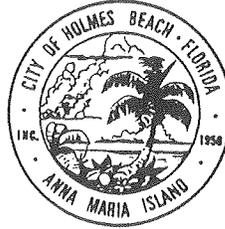


CITY OF HOLMES BEACH

5801 Marina Drive • Holmes Beach, FL 34217
AN EQUAL OPPORTUNITY EMPLOYER



NOTICE TO APPLICANTS AND EMPLOYEES

Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.

Employment Application

DATE: _____

PLEASE PRINT IN BLACK INK OR TYPE

PERSONAL

Name: _____ SS #: _____
 Street Address: _____ City _____ State _____ Zip _____
 Mailing Address: _____ City _____ State _____ Zip _____
 Telephone Number: Home (_____) _____ Business (_____) _____
 Emergency Contact: _____ Telephone (_____) _____
 Are you legally able to work in the U.S.? Yes No
 Have you ever been known by or used any other name? Yes No
 If yes, what? _____

GENERAL

Please indicate how you first learned about this position:
 City Employee Friend Newspaper _____ Other, Specify _____
 Date available to begin work: _____ Minimum salary expected: _____
 I will accept (please check any that apply):
 Full-time Part-time Temporary
 Shift work Evenings Weekend Holidays
 Have you ever been employed by the City of Holmes Beach? Yes No If yes, when? _____
 Position? _____ Reason for leaving? _____
 Do you have any friends or relatives who are employees of the City of Holmes Beach? Yes No
 If yes, list name and relationship: _____

DRIVING

Do you have a valid driver's license? Yes No Type: Operator Chauffeur Restricted
 Driver's license number: _____ Exp. Date: _____ State: _____
 Has your license ever been revoked or suspended? Yes No If yes, when and for what reason? _____

EDUCATION

Circle the last grade completed:

Elementary / High										College / University				Graduate			
4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4	

Do you have a High School Diploma or GED? Yes No If yes, date received: Month _____ Year _____
 Last grade school or high school attended: _____ City _____ State _____

Names and locations of Colleges/Universities	Dates Attended	GPA	Major/Minor Field of Study	Type of Degree	Date Degree Awarded
	from _____ to _____				
	from _____ to _____				
	from _____ to _____				

Last First Middle Job Title:

THIS SECTION MUST BE COMPLETED EVEN THOUGH YOU MAY HAVE A RESUMÉ

Complete all information requested. Begin with your most recent job. List each job separately. List all jobs, military service, and any period of unemployment.

If your immediate supervisor is no longer with the employer, include the name of someone who knew your work.

If you have been employed under any other name(s) list name(s) by each employer as applicable.

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Employer: _____ Job Title: _____
 Street Address: _____ Start Date: _____ Last Date: _____
 City/State/Zip: _____ Start Salary: _____ Last Salary: _____
 Telephone Number: (_____) _____
 Name of Supervisor/Contact Person: _____ Title: _____
 Specific duties and responsibilities: _____

 Reason for leaving: _____
 May we contact your present employer regarding your employment record? _____

Employer: _____ Job Title: _____
 Street Address: _____ Start Date: _____ Last Date: _____
 City/State/Zip: _____ Start Salary: _____ Last Salary: _____
 Telephone Number: (_____) _____
 Name of Supervisor/Contact Person: _____ Title: _____
 Specific duties and responsibilities: _____

 Reason for leaving: _____

Employer: _____ Job Title: _____
 Street Address: _____ Start Date: _____ Last Date: _____
 City/State/Zip: _____ Start Salary: _____ Last Salary: _____
 Telephone Number: (_____) _____
 Name of Supervisor/Contact Person: _____ Title: _____
 Specific duties and responsibilities: _____

 Reason for leaving: _____

Employer: _____ Job Title: _____
 Street Address: _____ Start Date: _____ Last Date: _____
 City/State/Zip: _____ Start Salary: _____ Last Salary: _____
 Telephone Number: (_____) _____
 Name of Supervisor/Contact Person: _____ Title: _____
 Specific duties and responsibilities: _____

 Reason for leaving: _____

IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A WORKSHEET.

Check here if a worksheet or resumé is included.

Name: _____
 Last _____ First _____ Middle _____ Job Title: _____

SPECIAL SKILLS

Special Training (Business, Trade, Vocational, Armed Forces, etc.):

Typing ability: YES NO If yes, typing speed: _____ WPM
 Do you take oral dictation: YES NO If yes, rate of dictation: _____ WPM

Machines and/or Equipment Operated: _____

Licenses or Certificates (Include type, State or other licensing authority):

Membership(s) in professional, job related organizations (include offices held):

State any additional information that may be helpful to us in considering your application:

LEGAL HISTORY

Have you ever been convicted or pled nolo contendere or no contest, regardless of adjudication, to any violation of any law, police regulation or ordinance other than minor traffic violations? _____
 Have you ever been refused a Surety Bond? _____

If yes, describe the conviction(s), show date, charge, location, disposition, and court. (Include jail or prison sentences, suspended sentences, probation served, and convictions incurred while in the military service. You may omit any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law.)

(NOTE: POLICE AND DRIVING RECORDS WILL BE CHECKED WHERE APPLICABLE.)

Information concerning convictions will not necessarily disqualify an applicant unless the conviction record indicates that the applicant would not be suitable or desirable for employment in a particular position. An applicant who falsifies the application by failing to give required information concerning convictions will, if employed, be subject to dismissal.

REFERENCES

List three personal references not related to you whom you have known for at least one year. Do not list anyone we cannot contact immediately.

NAME	ADDRESS	TELEPHONE #	YEARS ACQUAINTED
		()	
		()	
		()	

CITY OF HOLMES BEACH



EMPLOYMENT APPLICATION

5801 Marina Drive • Holmes Beach, FL 34217

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

NAME: _____

POSITION APPLIED FOR: _____

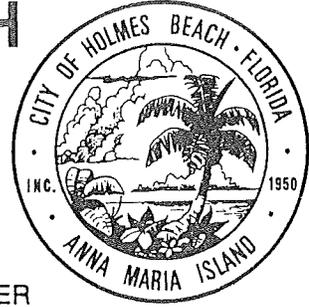
Can you perform the essential functions for the position you have applied for with or without reasonable accommodation? Upon a job offer, applicants are subject to a medical exam and/or other inquiry to confirm the applicant has the ability to perform essential functions and for other purposes as allowed by law.

Yes _____

No _____

Signature: _____ Date: _____

CITY OF HOLMES BEACH



EMPLOYMENT APPLICATION

5801 Marina Drive • Holmes Beach, FL 34217

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status (except veteran's preference), or the presence of a non-job-related medical condition or disability.

To further our commitment to equal employment opportunities for all candidates, we request that you provide the information in the boxes below. This information is required by the federal government and is being gathered for statistical purposes. The information will be kept in a file separate from the application for employment. The information will not be used to make any employment decision which affects you. Your cooperation is essential to our research and evaluation efforts.

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Name: _____ Date: _____

Position applied for: _____

Date of birth: _____

How did you learn about this position?

- Office Visit Advertisement Friend Relative
 Employment Agency Other _____

Please check appropriate boxes: Male Female

Ethnic group/ race: Caucasian/ White Black Hispanic

- American Indian/Alaskan Native Asian/ Pacific Islander
 Other _____

Check any of these that apply to you:

(Submission of information about a handicap is voluntary).

- Vietnam Era Veteran Disabled Veteran Disabled Person

Thank you for your cooperation.

CITY OF HOLMES BEACH

EMPLOYMENT APPLICATION

5801 Marina Drive • Holmes Beach, FL 34217
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



AUTHORITY FOR RELEASE OF INFORMATION PERSONAL INQUIRY WAIVER

TO: CONCERNED PERSON OR AUTHORIZED REPRESENTATIVE OF ANY
ORGANIZATION, INSTITUTION, OR REPOSITORY OF RECORD

FROM: CITY OF HOLMES BEACH

REGARDING:

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NAME: _____ (First) (Middle) (Last)
ADDRESS: _____ (Street)
_____ (City) (State) (Zip Code)
DATE OF BIRTH: _____ SS #: _____
DRIVER'S LICENSE NUMBER: _____ STATE: _____
POSITION APPLIED FOR: _____

THIS FORM WILL BE KEPT IN A FILE SEPARATE FROM THE APPLICATION.
Information on this form is only used to facilitate the background check.

I authorize the City of Holmes Beach to perform a background investigation to assist the City in determining my suitability for the position I am seeking.

I respectfully request and authorize you to furnish the City of Holmes Beach and its representatives all information that you may have concerning my employment records, school records (to include copy of transcript), character, reputation, military records, criminal history records, and driver's license (where applicable). This information is to be used to assist the City of Holmes Beach in determining my qualifications and fitness for the position I am seeking with the City.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

(Signature of Applicant)

(Date)

(Witness Signature)

(Date)

PHOTOCOPIES OF THIS DOCUMENT SHOULD BE TREATED
WITH THE SAME AUTHENTICITY AS THE ORIGINAL

Name of Applicant

PERSONAL HISTORY FORM
FOR USE IN SCREENING POLICE APPLICANTS FOR
HOLMES BEACH POLICE DEPARTMENT

INSTRUCTIONS

Personal History Form must be completed by applicant.

Read all questions completely. Answer all questions fully and accurately. All answers are subject to verification.

ANY FALSIFICATION ON THIS PERSONAL HISTORY FORM, OR ANY OTHER EMPLOYMENT RELATED FORM, WILL SUBJECT THE APPLICANT TO DISQUALIFICATION. FALSIFICATION DISCOVERED AFTER EMPLOYMENT SHALL RESULT IN TERMINATION. APPLICATIONS WILL NOT BE ACCEPTED UNTIL ALL ITEMS ARE COMPLETED AND ALL REQUIRED DOCUMENTS HAVE BEEN RECEIVED.

If a question does not apply, mark "N/A" in the appropriate space. If the answer requires more space, use back of page. Complete mailing addresses for residences, employers and character references are mandatory. Include zip codes.

ALL ANSWERS MUST BE PRINTED IN INK AND BE COMPLETELY LEGIBLE. DO NOT TYPE ANSWERS.

REQUIRED DOCUMENTS:

All applicants must submit a copy of the following documents.

1. Birth certificate
2. High school or state-issued G.E.D. certificate
3. College diploma or transcript (if available)
4. Military record, DD-214 and discharge certificate (if applicable)
5. Certificate of completion or compliance from Police Standards
6. Social Security card
7. Drivers License
8. Documentation of any name change other than what appears of birth certificate (i.e. marriage certificate)

APPLICANT'S SIGNATURE REQUIRES NOTARIZATION.

Return this completed application, along with necessary documents to:
HOLMES BEACH POLICE DEPARTMENT, 5901 Marina Drive, Holmes Beach, FL 34217.

PERSONAL HISTORY DATA

1. Are you willing to submit to a polygraph examination to verify all information supplied in the application, and all other information supplied in this Personal History Form? Yes ___ No ___ If "No," state reasons(s). _____

2. FULL NAME:

Last	First	Middle	Maiden
------	-------	--------	--------

3. DATE OF BIRTH:

Month	Day	Year	Social Security Number
-------	-----	------	------------------------

4. PLACE OF BIRTH:

City	County	State	Country
------	--------	-------	---------

5. PRESENT STATISTICS:

Weight: _____ Height: _____ Eyes: _____ Hair: _____

6. CITIZEN OF: _____ ALIEN #: _____

7. LIST ALL NAMES USED (REAL and NICKNAMES). _____

8. PRESENT ADDRESS:

Street Number	Name of Apt. Complex	Apt. or Lot No.
---------------	----------------------	-----------------

City	State	Zip Code
------	-------	----------

HOW LONG HAVE YOU LIVED AT THIS ADDRESS: Years: _____ Months: _____

HOME TELEPHONE NUMBER: Area Code: _____ Number: _____

BUSINESS TELEPHONE : Area Code: _____ Number: _____

9. DO YOU OWN YOUR HOME? _____ RENT? _____ HOW LONG? _____

If rental, NAME and ADDRESS of landlord: _____

10. IN CHRONOLOGICAL ORDER, state each and every place in which you have resided, beginning with your first year of high school. Include ALL military addresses if applicable. Use back of page or additional paper if necessary.

DATES From - To	STREET ADDRESSES AND/OR APARTMENT COMPLEX NAME	CITY	COUNTY	STATE	ZIP

NAMES AND ADDRESSES of three neighbors at current address (each side, rear or adjacent to your residence). DO NOT INCLUDE AS PERSONAL REFERENCES.

ARRESTS, SUMMONS, ETC.
(Answer All Questions)

11. Were you ever arrested or taken into custody under any circumstances? (Include all investigations as a juvenile, such as Juvenile Aid Bureau Investigation.) YES: _____ NO: _____

If "YES," how many times? _____ Indicate below ALL arrests, including juvenile delinquent. If there is insufficient space below, use use back of page.

DATE	VIOLATION ACTUAL CHARGE	LOCATION CITY & STATE	COURT DISPOSITION OR SENTENCE	POLICE AGENCY

12. List all traffic violations, including any violations investigated by any police agency. Continue on back if needed.

DATE	VIOLATION ACTUAL CHARGE	LOCATION CITY & STATE	COURT DISPOSITION OR SENTENCE	POLICE AGENCY

13. Do you possess a valid Florida Driver's License? Yes: ____ No: ____
License Class? _____ Number: _____
Date Issued: _____ Date Expires: _____
14. Did you ever possess a driver's license issued by any other state than
FLORIDA? If "Yes," name State: _____
15. (A) Has your license ever been suspended or revoked? Yes: ____ No: ____
If "Yes," when, where and why? _____

- (B) Was your license ever restored? Yes: ____ No: ____ WHEN: _____
16. A. Are you now or have you ever been a member of the Communist Party,
USA, or any communist or fascist organization? Yes: ____ No: ____
- B. Are you now, or have you ever been a member of any foreign or
domestic organization, association, movement, group or combination
of persons which is totalitarian, fascist, communist or subversive,
or which had adopted, or shows a policy of advocating or approving
the commission of acts or force or violence to deny other persons
their rights under the CONSTITUTION of the UNITED STATES, or which
seeks to alter the forms of Government of the UNITED STATES by
unconstitutional means? Yes: ____ No: ____ If answer to any of
these is "YES," explain fully. _____

17. Have you tried, used or experimented in any way with heroin, codeine,
morphine or methadone? Yes: ____ No: ____ If "YES," give details.

18. Have you ever tried, used or experimented with marijuana or hashish?
Yes: ____ No: ____
19. When was the last time you ever tried, used or experimented with
marijuana or hashish? Month: _____ Year: _____ Give details.

20. Have you ever tried, used or experimented with any of the following illicitly obtained drugs?

DRUG	SLANG NAME	CHEMICAL OR TRADE NAME	YES NO	DATE LAST USED
COCAINE	Corrine, Gold Dust, Coke, Flake, Snow Bernice, Star Dust, Rock, Crack	Methylester or Benzoylecgonine		
BARBITURATES	Barb, Blue Devils, Yellow Jackets, Phennies, Peanuts, Blue Heavens	Phenobarbital, Nembutal, Seconal, Amytal		
DOWNERS	Quaaludes, Tranquilizers	Methaqualone		
AMPHETAMINES	Bennies, Dexies, Speed, Wake-Ups, Lid Proppers, Pep-Pills, Hearts, White-cross	Benzedrine, Dexedrine, Desoxyn, Methamphetamine, Methedrine		
LSD	Acid, Sugar, Big Orange-Sunshine, Strawberry Fields	D-lysergic Acid, Diethylamide		
DMT	AMT, Businessman's High	Dimethyltryptamine		
DESIGNER	Drugs (any)			
MESCALINE	Mesc., Chocolate Mesc.	3, 4, 5, Trimethoxyphenethylamine		
PSILOCYBIN	Mushrooms, Magic Mushrooms	3 (2-dimethylamino) Ethylindol-4-Oldi-Hydrogen Phosphate		
SUBSTANCE SNIFFING	Snorting Wheezing			
OPIUM				
HEROIN	Smack, Horse, Snow			
MISCELLANEOUS: ANY OTHER CONTROLLED SUBSTANCE NOT LISTED? LIST NAMES:				

EMPLOYMENT
ANSWER ALL QUESTIONS

21. List below, **CHRONOLOGICALLY**, most recent dates first, **EACH** and **EVERY** place in which you were employed. OMIT NONE. Give correct, full addresses. Give dates of unemployment between each period of employment, in proper sequences. Include ALL part-time employment.

NAME AND ADDRESS OF EMPLOYER	DATES FROM - TO	NAME OF IMMEDIATE SUPERVISOR	POSITION HELD	REASON LEFT
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

If you have any further comments or wish to explain further regarding your employments, please use the back of the page.

MILITARY SERVICE
ANSWER ALL QUESTIONS

38A. Have you ever served in any branch of the Armed Forces of the United States of America? Yes: _____ No: _____

B. ATTESTMENT TO NON-ACTIVE MILITARY SERVICE

I, the undersigned, do hereby attest to the fact that I have not in any way been involved in active service in the United States of America Military Service.

_____ Date Signed

_____ Signature

39. How many periods of active Armed Service have you had? _____
Include drafts, enlistments or recalls to service.

40. Give period(s) of active military service.

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

41. Give the branch of service in which you served. _____

42. Last rank held. _____ Service Serial No. _____

43. How many discharges or separations from the service were given to you?

44. What is the type of your discharge(s) or separation(s)? Honorable, Dishonorable, Honorable Conditions, Etc. BE EXACT.

45. Were you ever court-martialed, tried on charges, given Captain's Mast, punished under Article 15, or were you subject of summary court martial? Yes: _____ No: _____ How many times? _____ If "Yes," give details of charges and dispositions each and every time.

46. Are you now, or were you ever an ACTIVE or INACTIVE member of the Reserve Forces (any branch), or National Guard of the United States, or any foreign government? Yes: _____ No: _____

State which, ACTIVE or INACTIVE: _____

47. Branch: _____ Unit: _____ Rank: _____

48. Location: _____ From: _____ To: _____

FINANCIAL STATUS
ANSWER ALL QUESTIONS

54. (A) List all outstanding debts, excluding regular charge accounts.

COMPANY NAME	DATE INCURRED	ORIGINAL AMOUNT	PRESENT AMOUNT	MONTHLY PAYMENT	AMOUNT IN ARREARS

(B) List all regular charge accounts that you possess.

COMPANY NAME	TOTAL AMOUNT OWED	PRESENT MONTHLY PAYMENTS	AMOUNT IN ARREARS (IF ANY)

55. (A) Have you ever been bonded? Yes: _____ No: _____ With respect to each time bonded, state details below.

REASON	BY WHOM	NAME, ADDRESS, CITY, STATE	DATE

55. Continued

(B) Have you or spouse ever been the subject to small claims or civil court? Yes: ___ No: ___ If "Yes," Where: _____ When: _____

(C) Do you or your spouse have any pending civil actions? Yes: ___ No: ___ If "Yes," Where: _____

(D) Have you ever filed for bankruptcy? Yes: ___ No: ___ If "Yes," state where: _____

(E) Have you ever been refused credit? Yes: ___ No: ___ If "Yes," give details. _____

(F) Will your financial situation require income other than that provided by salary? _____

56. Have you ever been refused a bond? Yes: ___ No: ___ If "Yes," by whom? _____

NAME	ADDRESS	CITY	STATE

NAME	ADDRESS	CITY	STATE

MISCELLANEOUS
ANSWER ALL QUESTIONS

57. Should an offer of employment be made, are you willing to work 40 hours weekly, with rotation of shifts and days off, on a scheduled basis? _____

58. Do you have any knowledge or information, in addition to that specifically called for in the preceding questions, which is or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility or fitness for the position of law enforcement officer, including, but not limited to knowledge or information concerning your character, temperance, habits, employment, education, subversive activities, family associations, criminal record, traffic violations, residence, or otherwise? Yes: ___ No: ___ If "Yes," give details. _____

59. List five (5) personal references whom you have known for at least one year. DO NOT use former employers, relatives or present neighbors. All addresses must be complete. Include name, address, apartment number, etc., city, state and ZIP CODE.

1. _____

(Telephone No.)

2. _____

(Telephone No.)

3. _____

(Telephone No.)

4. _____

(Telephone No.)

5. _____

(Telephone No.)

BE CERTAIN THAT ALL ADDRESSES ARE COMPLETE WITH ZIP CODES.

I AFFIRM THAT THIS PERSONAL HISTORY FORM CONTAINS NO MIS-REPRESENTATIONS OR FALSIFICATIONS, OMISSIONS OR CONCEALMENT OF MATERIAL FACT, AND THAT ALL INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT STATEMENTS MADE BY ME ON THIS PERSONAL HISTORY FORM ARE SUBJECT TO LATER INVESTIGATION. I AM FURTHER AWARE THAT SHOULD ANY INVESTIGATION DISCLOSE ANY SUCH MISREPRESENTATION, FALSIFICATION, OMISSION OR CONCEALMENT OF MATERIAL FACT, MY APPLICATION MAY BE REJECTED, AND MY NAME REMOVED FROM ELIGIBILITY. IF NOT DISCOVERED UNTIL AFTER EMPLOYMENT, I AM AWARE THAT ANY SUCH MISREPRESENTATION, FALSIFICATION, OMISSION OR CONCEALMENT OF ANY MATERIAL FACT, WILL RESULT IN MY DISMISSAL.

_____ DATE

_____ SIGNATURE OF APPLICANT

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ (date) by _____, who is personally known to me or who has produced _____ (type of identification) as identification and who did (did not) take an oath.

Notary's Signature
Notary's Name
Notary's Title or Rank
Serial Number, if any

SEAL

PERSONAL INQUIRY WAIVER

APPLICANT'S NAME: _____

DATE OF BIRTH: _____ SSN: _____

I, _____, respectfully request and authorize you to furnish the Holmes Beach Police Department any and all information that you have concerning my work record, academic record, military record, reputation, financial and credit status.

This information is to be used to assist the Holmes Beach Police Department in determining my qualifications and fitness for the position I am seeking with the Holmes Beach Police Department.

I hereby release you, your organization, or others, from any liability or damage which may result from furnishing the above requested information. A copy of this waiver shall have the same force and effect as the original.

Thank you in advance for your prompt reply to this request.

Date Signed

Applicant's Signature

(Address)

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ (date) by _____, who is personally known to me or who has produced _____ (type of identification) as identification and who did (did not) take an oath.

Notary's Signature

Notary's Name

SEAL

Notary's Title or Rank

Serial Number, if any

City of Holmes Beach

Drug-Free Workplace Policy
DFW Form 1

JOB APPLICANT ACKNOWLEDGEMENT OF RECEIPT AND
UNDERSTANDING

I hereby acknowledge that I have received and read a copy of Ordinance 94-5, the City of Holmes Beach Drug Free Workplace Policy, which lists the drugs which I may be tested for and a list of local Employee Assistance Programs and drug and alcohol treatment programs. I have had an opportunity to have all aspects of this material fully explained. I also understand that I must abide by the policy as a condition of employment and any violation may result in disciplinary action up to and including discharge.

Further, I understand that during my employment I may be required to submit to testing for the presence of drugs or alcohol I understand that submission to such testing is a condition of employment with the City of Holmes Beach and disciplinary action up to and including discharge may result if:

1. I refuse to consent to such testing.
2. I refuse to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations,
3. I refuse to authorize a release of the test results to the City,
4. The tests establish a violation of the City's drug free workplace policy,
5. I otherwise violate the policy.

If I am injured in the course and scope of my employment and test positive, I forfeit my eligibility for medical and indemnity benefits under the Worker's Compensation Act upon exhaustion of the remedies provided in Florida Statute 440.102(5).

I also understand that the drug free workplace policy and related documents are not intended to constitute a contract between the City of Holmes Beach and me.

The undersigned further states that he or she has read the foregoing acknowledgement and knows the contents thereof and signs of the same of his or her own free will.

Applicant Signature

Date

Witness Signature

Date

City of Holmes Beach

Applicant Drug Testing
DFW Form 2
CONSENT AGREEMENT

As a prerequisite to employment, I hereby agree to allow the City of Holmes Beach to collect a urine sample from me to determine the presence of illegal drugs in my body. Further, I give my consent to the release of my test results to authorized City management for appropriate review, and authorize the City to use the test results as a defense to any legal action to which I am a party.

I understand that the results of the drug testing of my urine, if confirmed positive, will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration for employment.

Further, I understand that, if employed by the City, I must abide by the terms of the City's Drug Free Workplace Policy and may be required to submit to testing for the presence of illegal drugs or condition of employment with the City and disciplinary action, up to and including discharge, may result if:

1. I refuse to consent to such testing.
2. I refuse to execute all forms of consent and releases of liability as are usually and reasonably attendant to such examinations.
3. I refuse to authorize release of the test results to the City.
4. I otherwise violate the policy.

.....
I hereby consent to the administration of the drug test and to the terms and conditions of the consent agreement.

Applicant's Signature: _____ Date: _____

Social Security Number: _____

Witness's Signature: _____

.....
I hereby refuse the drug detection urine test.

Applicant's Signature: _____ Date: _____

Social Security Number: _____

Witness's Signature: _____

City of Holmes Beach

Drug-Free Workplace
DFW Form 3
AUTHORIZATION

Date: _____

NAME: First Care
4319 20th St W, Ste 101
Bradenton FL 34205

You are hereby authorized to carry out the required procedures to perform screening, in accordance with Ordinance 94-5, for the presence of illegal drugs on _____, an applicant for employment with the City of Holmes Beach. This applicant has been given a copy of our pre-employment drug testing policy and has signed our pre-employment drug testing consent and release form.

Very Truly Yours,

Stacey Johnston, CMC
City Clerk

TREATMENT AUTHORIZATION



Medical Walk-In Clinic
of Manatee Healthcare System
BRADENTON/SARASOTA

First Care
4319 20th St., West Suite 101
Bradenton, FL 34205
Phone: 941-753-7585
Fax: 941-758-2153

Mon-Fri 8am - 7pm

Weekend and Evening Hours
Please Call for Additional Information

PATIENT NAME: _____ DATE/TIME: _____

EMPLOYER: _____

EMPLOYER CONTACT: _____ TITLE: _____

EMPLOYER ADDRESS: _____

PHONE #: _____ FAX #: _____

W/C INSURANCE: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

Services Requested

Injury Treatment Date / Time of Injury: _____

Injured Body Part: _____

Please Check Reason For Testing:

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Pre-Employment | <input type="checkbox"/> Post-Injury/Accident | <input type="checkbox"/> Random |
| <input type="checkbox"/> Return to Duty | <input type="checkbox"/> Reasonable Suspicion | <input type="checkbox"/> Follow-Up |

- | | |
|---|--|
| <input type="checkbox"/> Drug Screen | <input type="checkbox"/> Physical Exam |
| <input type="checkbox"/> DOT | <input type="checkbox"/> DOT |
| <input type="checkbox"/> Non-DOT | <input type="checkbox"/> Non-DOT |
| <input type="checkbox"/> 5 Panel | <input type="checkbox"/> Physical Abilities Test (PAT) |
| <input type="checkbox"/> 10 Panel | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Collection Only | |
| <input type="checkbox"/> Blood Alcohol Test | <input type="checkbox"/> PPD |
| <input type="checkbox"/> X-Ray Body Part: _____ | # of Views: _____ |
| <input type="checkbox"/> Audiometry | |
| <input type="checkbox"/> Spirometry (PFT) | |
| <input type="checkbox"/> Hepatitis B Vaccine #: 1 _____ 2 _____ 3 _____ | (Titer) _____ |
| <input type="checkbox"/> Other _____ | |

Signature of person giving authorization for treatment/testing _____

Date _____

Print name and title _____

CITY OF HOLMES BEACH

ORDINANCE 94- 5

AN ORDINANCE OF THE CITY OF HOLMES BEACH, FLORIDA AMENDING ORDINANCE 82-6, AS AMENDED, THE ADMINISTRATIVE CODE, BY AMENDING ARTICLE III TO ESTABLISH THE CITY OF HOLMES BEACH AS A DRUG FREE WORKPLACE, ADOPTING A POLICY STATEMENT, ESTABLISHING DEFINITIONS, ESTABLISHING PROHIBITED CONDUCT, ESTABLISHING EMPLOYEE REPORTING REQUIREMENTS, ESTABLISHING AN EMPLOYEE ASSISTANCE PROGRAM, ESTABLISHING CRITERIA FOR DISCIPLINARY ACTION, LISTING COMMON NAMES FOR DRUGS, ESTABLISHING STANDARDS AND CRITERIA FOR TESTING, ESTABLISHING TESTING PROCEDURES, ESTABLISHING EMPLOYEE AND JOB APPLICANT RIGHTS AND RESPONSIBILITIES, ESTABLISHING SUPERVISORY RESPONSIBILITIES, ESTABLISHING EMPLOYER RESPONSIBILITIES AND EMPLOYER PROTECTION PROVISIONS; PROVIDING SEVERABILITY AND AN EFFECTIVE DATE.

WHEREAS, the City Council of the City of Holmes Beach recognizes the problem of drug abuse in society and views such abuse by City employees as a threat to the safety and health of all City employees and to the citizens of Holmes Beach; and

WHEREAS, the City Council of the City of Holmes Beach considers substance abuse on the job to be an unsafe and counter productive work practice; and

WHEREAS, the City Council of the City of Holmes Beach finds that drug use creates a variety of workplace problems, including increased injury on the job, increased absenteeism, increased financial burden on health and benefit programs, increased work place theft, decreased employee morale, decreased productivity and a decline in quality of product and services; and

WHEREAS, consistent with its policy to promote a safe environment and encourage personal health for all citizens of the City, the City Council of the City of Holmes Beach finds it necessary to combat substance abuse in the workplace by promoting education and awareness; and

WHEREAS, the City Council of the City of Holmes Beach has determined it is necessary and in the best interest of the City to require certain drug testing standards to protect persons participating in workplace drug testing programs; and

WHEREAS, the City Council of the City of Holmes Beach finds that the establishment of standards which insure fair and accurate testing for drugs in the workplace that balance the interest of employers, employees and the welfare of the general public is in the best interest of all.

WHEREAS, the City Council of the City of Holmes Beach desires to adopt an employee assistance program; and

WHEREAS, the City Council of the City of Holmes Beach has determined that it is necessary and in the best interest of the City to adopt the Drug Free Workplace (Section 112.0455, Florida Statutes) requirements for employees of the City:

NOW, THEREFORE, be it ordained by the City Council of the City of Holmes Beach, Florida, in regular session assembled:

Section 1. Policy Statement.

1.01 It shall be the City's policy to employ a work force free from drug abuse and to this end, the City of Holmes Beach has established a drug free workplace program.

a) The City of Holmes Beach shall provide a written statement to each employee and job applicant notifying such employee and job applicant that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance as defined in Section 893.02(4), Florida Statutes as same may be amended from time to time or of an illegal drug as defined herein in any City workplace is prohibited. Such written statement shall inform employees about:

- i) The dangers of drug abuse in the workplace;
- ii) The City's policy of maintaining a drug free environment at all its workplaces, including but not limited to all locations where employees perform any tasks.
- iii) Any available drug counseling, rehabilitation and employee assistance programs and the disciplinary actions that may be imposed upon employees or violation of this ordinance.

Section 2. Definitions.

2.01 "Chain of custody" refers to the methodology of tracking specified materials or substances for the purpose of maintaining control and accountability from initial collection to final disposition for all such materials or substances and providing for accountability at each stage in handling, testing, storing specimens, and reporting of test results.

2.12 "Laboratory" means a facility licensed pursuant to Section 112.0455, Florida Statutes, and other applicable state regulations to perform drug testing.

2.13 "Prescription or Non-Prescription Medication" means a drug obtained pursuant to a prescription, as defined by Section 893.02(17), Florida Statutes, or a medication authorized pursuant to federal or state law for distribution without a prescription in the treatment of human diseases, ailments or injuries.

2.14 "Safety-sensitive position" means any position in which drug impairment would constitute an immediate and direct threat to public health and safety.

2.15 "Special risk position" means employees who must be certified under:

- a) Chapter 633, Florida Statute (Fire Fighters)
- b) Chapter 943, Florida Statute (Law Enforcement)

2.16 "Specimen" means a tissue or product of the human body capable of revealing the presence of a drug or its metabolites.

2.17 "Reasonable suspicion drug testing" means drug testing based on a belief that an employee is using or has used drugs in violation of the employer's policy drawn from specific objective and articulable facts and reasonable inferences drawn from those facts in light of experience. Reasonable suspicion drug testing shall not be required except upon the recommendation of a supervisor who is at least one level of supervision higher than the immediate supervisor of the employee in question. Among other things, such facts and inferences may be based upon:

- a) Observable phenomena while at work, such as direct observation of drug use or of the physical symptoms or manifestations of being under the influence of a drug.
- b) Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance.
- c) A report of drug use, provided by a reliable and credible source, which has been independently corroborated.
- d) Evidence that an individual has tampered with a drug test during his employment with the City.
- e) Information that an employee has caused, or contributed to, an accident while at work.

f) Evidence that an employee has used, possessed, sold, solicited, or transferred drugs while working or while on the City property or while operating a City vehicle, machinery, or equipment.

Section 3. Prohibited Conduct.

3.01 The unlawful manufacture, distribution, dispensing, possession or use of an illegal drug as defined herein is prohibited in every City of Holmes Beach workplace and on City property, including parking lots. It is the intent of this provision to prohibit use of alcohol beverages by City employees during work hours. Violation of this prohibition shall subject an employee to disciplinary action, even for a first offense.

3.02 It shall be prohibited for any City employee's body, blood or urine to contain an amount of drugs as defined herein above the threshold levels established by the National Institute of Drug Abuse while said employee is on City property or during the employee's working hours. Violation of the prohibition shall subject an employee to disciplinary action, even for a first offense.

3.03 Any employee who fails to submit to a drug test under the conditions set forth in this ordinance will be subject to disciplinary action, even for a first offense.

Section 4. Employee Reporting Requirement.

4.01 Any City employee who has been convicted of, or has entered a plea of guilty or nolo contendere to, any violation of Chapter 893, Florida Statutes, or of any controlled substance law of the United States or any state, for a violation occurring in the workplace, shall notify the Mayor no later than five (5) days after such conviction. Upon such notification, an employee shall be required to participate in and satisfactorily complete any drug abuse assistance or rehabilitation program that may be indicated by the Mayor after consultation with the employee's supervisor. Such participation shall be at employee's own expense. Failure to comply with any provision of this paragraph shall constitute grounds for disciplinary action, which may include termination, even for a first offense.

Section 5. Types of Testing.

5.01 The City of Holmes Beach is authorized but not required to conduct the following types of drug tests:

a) Job Applicant Testing. The City may require job applicants to submit to a drug test. It may use a refusal to submit to a drug test or a positive

confirmed drug test as the basis for refusal to hire the job applicant. Prior to testing all job applicants shall execute a consent from releasing the City from any liability connected with the test.

b) Reasonable Suspicion Testing. The City may require an employee to submit to reasonable suspicion drug testing.

c) Routine Fitness for Duty Testing. The City may require an employee to submit to a drug test if the test conducted as part of a routinely scheduled employee fitness for duty medical examination that is scheduled routinely for all members of an employment classification or group.

d) Follow-up Testing. If an employee in the course of employment enters an employee assistance program for drug related problems, or an alcohol and drug rehabilitative program, the City may require said employee to submit to a drug test as a follow-up to such program and on a quarterly, semi-annual or annual basis for up to two (2) years thereafter.

Section 6. Common Names of Drugs.

6.01 The City may test for any drug as that terms is defined herein. The brand names or common names for said drugs are as follows:

- 1) Alcohol (booze, drink)
- 2) Amphetamines (Binhetamine, Desoxyn, Dexedrine)
- 3) Cannabinoids (marijuana, hashish, has, hash oil, pot)
- 4) Cocaine (coke, blow, nose candy, snow, flake, crack)
- 5) Phencyclidine (PCP, angel dust, hog)
- 6) Methaqualone
- 7) Opiates (Opium, dover's powder, paregoric, parepectolin)
- 8) Barbiturates (Phenobarbital, Tuinal, Amytal)
- 9) Benzodiazpines (Ativan, Azene, Clonopin, Dalmane, Halcion, Librium, Poxipam, Restoril, Serax, Tranxene, Valium, Vertron, Xanax)
- 10) Methadone (Dolophine, Methadose)
- 11) Propoxyphene (Darvocet, Darvon N, Dolene)

Section 7. Procedures for drug testing.

7.01 All specimen collection and testing for drugs shall be performed in accordance with the following procedures:

- a) A specimen shall be collected at a designated collection center. All amounts collected shall be sufficient for two drug tests.
- b) A chain of custody form must be completed so that specimen collection, storage, and transportation can be documented to preclude specimen contamination or adulteration or the erroneous identification of test results.
- c) Each initial and confirmation test conducted, not including the taking or collecting of the specimen to be tested, shall be conducted by a licensed laboratory as defined herein.
- d) At the time of specimen collection, each employee or job applicant shall be requested to provide any information considered relevant to the test, including identification of currently or recently used prescription or non-prescription medication or other relevant medical information. The employee shall be provided with information about drugs which alter or affect a drug test.
- e) All specimens that produce a positive and confirmed result shall be preserved by the licensed laboratory as required by law.
- f) Within five (5) working days after receipt of a positive confirmed test result, the City shall inform an employee or job applicant in writing of such positive test result, the consequences of such results and the options available to the employee or job applicant.

Section 8. Employee Rights and Responsibilities.

8.01 As a condition of employment it is the responsibility of every employee to abide by the terms of this ordinance and report violations to supervisors or the Mayor.

8.02 Employees are required to submit to drug testing as required by this ordinance.

8.03 Employees may challenge the results of a positive drug test. Upon initiation of a challenge, the employee must notify the laboratory of the challenge so that the sample is retained by the laboratory until the case is settled.

8.04 During the 180 day period after written notification of a positive test result, the employee may have a portion of the specimen re-tested at a licensed approved laboratory as defined herein at the employee's expense. This test must be equal or greater in sensitivity to the one performed for the City. The first laboratory is responsible for the transfer of the portion of the specimen and for the chain of custody during the transfer.

8.05 Within five (5) working days after receiving notice of a positive confirmed test result, the employee may submit information to the City explaining or contesting the test results and why the results do not constitute a violation of the City's policy.

a) If not accepted, the City must give a written explanation to the employee stating why the information is not acceptable along with a copy of the positive test result.

b) This information will be kept by the City as confidential information for at least one year.

8.06 Employees must notify their supervisor, before beginning work, when taking any prescription or non-prescription medication which may interfere with the safe and effective performance of duties or operation of City equipment.

8.07 Any drug test conducted or requested by the City may occur before, during or immediately after the regular work period of the employee and shall be deemed to be performed during work time for the purposes of determining compensation and benefits for the employee.

Section 9. Job Applicant Rights.

9.01 Job applicants are afforded the same rights to challenge the results of a positive drug test as set forth in Section 8 under Employee Rights and Responsibilities.

Section 10. Supervisory Responsibilities.

10.01 Supervisors are charged with the responsibility of maintaining a drug free workplace, and to take action when a violation of this ordinance is observed or suspected.

10.02 Any employee reporting for work visibly impaired will not be permitted to work. The immediate supervisor should seek the opinion of another supervisor at least one level higher as to the employee's status. The immediate supervisor should consult

privately with the employee, to rule out any problem that may have been caused by legitimate use of prescription or non-prescription medication.

10.03 If, after consultation as set forth in Section 9.02 above, it is determined that the employee is impaired, the employee should be sent home or to a medical facility by a safe means of transportation. An impaired employee should not be allowed to drive.

10.04 Supervisors are to counsel an employee whenever changes in performance that suggest an employee problem are observed. The supervisor may also decide the severity of the observed problem is such that involuntary referral to the EAP should be made.

10.05 Supervisors will not physically search employees.

10.06 Supervisors shall notify the police department when they have reasonable suspicion to believe that an employee may have illegal drugs in his or her possession.

10.07 Supervisors shall document in writing the facts and circumstances warranting a drug test based upon reasonable suspicion. A copy of this documentation shall be given to the employee upon request and the original documentation shall be kept confidential and retained by the employer for at least one (1) year.

Section 11. City of Holmes Beach Responsibilities.

11.01 The City will provide education on drug abuse as required by the Workers Compensation Act.

11.02 The City will provide each employee a copy of the Policy Statement establishing a Drug Free Workplace for the City of Holmes Beach.

11.03 All information pertaining to employee test results are confidential and cannot be disclosed except as provided by statute.

11.04 The City shall pay the cost of all drug tests, initial and confirmation, which it requires of employees. An employee or job applicant shall pay the cost of any additional test not required by the employer.

11.05 As authorized in Section 112.0435(9), F.S. the City may in its sole discretion and at its expense seek a confirmation test if the initial drug test is negative.

11.06 In instances where there is conflict between this ordinance and the Florida Drug Free Workplace Ordinance, this ordinance shall prevail.

Section 12. Employee Assistance Program.

12.01 The City of Holmes Beach will provide the services of an approved employee assistance program (EAP) for employees in need of evaluation, short-term counseling, and/or referral due to drug or alcohol related problems.

12.02 Participation in the EAP will not affect an employee's future career, advancement or employment, nor will it protect an employee from disciplinary action if sub-standard job performance occurs or continues.

12.03 The EAP may be accessed by an employee through self-referral or through referral by a supervisor. The supervisor may suggest that an employee voluntarily seek assistance or after consultation with an employee determine that an involuntary referral to the EAP is required.

12.04 Cost of the EAP will be paid by the City; however, the cost of any referred treatment will be the employee's responsibility.

Section 13. Disciplinary Action.

13.01 The City may not discharge or discriminate against an employee on the sole basis of the employee's first positive confirmed drug test unless the employee has been given an opportunity to participate in, at the employee's own expense, or pursuant to coverage under a health insurance plan, an employee assistance program or an alcohol and drug rehabilitation program and:

- a) The employee has either refused to participate in the EAP or the alcohol and drug rehabilitation or program or has failed to successfully complete such program; or
- b) The employee has failed or refused to sign a written consent form allowing the employer to obtain information regarding the progress and successful completion of the EAP or an alcohol and drug rehabilitation program.

13.02 A special risk employee may be discharged or disciplined for the first positive confirmed drug test result when illicit drugs, pursuant to Section 893.13, Florida Statutes, are confirmed.

13.03 The City may discipline an employee for violations of this ordinance in accordance with the procedures set forth in the City's Personnel Policy for Civil Employees and Personnel Policy for Police Employees.

13.04 The City shall not discharge, discipline or discriminate against an employee solely upon an employee voluntarily seeking treatment for a drug related problem if the employee has not previously tested positive for drug use, entered an employee assistance program for drug related problems or entered an alcohol and drug rehabilitation program.

Section 14. Employer Protection Provisions.

14.01 No employee or job applicant whose drug test is confirmed as positive in accordance with the provisions of this ordinance shall by virtue of the result alone, be defined as a person with a "handicap" as cited in the 1973 Rehabilitation Act or as a person with a "disability" as cited in the ADA.

14.02 A decision by the City to discharge or discipline an employee or a refusal to hire a job applicant in compliance with this section shall be deemed to have been made for cause.

14.03 If an employee or job applicant refuses to submit to a drug test, the employer shall not be barred from discharging or disciplining the employee or from refusing to hire the job applicant. An employer who refuses to hire a job applicant based on a positive confirmed drug test result shall not be required to hold the employment vacant if the job applicant pursues a challenge to that decision.

Section 15. Miscellaneous.

15.01 Nothing in this ordinance shall amend or reduce the penalties or disciplinary provisions of any Personnel Rules or Regulations or any other Ordinances of the City of Holmes Beach.

Section 16. Severability. If any section, subsection, paragraph, sentence, clause or phrase of this Ordinance shall be held invalid by a Court of competent jurisdiction, then such invalidity shall not affect the remaining portions thereof.

Section 17. Effective date. This Ordinance shall take effect on adoption by the City Council and the earliest to occur of the following: Approval by the Mayor, Council override of the disapproval by the Mayor, or expiration of the time allowed for signature by the Mayor, in accordance with the Charter of the City of Holmes Beach.

FIRST READING: 4/19/94
PUBLICATION DATE: 4/22/94
SECOND READING: 5/3/94

PASSED AND ADOPTED THIS 3rd day of May, 1994.

Mary Ellen Reichard
Mary Ellen Reichard, Chairman

Luke Courtney
Luke Courtney

Patricia A. Geyer
Patricia A. Geyer

Billie P. Martini
Billie P. Martini

Carol Whitmore
Carol Whitmore

APPROVED BY ME THIS 3rd DAY OF MAY, 1994.

Rich Bohnenberger
Rich Bohnenberger, Mayor

ATTEST: [Signature]
City Clerk



City of Holmes Beach

5801 Marina Drive Holmes Beach, Florida 34217
941-708-5800 Fax 941-708-5812

THE CITY OF HOLMES BEACH COLLECTS YOUR SOCIAL SECURITY NUMBER FOR THE FOLLOWING PURPOSES:

COMPLIANCE WITH STATE AND FEDERAL REQUIREMENTS;

IDENTIFICATION AND VERIFICATION, BILLING AND PAYMENTS, BENEFIT PROCESSING, AND TAX REPORTING.

SOCIAL SECURITY NUMBERS ARE ALSO USED AS A UNIQUE NUMERIC IDENTIFIER AND MAY BE USED FOR SEARCH PURPOSES.

HOLMES BEACH POLICE DEPARTMENT

5801 Marina Drive, Holmes Beach, Florida 34217

Pursuant to Florida Statute 119.071, your social security number has been requested for **identification purposes only**. The information will not be used for any other purpose.

This information has been requested in reference to:
 Incident Number or Employment

(941) 708-5804

Fax: (941) 708-5815



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022(2)(b), F.A.C.



CJSTC 58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME: _____
DATE OF BIRTH: _____
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: _____

ADDRESS:

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature _____ Date

Applicant's Address

AFFIDAVIT

STATE OF _____ COUNTY OF _____ The foregoing instrument was acknowledged before me this date _____

By: _____ who is personally known _____

or who has produced identification. Type of identification: _____

Notary's Signature _____ Print, type, or stamp Commissioned Name of Notary

Notary Seal: _____ Upon witnessing the applicant signing of this affidavit, the notary public shall complete the notary block.