

# CITY OF HOLLYWOOD, FLORIDA POLICE DEPARTMENT

**JAMES H. SCARBERRY  
CHIEF OF POLICE**



## PERSONAL HISTORY STATEMENT

Date Received by Applicant: \_\_\_\_\_

Date Due from Applicant: \_\_\_\_\_

Time Stamp received by Police Personnel Unit:

**CITY OF HOLLYWOOD, FLORIDA**  
**"AN EQUAL OPPORTUNITY/EQUAL ACCESS EMPLOYER"**  
**POLICE DEPARTMENT**

Professional Standards, Personnel Unit  
 3250 Hollywood Boulevard  
 Hollywood, Florida 33021-6867  
 www.hollywoodpolice.org  
 Phone#: (954) 967-4372 Fax#: (954) 967-4374

## PERSONAL HISTORY STATEMENT

THIS HISTORY STATEMENT MUST BE COMPLETED AND POSTMARKED OR  
 HAND DELIVERED TO HOLLYWOOD POLICE WITHIN SEVEN (7) DAYS OF RECEIPT

Read every question carefully and answer each accurately, thoroughly, and truthfully; Applicants may be disqualified from processing for omissions or false statements in this Personal History Statement. If space is insufficient for complete answers, do so on page 23 or attach an 8 1/2" x 11" sheet of paper to this Personal History Statement; number your answers to correspond with questions. Do not attach a Résumé or VITAS. Applicants must initial each page. Questions not applying to you should be marked "N/A" to acknowledge its inapplicability.

It is the Applicant's responsibility to have both documents at the end of this Personal History Statement Notarized prior to return.

A COPY OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THE APPLICATION (ORIGINALS DUE UPON REQUEST):

- Birth Certificate
- High School Diploma or GED (transcripts required if GED)
- College Degree(s) (if applicable)
- College Transcripts (School Certified-Sealed ONLY)
- All Marriage Certificates (issued by the State or County, not religious organization)
- All Divorce Documents (original petition and final decrees)
- Adoption or Legal Name Change (if applicable)
- DD-214 Member 4 form (one for each Branch served)
- Driver's License
- Social Security Card
- Naturalization papers
- Current Auto Insurance card

POLICE OFFICER APPLICANTS ALSO SUBMIT:

- Florida CJSTC Basic Training Certificate or other State Certification (Certified Officers only)
- Bankruptcy papers (copy of original petition and final decree)
- Complete income tax return for last year
- Criminal Justice Basic Abilities Test (CJBAT) Results
- Swim Test result
- Agility Test (modified version not accepted)

Documents not submitted will be listed on page 23 with the reason for omission

*Space available on page 23 for added responses*

All Applicants, regardless of Position sought, may be disqualified from processing for omissions or false statements. Before you complete this Statement, you will not be processed if it is learned you have left information out or were dishonest with entries.

Those applying to the position of Police Officer will automatically be disqualified for:

- Omissions concerning previous employment
- Failed Hollywood Background Investigation or Psychological Exam in the past year
- DUI Arrest and/or conviction in the last five years
- Arrest and/or conviction involving Domestic Violence and Conviction Omissions
- Military Discharge must not have been Dishonorable
- Recent use of any illegal controlled substance
- Five or more traffic moving violations in the last five years or an overall poor driving record
- Two or more drivers' license suspensions in the last five years
- Failure to disclose traffic tickets or convictions

By initialing each page on the bottom right corner, you acknowledge that you have read and understand the listed disqualifiers. Your initials also demonstrate your thorough review and entry on each page of the Personal History Statement.

**Questions can be clarified by calling the Police Personnel Unit at  
954-967-4372**

POSITION APPLIED FOR \_\_\_\_\_ DATE: \_\_\_\_\_

Certified Police Officer?  No  Yes, in the State of \_\_\_\_\_ for \_\_\_\_\_ years and \_\_\_\_\_ months.

**SECTION A. PERSONAL HISTORY**

1. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 LAST NAME FIRST NAME MIDDLE NAME SUFFIX (Jr., II, Sr.)

2. List other names you have used, including nicknames, maiden name, or aliases:  
 \_\_\_\_\_  
 \_\_\_\_\_

3. \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_  
 RESIDENCE ADDRESS (Include Apt. #) How long at present residence?

4. \_\_\_\_\_  
 CITY COUNTY STATE ZIP CODE

5. Who do you reside with? Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

6. HOME TELEPHONE (\_\_\_\_) \_\_\_\_\_ WORK NUMBER (\_\_\_\_) \_\_\_\_\_

CELL TELEPHONE (\_\_\_\_) \_\_\_\_\_ PAGER NUMBER (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS; \_\_\_\_\_ WEBSITE: \_\_\_\_\_

7. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 8. \_\_\_\_\_  
 SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER STATE

9. \_\_\_\_\_ 10. \_\_\_\_\_  
 DATE OF BIRTH (Month-Day-Year) PLACE OF BIRTH (City, State, County, Country)

11. \_\_\_\_\_ 12. \_\_\_\_\_ 13. \_\_\_\_\_ 14. \_\_\_\_\_  
 AGE GENDER HEIGHT WEIGHT

15. Are you a United States Citizen?  Yes  No  Legal Resident  Permanent Resident  
 Work Authorization # \_\_\_\_\_ If a Naturalized Citizen provide date: \_\_\_\_\_  
 Certificate number: \_\_\_\_\_ Location \_\_\_\_\_

16. Race/Nationality:  White-non Hispanic  African American-non Hispanic  Hispanic  
 Asian  American Indian  Other-Specify \_\_\_\_\_

17. Marital Status:  Married  Divorced  Separated  Widow (er)  Never Married

18. Scars, Marks, Tattoos or Piercing:  None

TYPE	LOCATION ON BODY	DESCRIPTION
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Space available on page 23 for added responses



With whom did you reside? Give name:	Relationship:
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20. Have you ever been foreclosed on or evicted from any residence?  NO  YES, provide details:

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## SECTION B. EMPLOYMENT HISTORY

1. List jobs held for the past **ten** years, beginning with your present or most recent position; list periods of unemployment. Include part-time employment and volunteer work.

NAME & ADDRESS OF EMPLOYER		DATES EMPLOYED	ANNUAL SALARY	TITLE OF LAST POSITION	SUPERVISORS NAME(S)	REASON FOR LEAVING
NAME		FROM				
ADDRESS		TO				
CITY, STATE, ZIP		<input type="checkbox"/> Full-time				
PHONE ( )		<input type="checkbox"/> Part-time				
DUTIES:						
NAME		FROM				
ADDRESS		TO				
CITY, STATE, ZIP		<input type="checkbox"/> Full-time				
PHONE ( )		<input type="checkbox"/> Part-time				
DUTIES:						
NAME		FROM				
ADDRESS		TO				
CITY, STATE, ZIP		<input type="checkbox"/> Full-time				
PHONE ( )		<input type="checkbox"/> Part-time				
DUTIES:						
NAME		FROM				
ADDRESS		TO				
CITY, STATE, ZIP		<input type="checkbox"/> Full-time				
PHONE ( )		<input type="checkbox"/> Part-time				
DUTIES:						
NAME		FROM				
ADDRESS		TO				
CITY, STATE, ZIP		<input type="checkbox"/> Full-time				
PHONE ( )		<input type="checkbox"/> Part-time				
DUTIES:						

Space available on page 23 for added responses

ADDRESS	TO				
CITY, STATE, ZIP	<input type="checkbox"/> Full-time				
PHONE ( )	<input type="checkbox"/> Part-time				
DUTIES:					

2. Are you currently engaged in any business as an owner or partner (active or silent)?  No  
 Yes, give details: \_\_\_\_\_

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3. Have you ever applied for employment with the City of Hollywood, any Police Department, Public Safety Department, or other Governmental Agency?  No  Yes, provide details:

AGENCY NAME	APPLICATION DATE	POSITION(S) SOUGHT	STATUS OF PROCESSING

4. Have you ever been: (a) Dismissed by any employer?  No  Yes  
 (b) Asked to resign by any employer?  No  Yes  
 (c) Had any disciplinary action taken against you by an employer, or Supervisor?  No  Yes

If you answered "Yes" to any of these questions, provide details:

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5. Have you resigned or left a job: (a) by mutual agreement?  No  Yes  
 (b) after allegations of misconduct?  No  Yes  
 (c) for unsatisfactory job performance?  No  Yes  
 (d) in lieu of termination?  No  Yes

If you answered "Yes" to any of these questions, provide details:

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6. Have you previously been employed by any Law Enforcement Agency?  No  Yes:

AGENCY, STATE	DATES	POSITION(S)

If "Yes", were you ever the subject of Internal Affairs investigations?  No  Yes  N/A  
 Explain the circumstances of each case:

DATE	AGENCY	NATURE OF CASE	DISPOSITION

7. If previously employed by a Law Enforcement Agency, did you fail to pass Probation or resign prior to the end of the Probationary Period?  N/A  No  Yes, provide details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. The Police Department operates 24 hours a day, seven days a week; are you willing to work:  
 Afternoon Shifts?  No  Yes    Midnight Shifts?  No  Yes    Weekends?  No  Yes  
 Permanent Shifts?  No  Yes    Holidays?  No  Yes    Rotating Shifts?  No  Yes  
 On-call basis?  No  Yes    Beyond shifts end?  No  Yes

9. Some positions require you to wear a Uniform; are you willing to wear a Uniform?  No  Yes

10. Are you related to anyone currently employed by the City of Hollywood in any capacity?  
 No  Yes, please provide:

Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

Employee's name: \_\_\_\_\_ Position held: \_\_\_\_\_

Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

Employee's name: \_\_\_\_\_ Position held: \_\_\_\_\_

11. Have you ever worked for the City of Hollywood?  No  Yes, when \_\_\_\_\_

Department assignment: \_\_\_\_\_ Job title: \_\_\_\_\_

## SECTION C. EDUCATION HISTORY

### 1. High Schools

NAME, ADDRESS, CITY, STATE	DATES ATTENDED MO/YR FROM TO	YEARS COMPLETED	GRADUATE	DIPLOMA TYPE
			<input type="checkbox"/> No <input type="checkbox"/> Yes	
			<input type="checkbox"/> No <input type="checkbox"/> Yes	

### 2. \*Colleges/Universities

NAME, ADDRESS, CITY, STATE	DATES ATTENDED MO/YR FROM TO	CREDIT HOURS EARNED QTR. SEM.	GRADUATE	DEGREE TYPE MAJOR/MINOR
			<input type="checkbox"/> No <input type="checkbox"/> Yes	
			<input type="checkbox"/> No <input type="checkbox"/> Yes	
			<input type="checkbox"/> No <input type="checkbox"/> Yes	

\*Attach Official Transcripts from all institutions attended.

### 3. Other Schools (Trade, Vocational, Business, Military, or Criminal Justice Institute)

NAME, ADDRESS, CITY, STATE	DATES ATTENDED MO/YR FROM TO	CREDIT HOURS EARNED	AREA OF STUDY	GRADUATE	DEGREE/ CERTIFICATION TYPE
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	

4. Were you ever dismissed from a School or College, or was **any** disciplinary action, including Scholastic Probation, ever taken against you? No Yes, indicate below:

SCHOOL OR COLLEGE	DATE	TYPE OF ACTION	REASON

*Space available on page 23 for added responses*

5. Describe Awards, Honors and Citations, positions held in School Organizations, and any other special recognition you received while attending Schools, Colleges and Universities:

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6. Indicate language(s), other than English, you can: (N/A)

_____ <input type="checkbox"/> Speak, at what level?	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
_____ <input type="checkbox"/> Read, at what level?	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
_____ <input type="checkbox"/> Write, at what level?	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
_____ <input type="checkbox"/> Speak, at what level?	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
_____ <input type="checkbox"/> Read, at what level?	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
_____ <input type="checkbox"/> Write, at what level?	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent

7. Indicate special skills you possess and equipment you can use which may be related to Law Enforcement. (For example: Two-way Radio Communications, Breathalyzer, Speed Detection Equipment, Firearms):

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8. Have you used computers or computer terminals in your prior or current position, in during your personal time? No Yes, list programs, software, hardware used:

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9. (a) Typing Speed \_\_\_\_\_ (b) Shorthand Speed \_\_\_\_\_

**SECTION D. ARREST HISTORY**

**AS AN APPLICANT, YOU MUST LIST ANY AND ALL ARRESTS (ADULT OR JUVENILE); INCLUDING RECORDS WHICH WERE SEALED, EXPUNGED, OR OTHERWISE CLOSED TO PUBLIC INSPECTION AS PER FSS 943.058.**

1. Have you ever been arrested, detained or taken into custody by a Federal, State or Local Law Enforcement Agency in the United States of America or any foreign land, as a juvenile or as an adult, for any criminal charge or civil law-related offense?  No  Yes, Explain:

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**ATTACH ARREST REPORT, DISPOSITION AND ALL SUPPORTING DOCUMENTS**

DATE	AGENCY NAME CITY, STATE, COUNTRY	CHARGE	COURT NAME, CITY & STATE	DISPOSITION & CIRCUMSTANCES OF ARREST
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes

2. Have you ever been, or suspect you may have been, investigated by any Federal, State or Local Law Enforcement Agency in the United States of America or any foreign land as an adult or juvenile?  No  Yes, Explain: \_\_\_\_\_

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DATE	AGENCY INVOLVED	CIRCUMSTANCES
		Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes
		Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes
		Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes
		Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes

3. Have you ever been convicted of, pled guilty to, or pled nolo contendere to any criminal charge(s) in a court in any country as an adult or juvenile?  No  Yes, explain in detail:

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DATE	PLACE & DEPARTMENT	CHARGE	COURT & PLACE	DISPOSITION
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes

4. Explain in detail, any arrest, charge, conviction, guilty plea or any other criminal matter expunged or sealed from your record as either a juvenile or adult:  N/A

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5. Have you ever been placed on Probation for a criminal matter by a Federal, State, or Local Court in the United States of America or any other country as an adult or juvenile?  No  Yes, explain in detail:

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COURT LOCATION	CHARGE(S)	DISPOSITION	DATES OF PROBATION

6. Have you ever been detained, incarcerated, or served a sentence in any Youth Home, Jail, Prison, Penitentiary or other Detention Facility?  No  Yes, explain in detail:

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7. Have you ever been questioned or interrogated by any Law Enforcement Agency, anywhere, anytime as an adult or juvenile?  No  Yes, explain in detail:

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8. Have you ever been fingerprinted for any reason (Arrest, Job Application, Military, etc.)?

No Yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Have you ever been reported or listed as a Missing Person? No Yes, explain:

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

10. Have you ever been investigated, charged or convicted of any charge involving Domestic Violence? No Yes, provide details:

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

11. Have you ever been served with a restraining order, injunction or any other court order to stay away from someone? No  Yes, explain:

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

**SECTION E. CIVIL COURT HISTORY**

1. Were you ever summoned or subpoenaed to Court in a Civil Proceeding, or were you ever a Party (Plaintiff or Defendant) in a Civil Action in this State or elsewhere? No Yes, explain in detail: \_\_\_\_\_

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

## SECTION F. PERSONAL REFERENCES

1. List **five** responsible, adult references of reputable standing in their communities. Such as property owners, business or professional men or women, who have known you well for the **past five years**. (NO relatives, former or present employers, co-workers, people you reside with, or school teachers) If retired, list former occupation.

Complete Name		Home Phone: (    )	
Home Address		Cellular Phone: (    )	
		Business/Daytime Phone: (    )	
City & State, Zip Code		Yrs. Acquainted	Occupation
Complete Name		Home Phone: (    )	
Home Address		Cellular Phone: (    )	
		Business/Daytime Phone: (    )	
City & State, Zip Code		Yrs. Acquainted	Occupation
Complete Name		Home Phone: (    )	
Home Address		Cellular Phone: (    )	
		Business/Daytime Phone: (    )	
City & State	Zip Code	Yrs. Acquainted	Occupation
Complete Name		Home Phone: (    )	
Home Address		Cellular Phone: (    )	
		Business/Daytime Phone: (    )	
City & State	Zip Code	Yrs. Acquainted	Occupation
Complete Name		Home Phone: (    )	
Home Address		Cellular Phone: (    )	
		Business/Daytime Phone: (    )	
City & State	Zip Code	Yrs. Acquainted	Occupation

*Space available on page 23 for added responses*

**SECTION G. DRIVING HISTORY**

1. Do you possess a Florida: Operator's License? No Yes    Chauffeur's License? No Yes

License Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Restrictions: N/A \_\_\_\_\_ Endorsements: N/A \_\_\_\_\_

2. Do you possess a C.D.L.? No Yes License # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

3. Do you now, or have you ever possessed an Operator's and or a Chauffeur's License issued by any State other than Florida? No Yes, specify:

STATE	LICENSE NUMBER & TYPE	EXPIRATION DATE

4. How many years have you operated a motor vehicle? \_\_\_\_\_

5. Was your Drivers License ever suspended or revoked? No Yes, explain in detail:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. How many vehicles do you currently own or lease, including joint ownership? \_\_\_\_\_

YEAR	MAKE	MODEL	TAG	COLOR

Space available on page 23 for added responses

7. Have you ever been refused auto insurance?  No  Yes, explain in detail:

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8. Indicate **every** traffic ticket received in this State or elsewhere (exclude parking violations):

DATE	OFFENSE	LOCATION	AGE AT TIME	ISSUING AGENCY

9. List all traffic accident involvement:

DATE	LOCATION	INJURIES	DEATH	POLICE AGENCY	AT FAULT
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes

Space available on page 23 for added responses

**SECTION H. MILITARY HISTORY**

1. Are you registered with Selective Service?  No  Yes, date registered: \_\_\_\_\_

Board Location: \_\_\_\_\_

2. Have you ever served Active Duty in the U.S. Armed Forces?  No  Yes

Branch: \_\_\_\_\_ Highest Rank at discharge: \_\_\_\_\_

Service #: \_\_\_\_\_ Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

3. Were you ever Court Martialed, tried on charges, or the Subject of a Summary Court, Deck Court, Captains Mast, Article 15, Company Punishment, Page 7, or any other disciplinary action while in the Military?  N/A  No  Yes, explain in detail, including reason, type of disciplinary action, date(s), charge(s), final disposition:

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

4. Are you now or have you ever been a Member of any Military Reserve or National Guard Organization?  No  Yes, provide details: \_\_\_\_\_

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

5. Are you required to attend Military Training meetings?  No  Yes, explain in detail, including obligation completion date: \_\_\_\_\_

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

6. List specialized schools you attended while in the Armed Forces.  N/A

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

7. List Commendations and Citations awarded to you as a Member of the Armed Forces.  N/A

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

8. Have you ever served in a Military or Para-Military organization of any Foreign Government?  No  Yes, provide details including type of discharge: \_\_\_\_\_

\_\_\_\_\_

**SECTION I. FINANCIAL HISTORY**

1. Are you or your spouse/significant other indebted to anyone? No Yes, list all debts over \$250, including student loans and charge accounts; list any debt where payment was past due, regardless of amount.

CREDITOR	ADDRESS	BALANCE DUE
<b>TOTAL BALANCE DUE</b>		

2. What is your total, average monthly payment?

	AMOUNT PAID		AMOUNT PAID
MORTGAGE/RENT		AUTO PAYMENT	
ELECTRIC/GAS		AUTO INSURANCE	
TELEPHONE/CELLULAR		CREDIT CARD(S)	
WATER		LOAN(S)	
CHILD CARE		FOOD	
CHILD SUPPORT		OTHER(SPECIFY)	
ALIMONY		OTHER(SPECIFY)	
<b>TOTAL MONTHLY PAYMENT</b>			

3. Do you have any other source of income? No Yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 4. Have you, your spouse/significant other or a company you controlled:
  - a. Ever filed for bankruptcy? No Yes
  - b. Declared bankruptcy? No Yes
  - c. Had a legal judgment rendered against you for a debt? No Yes

If you answered "Yes" to any of these questions, provide details:

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- 5. Have you ever been denied Credit? No Yes, explain in detail: \_\_\_\_\_

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- 6. Have your Accounts ever been placed in the control of a Collection Agency or reported as a "bad debt". No Yes, give details: \_\_\_\_\_

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- 7. Has Legal Action ever been taken against you for failing to make Child Support payments or delaying payments? N/A No Yes, give details: \_\_\_\_\_

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- 8. Child Support Payments are made through:
  - Court Order
  - Payroll deduction
  - Voluntary Payments
  - N/A

- 9. Have you ever had any personal property repossessed? No Yes, explain: \_\_\_\_\_

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- 10. Have you ever falsified your credit to get money? No Yes, give details: \_\_\_\_\_

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- 11. Have you ever failed to file City, State, or Federal Income Tax Returns? No Yes, give details: \_\_\_\_\_

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- 12. Do you owe the Federal Government money? No Yes, explain: \_\_\_\_\_

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**SECTION J. CONTROLLED SUBSTANCES**

1. Do you now use any drugs or controlled substances?  No  Yes
- a. Have you ever experimented with drugs or controlled substances in the past without a Physician's prescription? ("Experimented" means smoking, inhaling, swallowing; placing in gums, lips or tongue; injecting; or ingesting by any other means.)  No  Yes
- b. Do you now or have you ever possessed drugs or controlled substances without a Physician's prescription?  No  Yes
- c. Do you now or have you ever unlawfully supplied, made or sold drugs or controlled substances?  No  Yes
- d. Have you ever purchased any illegal drugs?  No  Yes
- e. Have you ever made any illegal drugs?  No  Yes

If you answered "Yes" to any of these questions, provide details:

DRUG OR CONTROLLED SUBSTANCE USED, MADE, SOLD, PURCHASED OR POSSESSED	FIRST TIME USED (MO/YR)	DATE LAST USED (MO/YR)	NUMBER OF TIMES
TYPE OF ACTIVITY/EXPLANATION:			
DRUG OR CONTROLLED SUBSTANCE USED, SOLD, PURCHASED OR POSSESSED	FIRST TIME USED (MO/YR)	DATE LAST USED (MO/YR)	NUMBER OF TIMES
TYPE OF ACTIVITY/EXPLANATION:			
DRUG OR CONTROLLED SUBSTANCE USED, SOLD, PURCHASED OR POSSESSED	FIRST TIME USED (MO/YR)	DATE LAST USED (MO/YR)	NUMBER OF TIMES
TYPE OF ACTIVITY/EXPLANATION:			

**SECTION K. MISCELLANEOUS**

1. Has your name ever been legally changed? No Yes, please give dates, names and reasons:

\_\_\_\_\_

\_\_\_\_\_

2. Does your spouse/significant other support your decision to be a Police Officer? No Yes N/A

3. Have you ever been separated or divorced? No Yes, provide ex-spouse's name:

SEPARATED OR DIVORCED	NAME	REASON
<input type="checkbox"/> Separated <input type="checkbox"/> Divorced Date: _____		
<input type="checkbox"/> Separated <input type="checkbox"/> Divorced Date: _____		
<input type="checkbox"/> Separated <input type="checkbox"/> Divorced Date: _____		
<input type="checkbox"/> Separated <input type="checkbox"/> Divorced Date: _____		

4. Do you have a Concealed Weapons Permit? No Yes, in what State? \_\_\_\_\_

Permit # \_\_\_\_\_ Why? \_\_\_\_\_

5. Have you ever used a firearm or other deadly weapon? No Yes, explain in detail:

\_\_\_\_\_

\_\_\_\_\_

6. Are you now, or have you ever been, associated with any individual or organization which was investigated, or is being investigated for involvement in criminal activity? No Yes, explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. How did you learn about the position for which you are applying?

- City Employee                       Visit to Human Resources                       City/Department's Web Page
- Employment Agency                       College/High School                       Job/Career Fair:

Where? \_\_\_\_\_

- Internet site: \_\_\_\_\_
- Newspaper Ad – Specify \_\_\_\_\_
- Recruitment Posting at: \_\_\_\_\_
- Other \_\_\_\_\_

Space available on page 23 for added responses





**AFFIDAVIT**

I, \_\_\_\_\_, am being considered for employment for the position of \_\_\_\_\_. I understand the attached Personal History Statement is considered part of my official application for the above position. By signing this document, I hereby certify all information contained in the attached Personal History Statement and all accompanying documents submitted are true, accurate and complete to the best of my knowledge and there is no material falsification, misrepresentation or omission. I also understand all statements and accompanying documents are subject to investigation and any material falsification, misrepresentation, omission or other unfavorable information developed during any phase of the background investigation process or anytime thereafter, is sufficient cause for immediate disqualification, immediate dismissal from City service and/or subject to prosecution for the criminal violation of perjury as specified in Section 837.012, Florida Statutes.

I consent to submit to the following background investigation procedures which may include, but not limited to: medical evaluation, drug detection by hair analysis, psychological evaluation, computer voice stress analysis (CVSA), polygraph, fingerprint processing, job interview and other means as deemed necessary and proper by the City of Hollywood Police Department to complete its investigation as to my fitness and suitability for the position for which I have applied. I thoroughly understand I must successfully complete the above-mentioned processes.

I understand the City of Hollywood/Hollywood Police Department will not reimburse any expenses I might incur in seeking this position. I recognize the time required to process and select employees for this position is lengthy and time consuming. No promises or commitments are expected by me as to a time when a hiring decision and/or actual hiring might take place.

I understand and consent to all of the above statements and conditions.

\_\_\_\_\_  
PRINT NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

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

Sworn to or affirmed and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
MONTH YEAR

By: \_\_\_\_\_.

Personally known by me.

Produced Identification; type of Identification produced \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC-STATE OF \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME OF NOTARY

Stamp Commissioned Name of Notary Public

**BACKGROUND INFORMATION RELEASE WAIVER**

In connection with my application for employment with the CITY OF HOLLYWOOD, I understand a background investigation, in accordance with the Fair Credit Reporting Act and all State and Federal laws, is to be conducted, and may include information about my personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent towards determining my qualifications for employment.

I understand, according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Credit Reporting Agency. Upon written request, I will be informed whether an Investigative Consumer Report was requested and will be given full information as to the nature and scope of this investigation, as well as the name of the reporting agency or sources of information.

I understand that during this background investigation, the CITY OF HOLLYWOOD may make inquiries and request information including but not limited to my criminal history, consumer credit history, employment history, driving history, military history, medical history, workers' compensation history, education, professional licensing, including information of a confidential or privileged nature.

I hereby authorize, without reservation, any party (including, but not limited to, past and present employers, Law Enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by the CITY OF HOLLYWOOD, to furnish any or all of the above mentioned information. In addition, I hereby release the CITY OF HOLLYWOOD, and its agents or representatives, from any and all liability for damages arising from this background investigation and the disclosure of the requested information. I further release and discharge from all liability, any companies, agencies, officials, officers, employees, and other persons, who, in good faith, provides to the CITY OF HOLLYWOOD any of the above mentioned requested information obtained during the course of the background investigation.

I will also allow a photocopy or facsimile of this Background Information Release Waiver to be as valid as the original.

\_\_\_\_\_  
PRINT FULL NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

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

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

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
MONTH YEAR

By: \_\_\_\_\_

- Personally known by me
- Produced Identification; type of Identification produced \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC-STATE OF \_\_\_\_\_

Stamp Commissioned Name of Notary Public