



SOUTHWEST FLORIDA PUBLIC SERVICE ACADEMY PERSONAL HISTORY QUESTIONNAIRE

Do you have previous Law Enforcement Experience? () Yes () No

1. Name _____
 Last First Middle

Street Address Apartment #

City County State Zip

() () ()

Residence Telephone Business Telephone Cell Telephone

2. Alias (es), Nicknames, Maiden Name, or other changes in your name. (Attach Marriage Certificate, etc)

The following information is solely for the purpose of compliance with

3. Race/Ethnicity (Check one only)

- () White, Non-Hispanic
- () Black, Non-Hispanic
- () Hispanic
- () Asian or Pacific Islander
- () American Indian or _____

4. Male () 5. Date of Birth (Month, Day, Year) 6. Place of Birth (City, County, State)

Female () _____

7. U.S. Citizen: Naturalized Certificate Number If derived, parent Certificate Number

Yes () _____

No () _____

Date, Place and Court _____

8. Education level (checking highest level attained)

- () High School / GED () Bachelors () Doctorate
- () Associates () Masters

9. Height _____ Weight _____ Color of Eyes _____ Color of Hair _____

10. Name, Relationship and Phone Number (s) of person to notify in case of emergency: _____

11. Marital Status: () Single () Married () Divorced

Name of Spouse: _____

Contact Number: _____

12. Education:

a. List all High Schools attended: (include copies of High School or G.E.D. Diploma)

NAME	LOCATION	DATES ATTENDED		GRADUATED	
		From	To	Yes	No

b. Higher education. List information for all Colleges or Universities attended. Include a copy of all official transcripts from the institutions of higher education that you attended with this application.

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	DATES ATTENDED		CREDIT HOURS		DEGREE RECEIVED	YEAR RECEIVED
	FROM	TO	SEMESTER	QUARTER		

c. Other schools or trade, vocational, business, or military training that you have completed. List the name and location of each school, the dates attended, the subjects studied, certificate and any other pertinent data.

FROM	DATES TO	NAME OF SCHOOL AND LOCATION	COURSES STUDIED	CERTIFICATE	
				YES	NO

13. Have you ever attended or applied at a Criminal Justice Academy? Yes () No ()

If yes, where: _____

Date: _____ to _____

Reason for leaving/denial: _____

14. MILITARY HISTORY

a. Have you ever served in the uniformed armed services of the United States of America? Yes () No ()
If yes, INCLUDE A COPY OF YOUR DD 214 with your application.

If no, PROVIDE SELECTIVE SERVICE NUMBER _____

b. Branch of Service _____ Company _____

Regiment _____ Division _____ Ship _____

c. Highest rank held _____

d. How many periods of active military service have you had? _____

e. What is the type of your discharge? Be exact:

Honorable () Dishonorable () General () Medical () Other ()

f. Give date and location of entrance to active duty: _____

g. Give date and location of discharge: _____

h. Give period or periods of active military service:

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

i. Are you now or were you ever on active or inactive duty of any branch of the United States Reserve Forces?

Yes () No () If yes, state which: Active () Inactive ()

j. Are you now or were you ever a member of the National Guard? Yes () No ()

State _____ Regiment _____ Unit _____ Rank _____

From _____ To _____ Type of Discharge _____

k. Were you ever court-martialed, tried on charges, or were you ever a subject of a summary court, deck court, captain's mast or company punishment such as an Article 15, or any other disciplinary action while a member of the armed forces of the United States? Yes () No () If yes, explain below:

15. Employment History: The past 10 years to Current Employment Status. Use the Notes section to explain why your employment ended.

From Date	Name of Employer	Part Time ()	Full Time ()	Job Title
To Date	Street Address	Phone Number		Description of Duties
Salary Begin	City, State, Zip Code			Name of Supervisor
Salary End	Why did you leave?	Name of Co-Worker		

Notes:

From Date	Name of Employer	Part Time ()	Full Time ()	Job Title
To Date	Street Address	Phone Number		Description of Duties
Salary Begin	City, State, Zip Code			Name of Supervisor
Salary End	Why did you leave?	Name of Co-Worker		

Notes:

From Date	Name of Employer	Part Time ()	Full Time ()	Job Title
To Date	Street Address	Phone Number		Description of Duties
Salary Begin	City, State, Zip Code			Name of Supervisor
Salary End	Why did you leave?	Name of Co-Worker		

Notes:

From Date	Name of Employer	Part Time ()	Full Time ()	Job Title
To Date	Street Address	Phone Number		Description of Duties
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Notes:

From Date	Name of Employer	Part Time ()	Full Time ()	Job Title
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Notes:

From Date	Name of Employer	Part Time ()	Full Time ()	Job Title
To Date	Street Address	Phone Number		Description of Duties
Salary Begin	City, State, Zip Code			Name of Supervisor
Salary End	Why did you leave?	Name of Co-Worker		

Notes:

16. VEHICLE OPERATOR'S LICENSE (Drivers, Chauffeur's etc.)

a. Can you operate a motor vehicle Yes () No ()

Do you now or did you ever possess a valid driver's license from the state of Florida? Yes () No ()

Driver's license number _____ Date issued _____

Restrictions _____

b. Was your license ever suspended or revoked? Yes () No () If yes, give reasons, date and length.

c. Date your license was restored: _____

d. List history traffic citations you have received: (including parking tickets)

LOCATION (Street, City, State)	APPROX. DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

17. MOTOR VEHICLE INSURANCE:

a. Do you presently have automobile insurance? Yes () No ()

If no, give details: _____

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

NAME OF COMPANY	POLICY NUMBER	NAME OF AGENT	ADDRESS	PHONE NUMBER

List the dates of coverage From _____ To _____

18. DRUG/ALCOHOL USE:

a. Do you currently use alcoholic beverages? Yes () No ()

If yes, to what degree? _____

b. Do you currently use marijuana? Yes () No ()

If yes, to what degree? _____

c. Have you ever used or experimented with marijuana? Yes () No ()

If yes, amount of times and date of last use _____

d. Do you currently use non-prescription drugs such as cocaine, crack, hashish, opiates, steroids, pills etc?
Yes () No ()

If Yes, which drug(s) amount of times used, and date of last use: _____

e. Have you ever used or experimented with any other non-prescription drugs? Yes () No ()

If yes, which drug (s), amount of times used, and date of last use?

19. Criminal History:

Were you ever arrested when you were a juvenile? Yes () No () If yes, how many times? _____

List each crime you were charged with as a juvenile even if one arrest was for multiple charges

Date	Charged With?	Convicted?	Disposition

You must reveal your juvenile criminal record for employment as a certified Law Enforcement or Correctional Officer

Explain any Juvenile arrest entries here: _____

Have you ever been arrested as an adult? Yes () No () If yes, how many times? _____

(Note: if you were ever on Probation or had adjudication withheld, you were arrested)

List each crime you were charged with even if one arrest was for multiple charges

Date	Charged With?	Convicted?	Disposition

Explain any arrest entries here: _____

20. CLOSURE:

In admittance to the Southwest Florida Public Service Academy, the above information I have submitted on this application is true to the best of my knowledge. Any misrepresentations, omissions, or falsifications in my application will be subject for my application being rejected and/or terminated from attending the Academy.

Signature of Applicant

Date

SOUTHWEST FLORIDA PUBLIC SERVICE ACADEMY CHECK OFF LIST

My application packet includes copies of my:

- Driver's License
- Florida Vehicle Registration
- Social Security Card
- Certified Birth Certificate
- High School Diploma or GED Certificate
- Higher Education Certificate
- Military Discharge DD214
- N/A

Original forms:

- Driving Record History (Clerk of Courts only)
- (1) front view Passport photo
- Disposition(s) of Arrest (Clerk of Courts)
- N/A
- Official College Transcripts (only if cannot supply certificate)
- Official High School Transcripts
- Physical Assessment Form CJSTC 75, 75A, & 75B
- Affidavit of Applicant CJSTC 68 (notarized)
- Release of Information CJSTC 58 (notarized)

SWFPSA Residency Application and Affidavit

- FL Resident
- Out of State

I, the applicant, understand if any information from this packet including from the list above is missing or incomplete the packet will be returned to me for completion.

Candidate's Signature

Date