



# Southwest Florida Public Service Academy

4312 E. Michigan Ave. Ft. Myers Fl 33905  
Tel: (239) 334 - 3897 - Fax: (239) 334 - 8794

Last Name

Todd Everly, Director • Robert Martin III, Corrections Coordinator • Jack Thomson, Law Enforcement Coordinator

**Todd Everly**  
Academy Director

**Robert Martin III**  
Coordinator  
Corrections & Crossover LEO- CO

**Jack Thomson**  
Coordinator  
Law Enforcement, Crossover CO-LEO,  
& EOT

<b>Office Use Only</b>
<b>FBAT/CJBAT RESULTS:</b>
<b>Date Passed:</b> <u>   </u> / <u>   </u> / <u>   </u>
M    D    Y
<b>SCORE:</b> _____
<input type="checkbox"/> Law Enforcement / <input type="checkbox"/>
Corrections
<b>Finger Prints Date:</b>

First Name

## Open Enrollment Application for:

Crossover – CO to LEO

Crossover – LEO to CO

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last Name                      First Name                      MI.

Date of Birth:     /     /                          Current Phone # (     ) \_\_\_\_\_

Month    /    Day    /    Year

\_\_\_\_\_

Street Address                      Apartment #

\_\_\_\_\_

City                      County                      State                      Zip

Social Security Number



# 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:

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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:

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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:

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Notes:

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Notes:

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**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**