardens Police Department incurs certain expenses more than **Two thousand dollars (\$2,000.00)** in the process of hiring each new employee, arising from background investigations, and the performance of various administrative services and the provision of new uniforms.

I agree that if, for any reason, my employment with the Village of Virginia Gardens Police Department is discontinued **within one year (1 year)** from the date on which I am hired, I will be liable to the Village of Virginia Gardens Police Department for liquidated damages in the amount of **Two thousand dollars (\$2,000.00)**, as well as for reasonable attorney fees and court costs incurred by the department in collection thereof.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Raymond Hernandez.  
Interim Chief of Police



VILLAGE OF VIRGINIA GARDEN POLICE DEPARTMENT  
MEMORANDUM

**DATE:** January-2018  
**TO:** All Reserve/Law Enforcement Officers  
**FROM:** Raymond Hernandez- Interim Chief of Police  
**REFERENCE:** Appointment & Service as Reserve/Law Enforcement Officer  
**CC:** Personnel File

---

The Village of Virginia Gardens Police Department has established a reserve/law enforcement officer program. As a condition of appointment and continued service on behalf of the Village of Virginia Gardens Police Department, the appointed reserve law enforcement officer is required to provide a minimum of sixteen (16) hours of voluntary service without compensation to the Village of Virginia Gardens Police Department. This service is in the patrol division unless otherwise specifically authorized by the Chief of Police or his designee.

**ACKNOWLEDGEMENT**

It is further understood and agreed that I \_\_\_\_\_ Department ID, Last (4) of Social Security Number, \_\_\_\_\_ serve in my official capacity as reserve law enforcement officer exclusively at the will of the Chief of Police for the Village of Virginia Gardens Department and further understand and agree that my failure to provide sixteen (16) hours of voluntary service per month in the patrol division as directed constitutes cause for dismissal. I further agree to abide by all Department Policies, Directives, Rules & Regulations while performing any duty on behalf of and/or representing the Village of Virginia Gardens Police Department.

---

Officer Signature & ID NO

---

Date

---

Raymond Hernandez  
Interim Chief of Police