



Pre-Screener Application

SEMINOLE POLICE DEPARTMENT

Human Resources Division, 3101 N State Road 7, Hollywood, FL 33021
 Tel. 954-967-5100 Fax 954-963-9134 Visit us online at www.semtribe.com

INSTRUCTIONS: The purpose of this pre-screener application is to get accurate applicant information. Please complete all portions – **incomplete forms will be destroyed.** Applicants **MUST** be 19 years of age or older to apply.

Name:		SSN:	
Phone #:	Alternate Phone #:		
Address:	City:	State:	Zip:
Email Address:	Driver's License #		- State
<p><i>Reservation:</i> _____ Hollywood, Big Cypress, Immokalee, Brighton, Tampa, or Fort Pierce</p> <p><i>*Applicants must live within one hour's drive time of their selected Reservation.</i></p>			
Position Sought (check one only): We <u>DO NOT</u> accept Non-Certified Police Officer Applicants.			
<input type="checkbox"/> Police Officer	<input type="checkbox"/> Dispatcher	<input type="checkbox"/> Clerical / Administrative	<input type="checkbox"/> Community Service Aide

If it is determined that you are a viable candidate and positions are available, your processing will begin. If there are no positions available, your pre-screener will be kept on file for up to one year and you will be notified once we have openings. Do not include any documents **unless**, they are meant to explain pre-screener questions.

PERSONAL INFORMATION		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you a United States Citizen? (Or registered alien for civilian position?)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you possess a high school diploma or GED?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you received 3 or more moving traffic violations within the past three years?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been convicted of a felony?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If employed by a law enforcement or corrections agency, are you now under internal investigation or have ever been involved in any internal affairs investigation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you used, possessed, or cultivated an illegal controlled substance? Date last used:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you received any alcohol or drug violations within the past five years? When:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been convicted of a misdemeanor involving moral turpitude, false statements, perjury or domestic violence?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever worked for or applied to the Seminole Police Department before? Position: _____ Date: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there any other language you can read, write or speak fluently? Specify:

EMPLOYMENT HISTORY: Describe below the last four jobs you have held (including military, part-time, temporary, or volunteer work.) Begin with your present or most recent employment. If you've **ever** worked in law enforcement or corrections, include that information. You may attach an additional information sheet if necessary. Please **provide details** of your job duties. You must account for all periods of unemployment. **Please explain in detail, on a separate sheet of paper, if you have been involved an Internal Affairs investigation.**

<i>Present or Most Recent</i>	
1. Employer:	Dates of Employment: From _____ to _____
Position(s) Held:	Type of Business:
Reason for Leaving:	
Description of Duties:	
2. Employer:	Dates of Employment: From _____ to _____
Position(s) Held:	Type of Business:
Reason for Leaving:	
Description of Duties:	
3. Employer:	Dates of Employment: From _____ to _____
Position(s) Held:	Type of Business:
Reason for Leaving:	
Description of Duties:	
4. Employer:	Dates of Employment: From _____ to _____
Position(s) Held:	Type of Business:
Reason for Leaving:	
Description of Duties:	

If you answer "yes" to the following, you must attach a full explanation before your application will be considered.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been disciplined by any current or past employer(s)? If military experience, list disciplines, i.e., Article 15, etc. (List each discipline, employer, and dates.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been terminated or asked to resign from a job? (List each employer, reason and dates.)

EDUCATION RECORD			
Do you have a college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of degree:	Course of study:	
If no, how many credits?	Course of study:		
Have you received your Florida law enforcement certification or are you currently attending an academy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of academy:	Graduation date:		

CRIMINAL HISTORY	
<i>Note – Because you are applying to a law enforcement agency, you must include information about any arrest, charge, conviction or other criminal activity, even if the records are sealed or expunged. If you answer "yes" to any of the following, you must attach a full explanation before your application will be considered.</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been arrested or charged of any felony and/or misdemeanor?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of any felony and/or misdemeanor?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been involved in the sale of illegal drugs?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever taken anything from an employer without proper permission?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you now or have you been the member of a gang or any association that engages in criminal activity?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have regular or continuous associations or dealings with anyone under criminal investigation or indictment, or who is involved in criminal behavior?

UNITED STATES MILITARY RECORD			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been a member of the United States Armed Forces?		
Branch:		Highest Rank:	Type of Discharge:
Active Duty Dates from _____ to _____		Reserve Duty Dates from _____ to _____	

Signature: _____ Date: _____