

Southwest Florida Public Service Academy

4312 E. Michigan Ave. Ft. Myers FL 33905

Tel: (239) 334 - 3897 Fax: (239) 334 - 8794

Todd Everly, Director ● Scott Hall, Corrections Coordinator ● Erica Rich, Law Enforcement Coordinator

Last Name

**Todd Everly Academy Director**

**Scott Hall**

Coordinator

Corrections & Crossover LEO- CO

**Erica Rich**

Coordinator

First Name

Law Enforcement & Crossover CO-LEO

**Open Enrollment Application for:**

# □ Law Enforcement □ Corrections

- - Social Security Number

□ CO to LE Crossover □ LE to CO Crossover

Name: Social Security #

**Last Name First Name MI.**

Date of Birth: / /

**Month / Day / Year**

Current Phone # ( )

Street Address Apartment #

City County State Zip

## PSA%20Logo 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

1. **Alias (s), Nicknames, Maiden Name, or other changes in your name. (Attach Marriage Certificate, etc)**

**The following information is solely for the purpose of compliance with Federal Regulations (items 3 through 7)**

1. **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** | **( )** |  |

1. **U.S. Citizen: Naturalized Certificate Number If derived, parent Certificate Number Yes ( ) No ( )**

Date, Place and Court

1. **Education level (checking highest level attained)**

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

1. **Height**

Weight

Color of Eyes Color of Hair

1. **Name, Relationship and Phone Number (s) of person to notify in case of emergency:**
2. **Marital Status: ( ) Single ( ) Married ( ) Divorced Name of Spouse:**

Contact Number:

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

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| **NAME** | **LOCATION** | **DATES ATTENDED**  **From To** | | **GRADUATED**  **Yes No** | |
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* 1. **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.**

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| **NAME AND LOCATION OF COLLEGE OR UNIVERSITY** | **DATES ATTENDED**  **FROM TO** | | **CREDIT HOURS**  **SEMESTER QUARTER** | | **DEGREE**  **RECEIVED** | **YEAR**  **RECEIVED** |
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* 1. **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.**

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| **DATES**  **FROM TO** | | **NAME OF SCHOOL AND LOCATION** | **COURSES STUDIED** | **CERTIFICATE**  **YES NO** | |
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1. **Have you ever attended or applied at a Criminal Justice Academy? Yes ( ) No ( )**

If yes, where: Date: to

Reason for leaving/denial:

1. **MILITARY HISTORY**
   1. **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

* 1. **Branch of Service Company**

Regiment Division Ship

* 1. **Highest rank held**
  2. **How many periods of active military service have you had?**
  3. **What is the type of your discharge? Be exact:**

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

* 1. **Give date and location of entrance to active duty: \_**
  2. **Give date and location of discharge:**
  3. **Give period or periods of active military service:**

From From

To To

From From

To To

* 1. **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 ( )**
  2. **Are you now or were you ever a member of the National Guard? Yes ( ) No ( )**

State Regiment Unit Rank \_

From

To

Type of Discharge

* 1. **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:**

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

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| --- | --- | --- | --- |
| **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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| --- | --- | --- | --- |
| **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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| --- | --- | --- | --- |
| **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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| --- | --- | --- | --- |
| **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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| --- | --- | --- | --- |
| **From Date** | **Name of Employer** | **Part Time Full Time ( ) ( )** | **Job Title** |
| **To Date** | **Street Address** | **Phone Number** | **Description of Duties** |
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| **Salary End** | **Why did you leave?** | **Name of Co-Worker** | |

**Notes:**

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| --- | --- | --- | --- |
| **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:**

1. **VEHICLE OPERATOR’S LICENSE (Drivers, Chauffeur’s etc.)**
   1. **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

* 1. **Were your license ever suspended or revoked? Yes ( ) No ( ) If yes, give reasons, date and length.**
  2. **Date your license was restored:**
  3. **List history traffic citations you have received: (including parking tickets)**

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| **LOCATION (Street, City, State)** | **APPROX. DATE** | **NATURE OF VIOLATION** | **PENALTY OR DISPOSITION** |
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1. **MOTOR VEHICLE INSURANCE:**
   1. **Do you presently have automobile insurance? Yes ( ) No ( )**

If no, give details:

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

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| --- | --- | --- | --- | --- |
| **NAME OF COMPANY** | **POLICY NUMBER** | **NAME OF AGENT** | **ADDRESS** | **PHONE NUMBER** |
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List the dates of coverage From To

1. **DRUG/ALCOHOL USE:**
2. **Do you currently use alcoholic beverages? Yes ( ) No ( )**

If yes, to what degree?

1. **Do you currently use marijuana? Yes ( ) No ( )**

If yes, to what degree?

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

If yes, amount of times and date of last use

1. **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:

1. **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?**
2. **Have you ever used or are currently using a prescription drug that was/is prescribed for someone else? Yes ( ) No ( ) If Yes, which drug(s) amount of times used, and date of last use**
3. **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

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| --- | --- | --- | --- |
| **Date** | **Charged With?** | **Convicted?** | **Disposition** |
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**\*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

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| --- | --- | --- | --- |
| **Date** | **Charged With?** | **Convicted?** | **Disposition** |
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Explain any arrest entries here:

1. **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:**

* **CJBAT Score Driver’s License x2**
* **Florida Vehicle Registration x2**

**□ Social Security Card**

* **Certified Birth Certificate**
* **Hight School Diploma or GED Certificate**
* **Higher Education Certificate**
* **Military Discharge DD214 N/A**

**Original forms:**

* **Complete Driving Record History from all states driven (Clerk of Courts only)**
  + **Disposition(s) of Arrest (Clerk of Courts) N/A**
  + **Official High School Transcripts**
  + **Official College Transcripts**
* **(1) Passport size photo**
* **Physical Assessment Form CJSTC 75, 75A**
* **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 this packet will be returned to me for completion.

**Candidate’s Signature Date**