



**SECURITY SERVICES DEPARTMENT
EMPLOYMENT APPLICATION FORM**

The Security Services Department is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.

NOTICE: The following additional documents needs to be attached to this application:

- Certified copy of your birth certificate
- Certified copy or your high school diploma or Florida Police Standards approved G.E.D.
- Copy or your military discharge(s)
- Copy of Driver's License
- Copy of Social Security Card
- Certified copy of documentation as to any changes in name from what is reflected on birth certificate, such a marriage license
- Copy of your Driving History record

Position Applying For: ☐ Security Officer I
☐ Security Officer II
☐ Communications Technician
☐ Other _____

Application Date: _____

INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions need to be answered. Incomplete applications may not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and answers to correspond with questions.

PERSONAL HISTORY

Last Name First Middle

Residence Address

City County State Zip Code

Mailing Address (if different) County State Zip Code

Telephone Number (Home) (Other)

List previous names; include circumstances and time periods you used them and documents verifying same – i.e. former name(s), alias (es), and/or nickname(s).

Name	Circumstance	Dates From Mo/Year	Dates To Mo/Year

Date of Birth	City	County	State	Country (if not in the United States)

Social Security Number: _____

Are you a United States citizen? ☐ Yes ☐ No

If naturalized, please provide: _____
Date Place

Court Naturalization Number

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Never Married

EDUCATION/TRAINING

High School Name/Address	Dates Attended Mo/Yr (From/To)	Year Completed	Did You Graduate	Type of Diploma

College/University Name/Address	Dates Attended Mo/Yr (From/To)	Credit Hours Earned (From/To)	Did You Graduate	Type of Degree

Attach diploma or official transcript from last institution of higher education attended.

Major _____ Minor _____

Other Schools (i.e. Trade, Vocational, or Military) Name/Address	Dates Attended Mo/Yr (From/To)	Credit Hours Earned	Area of Study	Did You Graduate	Type of Degree or Certificate

Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school.

Indicate any foreign language(s) you can:

	Fluent	Good	Fair
Speak			
Read			
Write			

Indicate law enforcement/security education/communications training:

Did you receive a certificate for this training? ☐ Yes ☐ No

If so, please provide the Certificate Number: _____

Indicate special skills you possess and equipment you can use which may be related to security work.
(i.e. two-way radio communications, speed detection equipment, firearms, computers, etc.):

EMPLOYMENT HISTORY

Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? ☐ Yes ☐ No

If yes, please provide details: _____

Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? ☐ Yes ☐ No

If yes, please provide details: _____

Please provide the following information for the past ten years of employment:

Previous Employer	Name of Last Supervisor	Contact Phone Number	Reason for Leaving

ARREST HISTORY / COURT DATA

Have you ever been arrested, received a notice to appear or summons to appear for any criminal violation, charged, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? ☐ Yes ☐ No

Have you or your spouse ever been a plaintiff or defendant in a court action? ☐ Yes ☐ No

Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation? ☐ Yes ☐ No

Have you ever been fingerprinted for any reason (i.e. arrest, job application, military, etc.)? ☐ Yes ☐ No

If yes, please provide details:

MILITARY HISTORY

Have you ever served in the Armed Forces of the United States? ☐ Yes ☐ No

Branch of Service: _____ Highest Rank: _____

Serial #: _____

Duty Dates: (From/To) _____

Date of Discharge: _____ Type of Discharge: _____

Are you now or have you ever been a member of a reserve unit or the National Guard? ☐ Yes ☐ No

If yes, state the branch of service, name and location of your unit and whether you attend drill, meetings or camps.

Was any type of disciplinary action taken against you in the service? ☐ Yes ☐ No

If yes, please provide: Date: _____ Place: _____

Nature of offense: _____

Have you ever served in the Armed Forces of a foreign country? ☐ Yes ☐ No

If yes, please specify countries and dates.

Are you designated as disabled because of any military service? ☐ Yes ☐ No

VETERANS' PREFERENCE: Check the appropriate block if you are claiming Veterans Preference. Documentation substantiating your claim must be furnished at the time of application.

1. ☐ A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense.
2. ☐ The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power.
3. ☐ A veteran of any war who has served on active duty of 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who has honorably discharged from the Armed Forces of the United States of America, if any part of active duty was performed during a wartime era, excluding active duty for training.
4. ☐ The widow or widower of a veteran who died of a service-connected disability that has not remarried.

Have you claimed and been employed using veterans' preference since October 1, 1987? ☐ Yes ☐ No

If yes, please give name of employer: _____

NOTE: Under Florida law, preference in appointment shall be given first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant position is not selected for a vacant position, he/she may file a complaint with the Division of Veteran's Affairs, P.O. Box 1437, St. Petersburg, Florida 33731.

CREDIT DATA

Do you have any sources of income other than your salary or the salary of your spouse? ☐ Yes ☐ No

Are you or your spouse indebted to anyone? ☐ Yes ☐ No

Have you, your spouse, or company controlled by you, filed for bankruptcy? ☐ Yes ☐ No

Declared bankruptcy? ☐ Yes ☐ No

Had a legal judgment rendered against you for a debt? ☐ Yes ☐ No

If yes to any of the questions above, please provide details:

APPLICANT'S CERTIFICATION

I understand that my employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Security Services Department. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge, I also understand that I may be fingerprinted. I understand that this employment application will become the property of the Security Services Department and that it and the information received in response to the background examination are public records.

I further understand and agree that my employment will be contingent upon the results of the complete drug test and that I may be required to take drug tests during the term of my employment or appointment with the Security Services Department.

I understand that the use of drugs or alcohol is not permitted during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that and agree that my continued employment or appointment may be contingent upon the results of a medical or psychological examination that I may be required to take during the term of my employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment with the Security Services Department.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment with the Security Services Department and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Security Services Department.

I agree to conform to the rules, regulations and orders of the Security Services Department and Hillsborough County Public Schools, and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Security Services Department / Hillsborough County Public Schools, at its discretion, at any time and without any prior notice to me.

Applicant Name (Printed)

Applicant Signature

Witnessed by:

Date:

CONFIDENTIAL EMPLOYEE HISTORY

THE INFORMATION CONTAINED HEREIN IS CONFIDENTIAL
AND WILL NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION

Are you now able to participate, without an accommodation, in defensive tactics, firearms or physical training, operating of a motor vehicle, or otherwise perform the duties set forth in the job description or task analysis related to the position of which you applied? ☐ Yes ☐ No

This position may require a physical agility test. If such a test or examination is required, would you be able to take this test or examination without an accommodation? ☐ Yes ☐ No

If no, explain what accommodation(s) you would need to perform these tasks or take the test or examination.

Do you now, or have you used/possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of similar nature? ☐ Yes ☐ No

If yes, please complete the following:

Drug: _____

Circumstances: _____

First time used/possessed/supplied/sold: _____

Last time used/possessed/supplied/sold: _____

Do you currently use any narcotic or controlled substance, such as those listed above or have you used such a narcotic or controlled substance within the last year? ☐ Yes ☐ No

Please provide name and address of next of kin or other person to be contacted in case of an emergency.

Name

Address

City County State Zip

Home Phone Cell Phone

OTHER REQUIREMENTS

When ordered by the Chief of Security or designee, the applicant will be fingerprinted and will submit to complete physical and psychological examinations, if desired.

REMARKS

**SECURITY SERVICES DEPARTMENT
PERSONAL REFERENCE QUESTIONNAIRE**

Applicant Name: _____ Position Applied For: _____

How long you have known the applicant: Years _____ Months _____

Describe your relationship with the applicant. Are you acquainted through school, work, the military, family?

Describe the applicant in the following categories.

- | | | | |
|---|--------------------------------------|--|--|
| <input type="checkbox"/> Very Honest | <input type="checkbox"/> Honest | <input type="checkbox"/> Less than Honest | <input type="checkbox"/> Dishonest |
| <input type="checkbox"/> Very Dependable | <input type="checkbox"/> Dependable | <input type="checkbox"/> Less than Dependable | <input type="checkbox"/> Not Dependable |
| <input type="checkbox"/> Very Trustworthy | <input type="checkbox"/> Trustworthy | <input type="checkbox"/> Less than Trustworthy | <input type="checkbox"/> Not Trustworthy |

Has the applicant ever exhibited prejudice in the following:

- ☐ Race ☐ Religion ☐ National Origin ☐ Sex ☐ Other

To your knowledge, has the applicant ever been in trouble with the police? ☐ Yes ☐ No

If yes, please give details:

How would you best describe the applicant?

- ☐ Heavy Drinker ☐ Moderate Drinker ☐ Occasional Drinker ☐ Non-Drinker

What are the applicant's positive qualities?

What are the applicant's negative qualities?

Can you recommend the applicant for the position applied for knowing ALL positions within a security/law enforcement agency are of a sensitive nature and involve great public trust?

- ☐ Yes ☐ No If no, why? _____

Reference's Name (Printed)

Signature

Phone Number

Reference's Address

IMPORTANT: If the questionnaire is not completed, the applicant will not be considered for employment.

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BINDING CONTRACT FOR REIMBURSEMENT OF HIRING AND TRAINING EXPENSES

WHEREAS, the Applicant identified below acknowledges that the Security Services Department will incur substantial expenses in the process of training the undersigned to be a security officer, and

WHEREAS, it is acknowledged by the undersigned that these expenditures are expected to be recaptured through services by the Applicant with the Security Services Department after completion of said training, and that the Department will suffer substantial detriment if the undersigned should take employment elsewhere during a period of time for two (2) years following completion of all required training,

NOW, THEREFORE, it is hereby agreed as follows:

WITNESSETH:

1. Reimbursement Obligation: I, _____, hereafter "the Applicant," in consideration of the agreement by the Security Services Department, herein "the Department," to provide me with formal training through the Security Services Department Training Section, to be followed upon successful completion thereof by a period of approximately six (6) weeks of training under the supervision of experienced officers, do hereby agree that in the event my employment with the Department ceases due to any cause other than "termination" as defined below within 24 months from completion of training, I will reimburse the Department for all expenses incurred in connection with my hiring and training.
2. Definition of "Termination": "Termination" as used in this Agreement shall mean any discontinuance of the Applicant's employment initiated or accepted by the Department for good cause. A good faith determination by the Department of whether discontinuance of the Applicant's employment is for good cause shall be conclusive.
3. Calculation of Reimbursement Obligation: The reimbursement obligation shall consist of the sum of all amounts expended by the Department in connection with hiring and training the Applicant and is limited to the following:

▪ Psychological Examination	\$185
▪ Uniforms	585
▪ Handgun Training	100
▪ Body Vest	500
▪ First Aid and CPR Certification	25
▪ Salary (\$11.40 X 240 hours)	<u>2,736</u>
 *Total	 \$4,131
- It is understood that the amounts itemized above are estimates only. I understand that my actual reimbursement obligation will not exceed the total amount indicated above.
4. Credit for Continuous Employment: Credit for service rendered will be given against the reimbursement obligation at the rate of 1/24th of the total reimbursement obligation subsequent to completion of the training period. Any absence from work due to illness, non-duty related injury, or other cause for a period greater than 2 weeks shall be excluded from the period of service for which credit will be given.

5. Terms of Repayment: Complete payment of the reimbursement obligation shall be made within 24 months of cessation of employment in monthly installments of no less than 1/24th on the total reimbursement obligation, commencing on the first day of the month following the month during which re-employment occurs and payable on or before the first of each month thereafter. The Applicant agrees that in the event of his/her failure to make any payment required pursuant to this Agreement in a timely manner, the total amount of the reimbursement obligation then due.

In addition to the above, the Applicant agrees to reimburse the District for any/all reasonable attorney fees required to enforce this contract.

6. Acknowledgement of Notice of Right to Independent Legal Advisor: I understand that I have the right to have this document examined by an attorney of my choosing and to discuss its terms with my attorney prior to signing it. I acknowledge that I have read this contract and fully understand all its terms and nature. I have executed this contract voluntarily and with full knowledge of its legal significance.

ATTEST: Security Services Department

Witness

Director

Signature of Applicant

Date

STATE OF **FLORIDA**
COUNTY OF **HILLSBOROUGH**

On this day personally appeared before me _____ to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this _____ day of _____, 20____.

NOTARY PUBLIC in and for the State of Florida
