



# HUMAN RESOURCES DEPARTMENT

## PRE-JOB OFFER QUESTIONNAIRE

Rev: 4 | Revision Date: 10/20/2021 | Print Date: 10/20/2021

### FORT LAUDERDALE POLICE DEPARTMENT

Position Applying For: \_\_\_\_\_

**INSTRUCTIONS:** Please complete each section, even if you attach a resume. The application must be fully completed to be considered. 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 and dates 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. **If handwritten, please use black ink and make sure your handwriting is legible.**

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

### PERSONAL

Last Name		First Name		Middle Name
Date of Birth (mm/dd/yyyy)			Social Security Number	
Alias, Nickname, Maiden Name, or other changes in name (Attach official document(s) regarding any name change)			Place of Birth (City, County & State)	
Height	Weight	Eye color	Hair color	Scars, tattoos and/or distinguishing marks
U.S. Citizen		Naturalization Cert. Number		Date and USCIS Office Naturalized
YES	NO			
Telephone Numbers (Use Area Code)				
Home			Cell Phone	
Work			Alt. Phone	
E-Mail Address				



# HUMAN RESOURCES DEPARTMENT

## PRE-JOB OFFER QUESTIONNAIRE

Rev: 4 | Revision Date: 10/20/2021 | Print Date: 10/20/2021

Permanent Residence: Street or RFD		City/P.O. Box	State	ZIP Code
1. List <b>ALL</b> Residences for the past TEN years. Begin with your CURRENT address. List dates as: (mm/yyyy)				
Dates (From)	Dates (To)	Street Address	City, County, State, Zip	
2. Current Marital Status: Married      Single      Separated      Divorced      Widowed				
List date as: (mm/dd/yyyy)				
Date Married (Begin with most recent)	Spouse's Name		Spouse's Date of Birth	

## 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. List date as: (mm/yyyy)					
School Name	City, State	Dates (From)	Dates (To)	Graduated	G.E.D Cert. #
				YES      NO	
4. List <b>ALL</b> Colleges and Universities attended. <b>Please Include Phone Numbers.</b> List dates as: (mm/yyyy)					
School Name	City, State	Phone Number	Dates (From)	Dates (To)	Graduated
					YES      NO



# HUMAN RESOURCES DEPARTMENT

## PRE-JOB OFFER QUESTIONNAIRE

Rev: 4 | Revision Date: 10/20/2021 | Print Date: 10/20/2021

### EDUCATION CONTINUED

					YES	NO			
					YES	NO			
5. List College Degrees and Majors. (Example: BSc. Forensic Science)									
6. Were you <b>EVER</b> expelled, suspended, academically suspended, or disciplined in <b>ANY</b> way while attending <b>any school</b> ? YES NO If yes, list the name of school, officials name, offense, form of discipline, and approximate date for <b>EACH</b> 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. Include vocational or business courses. List date as: (mm/yyyy)									
School Name	Dates (From)	Dates (To)	City, State	Phone Number	Certificate Received				
8. List your level of proficiency in a foreign language by placing a ✓ in the appropriate column.									
Language	Speaking			Reading			Writing		
	Excel.	Good	Fair	Excel.	Good	Fair	Excel.	Good	Fair



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## PRE-JOB OFFER QUESTIONNAIRE

Rev: 4 | Revision Date: 10/20/2021 | Print Date: 10/20/2021

### EMPLOYMENT

9. Are you now or have you **EVER** been an owner, part owner, silent partner or corporate member of any business? YES NO If yes, state name of business, type of business, involvement or role you had, and time period.

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10. Have you ever been suspended, counseled or reprimanded from any job? YES NO If yes, list each offense and type of discipline.

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11. 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? YES NO 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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12. 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.

A.	
From (mm/yyyy)	Name of Employer
To (mm/yyyy)	
Beg. Salary	Street, City, State and Zip
End Salary	



# HUMAN RESOURCES DEPARTMENT

## PRE-JOB OFFER QUESTIONNAIRE

Rev: 4 | Revision Date: 10/20/2021 | Print Date: 10/20/2021

### EMPLOYMENT CONTINUED

Reason for Leaving		Name of Supervisor	
		Phone Number	
List Job Duties			
<b>B.</b>			
From (mm/yyyy)		Name of Employer	
To (mm/yyyy)			
Beg. Salary		Street, City, State and Zip	
End Salary			
Reason for Leaving		Name of Supervisor	
		Phone Number	
List Job Duties			
<b>C.</b>			
From (mm/yyyy)		Name of Employer	
To (mm/yyyy)			
Beg. Salary		Street, City, State and Zip	
End Salary			
Reason for Leaving		Name of Supervisor	
		Phone Number	



# HUMAN RESOURCES DEPARTMENT

## PRE-JOB OFFER QUESTIONNAIRE

Rev: 4 | Revision Date: 10/20/2021 | Print Date: 10/20/2021

### EMPLOYMENT CONTINUED

List Job Duties	
<b>D.</b>	
From (mm/yyyy)	Name of Employer
To (mm/yyyy)	
Beg. Salary	Street, City, State and Zip
End Salary	
Reason for Leaving	
Name of Supervisor	
Phone Number	
List Job Duties	
<b>E.</b>	
From (mm/yyyy)	Name of Employer
To (mm/yyyy)	
Beg. Salary	Street, City, State and Zip
End Salary	
Reason for Leaving	
Name of Supervisor	
Phone Number	
List Job Duties	



# HUMAN RESOURCES DEPARTMENT

## PRE-JOB OFFER QUESTIONNAIRE

Rev: 4 | Revision Date: 10/20/2021 | Print Date: 10/20/2021

<b>F.</b>	
From (mm/yyyy)	Name of Employer
To (mm/yyyy)	
Beg. Salary	Street, City, State and Zip
End Salary	
Reason for Leaving	
Name of Supervisor	
Phone Number	
List Job Duties	
<b>G.</b>	
From (mm/yyyy)	Name of Employer
To (mm/yyyy)	
Beg. Salary	Street, City, State and Zip
End Salary	
Reason for Leaving	
Name of Supervisor	
Phone Number	
List Job Duties	
<b>H.</b>	
From (mm/yyyy):	Name of Employer
To (mm/yyyy):	
Beg. Salary	Street, City, State and Zip



# HUMAN RESOURCES DEPARTMENT

## PRE-JOB OFFER QUESTIONNAIRE

Rev: 4 | Revision Date: 10/20/2021 | Print Date: 10/20/2021

### EMPLOYMENT CONTINUED

End Salary		
Reason for Leaving	Name of Supervisor	
	Phone Number	
List Job Duties		

### MILITARY

13. Have you <b>EVER</b> served in any branch of the military? YES NO If yes, list below which branch and specify which nation.		
<b>A.</b>		
Service Number	Branch	Nation served if other than the United States
Highest Rank Held		Rank at Separation
Entry Date (mm/dd/yyyy)		Separation Date (mm/dd/yyyy)
Entry Location		Separation Location
List <b>EXACT</b> type of discharge. If less than Honorable Conditions or Uncharacterized, explain below.		
<b>B.</b>		
Service Number	Branch	Nation served if other than the United States
Highest Rank Held		Rank at Separation





# HUMAN RESOURCES DEPARTMENT

## PRE-JOB OFFER QUESTIONNAIRE

Rev: 4 | Revision Date: 10/20/2021 | Print Date: 10/20/2021

### MILITARY CONTINUED

Entry Date (mm/dd/yyyy)	Separation Date Location (mm/dd/yyyy)
Entry Location	Separation Location
List <b>EXACT</b> type of discharge. If less than Honorable Conditions or Uncharacterized, explain below.	
<p>14. Have you <b>EVER</b> been court-martialed, tried on criminal or civil charges, or were you <b>EVER</b> the subject of a summary court, deck court, captain's mast, company punishment, or <b>ANY OTHER</b> 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? YES NO If yes to <b>ANY</b> of above, explain below and include punishment received.</p>	
<p>15. Have you <b>EVER ATTEMPTED</b> to enlist in the armed forces and were refused? YES NO If yes, explain below.</p>	

### DRIVING HISTORY

16. Are you able to operate a motor vehicle? YES NO If no, explain below.



# HUMAN RESOURCES DEPARTMENT

## PRE-JOB OFFER QUESTIONNAIRE

Rev: 4 | Revision Date: 10/20/2021 | Print Date: 10/20/2021

17. List <b>ALL</b> driver's license(s) <b>EVER</b> issued to you, <b>including</b> any military license or learner's permit. List date as: mm/dd/yyyy			
Issuing Authority	License Number	Date Issued	Date Surrendered
18. Are there <b>ANY</b> restrictions or endorsements on your current driver's license? YES      NO If yes, explain below.			
19. Has <b>ANY</b> license(s) issued to you <b>EVER</b> been suspended or revoked? YES      NO If yes, explain below, listing reason(s) date, and length of suspension.			
20. Have you <b>EVER</b> been refused a driver's license? YES      NO      If yes, explain below.			
21. Has your driver's license <b>EVER</b> been restricted due to traffic convictions? YES      NO If yes, explain.			
22. Have you <b>EVER</b> , as the vehicle's driver or operator, been involved in a motor vehicle accident, whether reported or unreported? YES      NO      If yes to either, give complete details for <b>EACH</b> accident. List date as: (mm/dd/yyyy)			
<b>A.</b>			
Date	City, County, State		
Did the Police Investigate? Yes      No	If yes, agency initiating report.		



# HUMAN RESOURCES DEPARTMENT

## PRE-JOB OFFER QUESTIONNAIRE

Rev: 4 | Revision Date: 10/20/2021 | Print Date: 10/20/2021

### DRIVING HISTORY CONTINUED

Report Number	Cause of Accident
Was the accident: an injury , a non-injury , a fatality ? Who was charged, and what was the court disposition?	
<b>B.</b>	
Date	City, County, State
Did the Police Investigate? Yes No	If yes, agency initiating report.
Report Number	Cause of Accident
Was the accident: an injury , a non-injury , a fatality ? Who was charged, and what was the court disposition?	
<b>C.</b>	
Date	City, County, State
Did the Police Investigate? Yes No	If yes, agency initiating report
Report Number	Cause of Accident
Was the accident: an injury , a non-injury , a fatality ? Who was charged, and what was the court disposition?	
<b>D.</b>	
Date	City, County, State



# HUMAN RESOURCES DEPARTMENT

## PRE-JOB OFFER QUESTIONNAIRE

Rev: 4 | Revision Date: 10/20/2021 | Print Date: 10/20/2021

### DRIVING HISTORY CONTINUED

Invest. by Police? Yes No	If yes, agency initiating report			
Report Number	Cause of Accident			
Was the accident: an injury , a non-injury , a fatality ? Who was charged, and what was the court disposition?				
23. List <b>ALL</b> traffic citation(s) that you have <b>EVER</b> received. These include moving and nonmoving citations <b>regardless of court disposition or whether they appear on your driving history</b> . 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 and/or Points Deducted

### VEHICLE INFORMATION

24. List <b>ALL</b> vehicles that you currently own, operate, or lease.						
Year	Make, Model	Color	Tag Number	State	Own	
					Yes	No



# HUMAN RESOURCES DEPARTMENT

## PRE-JOB OFFER QUESTIONNAIRE

Rev: 4 | Revision Date: 10/20/2021 | Print Date: 10/20/2021

### VEHICLE INFORMATION CONTINUED

25. Do you presently have automobile liability insurance? YES NO If yes, include Policy Number					
26. Have you <b>EVER</b> had your automobile insurance revoked, or have you ever been denied auto insurance? YES NO If yes, give a brief explanation.					

### ARREST, DETENTION, LITIGATION

27. Have you <b>EVER</b> been questioned, detained, issued a Notice to Appear or arrested, by <b>ANY</b> law enforcement agency? <b>List ALL arrests, including juvenile or traffic.</b> It is <b>MANDATORY</b> by Florida State Law that you include those <b>ARRESTS</b> that were SEALED or EXPUNGED, or ANY in which you plead NOLO CONTENDRE. List date as: mm/dd/yyyy				
Investigating Agency	City, County, State	Date	Report Number	Why Questioned or Detained/ List Charges
1.				
2.				
3.				
What was the disposition of any of the arrest(s) or detainment(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.				



# HUMAN RESOURCES DEPARTMENT

## PRE-JOB OFFER QUESTIONNAIRE

Rev: 4 | Revision Date: 10/20/2021 | Print Date: 10/20/2021

### ARREST, DETENTION, LITIGATION CONTINUED

28. Have you **EVER** been arrested or investigated for, involved with or accused of any type of DOMESTIC VIOLENCE crime or incident? YES NO If yes, explain the circumstances in detail, using a separate sheet if necessary.

29. Have you ever been placed on probation or parole? YES NO If yes, explain below.

30. Have you **EVER** been required to pay a fine for **ANYTHING**? YES NO If yes, explain below.

31. Has any family member, immediate or otherwise, **EVER** been arrested and/or been convicted of a criminal offense? YES NO If yes, list below. List date as: mm/dd/yyyy

Name	Relationship	Offense	Arresting Agency	Date

32. Have you, or **ANY** member of your family **EVER** been a victim of a crime? YES NO If yes, explain below.



# HUMAN RESOURCES DEPARTMENT

## PRE-JOB OFFER QUESTIONNAIRE

Rev: 4 | Revision Date: 10/20/2021 | Print Date: 10/20/2021

### ARREST, DETENTION, LITIGATION CONTINUED

33. Have you **EVER** sued, been sued, or are you currently suing anyone? YES NO  
If yes, explain below.

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### FINANCIAL INFORMATION

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

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35. Have you **EVER** had **ANY** account remanded to a collection agency? YES NO  
If yes, explain.

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### ILLEGAL DRUGS

36. Have you **EVER illegally** used, experimented with, tried, or otherwise felt the effects of marijuana, other than on occasions where it was medically prescribed? YES NO  
If yes, list the last time that you used marijuana illegally and the circumstances.

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# HUMAN RESOURCES DEPARTMENT

## PRE-JOB OFFER QUESTIONNAIRE

Rev: 4 | Revision Date: 10/20/2021 | Print Date: 10/20/2021

### ILLEGAL DRUGS CONTINUED

37. 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)? YES NO If yes, list the drug, the last time used, and circumstances.

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38. Have you ever sold or supplied drugs to anyone? YES NO If yes, explain below.

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### APPLICATIONS TO OTHER AGENCIES

39. List in chronological order, **EVERY** local, county, state, or federal **law enforcement and correctional agency** to which you have **EVER** applied. If you have applied at any agency more than once, list each application separately. All applications should be listed whether you were PROCESSED by that agency OR NOT PROCESSED AT ALL. List date as: mm/yyyy

Date Applied	Agency Name and Position	List <b>ALL</b> portions of the hiring process in which you have participated, including the disposition for each phase. <b>Be thorough.</b>





# HUMAN RESOURCES DEPARTMENT

## PRE-JOB OFFER QUESTIONNAIRE

Rev: 4 | Revision Date: 10/20/2021 | Print Date: 10/20/2021

### APPLICATIONS TO OTHER AGENCIES CONTINUED

40. Have you **EVER** been rejected by any local, county, state, or federal **law enforcement or corrections agency**, FOR ANY REASON? YES NO If yes, list reason(s) below. List date as: mm/yyyy

Date Applied	Agency Name and Position	List ALL portions of the hiring process that you completed, including the disposition for each phase. <b>Be thorough.</b>

### PRIOR LAW ENFORCEMENT

(if not applicable, put N/A for questions 41 through 43)

41. Have you ever been the subject of an Internal Investigation? YES NO If yes, explain below. List the disposition.

42. List any citizen complaints, on-duty crashes, and discourtesy complaints against you. Include the disposition for each.



# HUMAN RESOURCES DEPARTMENT

## PRE-JOB OFFER QUESTIONNAIRE

Rev: 4 | Revision Date: 10/20/2021 | Print Date: 10/20/2021

### PRIOR LAW ENFORCEMENT CONTINUED

43. List **ALL** Use of Force complaints, including discharging a firearm, accidentally or otherwise, not investigated by Internal Affairs. Include the disposition for each.

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### AFFILIATIONS

44. Are you related, acquainted, or affiliated with any member of this Police Department?  
YES      NO      If so, whom?

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45. Have you **EVER** cohabited or associated with any known felons? YES      NO  
If yes, explain below.

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46. Have you **EVER** been a member of or associated with any known gang?  
YES      NO      If yes, explain below.

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# HUMAN RESOURCES DEPARTMENT

## PRE-JOB OFFER QUESTIONNAIRE

Rev: 4 | Revision Date: 10/20/2021 | Print Date: 10/20/2021

### THEFT

47. Have you **EVER** stolen anything? YES NO If yes, what is the most valuable thing you have ever stolen? Explain circumstances below (when, where, etc.).

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48. What is the most recent item that you have stolen? Explain circumstances below (when, where, etc.).

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### OTHER

49. Have you **EVER** used the services of, paid for the services of, or been paid as a prostitute? YES NO If yes, explain below.

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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? YES NO If yes, explain below.

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# HUMAN RESOURCES DEPARTMENT

## PRE-JOB OFFER QUESTIONNAIRE

Rev: 4 | Revision Date: 10/20/2021 | Print Date: 10/20/2021

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# HUMAN RESOURCES DEPARTMENT

## PRE-JOB OFFER QUESTIONNAIRE

Rev: 4 | Revision Date: 10/20/2021 | Print Date: 10/20/2021

### 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: \_\_\_\_\_

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

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.