

## **The Boca Raton Police Services Department College Internship Program**

It is the policy of the Boca Raton Police Services Department to assist students interested in a Law Enforcement career in meeting educational goals and objectives and to provide the students with practical experience in the Law Enforcement fields. The student will be assigned, when possible, to all the different divisions of the Boca Raton Police Services Department.

### **Eligibility:**

The Department may accept students who meet the following requirements:

1. Attend a state accredited college or university.
2. Have successfully registered for a law enforcement internship class with the college or university.
3. Supply a letter of intent form the college or university's internship program director.

### **The steps you need to take:**

1. Download the Civilian Background Information PDF and waivers.
2. Electronically fill out the background form making sure that the information is thorough and complete.
3. Meet with the internship program coordinator to review the background form.
4. Provide the letter of intent from your college or university indicating that you have been accepted into the internship class.

### **The remainder of the process:**

1. You will submit to a polygraph exam.
2. Pass a complete background check including but not limited to a driver's license and criminal history check.

### **Student Responsibilities:**

1. Complete the required number of hours in accordance with the college/university requirements.
2. Wearing proper attire while engaged in intern activities.
3. Conduct him/herself in a professional manner.
4. Maintain the confidentiality of any information obtained through the internship program.

During the internship each department employee that the intern is assigned to will complete an intern evaluation form and return the form to the internship program coordinator. When the intern completes the semester the internship program coordinator will complete an evaluation for the college/university.

### **Internship Coordinator Contact Information:**

**Angela Laudia at 561-982-4820 and she will forward your information to one of the background investigators.**

# BACKGROUND INFORMATION

DATE COMPLETED: \_\_\_\_\_  
FILLED IN BY APPLICANT



**Applicant  
Attach  
Recent  
Passport  
Photo  
Here  
(No Photo Copies)**

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

## INSTRUCTIONS

Read every question carefully and ANSWER **EACH QUESTION ACCURATELY AND COMPLETELY**, **Include work and home phone numbers and zip codes**. An applicant will be disqualified from further processing if he/she intentionally makes a false statement of a material fact, practices, or attempts to practice, any deception or fraud or does not accurately and completely provide all required information. If space provided is not sufficient for complete answers, or you wish to furnish additional information, use the Additional Information section. **Include copy of birth certificate, high school diploma, college diploma and official transcript, drivers license, and driving record, DD-214 (if prior military service), change of name verification (if applicable), copy of social security card, and naturalization certificate (if applicable). Marriage and/or divorce certificate (if applicable).**

**FILL OUT ELECTRONICALLY, PRINT, AND MAIL TO THE PROFESSIONAL STANDARDS UNIT**

### I. PERSONAL DATA

1. \_\_\_\_\_  
(Last) (First) (Middle)
2. List all other names you have used, including nicknames, aliases or maiden name:  
\_\_\_\_\_
3. Telephone no. Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ List all social networking sites you are a member of including user names:  
\_\_\_\_\_
4. Age: \_\_\_\_\_ Sex: Male  Female  Height: \_\_\_\_\_ Weight: \_\_\_\_\_
5. Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
(Month/day/year) (City) (State or country)
6. Are you a registered voter? Yes  No  Are you a U.S. Citizen? Yes  No
7. If naturalized citizen give: Date: \_\_\_\_\_ Place: \_\_\_\_\_ Certificate # \_\_\_\_\_
8. Social Security Number: \_\_\_\_\_

9. Present address: \_\_\_\_\_  
(Street address) (apt. no)  
\_\_\_\_\_  
(City) (County) (State) (Zip)

10. How long have you lived at this address? (Number of years) \_\_\_\_\_

11. Do you: Own  or Rent  Monthly Rent/Mortgage Payment: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_  
(Street address) (City) (State) (Zip)  
Landlord's Phone Number: \_\_\_\_\_

12. With whom do you reside? \_\_\_\_\_  
(Name) (Relationship)  
\_\_\_\_\_  
(Date of Birth) (Place of Birth)  
\_\_\_\_\_  
(Employer) (Employer's Street Address) (Phone)  
\_\_\_\_\_  
(City) (County) (State) (Zip)

13. Give your home address for the past ten years, excluding your present address:  
(if you rent, give name, etc. of landlord).

MONTH/YEAR  
From: \_\_\_\_\_ To: \_\_\_\_\_ Own  Rent   
\_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City) (County) (State) (Zip)  
\_\_\_\_\_  
(Landlord's Name) (Landlord's Street Address)  
\_\_\_\_\_  
(City) (County) (State) (Zip)

MONTH/YEAR  
From: \_\_\_\_\_ To: \_\_\_\_\_ Own  Rent   
\_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City) (County) (State) (Zip)  
\_\_\_\_\_  
(Landlord's Name) (Landlord's Street Address)  
\_\_\_\_\_  
(City) (County) (State) (Zip)

MONTH/YEAR

From: \_\_\_\_\_ To: \_\_\_\_\_

Own

Rent

(Street Address)

(City)

(County)

(State)

(Zip)

(Landlord's Name)

(Landlord's Street Address)

(City)

(County)

(State)

(Zip)

MONTH/YEAR

From: \_\_\_\_\_ To: \_\_\_\_\_

Own

Rent

(Street Address)

(City)

(County)

(State)

(Zip)

(Landlord's Name)

(Landlord's Street Address)

(City)

(County)

(State)

(Zip)

MONTH/YEAR

From: \_\_\_\_\_ To: \_\_\_\_\_

Own

Rent

(Street Address)

(City)

(County)

(State)

(Zip)

(Landlord's Name)

(Landlord's Street Address)

(City)

(County)

(State)

(Zip)

MONTH/YEAR

From: \_\_\_\_\_ To: \_\_\_\_\_

Own

Rent

(Street Address)

(City)

(County)

(State)

(Zip)

(Landlord's Name)

(Landlord's Street Address)

(City)

(County)

(State)

(Zip)

MONTH/YEAR

From: \_\_\_\_\_ To: \_\_\_\_\_

Own

Rent

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Landlord's Name)

\_\_\_\_\_  
(Landlord's Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

14. Have you ever been refused credit? Yes  No

If yes, indicate who refused, and reason for refusal: \_\_\_\_\_  
\_\_\_\_\_

15. List below any past or current credit accounts, auto or boat loans, mortgages, or any other person or company you are indebted to:

\_\_\_\_\_  
(Creditor Name)                      \_\_\_\_\_  
(Creditors Address)                      \_\_\_\_\_  
(Account Number)

\_\_\_\_\_  
(Account Type)                      \_\_\_\_\_  
(Balance)                      \_\_\_\_\_  
(Monthly Payment)

\_\_\_\_\_  
(Creditor Name)                      \_\_\_\_\_  
(Creditors Address)                      \_\_\_\_\_  
(Account Number)

\_\_\_\_\_  
(Account Type)                      \_\_\_\_\_  
(Balance)                      \_\_\_\_\_  
(Monthly Payment)

\_\_\_\_\_  
(Creditor Name)                      \_\_\_\_\_  
(Creditors Address)                      \_\_\_\_\_  
(Account Number)

\_\_\_\_\_  
(Account Type)                      \_\_\_\_\_  
(Balance)                      \_\_\_\_\_  
(Monthly Payment)

\_\_\_\_\_  
(Creditor Name)                      \_\_\_\_\_  
(Creditors Address)                      \_\_\_\_\_  
(Account Number)

\_\_\_\_\_  
(Account Type)                      \_\_\_\_\_  
(Balance)                      \_\_\_\_\_  
(Monthly Payment)

\_\_\_\_\_  
(Creditor Name)                      \_\_\_\_\_  
(Creditors Address)                      \_\_\_\_\_  
(Account Number)

\_\_\_\_\_  
(Account Type)                      \_\_\_\_\_  
(Balance)                      \_\_\_\_\_  
(Monthly Payment)

\_\_\_\_\_  
(Creditor Name)                      \_\_\_\_\_  
(Creditors Address)                      \_\_\_\_\_  
(Account Number)

\_\_\_\_\_  
(Account Type)                      \_\_\_\_\_  
(Balance)                      \_\_\_\_\_  
(Monthly Payment)

\_\_\_\_\_  
(Creditor Name)                      \_\_\_\_\_  
(Creditors Address)                      \_\_\_\_\_  
(Account Number)

\_\_\_\_\_  
(Account Type)                      \_\_\_\_\_  
(Balance)                      \_\_\_\_\_  
(Monthly Payment)

16. Do you presently have a bank account: Yes  No   
 If yes, specify type of account: Checking  Savings   
 \_\_\_\_\_  
 (Bank Name) (Bank Address)
17. Do you now or have you had any garnishee, wage assignment, or judgment pending against you? Yes  No   
 If yes, give details: \_\_\_\_\_
18. Have you ever filed for bankruptcy? Yes  No   
 If yes, give details: \_\_\_\_\_
19. Have you ever had any personal property repossessed? Yes  No   
 If yes, give details: \_\_\_\_\_
20. Do you currently or have you **EVER** had any account in collections? Yes  No   
 If yes, give details: \_\_\_\_\_

**II. Family History**

21. Are you: Single  Married  Separated  Divorced   
 Widowed  Boyfriend/girlfriend  Engaged

\_\_\_\_\_  
 (Name of person checked above) (Street Address) (Phone)

\_\_\_\_\_  
 (City) (County) (State) (Zip)

\_\_\_\_\_  
 (Date of Birth) (Place of Birth)

\_\_\_\_\_  
 (Employer & Occupation) (Employer's Street Address) (Phone)

\_\_\_\_\_  
 (City) (County) (State) (Zip)

22. Give following information regarding marriage or marriages:

_____ (Date of marriage)	_____ (Where)	_____ (By Whom)	_____ (Spouse's Name)
_____ (Date of marriage)	_____ (Where)	_____ (By Whom)	_____ (Spouse's Name)
_____ (Date of marriage)	_____ (Where)	_____ (By Whom)	_____ (Spouse's Name)
_____ (Date of marriage)	_____ (Where)	_____ (By Whom)	_____ (Spouse's Name)

23. Are you currently living with boyfriend/girlfriend/spouse? Yes  No   
 If married and living apart, state reasons: \_\_\_\_\_

24. If ever separated, annulled, or divorced, indicate below, and fill in applicable information.

Separated  Annulled  Divorced   
Date issued: \_\_\_\_\_ Where issued: \_\_\_\_\_  
Court and State: \_\_\_\_\_ Offending Party as decreed by law: \_\_\_\_\_  
Reason: \_\_\_\_\_

Separated  Annulled  Divorced   
Date issued: \_\_\_\_\_ Where issued: \_\_\_\_\_  
Court and State: \_\_\_\_\_ Offending Party as decreed by law: \_\_\_\_\_  
Reason: \_\_\_\_\_

Separated  Annulled  Divorced   
Date issued: \_\_\_\_\_ Where issued: \_\_\_\_\_  
Court and State: \_\_\_\_\_ Offending Party as decreed by law: \_\_\_\_\_  
Reason: \_\_\_\_\_

25. Information of ex-spouse(s)

\_\_\_\_\_  
(Name) (Street Address) (Phone)  
\_\_\_\_\_  
(City) (County) (State) (Zip)

\_\_\_\_\_  
(Name) (Street Address) (Phone)  
\_\_\_\_\_  
(City) (County) (State) (Zip)

\_\_\_\_\_  
(Name) (Street Address) (Phone)  
\_\_\_\_\_  
(City) (County) (State) (Zip)

26. List below, every child born to you, or adopted:

\_\_\_\_\_  
(Name) (Date of Birth)  
\_\_\_\_\_  
(Place of Birth) (With whom, and where does the child reside)

\_\_\_\_\_  
(Name) (Date of Birth)  
\_\_\_\_\_  
(Place of Birth) (With whom, and where does the child reside)

\_\_\_\_\_  
(Name) (Date of Birth)  
\_\_\_\_\_  
(Place of Birth) (With whom, and where does the child reside)

\_\_\_\_\_  
(Name) (Date of Birth)  
\_\_\_\_\_  
(Place of Birth) (With whom, and where does the child reside)

27. Are you now supporting all children born to you, adopted by you and stepchildren? Yes  No   
If no, please provide specific details in the Additional Information section.

28. Other dependants. IF you claim income tax exemptions for support of dependents other than your spouse and children, provide the following information:

\_\_\_\_\_  
(Name) (Address – Street, City, State, Zip)

\_\_\_\_\_  
(Relationship) (Percent of support provided)

\_\_\_\_\_  
(Name) (Address – Street, City, State, Zip)

\_\_\_\_\_  
(Relationship) (Percent of support provided)

\_\_\_\_\_  
(Name) (Address – Street, City, State, Zip)

\_\_\_\_\_  
(Relationship) (Percent of support provided)

### III. RELATIVES

29. All applicants must give complete information concerning their relatives. Even though a relative is deceased, give all the information requested and indicate last residence, year of death and cause of death. Include step-brothers, sisters, half brothers and sisters. If you have step-parents, legal guardians or others who, instead of your parents, raised you, the requested information should be furnished concerning them as well as your biological parents. If relative is not employed, list any schools attended. Complete all names, (no initials)

\_\_\_\_\_  
(Father's name) (Street Address) (Phone)

\_\_\_\_\_  
(City) (County) (State) (Zip)

\_\_\_\_\_  
(Date of Birth) (Place of Birth)

\_\_\_\_\_  
(Father's Employer) (Employer's Street Address) (Phone)

\_\_\_\_\_  
(City) (County) (State) (Zip)

\_\_\_\_\_  
(Father's occupation) (Number of years employed)

Deceased - Yes  No  If yes, cause death: \_\_\_\_\_

Date of death: \_\_\_\_\_

\_\_\_\_\_  
**(Mother's name)** (Street Address) (Phone)  
 \_\_\_\_\_  
 (City) (County) (State) (Zip)  
 \_\_\_\_\_  
 (Date of Birth) (Place of Birth)  
 \_\_\_\_\_  
 (Mother's Employer) (Employer's Street Address) (Phone)  
 \_\_\_\_\_  
 (City) (County) (State) (Zip)  
 \_\_\_\_\_  
 (Mother's occupation) (Number of years employed)

Deceased - Yes  No  If yes, cause death: \_\_\_\_\_  
 Date of death: \_\_\_\_\_

\_\_\_\_\_  
**(Father-in-law's name)** (Street Address) (Phone)  
 \_\_\_\_\_  
 (City) (County) (State) (Zip)  
 \_\_\_\_\_  
 (Date of Birth) (Place of Birth)  
 \_\_\_\_\_  
 (Father-in-law's Employer) (Employer's Street Address) (Phone)  
 \_\_\_\_\_  
 (City) (County) (State) (Zip)  
 \_\_\_\_\_  
 (Father-in-law's occupation) (Number of years employed)

Deceased - Yes  No  If yes, cause death: \_\_\_\_\_  
 Date of death: \_\_\_\_\_

\_\_\_\_\_  
**(Mother-in-law's name)** (Street Address) (Phone)  
 \_\_\_\_\_  
 (City) (County) (State) (Zip)  
 \_\_\_\_\_  
 (Date of Birth) (Place of Birth)  
 \_\_\_\_\_  
 (Mother-in-law's Employer) (Employer's Street Address) (Phone)  
 \_\_\_\_\_  
 (City) (County) (State) (Zip)  
 \_\_\_\_\_  
 (Mother-in-law's occupation) (Number of years employed)

Deceased - Yes  No  If yes, cause death: \_\_\_\_\_  
 Date of death: \_\_\_\_\_

Sibling: Brother  Sister

\_\_\_\_\_  
(Sibling's name) (Street Address) (Phone)  
\_\_\_\_\_  
(City) (County) (State) (Zip)  
\_\_\_\_\_  
(Date of Birth) (Place of Birth)  
\_\_\_\_\_  
(Sibling's Employer) (Employer's Street Address) (Phone)  
\_\_\_\_\_  
(City) (County) (State) (Zip)  
\_\_\_\_\_  
(Sibling's occupation) (Number of years employed)

Deceased - Yes  No  If yes, cause death: \_\_\_\_\_  
Date of death: \_\_\_\_\_

Sibling: Brother  Sister

\_\_\_\_\_  
(Sibling's name) (Street Address) (Phone)  
\_\_\_\_\_  
(City) (County) (State) (Zip)  
\_\_\_\_\_  
(Date of Birth) (Place of Birth)  
\_\_\_\_\_  
(Sibling's Employer) (Employer's Street Address) (Phone)  
\_\_\_\_\_  
(City) (County) (State) (Zip)  
\_\_\_\_\_  
(Sibling's occupation) (Number of years employed)

Deceased - Yes  No  If yes, cause death: \_\_\_\_\_  
Date of death: \_\_\_\_\_

Sibling: Brother  Sister

\_\_\_\_\_  
(Sibling's name) (Street Address) (Phone)  
\_\_\_\_\_  
(City) (County) (State) (Zip)  
\_\_\_\_\_  
(Date of Birth) (Place of Birth)  
\_\_\_\_\_  
(Sibling's Employer) (Employer's Street Address) (Phone)  
\_\_\_\_\_  
(City) (County) (State) (Zip)  
\_\_\_\_\_  
(Sibling's occupation) (Number of years employed)

Deceased - Yes  No  If yes, cause death: \_\_\_\_\_  
Date of death: \_\_\_\_\_

Sibling: Brother  Sister

(Sibling's name)	(Street Address)	(Phone)
(City)	(County)	(State) (Zip)
(Date of Birth)	(Place of Birth)	
(Sibling's Employer)	(Employer's Street Address)	(Phone)
(City)	(County)	(State) (Zip)
(Sibling's occupation)	(Number of years employed)	

Deceased - Yes  No  If yes, cause death: \_\_\_\_\_  
Date of death: \_\_\_\_\_

#### IV. EDUCATION

30. List **ALL** schools attended, starting with high school

MONTH/YEAR

(From)	(To)	(Name of School)	(Date of Completion)
--------	------	------------------	----------------------

(Street Address)

(City)	(County)	(State)	(Zip)
--------	----------	---------	-------

MONTH/YEAR

(From)	(To)	(Name of School)	(Date of Completion)
--------	------	------------------	----------------------

(Street Address)

(City)	(County)	(State)	(Zip)
--------	----------	---------	-------

MONTH/YEAR

(From)	(To)	(Name of School)	(Date of Completion)
--------	------	------------------	----------------------

(Street Address)

(City)	(County)	(State)	(Zip)
--------	----------	---------	-------

MONTH/YEAR

(From)	(To)	(Name of School)	(Date of Completion)
--------	------	------------------	----------------------

(Street Address)

(City)	(County)	(State)	(Zip)
--------	----------	---------	-------

31. Did you graduate and receive a High School Diploma: Yes  No   
 If no, did you receive a GED? Yes  No   
 If you received a GED, who is the issuing authority? \_\_\_\_\_
32. If you attended college, what was your major? \_\_\_\_\_  
 What was your minor? \_\_\_\_\_
33. Was a degree conferred? Yes  No   
 If yes, please provide the following information  
 Associates Degree  Bachelor Degree  Masters Degree  
 Other: \_\_\_\_\_
34. If no degree was conferred, indicate total credit hours earned: \_\_\_\_\_
35. Were you dismissed from a school or college, or was any other disciplinary action, including scholastic probation, ever taken against you? Yes  No   
 If yes, indicate below and provide a detailed explanation in the "Additional Information" section.  
 \_\_\_\_\_
36. Have **YOU** had any training in law enforcement? Yes  No   
 If yes, provide specific details in the "Additional Information" section.
37. What foreign languages do you speak? \_\_\_\_\_  
 What foreign languages do you write? \_\_\_\_\_  
 What foreign languages do you read? \_\_\_\_\_

**V. MILITARY SERVICE**

38. Selective Service Number: \_\_\_\_\_
39. Have you ever served on active or reserve duty in the Armed Forces of the United States?  
 Yes  No   
 If yes, indicate below all active military service (submit copy of DD-214)

Branch	From Mo/Yr	To Mo/Yr	Highest Rank Held	Primary Duty	Type of Discharge
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If you received a discharge other than honorable, provide a detailed explanation in the "Additional Information" section.

40. Were you ever Court Martialed, tried on charges, or were you the subject of a Summary Court, Deck Court, Captain's Mast, Company Punishment, or any other disciplinary action?  
 Yes  No   
 If yes, provide specific details in the "Additional Information" section.
41. If you were enrolled in specialist schools while in the Armed Forces, specify the military school, length of time attended and type of study. \_\_\_\_\_  
 \_\_\_\_\_

42. List all commendations and citations awarded to you as a member of the Armed Forces. \_\_\_\_\_
- 
43. Have you ever served in a military organization of any foreign government? Yes  No   
 If yes, provide specific details in the "Additional Information" section.

**VI. EMPLOYMENT**

44. Have you **EVER** applied for employment with this department, any other police department, fire department, law enforcement training academy, or any other governmental agency?  
 Yes  No   
 If yes, provide details, position(s) sought, dates and agencies and the status of each application in the "Additional Information" section on page 21.

45. **LIST BELOW YOUR COMPLETE WORK HISTORY, STARTING WITH YOUR PRESENT POSITION AND WORKING BACKWARD**, to your first employment as an adult. List any period of unemployment, and include amount of compensation. All of your time must be accounted for. Include all part-time employment.

MONTH/YEAR

(From)	(To)	(Company Name)	(Name of Supervisor)
(Company Street Address)			(Supervisor's phone number)
(City)	(County)	(State)	(Zip)
(Beginning Salary)	(Ending Salary)	(Position or work performed)	(Shift e.g. 8a-5p M-F)
(Reason for leaving)			(Length of Notice)

MONTH/YEAR

(From)	(To)	(Company Name)	(Name of Supervisor)
(Company Street Address)			(Supervisor's phone number)
(City)	(County)	(State)	(Zip)
(Beginning Salary)	(Ending Salary)	(Position or work performed)	(Shift e.g. 8a-5p M-F)
(Reason for leaving)			(Length of Notice)

MONTH/YEAR

(From)	(To)	(Company Name)	(Name of Supervisor)
(Company Street Address)			(Supervisor's phone number)
(City)	(County)	(State)	(Zip)
(Beginning Salary)	(Ending Salary)	(Position or work performed)	(Shift e.g. 8a-5p M-F)
(Reason for leaving)			(Length of Notice)

MONTH/YEAR

(From)	(To)	(Company Name)	(Name of Supervisor)
(Company Street Address)		(Supervisor's phone number)	
(City)	(County)	(State)	(Zip)
(Beginning Salary)	(Ending Salary)	(Position or work performed)	(Shift e.g. 8a-5p M-F)
(Reason for leaving)		(Length of Notice)	

MONTH/YEAR

(From)	(To)	(Company Name)	(Name of Supervisor)
(Company Street Address)		(Supervisor's phone number)	
(City)	(County)	(State)	(Zip)
(Beginning Salary)	(Ending Salary)	(Position or work performed)	(Shift e.g. 8a-5p M-F)
(Reason for leaving)		(Length of Notice)	

MONTH/YEAR

(From)	(To)	(Company Name)	(Name of Supervisor)
(Company Street Address)		(Supervisor's phone number)	
(City)	(County)	(State)	(Zip)
(Beginning Salary)	(Ending Salary)	(Position or work performed)	(Shift e.g. 8a-5p M-F)
(Reason for leaving)		(Length of Notice)	

MONTH/YEAR

(From)	(To)	(Company Name)	(Name of Supervisor)
(Company Street Address)		(Supervisor's phone number)	
(City)	(County)	(State)	(Zip)
(Beginning Salary)	(Ending Salary)	(Position or work performed)	(Shift e.g. 8a-5p M-F)
(Reason for leaving)		(Length of Notice)	

46. Have your employers always treated you fairly? Yes  No   
If no, explain: \_\_\_\_\_

47. Do you object to wearing a uniform? Yes  No

48. Do you object to working nights/weekends/holidays? Yes  No
49. Have you had experience with shift work? Yes  No
50. Were you ever **DISCHARGED/FIRED/TERMINATED OR ASKED TO RESIGN** from any employment? Yes  No   
If yes, provide specific details in the "Additional Information" section.
51. Were you ever **LAYED OFF** from any employment? Yes  No   
If yes, provide specific details in the "Additional Information" section.
52. Were you ever subjected to **DISCIPLINARY ACTION** in connection with any employment? Yes  No   
If yes, provide specific details in the "Additional Information" section.
53. Were you ever asked to take a polygraph? Yes  No   
If yes, provide specific details in the "Additional Information" section.
54. Have you or your boyfriend/girlfriend/spouse **EVER** experimented, tried, used, possessed, or sold any illegal drugs? Yes  No   
If yes, provide specific details in the "Additional Information" section.
55. Do you drink any alcoholic beverages? Yes  No   
If yes, list below how many and what type of drinks per week? \_\_\_\_\_  
\_\_\_\_\_
56. Do you gamble? Yes  No   
If yes, provide details: \_\_\_\_\_
57. Have you ever solicited the services of a prostitute or escort? (Including legal services) Yes  No   
If yes, provide specific details in the "Additional Information" section.
58. Do you have any tattoos? Yes  No   
If yes, provide specific details on the location and description of the tattoo(s) in the additional information section.
59. Give three references (no relatives, former or current employers, fellow employees, teachers, or person's with whom you reside) who are responsible adults of reputable standing in their communities who have known you well during the past five years.

\_\_\_\_\_  
(Name) (Street Address)

\_\_\_\_\_  
(City) (County) (State) (Zip)

\_\_\_\_\_  
(Home phone) (Business phone) (Cellular phone)

\_\_\_\_\_  
(Years known) (Occupation)

\_\_\_\_\_  
(Name) (Street Address)

\_\_\_\_\_  
(City) (County) (State) (Zip)

(Home phone)	(Business phone)	(Cellular phone)	
(Years known)	(Occupation)		
(Name)	(Street Address)		
(City)	(County)	(State)	(Zip)
(Home phone)	(Business phone)	(Cellular phone)	
(Years known)	(Occupation)		

## VII. ARRESTS AND SUMMONSES

60. Were you **EVER** arrested, detained, or taken into custody in this state, in any other state, in military service, or elsewhere; or were you ever investigated by the police for any reason?  
 Yes  No   
 If yes, include copies of all supporting documentation, police reports, court paperwork, and a detailed account of the arrest in the "Additional Information" section.

61. Have you ever been reported as a missing person or as a runaway? Yes  No   
 If yes, provide specific details in the "Additional Information" section.

62. Have you ever been fingerprinted by a law enforcement agency for **ANY** reason? Yes  No   
 If yes, provide details below.

Agency: \_\_\_\_\_ Date: \_\_\_\_\_  
 Purpose: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_  
 Purpose: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_  
 Purpose: \_\_\_\_\_

63. Have you **EVER** been a party (plaintiff or defendant) in a civil action? Yes  No   
 If yes, provide details below and include copies of ALL supporting documentation, court paperwork and reports.

Action or proceeding: \_\_\_\_\_ Date: \_\_\_\_\_  
 As:  Plaintiff,  Defendant,  Petitioner,  Respondent,  Witness  
 Court Disposition: \_\_\_\_\_

Action or proceeding: \_\_\_\_\_ Date: \_\_\_\_\_  
 As:  Plaintiff,  Defendant,  Petitioner,  Respondent,  Witness  
 Court Disposition: \_\_\_\_\_

Action or proceeding: \_\_\_\_\_ Date: \_\_\_\_\_  
 As:  Plaintiff,  Defendant,  Petitioner,  Respondent,  Witness  
 Court Disposition: \_\_\_\_\_

Action or proceeding: \_\_\_\_\_ Date: \_\_\_\_\_  
 As:  Plaintiff,  Defendant,  Petitioner,  Respondent,  Witness  
 Court Disposition: \_\_\_\_\_

Action or proceeding: \_\_\_\_\_ Date: \_\_\_\_\_  
 As:  Plaintiff,  Defendant,  Petitioner,  Respondent,  Witness  
 Court Disposition: \_\_\_\_\_

64. Were you ever involved in an accident while driving a vehicle? Yes  No   
 If yes, provide specific details in the "Additional Information" section, and include copies of all police reports.

65. Do you possess a Florida Driver's License? Yes  No   
 Driver's License number: \_\_\_\_\_  
 Do you have any restrictions or endorsements on your driver's license? Yes  No   
 If yes, explain: \_\_\_\_\_  
 Have you ever possessed a driver's license in another state? Yes  No   
 If yes: State: \_\_\_\_\_ License #: \_\_\_\_\_

66. Are you a licensed pilot? Yes  No   
 If yes, include a copy of F.A.A. pilot certificate.

67. Indicate below **EVERY TRAFFIC SUMMONS/TICKET/CITATION RECEIVED IN THIS OR ANY OTHER STATE** (excluding parking CITATIONS) regardless of disposition:

Date	Offense	Location	Court Disposition	Your Age at the Time	Police Agency Involved
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

68. Has your license ever been suspended or revoked? Yes  No   
 If yes, provide specific details in the "Additional Information" section.

69. List all vehicles that you currently own or operate.

Year	Make	Model	Color	License Plate #	State
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

70. **MOTOR VEHICLE INSURANCE**

a. Do you presently have automobile liability insurance? Yes  No   
 If no, provide details: \_\_\_\_\_

b. If you presently have automobile insurance, list the following information:

\_\_\_\_\_  
 (Name of Company) (Policy Number)

\_\_\_\_\_  
 (Address) (Phone Number)

c. List your present policy coverage: \_\_\_\_\_

d. Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance? Yes  No

If yes, provide details: \_\_\_\_\_

71. Were you ever or are you now a member of any civic, professional, social, or labor organization? Yes  No

If yes, list below:

MONTH/YEAR

\_\_\_\_\_  
(From) (To) (Name of Organization) (Type of Organization)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (County) (State) (Zip)

MONTH/YEAR

\_\_\_\_\_  
(From) (To) (Name of Organization) (Type of Organization)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (County) (State) (Zip)

MONTH/YEAR

\_\_\_\_\_  
(From) (To) (Name of Organization) (Type of Organization)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (County) (State) (Zip)

72. Have you paid, promised to pay, or given any money, material, service or consideration to any person, directly or indirectly, for any recommendation, service, or influence promised toward procuring your appointment to this department? Yes  No

If yes, provide details: \_\_\_\_\_

73. Do you have any close friends or relatives employed by the **CITY OF BOCA RATON**?

Yes  No

If yes, provide name(s) and relationship: \_\_\_\_\_







