

Palmetto Police Department

Drug Policy for Certified (Police) Applicants And Non-Certified (Civilian) Applicant

The Palmetto Police Department is firmly committed to a drug-free society and workplace. To this end, the unlawful use of drugs by Palmetto Police Department employees will not be tolerated. Furthermore, applicants to the Palmetto Police Department who are currently using illegal drugs will be considered unsuitable for employment. While the Palmetto Police Department does not condone any prior unlawful drug use by applicants, the Palmetto Police Department realizes that some otherwise qualified applicants may have used drugs at some point during his/her past. The following guidelines shall be followed for determining whether an applicant's prior illegal drug use makes him/her unsuitable for employment.

Any exceptions to the Palmetto Police Department's Drug Policy must be requested, in writing, and must specify the circumstances that justify the hiring of the applicant. Exceptions to this Drug Policy must be approved by the Chief of Police.

Experimental drug use, for the purpose of this policy, is defined as; one who has illegally, wrongfully, or improperly used any narcotic substance, marijuana, or dangerous drug for reasons of curiosity, peer pressure, or other similar reason. The exact number of times drugs were used is not necessarily as important as determining the category of use and the impact of the drug use on the user's lifestyle, the intent of the user, the circumstances of use, and the psychological makeup of the user. An individual whose drug experimentation or use has resulted in some form of medical, psychiatric, or psychological treatment; a conviction or adverse juvenile adjudication; or loss of employment dose fall within the limits of experimental drug use. For administrative purposes, determination of whether or not the applicant's drug use will be considered experimental drug use shall be within the judgment of the Palmetto Police Department and may be aided by medical and or legal advice, with information available from investigative sources.

An applicant for any position may not have illegally used any Schedule I through Schedule V controlled substance within the last 36 months. No applicants will be considered for employment if he/she has illegally used any Schedule I through Schedule V controlled substances since his/her 25th birthday (Schedule I through Schedule V, as defined in the Controlled Substances Act, 21 U.S.C., Section 812, include, but are not limited to : cocaine, crack, lysergic acid diethylamide (LSD), amphetamines, methamphetamines, heroine, MDMA, GHB, and anabolic steroids). Although Schedule I includes marijuana, the Palmetto Police Department's drug policy on marijuana usage is set forth, below.

An applicant for a certified position may not have illegally used marijuana within the past 12 months. An applicant for a certified position may not have used marijuana after his/her 25th birthday. No applicant will be considered for employment if he/she has a pattern of usage of marijuana in his/her lifetime. Experimental usage will be

evaluated on the basis of circumstances of involvement, use, length of use, and quantity of use. The various forms of marijuana include cannabis, hashish, hash oil, and tetrahydrocannabinol (THC) in both synthetic and natural forms.

Applicants applying for a non-certified position who illegally used marijuana after their 25th birthday will not be considered for employment if they used marijuana within the past 36 months; if the applicant's last use was prior to the applicant's 25th birthday, they may not have illegally used marijuana within the past 12 months. No applicant will be considered for employment if he/she has a pattern of usage of marijuana in his or her lifetime. Experimental usage will be evaluated on the basis of circumstances of involvement, use length of use, and quantity of use. The various forms of marijuana include cannabis, hashish, hash oil, and tetrahydrocannabinol (THVC) in both synthetic and natural forms.

Any applicant may not have illegally used a controlled substance (including marijuana) while employed as a law enforcement or corrections officer or in a prosecutorial position or while employed in a position of public safety.

Except as provided above, any applicant may not have violated any provision of the Controlled Substance Act, including but not limited to; the illegal sale, delivery, or manufacture of a controlled substance.

An applicant will not be considered for employment if he or she has been convicted of any DUI in the last 60 months or more than once in a lifetime.

Palmetto Police Department non-certified employees who wish to apply for a certified position will be subject to the policy for certified applicants.

I HAVE READ AND UNDERSTAND THE ABOVE DRUG POLICY

Signature _____ *Date* _____

Questions should be directed to the City of Palmetto Human Resources Department at (941) 723-4570.

C. EDUCATION/TRAINING

HIGH SCHOOL

1. Provide the following information regarding the high school that you graduated from or last attended:

Name & Address: _____

Dates attended: From _____ To _____ Grade Completed: 9 10 11 12

Did you graduate? ___ Yes ___ No Type of diploma received: High School ___ GED ___

G.E.D.

2. If applicable, provide the following information regarding the institution that issued your GED:

Name & Address: _____

Dates attended: From _____ To _____ GED received: ___ Yes ___ No

COLLEGE/UNIVERSITY

3. Provide the following information regarding the colleges and universities you have attended:

Name & Address: _____

Dates attended: From _____ To _____ Credit Hours ___ Qtr. ___ Sem.

Type of degree received: _____ Major: _____ Minor: _____

Name & Address: _____

Dates attended: From _____ To _____ Credit Hours ___ Qtr. ___ Sem.

Type of degree received: _____ Major: _____ Minor: _____

OTHER SCHOOLS/ACADEMIES

4. Provide the following information regarding trade, vocational, business schools, or academies attended:

Name & Address: _____

Dates attended: From _____ To _____ Credit Hours ___ Qtr. ___ Sem.

Type of degree/certificate: _____ Area of study: _____

Name & Address: _____

Dates attended: From _____ To _____ Credit Hours ___ Qtr. ___ Sem.

Type of degree/certificate: _____ Area of study: _____

D. EMPLOYMENT HISTORY

1. Chronologically list all employment beginning with PRESENT employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name: _____ Phone: () _____
Address: _____ City/State/Zip: _____
Dates worked: From _____ To: _____ Full Time __ P-T __ Salary: _____
Title/Position: _____ Reason for leaving: _____
Name: _____ Phone: () _____
Address: _____ City/State/Zip: _____
Dates worked: From _____ To: _____ Full Time __ P-T __ Salary: _____
Title/Position: _____ Reason for leaving: _____
Name: _____ Phone: () _____
Address: _____ City/State/Zip: _____
Dates worked: From _____ To: _____ Full Time __ P-T __ Salary: _____
Title/Position: _____ Reason for leaving: _____
Name: _____ Phone: () _____
Address: _____ City/State/Zip: _____
Dates worked: From _____ To: _____ Full Time __ P-T __ Salary: _____
Title/Position: _____ Reason for leaving: _____
Name: _____ Phone: () _____
Address: _____ City/State/Zip: _____
Dates worked: From _____ To: _____ Full Time __ P-T __ Salary: _____
Title/Position: _____ Reason for leaving: _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

E. PERSONAL REFERENCES

1. List three (3) references who are responsible adults of reputable standing in their communities who have known you well for the past five (5) years. DO NOT list relatives or former employers.

Name: _____	Phone: () _____
Address: _____	City/State/Zip: _____
Years acquainted: _____	How acquainted: _____

Name: _____	Phone: () _____
Address: _____	City/State/Zip: _____
Years acquainted: _____	How acquainted: _____

Name: _____	Phone: () _____
Address: _____	City/State/Zip: _____
Years acquainted: _____	How acquainted: _____

F. CLOSE FRIENDS

1. List three (3) of your closest friends, include both men and women, with whom you have had regular contact over the past three (3) years.

Name: _____	Phone: () _____
Address: _____	City/State/Zip: _____
Years acquainted: _____	How acquainted: _____

Name: _____	Phone: () _____
Address: _____	City/State/Zip: _____
Years acquainted: _____	How acquainted: _____

Name: _____	Phone: () _____
Address: _____	City/State/Zip: _____
Years acquainted: _____	How acquainted: _____

G. ADULT CRIMINAL & CIVIL COURT HISTORY

1. As an adult, have you ever been taken into custody and fingerprinted by civilian or military authorities for violation of any law or ordinance regardless of whether the record in your case has been sealed, expunged, dropped, or otherwise stricken?
 _____ YES _____ NO

2. As and adult, have you ever been investigated, charged or received a notice or summons for any violation of law or ordinance?
 _____ YES _____ NO

3. As an adult, have you ever been investigated or charged with a traffic violation (exclude parking tickets)?
 _____ YES _____ NO

If you answered "YES" to question #1, #2 or #3, list all such matters even if you were not formally charged, or made no court appearance, or were found not guilty, or pled nolo contendere to any charge for which adjudication was withheld, or the matter was settled by payment of fine or forfeiture of collateral.

Date: _____ Charge/Incident: _____
Agency/Location: _____ Disposition: _____
Details: _____
Date: _____ Charge/Incident: _____
Agency/Location: _____ Disposition: _____
Details: _____
Date: _____ Charge/Incident: _____
Agency/Location: _____ Disposition: _____
Details: _____
Date: _____ Charge/Incident: _____
Agency/Location: _____ Disposition: _____
Details: _____

4. Have you ever been a plaintiff or defendant in a court action? ____ Yes ____ No
 Details: _____

5. Have you ever been detained by any law enforcement officer for investigative purposes or, to your knowledge, have you ever been the subject of, or a suspect in, any criminal investigation?
 Details: _____

6. Have you ever been reported as a missing person or runaway?
 Details: _____

1. Have you ever been a member of the Armed Forces of the United States?

H. MILITARY HISTORY

_____ YES _____ NO

Branch: _____ Highest Rank: _____ Serial # _____
Active: From _____ To _____ Reserve: _____ To _____ Discharged: _____
Type of discharge: _____ Disciplinary Action: ___ Yes ___ No

Branch: _____ Highest Rank: _____ Serial # _____
Active: From _____ To _____ Reserve: _____ To _____ Discharged: _____
Type of discharge: _____ Disciplinary Action: ___ Yes ___ No

2. Have you ever served in the Armed Forces of a foreign country?
_____ YES _____ NO

Branch: _____ Highest Rank: _____ Serial # _____
Active: From _____ To _____ Reserve: _____ To _____ Discharged: _____
Type of discharge: _____ Disciplinary Action: ___ Yes ___ No

3. If disciplinary action was taken against you, please describe the nature of the offense and action taken.

I. DRIVING HISTORY

1. Are you a licensed automobile operator or chauffeur? Yes No
 State: _____ License No.: _____ Expiration Date: _____
2. Do you hold or have you ever held an operator or chauffeur license in another state?
 Yes No
 State: _____ License No.: _____ Dates From/To: _____
 State: _____ License No.: _____ Dates From/To: _____
3. Have you ever been denied a license or have you ever had a license suspended or revoked? Yes No
 If yes, please give details: _____

4. How many traffic accidents have you had in the past ten (10) years? _____
 How many were your fault? _____ Please give details: _____

J. BUSINESS & CREDIT

1. Do you now have, or have you ever had, a license to engage in a business or profession? Yes No
2. Has a license or professional certification, issued to you, ever been canceled, suspended or revoked? Yes No
3. Do you have stock or interest in any firm, partnership or corporation doing business in Manatee County? Yes No
4. Have you, or a company controlled by you, filed for bankruptcy or declared bankruptcy? Yes No
5. Have you had a legal judgment rendered against you for a debt? Yes No
 If yes to questions #1, #2, #3, #4 or #5, please provide details: _____

6. Do you have any sources of income other than your salary and the salary of your spouse? Yes No
 Your estimated annual salary: _____ Your spouse's estimated annual salary: _____
 Specify the source and amount of any additional income: _____
7. List all of your and your spouse's debts over \$500; and any debt which is past due, regardless of the amount.

Creditor: _____	Address: _____
Amount:\$ _____	Amount Past Due: _____ Account#: _____
Creditor: _____	Address: _____
Amount:\$ _____	Amount Past Due: _____ Account#: _____
Creditor: _____	Address: _____
Amount:\$ _____	Amount Past Due: _____ Account#: _____

K. MISCELLANEOUS

1. What foreign languages can you speak, read or write? Language: _____ Speak ___ Read ___ Write ___
Language: _____ Speak ___ Read ___ Write ___ Language: _____ Speak ___ Read ___ Write ___

2. List any type of special license such as pilot, radio operator, E.M.T., marine pilot, etc., showing licensing authority, where the license was issued, and date current license expires (except vehicle operator s license): _____

3. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? ___ Yes ___ No

4. Have you resigned, or left a job by mutual agreement, following allegations of misconduct or unsatisfactory job performance? ___ Yes ___ No
If yes to questions #3 or #4, please provide details: _____

5. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? _____

6. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? ___ Yes ___ No If yes, please provide name and address of business, corporation or organization, and describe your relationship or position. _____

7. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons that has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? _____

8. Have you ever made a financial or other material contribution to any organization of the type described in question #7 above? ___ Yes ___ No
If yes to question #7 or #8, answer questions #9 and #10 also.

9. At the time of your membership, participation or contribution, did you know of any unlawful aims of the organization? ___ Yes ___ No

10. Did you intend to promote any unlawful aims of the organization? ___ Yes ___ No
If yes to questions #7, #8, #9, or #10, please explain including name of organization and location.

M. CONFIDENTIAL HISTORY

PORTIONS OF THIS SECTION WILL REMAIN CONFIDENTIAL, SUBJECT TO APPLICABLE LAW.

Are you currently a Certified Officer? ___ Yes ___ No Are you a retired Officer? ___ Yes ___ No

1. Applicant's Name and Current Address:
 Address: _____
 City/State/Zip: _____
 Home Phone: () _____ Work Phone: () _____
 Cell Phone: () _____

2. Spouse's Name and Address:
 Address: _____
 City/State/Zip: _____
 Home Phone: () _____ Work Phone: () _____

3. Children's Names and Ages:

NAME	AGE	ADDRESS (if different)

4. Former Spouse(s) Name and Address:
 Address: _____
 City/State/Zip: _____

5. Please provide name and address of next of kin or other person to be contacted in case of an emergency.
 Name and Relationship: _____
 Address: _____
 City/State/Zip: _____
 Home Phone: () _____ Work Phone: () _____
 Other (Cell) Phone: () _____

6. Please provide the name and address of your personal or family physician to be contacted in case of an emergency.
 Name: _____
 Address: _____
 City/State/Zip: _____
 Home Phone: () _____ Work Phone: () _____

7. How you ever used, experimented with, tasted, supplied, possessed, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature? ___ Yes ___ No If yes, please complete the following:

a. Drug:
b. How taken:
c. Circumstances:
d. Number of times used/supplied/sold:
e. First time used:
f. Last time used:

8. As a juvenile, have you ever been taken into custody and fingerprinted by civilian or military authorities for violation of any law or ordinance, regardless of whether the record in your case has been sealed, expunged, dropped, or otherwise stricken?
 _____ YES _____ NO

9. As a juvenile, have you ever been investigated, charged, or received a notice or summons for any violation of law or ordinance?
 _____ YES _____ NO

10. As a juvenile, have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)?
 _____ YES _____ NO

If you answered "YES" to questions #8, #9 or #10, list all such matters even if you were not formally charged, or made no court appearance, or were found not guilty, or pled nolo contendere to any charge for which adjudication was withheld, or the matter was settled by payment of fine or forfeiture of collateral.

Date: _____	Charge/Incident: _____
Agency/Location: _____	Disposition: _____
Details: _____	

Date: _____	Charge/Incident: _____
Agency/Location: _____	Disposition: _____
Details: _____	

Date: _____	Charge/Incident: _____
Agency/Location: _____	Disposition: _____
Details: _____	

Date: _____	Charge/Incident: _____
Agency/Location: _____	Disposition: _____
Details: _____	

APPLICANT S CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or Misrepresentation will be the basis for my dismissal from the Palmetto Police Department. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application, or which is discovered as a result of the background investigation, physical examination, or drug test. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Palmetto Police Department and that it, and the information received in response to the background examination, is public record.

I also understand that I may be required to furnish the Palmetto Police Department with a copy of my Federal Income Tax Return for the year preceding this application and for each year during my employment or appointment.

I further understand and agree that my employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment, and maintenance of personal physical fitness to the degree necessary to satisfactorily perform the duties of my position or assignment with the Palmetto Police Department.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Palmetto Police Department, and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Palmetto Police Department.

I agree to conform to the rules, regulations and orders of the Palmetto Police Department and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Palmetto Police Department, at its discretion, at any time and without any prior notice to me.

Signature of the applicant as usually written

Date

Witnessed by: _____

DOCUMENTS TO BE ATTACHED TO APPLICATION

<u>Attached</u>	<u>Item</u>	<u>Description of Items to be Attached</u>
_____	1	Copy of Driver s License
_____	2	Copy of Social Security Card
_____	3	Copy of High School or GED Diploma/Records
_____	4	Copy of College Diploma
_____	5	Copy of College Transcripts
_____	6	Copy of Birth Certificate
_____	7	Photograph of Self
_____	8	Copy of Criminal Justice Standards and Training Commission (Official Grade Notification)
_____	9	Copy of Certificate of completion of Law Enforcement Training
_____	10	Copies of any Certificates or Cards of any Special Training (i.e., First Responder, CPR, any law enforcement classes or courses taken, etc.)
_____	11	Copy of Marriage License/Certificate
_____	12	Copy of Divorce Records



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)



CJSTC 58

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

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME:
DATE OF BIRTH:
SOCIAL SECURITY NUMBER (Optional):

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION:

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former employees states: An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences.

Applicant's Signature Date

Applicant's Address

AFFIDAVIT

STATE OF COUNTY OF

Before me personally appeared who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this day of, 20. My Commission expires on, 20. Personally Known - or -

Produced Identification Notary Public:

Type of identification produced: