

**TOWN OF LONGBOAT KEY POLICE DEPARTMENT**

Human Resources Department

501 Bay Isles Road; Longboat Key, FL 34228

Phone: (941) 316-1999 Fax: (941) 316-1656

**APPLICATION FOR EMPLOYMENT**

Your application will not be considered unless complete answers are provided to all questions on this application. Resumes may be submitted as supplements, but cannot be accepted in lieu of any part of this application.

(Please print in ink)

1.

_____	_____	_____	_____
NAME (Last)	(First)	MI	Social Security #
_____	_____	_____	_____
PRESENT ADDRESS (number & street)	CITY	STATE	ZIP
_____	_____	_____	_____
HOME TELEPHONE #	ALTERNATE TELEPHONE #	EMAIL ADDRESS	

2. Are you eligible to work in the United States? \_\_\_\_\_

3. How long have you lived at your current address \_\_\_\_\_

4. Position(s) applied for: (Please use specific titles)

(1) \_\_\_\_\_ (2) \_\_\_\_\_

Can you perform the essential duties of the position of which you are applying, as these duties are set forth in the job description, with or without reasonable accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_ A 'No' response will result in a more detailed investigation if you are otherwise sufficiently well qualified for the job(s) you seek.

5. Have you previously been employed by the Town of Longboat Key? \_\_\_\_\_ If yes, when, in what position, and what was your reason for leaving?

\_\_\_\_\_

\_\_\_\_\_

6. Do you have any relatives working for the Town of Longboat Key? \_\_\_\_\_ If yes, give their full name(s), relationship to you, and their present position with the Town of Longboat Key.

\_\_\_\_\_

\_\_\_\_\_

7. Have you any outside employment? \_\_\_\_\_ If yes, explain fully the nature of such business or employment. If you have outside employment would you be willing to give up the outside employment if the Longboat Key Police Department determines it interferes with your responsibilities? \_\_\_\_\_

\_\_\_\_\_

8. Have you ever worked under a different name? \_\_\_\_\_ If yes, name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. To the best of your knowledge, has anyone ever filed a complaint in federal or state court, or a charge with any local, state, or federal agency, against you alleging unlawful harassment or unlawful discrimination?

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10. Has anyone accused you of unlawfully harassing them or discriminating against them? \_\_\_\_\_ If so, please give dates(s), the employer(s), circumstance(s) and outcome.

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11. Have you ever been convicted, pled guilty or pled no contest to a misdemeanor involving perjury, a false statement, or moral turpitude? For the purpose of this question, you must disclose any conviction, guilty plea, or no contest plea, even if adjudication was withheld. Include details, the type of crime, the date, and the penalty imposed.

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a) Has a prosecuting attorney ever refused to allow your testimony due to previous false statements or perjury allegations? If so explain in detail, to include the prosecuting attorney's name and the date

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12. Have you ever been convicted, pled guilty or pled no contest to any felony, or any crime other than a traffic violation in which either alcohol or illegal drugs were involved? For the purpose of this question, you must disclose any conviction, guilty plea, or no contest plea, even if adjudication was withheld. Include details, the type of crime, the date, and the penalty was imposed.

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13. Have you ever been convicted, pled guilty, or pled no contest to a felony charge against you? For the purpose of this question, you must disclose any conviction, guilty plea, or no contest plea, even if adjudication was withheld. Include details, type of crime, the date, and the penalty imposed.

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14. Have you ever been convicted, pled guilty or pled no contest to charges of domestic battery, assault, stalking, or violation of a protection order? For the purpose of this question, you must disclose any conviction, guilty plea, or no contest plea, even if adjudication was withheld. Include details, the type of crime, the date, and the penalty imposed.

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*NOTE: You are advised that a conviction may not be an automatic bar to your employment. Factors such as your age at the time of the offense(s); how long ago such offense(s) occurred; seriousness and nature of offense(s); extent of relationship between conviction(s) and each particular position you apply for; and rehabilitation efforts will be taken into account. Falsification of your answers will result in your dismissal if you are employed.*

15. Have you ever used, possessed, cultivated, sold or attempted to sell illegal controlled substances as defined by Florida Statutes, Chapter 893? \_\_\_\_\_ Yes \_\_\_\_\_ No

a) If so, state the most recent time and what illegal controlled substance you used, cultivated, sold or attempted to sell? And explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Have you ever been discharged or dismissed from a job? \_\_\_\_\_ If yes, provide the name and address of each employer, the reason for termination, and the date you were terminated.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*A MVR background check will be conducted on individuals selected for appointment to positions that require the operation of a Town vehicle. The Town of Longboat Key reviews driving records annually; therefore your driving record is subject to review. By signing this application, you consent to the background check.*

17. Do you have a valid Florida Driver's or Chauffer's License? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give type, number and expiration date \_\_\_\_\_

18. List all driver's licenses ever issued to you. Include the most current, and the state or agency from which it was issued. Include any military license or learner's permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Has your driver's license ever been suspended or revoked? \_\_\_\_\_ If yes, explain fully, giving date and reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Please list all traffic citations ever received. Include moving and non-moving citations and court disposition, whether or not they appear on your driving history. If this does not apply, please state 'N/A':

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Please list all at-fault motor vehicle accidents where you were the vehicle's operator, whether reported or unreported. Please provide complete details for each incident. If this does not apply, please state 'N/A'.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Are you claiming veteran's preference? If so, please complete the attached Veteran's Preference Certification form and, if applicable, the certification of current member of reserve component form or certification of unremarried widow or widower form.

\_\_\_\_\_ Yes, I claim Veteran's Preference  
\_\_\_\_\_ No, I do not claim Veteran's Preference  
\_\_\_\_\_ I did not serve in the U.S. Military

23. If you were in the U.S. Military did you receive an Honorable Discharge? Please attach a copy of your DD-214, DD-256, or NGB-22.

\_\_\_\_\_ Yes, I received an Honorable Discharge  
\_\_\_\_\_ No, I did not receive an Honorable Discharge  
\_\_\_\_\_ I did not serve in the U.S. Military

24. What was your Military Occupational Specialty (MOS)? If this does not apply, please state 'N/A':  
 \_\_\_\_\_  
 \_\_\_\_\_
25. List any specialized training received in the U.S. Military. If this does not apply, please state 'N/A':  
 \_\_\_\_\_  
 \_\_\_\_\_
26. List any disciplinary actions received while in the U.S. Military. If this does not apply, please state 'N/A':  
 \_\_\_\_\_  
 \_\_\_\_\_
27. Please list all law enforcement academies to which you have applied or attended. Please indicate whether or not the program was completed and, if not, why. If this does not apply, please state 'N/A':  
 \_\_\_\_\_  
 \_\_\_\_\_
28. Have you ever left employment in lieu of termination, under the threat of disciplinary action, while under investigation, or pending an investigation? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, explain:  
 \_\_\_\_\_  
 \_\_\_\_\_
29. If you are currently employed by a law enforcement or corrections agency, are you now or have you ever been under internal investigation? \_\_\_\_\_ Yes \_\_\_\_\_ No
- a) If you answered 'yes' please list all internal investigations, list any active investigation(s), and the disposition of completed investigations.  
 \_\_\_\_\_  
 \_\_\_\_\_
30. Are you a certified law enforcement officer in the State of Florida (LEO)? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, please attach a copy of your certification.
31. If you are a certified law enforcement officer, but not in the State of Florida, please indicate which state you are certified. If so, please attach a copy of your certification.
- a) Have you completed the Equivalency of Training (ETO)? If so, please list the academy and date completed. Attach a copy of the program certificate and, if applicable, the Florida State Officer Examination results. If this does not apply, please state 'N/A':  
 \_\_\_\_\_  
 \_\_\_\_\_
32. Please list ALL agencies to which you have ever applied for LEO or corrections positions. Include the following for each agency or applications: a) Status – open or closed; b) steps completed; and c) Status of the last step completed passed/failed/unknown. If this does not apply please state 'N/A':  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION AND TRAINING** (Candidates will be responsible for presenting transcripts, diplomas or certificates if employed).

33. CHECK ALL THAT APPLY: G.E.D. Certificate \_\_\_\_\_ H.S. Diploma \_\_\_\_\_ College Degree \_\_\_\_\_

Name and location of the last high school attended: \_\_\_\_\_

34. Please indicate your highest level of education. If your education includes an Associate Degree or higher, please attach a copy of the degree or degree transcripts:

35. COLLEGE ATTENDED	FROM	TO	MAJOR	DEGREE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

36. Vocational/Training, Trade, Business, Armed Forces, and other schools and special training:

COLLEGE ATTENDED	FROM	TO	PROGRAM	CERTIFICATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

37. List software packages with which you are proficient, i.e. Microsoft Word, Excel, PowerPoint. You have been advised as to which software package, if any, are related to the job you seek, so that you may accurately respond.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

38. Do you have any special skills or have any other qualifications for the position for which you have applied, which you would like the Town of Longboat Key to consider? \_\_\_\_\_ If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

**EXPERIENCE**

Please complete in DETAIL all former employment starting with your present employer. Include summer employment and U.S. military experience. For any unemployment or self-employed periods, show dates (i.e. month and year) and locations. If you have a resume, you may also attach it for explanation of duties, *but must fill out this questionnaire*. You are still required to complete all information requested herein. If additional space is required, attach a second sheet. If you were ever employed in any position under a different name, give in each position the name used. Account for periods of unemployment.

<b>NAME OF PRIOR EMPLOYER</b>	May we contact: Yes/No	FROM Mo/Yr	TO Mo/Yr	STARTING SALARY
_____	_____	_____	_____	_____
				FINAL SALARY
				_____
CITY & STATE _____ ZIP CODE _____				
PHONE NUMBER _____		TITLE _____		
REASON FOR LEAVING: _____		DUTIES: _____		
_____		_____		
_____		_____		
IMMEDIATE SUPERVISOR: _____		_____		

<b>NAME OF PRIOR EMPLOYER</b>	May we contact: Yes/No	FROM Mo/Yr	TO Mo/Yr	STARTING SALARY
_____	_____	_____	_____	_____
				FINAL SALARY
				_____
CITY & STATE _____ ZIP CODE _____				
PHONE NUMBER _____		TITLE _____		
REASON FOR LEAVING: _____		DUTIES: _____		
_____		_____		
_____		_____		
IMMEDIATE SUPERVISOR: _____		_____		

**NAME OF PRIOR EMPLOYER**

May we contact:  
Yes/No

FROM  
Mo/Yr

TO  
Mo/Yr

STARTING SALARY

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FINAL SALARY

\_\_\_\_\_

\_\_\_\_\_  
CITY & STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
REASON FOR LEAVING:

\_\_\_\_\_  
DUTIES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
IMMEDIATE SUPERVISOR:

\_\_\_\_\_

**NAME OF PRIOR EMPLOYER**

May we contact:  
Yes/No

FROM  
Mo/Yr

TO  
Mo/Yr

STARTING SALARY

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FINAL SALARY

\_\_\_\_\_

\_\_\_\_\_  
CITY & STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
REASON FOR LEAVING:

\_\_\_\_\_  
DUTIES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
IMMEDIATE SUPERVISOR:

\_\_\_\_\_

<b>NAME OF PRIOR EMPLOYER</b>	May we contact: Yes/No	FROM Mo/Yr	TO Mo/Yr	STARTING SALARY
_____	_____	_____	_____	_____
				FINAL SALARY
				_____
_____				
CITY & STATE	ZIP CODE			
PHONE NUMBER	_____	TITLE	_____	
REASON FOR LEAVING:	_____	DUTIES:	_____	
_____		_____	_____	
_____		_____	_____	
IMMEDIATE SUPERVISOR:	_____	_____	_____	

<b>NAME OF PRIOR EMPLOYER</b>	May we contact: Yes/No	FROM Mo/Yr	TO Mo/Yr	STARTING SALARY
_____	_____	_____	_____	_____
				FINAL SALARY
				_____
_____				
CITY & STATE	ZIP CODE			
PHONE NUMBER	_____	TITLE	_____	
REASON FOR LEAVING:	_____	DUTIES:	_____	
_____		_____	_____	
_____		_____	_____	
IMMEDIATE SUPERVISOR:	_____	_____	_____	



## ADDITIONAL INFORMATION FOR POLICE APPLICANTS

Residences: Please list, in chronological order, places of residence where you have lived for the past ten (10) years, beginning with the most current, and including residences while at school, or in military service. (For college / campus residences, provide dormitory name(s), city and state. If residence in military service cannot be shown as a street address, indicate complete military unit designation and location by city and state.) If more address space is needed, use a blank page, or copy this page and attach it to the application.

1)

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Address (number and street)                      City                      State                      Zip Code  
Dates of residence (month/year moved in) \_\_\_\_\_, (Month/Year moved out) \_\_\_\_\_  
Own \_\_\_\_\_ (If own list mortgage company)  
Rent \_\_\_\_\_ (If renting; list landlord, and landlord contact information)

2)

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Address (number and street)                      City                      State                      Zip Code  
Dates of residence (month/year moved in) \_\_\_\_\_, (Month/Year moved out) \_\_\_\_\_  
Own \_\_\_\_\_ (If own list mortgage company)  
Rent \_\_\_\_\_ (If renting; list landlord, and landlord contact information)

3)

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Address (number and street)                      City                      State                      Zip Code  
Dates of residence (month/year moved in) \_\_\_\_\_, (Month/Year moved out) \_\_\_\_\_  
Own \_\_\_\_\_ (If own list mortgage company)  
Rent \_\_\_\_\_ (If renting; list landlord, and landlord contact information)

4)

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Address (number and street)                      City                      State                      Zip Code  
Dates of residence (month/year moved in) \_\_\_\_\_, (Month/Year moved out) \_\_\_\_\_  
Own \_\_\_\_\_ (If own list mortgage company)  
Rent \_\_\_\_\_ (If renting; list landlord, and landlord contact information)

5)

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Address (number and street)                      City                      State                      Zip Code  
Dates of residence (month/year moved in) \_\_\_\_\_, (Month/Year moved out) \_\_\_\_\_  
Own \_\_\_\_\_ (If own list mortgage company)  
Rent \_\_\_\_\_ (If renting; list landlord, and landlord contact information)

6)

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Address (number and street)                      City                      State                      Zip Code  
Dates of residence (month/year moved in) \_\_\_\_\_, (Month/Year moved out) \_\_\_\_\_  
Own \_\_\_\_\_ (If own list mortgage company)  
Rent \_\_\_\_\_ (If renting; list landlord, and landlord contact information)

7)

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Address (number and street)                      City                      State                      Zip Code  
Dates of residence (month/year moved in) \_\_\_\_\_, (Month/Year moved out) \_\_\_\_\_  
Own \_\_\_\_\_ (If own list mortgage company)  
Rent \_\_\_\_\_ (If renting; list landlord, and landlord contact information)

# STATEMENT OF UNDERSTANDING AND AUTHORITY FOR RELEASE OF INFORMATION

***To: Concerned Person or Authorized Representative of Any Organization,  
Institution or Repository of Records:***

I hereby give The Town of Longboat Key permission to make a thorough investigation of my entire background, including but not limited to, my work, educational record, achievement, attendance, personal history, disciplinary records, credit records and criminal history records and to investigate all other data I have provided. I also authorize and release any former employer, or its representatives as well as any and all other persons to provide The Town of Longboat Key with any and all information they or the Town considers relevant to my possible employment regardless of whether such information about me is positive or negative. It is my understanding that this application, by law, will become public record when submitted and the Town of Longboat Key cannot guarantee me its confidentiality. I further understand that if employed, other potential employers may contact The Town of Longboat Key from time to time for job-related information. I hereby authorize the Town of Longboat Key to provide any information it deems relevant whether good or bad to potential employers upon request. The Town of Longboat Key will redact all information not subject to disclosure under Florida Statutes Chapter 119 (Florida Sunshine Law) social security numbers, date of birth, etc.

I have read and understand all of the information and agree to the terms provided herein and I hereby release the Town of Longboat Key, as well as all its employees, elected officials and agent, and others from any liability which may result from furnishing the information as set forth above.

All requests for information have been completed as fully and accurately as possible and I recognize that any material misrepresentation or pertinent omission of fact in my application as determined by the Town may disqualify me from employment with the Town of Longboat Key or if employed and later discovered may result in termination of my employment.

*Florida State Statute 768.095 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 if the former employer 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. For the purpose of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.*

## PROBATION –

- The initial probation period for a full time police officer is three hundred sixty five (365) days. The initial probationary period may be extended by Management for an additional ninety days (90).
- Full time employees who have not successfully completed the applicable probationary period or extension thereof, and all part time, temporary or seasonal employees serve in their positions and as Town employees at the will and pleasure of the Town Manager or his designees.

## DRUG SCREENING –

- To the extent allowed by law, all applicants for employment must pass a drug test as a condition of being offered employment. Refusal to take a test and when directed by the Town will eliminate the applicant from further consideration. If employed all employees are subject to testing for use of illegal substances at any time subject to applicable law and The Town Drug & Alcohol Policy.

# VETERANS' PREFERENCE CERTIFICATION

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Section 295.07(1), Florida Statutes, provides for Veterans' Preference in employment appointment and retention, if qualified under one of the following categories, and not exempt under Section 295.07(4), Florida Statutes. Section 295.09, Florida Statutes, also provides Veterans' Preference for reinstatement, reemployment, and promotion. If you seek Veterans' Preference, please "check" the appropriate box, and provide this form and documentation of your status with your employment application, no later than the position advertisement closing date.

I certify that I am qualified to claim Veterans' Preference under the category checked below:



(a) A disabled Veteran:

1. Who has served on active duty in any branch of the United States Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veterans Affairs; or
2. Who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the United States Department of Veterans Affairs and the United States Department of Defense.



(b) The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.



(c) A wartime veteran as defined in s. 1.01(14), who has served at least 1 day during a wartime period. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.



(d) The unremarried widow or widower of a veteran who died of a service-connected disability.



(e) The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense.



(f) A veteran as defined in s. 1.01(14), F.S. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.



(g) A current member of any reserve component of the United States Armed Forces or the Florida National Guard. If so, please attach FDVA form VP2, signed by your immediate military supervisor, to document your status.

Please submit this certification with your application, or as soon as possible, prior to the date that the position advertisement closes. **In order to receive Veterans' Preference and to complete your application, this form and documentation to prove your status must be returned to the Human Resources ("HR") office in accordance with Rule 55A-7.013, Florida Administrative Code.** Please contact HR at 941-316-1999, if you have any questions.

If you feel that you are not afforded preference in consideration for appointment to certain positions or if a non-preference eligible applicant is appointed to the position in the Town of Longboat Key government, you have the right to request an investigation. To exercise this right you must file a written complaint with the Florida Department of Veteran's Affairs, Attention Veteran's Preference Coordinator, 11351 Ulmerton Road, Suite 311, Largo, Florida 33778-1630. Such complaint must be filed within 60 calendar days from the date you receive notice of the hiring decision.

This statement is true to the best of my knowledge and belief.

By \_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Signature

## Certification of Unremarried Widow or Widower

Section 295.07(1)(d), Florida Statutes, provides Veterans' Preference in appointment and retention for an unremarried widow or widower of a Veteran who died of a serviced connected disability and

Section 295.07(1)(e), Florida Statutes, provides Veterans' Preference in appointment and retention for an unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions.

In order to receive Veterans' Preference in employment appointment and retention, this form documenting the fact that I have not remarried, must be returned to the Human Resources Office along with Veterans' Preference Certification, FDVA form VP-1, in order to complete the application packet.

To be completed by Unremarried Widow or Widower:

I certify that I, \_\_\_\_\_ was married to \_\_\_\_\_,  
a member of \_\_\_\_\_ (branch) of the United States Armed Forces.

I further certify that I have not remarried since the date of his/her death.

\_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Home/Mobile Telephone(s): \_\_\_\_\_

Address: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Address: \_\_\_\_\_

**Certification of Current Member of  
Reserve Component of the United States Armed Forces  
Or The Florida National Guard**

**To be completed by your IMMEDIATE MILITARY SUPERVISOR:**

I certify that \_\_\_\_\_ is a current member of  
\_\_\_\_\_ (branch) Reserve Component of the United States Armed Forces or The Florida National Guard (circle one) and is in  
'Honorable" standing as of this date.

\_\_\_\_\_  
Signature of Immediate Military Supervisor      Date: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Printed Name and Rank      \_\_\_\_\_  
Military Supervisor's Telephone Number

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**To be completed by APPLICANT:**

Section 295.07(1)(g), Florida Statutes, provides for Veterans' Preference in appointment and retention for a current member of any Reserve Component of the United States Armed Forces or The Florida National Guard, serving honorably.

In order to receive Veterans' Preference in employment appointment and retention, this form documenting my current service must be returned to the Human Resources office along with Veterans' Preference Certification, FDVA form VP-1, in order to complete the application packet.

**I certify that I am a Current member of \_\_\_\_\_, honorably serving, that I intend to continue my military service, and that the following information is accurate:**

Address: \_\_\_\_\_

Home/mobile telephone(s): \_\_\_\_\_

\_\_\_\_\_  
Signature of Current Member      Date: \_\_\_\_\_

\_\_\_\_\_  
Printed name

## REFERENCES

Please list 3 references that are not relatives:

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Years acquainted: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Years acquainted: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Years acquainted: \_\_\_\_\_

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Town Use Only:

**Background information notes and verification to be completed by Town Representative.**

## FCRA CONSUMER REPORT DISCLOSURES AND AUTHORIZATION FOR RELEASE OF INFORMATION

As required by the Fair Credit Reporting Act, this is to advise you that a consumer report and/or investigative consumer report (including information as to your character, general reputation, personal characteristics, and mode of living) may be obtained by the Town from a reporting agency for employment purposes as part of a pre-employment background investigation. Should an investigative consumer report be requested, you will be notified and have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act. The Town will also provide you a copy of the report upon request.

By signing this form, I HEREBY AUTHORIZE the Town, or its representative to obtain consumer reports, investigative consumer reports and/or any other information pertaining to my employment, credit, education or military service from any and all employers, former employers, credit agencies, educational institutions, law enforcement agencies, governments, consumer reporting agencies and any other individual or entity possessing such information.

Printed Full Name: _____	
Social Security #: _____	
Current Address: _____ _____	
Telephone #: _____	
Signature: _____	Date: _____

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Town Use Only:

**Background information notes and verification to be completed by Town Representative**

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Mail, Fax OR Email Completed Application to:  
The Town of Longboat Key  
501 Bay Isles Road  
Longboat Key, FL 34228  
Fax: (941) 316-1656  
[lsilvertooth@longboatkey.org](mailto:lsilvertooth@longboatkey.org)