



HUMAN RESOURCES DEPARTMENT

PRE-JOB OFFER QUESTIONNAIRE

Rev: 2 | Date: 1/7/2019 | Print Date: 4/18/2019

Fort Lauderdale Police Department

Position Applied for: _____

INSTRUCTIONS: PRINT in black ink OR TYPE, responding to, and answering every question. If a question is not applicable to you, indicate with N/A. If the space available is insufficient, use a separate sheet of paper and precede each answer with the number of the referenced block. Please make EVERY effort to include telephone numbers in ALL areas requested! DO NOT MISSTATE, OMIT, EXAGGERATE, MINIMIZE, OR PROVIDE FALSE OR MISLEADING FACTS. ANY OR ALL OF THE ABOVE ARE CAUSE FOR REJECTION, DISQUALIFICATION, OR DISMISSAL!

Have you read and do you understand ALL of the above instructions? YES () NO ()

PERSONAL

Last Name		First Name		Middle Name
Alias, Nickname, Maiden Name, or other changes in name (Attach official document(s) regarding any name change).				SOCIAL SECURITY NUMBER
Height	Weight	Eye color	Hair color	Scars, tattoos and/or distinguishing marks
U.S. citizen	Native	Naturalization cert. number	Date, place & court where naturalization received	
YES NO	YES NO			
Date of birth	Place of Birth (City, County & State)			
Permanent residence: Street or RFD		City/P.O. Box		State ZIP code
Current residence: Street or RFD		City/P.O. Box		State ZIP code
TELEPHONE NUMBERS (Use Area Code)				
Permanent residence			Business	
Current residence			Cell Phone	
E-Mail Address			Alt. Phone	



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Date Married (List present and past)	Spouse's Name	Spouse's Date of Birth

1. Current Marital Status: Married () Single () Separated () Divorced () Widowed ()

2. List all residences for the past TEN years, beginning with your CURRENT address.

Month/ Year (From)	Month/Year (To)	Street address	City, County, State, Zip



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EDUCATION

3. Do you have a high school diploma or G.E.D?
 Yes No

Please list school where your diploma or G.E.D. was received.

School name	City, State	Dates from/to	Years completed	Graduated Yes/ No	G.E.D Cert. #

4. List **ALL** colleges and universities attended, **INCLUDING PHONE NUMBERS.**

School name	City, State	Dates from/to	Dates from/to	Years completed	Graduate Yes/no

5. List majors and college degrees.

6. Were you **EVER** expelled, suspended, academically suspended, or disciplined in **ANY** way while attending **ANY** school? If yes, list the officials name, offense, form of discipline, name of school, and approximate date for **EACH** incident. List any accomplices and their phone numbers, and if necessary, any related information.

7. List any other schools or training that you have attended or received, including vocational or business courses.

Name	Dates From/To	City, State	Phone number	Courses taken	Certificate Yes/No





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8. List your level of proficiency in a foreign language by placing an X in the appropriate column.									
Language	Speaking			Reading			Writing		
	Excel.	Good	Fair	Excel.	Good	Fair	Excel.	Good	Fair

EMPLOYMENT

9. Are you now or have you EVER been an owner, part owner, silent partner or corporate member of any business? If yes, state name of business, type of business, involvement or role you had, and time period.
10. Were you EVER discharged, terminated, fired, or forced to resign? Did you ever leave a place of employment under mutual agreement in lieu of termination? If your answer is yes to any of these questions, list company name, supervisor, phone number and address of employer, as well as the approximate date and an explanation for EACH employer.



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Employment (continued)

11. List all places of employment since the age of 18, starting with the most recent job first. Include all periods of military service, full-time schooling, and all periods of unemployment over 3 months. Also list all temporary and seasonal employment. If required, list additional employment on a separate sheet.

From:	Name of Employer	
To :		
Beg. Salary	Address, Street, City, State and Zip	
End Salary		
Phone Number		Name of Supervisor
		Reason for leaving
List job duties:		
From:	Name of Employer	
To :		
Beg. Salary	Address, Street, City, State and Zip	
End Salary		
Phone Number		Name of Supervisor
		Reason for leaving
List job duties:		
From:	Name of Employer	
To :		



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Beg. Salary	Address, Street, City, State and Zip	
End Salary		
Phone Number		Name of Supervisor
		Reason for leaving
List job duties:		

Employment (continued)

From:	Name of Employer	
To :		
Beg. Salary	Address, Street, City, State and Zip	
End Salary		
Phone Number		Name of Supervisor
		Reason for leaving
List job duties:		

From:	Name of Employer	
To :		
Beg. Salary	Address, Street, City, State and Zip	
End Salary		
Phone Number		Name of Supervisor
		Reason for leaving



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List job duties:	
From:	Name of Employer
To :	
Beg. Salary	Address, Street, City, State and Zip
End Salary	
Phone Number	Name of Supervisor
	Reason for leaving
List job duties:	

Employment (continued)

From:	Name of Employer
To :	
Beg. Salary	Address, Street, City, State and Zip
End Salary	
Phone Number	Name of Supervisor
	Reason for leaving
List job duties:	
From:	Name of Employer
To :	



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Beg. Salary	Address, Street, City, State and Zip	
End Salary		
Phone Number	Name of Supervisor	Reason for leaving
List job duties:		
From:	Name of Employer	
To :		
Beg. Salary	Address, Street, City, State and Zip	
End Salary		
Phone Number	Name of Supervisor	Reason for leaving
List job duties:		

MILITARY

12. Have you EVER served in any branch of the military? If yes, list below which branch and specify which nation.		
Service number	Branch	Nation served if other than the United States
Highest rank held		Rank at separation
Entry date Location	Separation date Location	
List EXACT type of discharge: **If Less than honorable conditions or Uncharacterized, explain below.		



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Service number	Branch	Nation served if other than the United States
Highest rank held		Rank at separation
Entry date Location	Separation date Location	
List EXACT type of discharge: **If Less than honorable conditions or Uncharacterized, explain below.		
13. Have you EVER been court-martialed, tried on criminal or civil charges, or were you EVER the subject of a summary court, deck court, captain's mast, company punishment, or ANY OTHER disciplinary proceeding while a member of the armed forces? While in the armed forces, were there any incidents that went unreported or were not investigated? If yes to ANY of above, explain below and include punishment received.		
14. Have you EVER ATTEMPTED to enlist in the armed forces and were refused? If yes, explain below.		



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DRIVER'S LICENSE

15. Are you able to operate a motor vehicle? If no, explain below.

16. List **ALL** driver's license(s) **EVER** issued to you, **including** any military license or learner's permit.

Issuing authority	License number	Date issued	Date surrendered

17. Are there **ANY** restrictions or endorsements on your current driver's license? If yes, explain below.

18. Has **ANY** license(s) issued to you **EVER** been suspended or revoked? If yes, explain below, listing reason(s) date, and length of suspension.

19. Have you **EVER** been refused a driver's license? If yes, explain below.

20. Has your driver's license **EVER** been restricted due to traffic convictions? If yes, explain.

21. Have you **EVER**, as the vehicle's driver or operator, been involved in a motor vehicle accident, whether reported or unreported? If yes to either, give complete details for **EACH** accident.

Date	Location: City, County, State
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Invest. by Police? Yes	No ()	If yes, agency initiating report.
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Report number	Cause of accident	
Was the accident an injury (), non-injury (), or fatality () type? Who was charged, and what was the court disposition?		
Date	Location: City, County, State	
Invest. by Police? Yes () No ()	If yes, agency initiating report.	
Report number	Cause of accident	
Was the accident an injury (), non-injury (), or fatality () type? Who was charged, and what was the court disposition?		

DRIVER'S LICENSE CONTINUED

Date	Location: City, County, State	
Invest. by Police? Yes () No ()	If yes, agency initiating report	
Report number	Cause of accident	
Was the accident an injury (), non-injury (), or fatality () type? Who was charged, and what was the court disposition?		
Date	Location: City, County, State	
Invest. by Police? Yes () No ()	If yes, agency initiating report	
Report number	Cause of accident	
Was the accident an injury (), non-injury (), or fatality () type? Who was charged, and what was the court disposition?		



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Date	Location: City, County, State			
Invest. by Police? Yes	No ()	If yes, agency initiating report		
Report number	Cause of accident			
Was the accident an injury , non-injury , or fatality type? Who was charged, and what was the court disposition?				
22. List ALL traffic citation(s) that you have EVER received. These include moving and nonmoving citations regardless of court disposition or whether they appear on your driving history. (Parking citations should also be listed here. If you have numerous parking citations, list only the total number received.)				
City, State	Issuing authority	Date	Violation cited	Disposition (Points?)

VEHICLE INFORMATION

23. List ALL vehicles that you currently own, operate, or lease.						Own?	
Year	Make	Model	Color	Tag number/State	Yes	No	



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24. Do you presently have automobile liability insurance? Yes No () Policy # _____

25. Have you **EVER** had your automobile insurance revoked, or have you ever been denied auto insurance? If yes, give a brief explanation.

ARREST, DETENTION, LITIGATION

26. Have you **EVER** been questioned, detained, issued a Notice to Appear or arrested, by **ANY** law enforcement agency? **List ALL arrests, including juvenile or traffic.** It is **MANDATORY** by Florida State law that you include those **ARRESTS** that were SEALED or EXPUNGED, or ANY in which you plead NOLO CONTENDRE.

Investigating Agency	City, County, State	Date	Report number	Why questioned/ detained or crime charged?
1.				
2.				
3.				

What was the disposition of any of the arrest(s) or detention(s) listed above? Include details such as incarceration, probation, pretrial intervention, or community service. If more than one incident, specify by number and be specific.

27. Have you ever been placed on probation or parole? Yes No () If yes, explain below.

28. Have you **EVER** been required to pay a fine for **ANYTHING?** Yes () No () If yes, explain below.



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29. Has any family member, immediate or otherwise, **EVER** been arrested and/or been convicted of a criminal offense? If yes, list below.

Name	Relationship	Offense	Arresting agency	Date

30. Have you, or **ANY** member of your family **EVER** been a victim of a crime? If yes, explain.

31. Have you **EVER** sued, been sued, or are you currently suing anyone? If yes, explain.

FINANCIAL INFORMATION

32. What is your **TOTAL** indebtedness at this time?

33. Have you **EVER** had **ANY** account remanded to a collection agency? If yes, explain.

ILLEGAL DRUGS

34. Have you **EVER illegally** used, experimented with, tried, or otherwise felt the effects of marijuana, other than on occasions where it was medically prescribed? If yes, list the last time that you used marijuana illegally and the circumstances.

35. Have you **EVER illegally** used, experimented with, tried, or otherwise felt the effects of ANY OTHER illegal, non-medically prescribed drug including, but not limited, to: Steroids, cocaine, any hallucinogen, mushrooms, LSD, hashish, opiates, inhalants, amphetamines, methamphetamine (crystal meth)? If yes, list the drug, the last time used, and circumstances.



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PRIOR LAW ENFORCEMENT (if not applicable, put N/A for questions 39 thru 41, and go to question 42)

39. Have you ever been the subject of an Internal Investigation? If yes, explain below. List the disposition.
40. List any Citizen complaints, on-duty crashes and discourtesy complaints against you. List the disposition.
41. List all Use of Force complaints, including discharging a firearm, accidentally or otherwise, not investigated by Internal Affairs. List the disposition.
42. Have you ever been suspended, counseled or reprimanded? If yes, list each offense and type of discipline.
43. Are you related, acquainted or affiliated with any member of this Police Department? If so, whom?
44. Have you EVER cohabited or associated with any known felons? If yes, explain below.



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45. Have you EVER been a member of or associated with any known gang? If yes, explain.
46. Have you EVER been arrested or investigated for, involved with or accused of any type of DOMESTIC VIOLENCE crime or incident? If yes, explain the circumstances in detail, using a separate sheet if necessary.

THEFT

47. Have you EVER stolen anything? If yes, what is the most valuable thing you have ever stolen? Explain circumstances below (when, where, etc.).
48. What is the most recent item that you have stolen? Explain circumstances below (when, where, etc.).
49. Have you EVER used the services of, paid for the services of, or been paid as a prostitute? If yes, explain below.
50. Is there any circumstance or information of ANY type that would preclude you from any position with the Fort Lauderdale Police Department, or that you feel may be relative to your background investigation? If yes, explain below.



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IMPORTANT INFORMATION READ CAREFULLY

NOTE: Unless specifically deemed to be exempt or confidential by law, the information provided in or with employment applications, resumes, pre- or post job offer questionnaires or any other documents obtained, created, used or submitted to process applications for employment are subject to disclosure, if requested by a third party, pursuant to the State of Florida's Public Records Law, Chapter 119, Florida Statutes.

I, _____, am being considered for employment for the position of _____.
I understand that this document is part of my official application for the above position.

By signing this document, I hereby certify that all information contained herein, and all documents submitted, are true, accurate, and complete to the best of my knowledge. I further certify that there is no exaggeration, falsification, misrepresentation, or omission. I understand that all statements and documents are subject to verification and investigation, and that any exaggeration, falsification, misrepresentation, omission, misleading information, or other unfavorable data which may be developed in the course of my background investigation is sufficient cause for disqualification, immediate dismissal from City service, and or disqualification from the hiring process for any position within the City of Fort Lauderdale.

I consent to submit to a background investigation, as well as other processing which may include, but may not be limited to, medical urinalysis, mental health evaluation, polygraph examination, fingerprint processing, Interviews with past or present employers or any other means deemed necessary to determine my suitability and fitness for the position for which I have applied. I understand that I must successfully complete the above mentioned and possibly other phases of the hiring and background investigation process according to the standards set forth by the City of Fort Lauderdale.

I understand that the City of Fort Lauderdale, the Fort Lauderdale Police Department or any of its agents, will not reimburse me for any expenses that I might incur as a result of having processed for any position. I recognize that the selection and hiring process can be time consuming, and therefore no promises or commitments regarding a hire date are implied.

By submitting this document, I understand and consent to all of the above requirements and conditions.

Applicant Name: _____

Date: _____

NOTE: Job applications, résumés, and pre- and post-job offer questionnaires must be made available for public inspection upon request and cannot be kept confidential. Only information that meets the specifications and provisions of Florida Statute Chapter 119 will be released.