



APPLICATION FOR
CITIZEN VOLUNTEER PATROL PROGRAM

CITY OF TEMPLE TERRACE

11250 North 56th Street • Temple Terrace, FL 33617
Telephone: (813) 506-6430 • www.templeterrace.com

FOR OFFICE USE ONLY
Date Received
Date Returned

Position: CITIZEN VOLUNTEER: NON-COMPENSATED CVPP POSITION
Position No:
Date:

Instructions: Print all responses clearly in your own handwriting. Use blue ink only. If a question does not apply to you, print "N/A". Answer all questions accurately and completely. An omission may be interpreted as an untruthful response. If more space is needed for any response, use section XIV on page 10 of this application. Attach a color photograph as directed.

I. PERSONAL INFORMATION

FULL LEGAL NAME:

HOME ADDRESS:

CITY, STATE, ZIP:

HOME TELEPHONE: CELL PHONE: DATE OF BIRTH:

HAIR COLOR: EYE COLOR: HEIGHT: WEIGHT:

FLORIDA DRIVER LICENSE NUMBER: EXPIRATION:



REQUIRED ATTACHMENTS:

Attach legible photocopies of the following items/documents to this application. You must be able to present original items/documents upon request. Check appropriate boxes to indicate attachments included.

- FLORIDA DRIVER LICENSE
SOCIAL SECURITY CARD
BIRTH CERTIFICATE
MILITARY DISCHARGE DOCUMENTS OR CHECK "N/A"
MEDICAL AUTHORIZATION
CURRENT CREDIT REPORT
EDUCATION DIPLOMAS AND DEGREES

Crop your photograph to include your head and shoulders only. Your photograph must have a plain background, taken within six months of application date.

II. APPLICATION PROCESSING (This section is reserved for Department use only)

Oral Board Interview Date: Application Received:
Scheduled and Notified: Application Complete:
Administrative Interview: (1) Reviewed By:
Scheduled and Notified: (2) Reviewed By:

Comments:

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III. SOCIAL SECURITY NUMBER COLLECTION AND USE NOTIFICATION

Florida State Statute regulates the collection and use of your social security number as defined in Chapter 119.071. The following statement serves as written notification regarding the collection of your social security number and the purpose therefore.

Your social security number is being requested by the Temple Terrace Police Department for the purpose of completing a background check. The position you are applying for is a non-compensated volunteer position. However, if selected, you will be privy to sensitive information, required to comply with Police Department policies, and expected to uphold the public's trust at all times. The Temple Terrace Police Department conducts background checks on all prospective employees and volunteers prior to entrusting any employee or volunteer with such responsibilities.

I have read and completely understand this notice and endorse the collection and use of my social security number for the purpose stated. By affixing my signature below, I attest to this fact.

Signature: ✕ _____

Date: _____

IV. PERSONAL QUALIFICATIONS

Respond to each of the following statements by entering either "TRUE" or "FALSE" in the space to the left of each.

- _____ 1. I am at least 19 years of age.
- _____ 2. I am a citizen of the United States of America.
- _____ 3. I fully understand that every question in this application must be answered truthfully, accurately, and completely. Failure to do so will result in my disqualification from this process.
- _____ 4. I have never been convicted of any felony offense.
- _____ 5. I have never been convicted of a misdemeanor offense involving perjury or false statements.
- _____ 6. I have never entered a plea of "guilty" or "nolo contendere" to any felony offense.
- _____ 7. I have never entered a plea of "guilty" or "nolo contendere" to any misdemeanor offense involving perjury or false statements.
- _____ 8. I agree to be fingerprinted and have my fingerprints processed by the FDLE and the FBI.
- _____ 9. I consent to a full background check including, but not limited to all aspects of my personal, professional, and financial affairs.
- _____ 10. I understand that I must pass a physical examination performed by a physician of my choice and that I am responsible for all expenses associated with this examination.
- _____ 11. I understand that I must submit to and pass a drug screen.
- _____ 12. I have not used any illegal drug or non-prescribed controlled medication in the previous two (2) years.
- _____ 13. I am of good moral character.
- _____ 14. I understand that I must answer all questions contained in this packet truthfully and completely. I also understand that all other information that I may furnish in conjunction with my application must be true, accurate, and complete.
- _____ 15. I have never received a dishonorable discharge from any of the Armed Forces of the United States.
- _____ 16. I understand that various inquiries must be made into my background. Knowing this, I agree to hold harmless the Temple Terrace Police Department, the City of Temple Terrace, and all employees thereof from any and all liabilities related to or arising from such inquiries or other matters associated with this application process.

In order to be considered for a position in this program, you must be able to enter "TRUE" next to all of the statements in this section. If you cannot enter "TRUE" next to each, **STOP NOW, DO NOT PROCEED**. You do not meet the minimum selection criteria for this position.

I have responded honestly to all of the statements in this section. By affixing my signature below, I attest to this fact.

Signature: ✕ _____

Date: _____

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V. ALTERNATE CONTACT INFORMATION

List all applicable contact information. Enter "N/A" where appropriate.

- | | |
|-------------------------------|-----------------------------|
| 1. Email Address (1): _____ | Email Address (2): _____ |
| 2. Face book Page: _____ | My Space Page: _____ |
| 3. Personal Website: _____ | Professional Website: _____ |
| 4. Alternate Telephone: _____ | Other Contact: _____ |
-
-

VI. RESIDENTIAL HISTORY

List all persons with whom you currently reside.

- | | | |
|----------------|-----------------|------------|
| 1. Name: _____ | Relation: _____ | Tel: _____ |
| 2. Name: _____ | Relation: _____ | Tel: _____ |
| 3. Name: _____ | Relation: _____ | Tel: _____ |
| 4. Name: _____ | Relation: _____ | Tel: _____ |
5. How long have you lived at your current residence? Since: _____ (use month/year format, i.e. "Since: 01/2005")
6. Do you own or rent your current residence? Own, with mortgage Own, no mortgage Rent
7. What is the name of your landlord or mortgage company? _____
8. What is the telephone number of your current landlord or mortgage company? _____

Starting with the place you lived prior to your current residence, chronologically list your three most recent addresses. Include landlord or mortgage information when applicable. Indicate all dates as shown, i.e. "From: 01/2005 To: 12/2010."

- | | | | | |
|----------------------|-----------|---|---|-------------------------------|
| 9. From: _____ | To: _____ | <input type="checkbox"/> Own, with mortgage | <input type="checkbox"/> Own, no mortgage | <input type="checkbox"/> Rent |
| Address: _____ | | | | |
| City, St. Zip: _____ | | | | |
| Landlord: _____ | | Telephone: _____ | | |
| Mortgage Co: _____ | | Telephone: _____ | | |
-
- | | | | | |
|----------------------|-----------|---|---|-------------------------------|
| 10. From: _____ | To: _____ | <input type="checkbox"/> Own, with mortgage | <input type="checkbox"/> Own, no mortgage | <input type="checkbox"/> Rent |
| Address: _____ | | | | |
| City, St. Zip: _____ | | | | |
| Landlord: _____ | | Telephone: _____ | | |
| Mortgage Co: _____ | | Telephone: _____ | | |
-
- | | | | | |
|----------------------|-----------|---|---|-------------------------------|
| 11. From: _____ | To: _____ | <input type="checkbox"/> Own, with mortgage | <input type="checkbox"/> Own, no mortgage | <input type="checkbox"/> Rent |
| Address: _____ | | | | |
| City, St. Zip: _____ | | | | |
| Landlord: _____ | | Telephone: _____ | | |
| Mortgage Co: _____ | | Telephone: _____ | | |
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-

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VII. EMPLOYMENT INFORMATION

1. Indicate your current employment status by checking the appropriate box or boxes below:

- I am currently unemployed, but I am looking for employment at this time.
- I am currently employed: full time or part time
- I am currently retired
- Other: _____

List all of your employment information and military service for the last ten (10) years. Start with your most recent employer.

DATES	EMPLOYER & ADDRESS	POSITION & WORK PERFORMED	SALARY	REASON FOR LEAVING
2. From:			Begin:	
To:			End:	
	Telephone:			
	Supervisor:			
3. From:			Begin:	
To:			End:	
	Telephone:			
	Supervisor:			
4. From:			Begin:	
To:			End:	
	Telephone:			
	Supervisor:			
5. From:			Begin:	
To:			End:	
	Telephone:			
	Supervisor:			
6. From:			Begin:	
To:			End:	
	Telephone:			
	Supervisor:			

7. Are you willing to have your present or most recent employer contacted in reference to your qualifications? Yes No

8. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service? Yes No

If yes, explain: _____

9. How many days did you miss work last year (or the last year you were employed)? _____

10. Do you have any family members or close friends currently working for the City of Temple Terrace? Yes No

If yes, explain: _____

11. Is there anything in your employment history that you feel may disqualify you from this position? Yes No

If yes, explain: _____

12. What is your greatest employment achievement? _____

13. What was your most serious employment reprimand? _____

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VIII. REFERENCES

List five (5) people, not related to you, who have knowledge of your employment abilities and qualifications. You may include co-workers, former co-workers, professional associates, etc. Do not repeat the names of supervisors already listed on page 4.

	<u>Name / Occupation:</u>	<u>Address / City, State, & Zip:</u>	<u>Telephone Numbers: Home / Cell</u>
1.	_____	_____	_____
	_____	_____	_____
2.	_____	_____	_____
	_____	_____	_____
3.	_____	_____	_____
	_____	_____	_____
4.	_____	_____	_____
	_____	_____	_____
5.	_____	_____	_____
	_____	_____	_____

IX. FAMILY HISTORY

1. In what city, state, and country were you born? _____

List all living members of your immediate family. Include spouse, children, siblings, parents, etc.

	<u>Full Name / Relationship:</u>	<u>Address / City, State, & Zip:</u>	<u>Telephone Numbers: Home / Cell</u>
2.	_____	_____	_____
	_____	_____	_____
3.	_____	_____	_____
	_____	_____	_____
4.	_____	_____	_____
	_____	_____	_____
5.	_____	_____	_____
	_____	_____	_____
6.	_____	_____	_____
	_____	_____	_____
7.	_____	_____	_____
	_____	_____	_____
8.	_____	_____	_____
	_____	_____	_____
9.	_____	_____	_____
	_____	_____	_____

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X. EDUCATION HISTORY

List your formal training and education below. Insert "N/A" next to those entries that do not apply.

School:	Name of Institution:	Year(s) Attended	Diploma / Degree Achieved:
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1. High School
2. Community College
3. Trade School
4. University
5. Post Graduate
6. Other
7. List all other employment training and education certificates received: _____

8. List all languages spoken fluently: _____

XI. MILITARY HISTORY

1. List all active and reserve military service to any branch or guard. Include branch, unit, address, highest rank, and dates of service:

2. List complete details of separation / discharge from service for each entry entered above:

3. List specialized training or education received during military service:

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XII. GENERAL INFORMATION

1. Have you ever been convicted of a criminal offense? Yes No
If yes, explain: _____

2. Are you presently named as a defendant in a pending criminal case? Yes No
If yes, explain: _____

3. Have you ever been named in a civil law suit? Yes No
If yes, explain: _____

4. Have you received any traffic citations in the last ten (10) years? Yes No
If yes, explain: _____

5. Has your driver license ever been suspended or revoked? Yes No
If yes, explain: _____

6. Has any state ever refused to issue you a driver license? Yes No
If yes, explain: _____

7. Have you ever been fingerprinted for any reason? Yes No
If yes, explain: _____

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8. Have you ever been involved in a motor vehicle accident? Yes No
If yes, explain: _____

9. Have you ever used an illegal drug? Yes No
If yes, explain: _____

10. Have you ever taken prescription medication that was not legally prescribed to you? Yes No
If yes, explain: _____

11. Have you ever been investigated for, or charged with any type of fraud or perjury? Yes No
If yes, explain: _____

12. Have you ever held a position as a corporate officer or obtained an occupational license? Yes No
If yes, explain: _____

13. Have you ever experienced a foreclosure, repossession, or bankruptcy? Yes No
If yes, explain: _____

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XV. POLICIES, PRACTICES & APPLICANT CERTIFICATION

1. NON-DISCRIMINATION POLICY:

It is the City's policy to provide equal employment opportunity for all applicants and employees. There shall be no discrimination against any person in recruitment, examination, appointment, training, promotion, retention, or any other personnel action because of political or religious opinions or affiliations or because of race, color, creed, sex, age, national origin, or marital status.

Disabled applicants will be given equal employment consideration for all classifications. Every effort shall be made to employ and retain disabled persons. No qualified individual with a disability shall, on the basis of disability, be excluded from participation in or be denied the benefits or the services, programs, activities or be subjected to discrimination. Any complaint should be submitted in writing to the Human Resources Director.

2. THE CITY OF TEMPLE TERRACE IS A DRUG FREE WORKPLACE.

3. APPLICANT CERTIFICATION:

As an applicant for a position in the Temple Terrace Police Department's Citizen Volunteer Patrol Program I attest to the following:

- All responses contained in this application are truthful and complete.
- There are no misrepresentations, falsifications, or omissions of any kind associated with this application.
- I understand that I must be completely honest during all interviews and oral communications related to this application.
- I understand that an investigation into my background and qualifications will be conducted.
- If it is discovered that I have been dishonest or misleading in any way, I am subject to disqualification or dismissal.
- I understand that a disqualification or dismissal may adversely affect all future applications with the City of Temple Terrace.
- I agree to hold harmless the City of Temple Terrace and its employees for all liabilities related to this application process.
- I personally assume all liability for damages and injuries which may occur as a result of this application process.
- I understand that this application may be rejected if submitted incomplete or not in accordance with instructions.
- If appointed, I will comply with all applicable City Rules and Regulations and Department Policies.

Additionally, I hereby authorize the following actions:

- The City of Temple Terrace may make any investigation deemed necessary into my personal background.
- The City of Temple Terrace may make any investigation deemed necessary into my employment background.
- Former employers may release the contents of my employee personnel file and associated employment records.
- The City of Temple Terrace may make any investigation deemed necessary into my financial background.

Endorsement: *(Must be signed by the applicant in the presence of a State Notary Public)*

Signature: **x** _____

Date: _____

STATE OF FLORIDA

COUNTY OF: _____

The foregoing instrument was acknowledged and executed before me this _____ day of _____, 20 _____,

by _____

who is personally known to me; or who produced identification number: _____ and type: _____.

NOTARY PUBLIC:

x _____

Notary Public Signature

Notary Public Name (Printed or Stamped)

My Commission expires: _____

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XVI. MEDICAL AUTHORIZATION FORM

This form must be completed and signed by a medical official authorized to conduct patient physical examinations and declare fitness for duty in the State of Florida:

Health Care Provider: _____

Name of Health Care Provider

Telephone Number

Office Address

City, State & Zip code

Applicant Name: _____

Criteria for Fitness for Duty:

1. The applicant shall not be certified for duty, if in your opinion, there is any evidence of acute or chronic illness, congenital abnormality, acquired deformity, or disability which would prevent the applicant from performing the essential job functions as described below, or place the employee or others at substantial risk of direct harm.
2. The applicant shall not be certified for duty, if in your opinion, the volunteer does not meet the minimum standard vision requirements as listed on the Florida Department of Highway Safety and Motor Vehicles Report of Eye Exam:
 - a. 20/50 or worse in either eye, with or without corrective lenses, shall be referred to an eye specialist.
 - b. 20/70 in either eye or both eyes together may pass with or without corrective lenses if vision cannot be improved. However, if one eye is blind or 20/200 or worse, the other eye must be 20/40 or better.
 - c. 130 degrees minimum acceptable field of vision.
 - d. The use of telescopic lenses to meet visual standards is not recognized in Florida.

Essential Job Functions:

The following duties are illustrative and not exhaustive. The omission of statements of duties does not exclude them from the position if the work is similar, related, or logical assignment to the position. Depending on assigned area of responsibility, members may perform some or all of the activities described below:

- Patrol assigned areas to detect signs of criminal activity.
- Conduct checks on houses while owners are on vacation.
- Testify in court as a witness to a crime.
- Conduct traffic control at traffic crash scenes.
- Act in the capacity of a school crossing guard; stopping traffic and allowing children to safely cross the street (this duty requires standing for periods up to 1 ½ hours).
- Assists disabled motorists.
- Drive or ride in patrol vehicles for up to six hours during a traditional shift.

Endorsement:

With the completion of this form, I am certifying that the above named applicant:

- is capable** of performing all of the functions of his or her job listed on this form; or
- is not capable** of performing all of the functions of his or her job listed on this form.

Comments: _____

Signature of Health Care Provider: _____

Date: _____

For information regarding this program, contact the Citizen Volunteer Patrol Program Coordinator at (813) 506-6500.