



City of Live Oak Police Department
Live Oak, Florida 32064

Office of Chief of Police

205 White Ave SE
Phone: 386-362-7463
Fax: 386-208-1420
Email: WilliamsB@liveoakpd.org

Dear Applicant:

While preparing your application, please note the COMPLETE and ACCURATE MAILING ADDRESSES are required, personnel will Review your application to ensure all information is completed. And all necessary Documentation is included prior to its acceptance.

For Sworn Police Officer Application the Live Oak Police Department application process presently requires all police applicants to be Florida certified before being able to submit an employment applications.

Applicants are encouraged to enroll at a Florida Department of Law Enforcement (FDLE) approved Criminal Justice Academy and Obtain certification which will allow them to apply with our agency. Once the individual has completed all requirements set forth by The Police Academy and an provide our Department with a copy of FDLE state certificates and proof of passing the State Certification test, the applicants are then considered for employment with the Live Oak Police Department.

Photocopies of the following item MUST be included with your Application:

1. Current Florida driver's license
2. Current vehicle insurance
3. Social Security card
4. Birth Certificate issued by State
5. High school diploma, GED (if not Florida GEN, must have transcript) or college Transcripts.
6. If a veteran, copy Form DD-214 stating "Honorable" discharge
7. Proof of registration as required by Federal Military Selective Service Act (Males aged 18-26)
8. Copy of FDLE state certificate and proof of passing State certification test.
9. Any other applicable diplomas and /or Certificates may be included

Prior to hiring, the following requirements must be successfully met:

1. Background investigation and reference checks
2. Oral interview
3. Physical examination
4. Physical agility test (Sworn Police Officer Applicants)
5. Psychological test (Sworn Police Officer Applicants)
6. Fingerprints submitted
7. Urinalysis examination
8. Polygraph examination

Many aspects of your application will become public record per Florida State Statute 110. Live Oak Police Department Policy prohibits the offer of employment to any applicants who has:

Within the past twenty-four (24) months used, tried, experimented with or otherwise possessed any illegal controlled substance including marijuana;

Within the past sixty (60) months used, tried, experimented with or otherwise possessed any illegal controlled Substance classified by Florida statutes as Schedule I or Schedule II illegal substance ("hard" drugs).

Sold or delivered any illegal controlled Substance at any time.

Please return the completed application in person to;

City of Live Oak Police Department
205 White Ave. SE
Live Oak, Florida 32064

(386) 362-7463

If I can be of any further assistance, please feel free to contact me.

Sincerely,

Alton K. "Buddy" Williams III

Alton K (Buddy) Williams III
Chief of Police

APPLICATION FOR EMPLOYMENT

205 White Ave SE
Live Oak, Florida 32064



(Name)

Current Photograph

2" x 3"

Passport Type

6. Do you have or have you ever applied for a passport? Yes No Passport Number _____
7. Have you ever filed an application with us before? Yes No Date _____
8. Have you ever been employed by us before? Yes No Dates _____

EDUCATION / TRAINING

1.

High School Name / Address	Dates Attended - Mo. / Yr.		Years Completed	Did You Graduate?	Type of Diploma
	From	To			

2.

College / University Name / Address	Dates Attended - Mo. / Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	To	Qtr.	Sem.		

Major _____ Minor _____

3. Other Schools (Trade, Vocational, Business, Police Academies or Military):

Name / Address	Dates Attended - Mo. / Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate
	From	To				

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

5. Indicate any foreign languages you can: Speak _____

Read _____

Write _____

6. Indicate any law enforcement education / training:

7. Did you receive a certificate for this training? Yes No

certificate number _____

8. Indicate any special skills you possess and equipment you can use which may be related to the position for which you are applying: (i.e., breathalyzer, speed detection equipment, firearms, computers):

9. Describe any word processing or computer skills and list all software used:

10. State approximate number of words per minute: Typing _____ Shorthand _____

11. On what date are you available for work? _____

12. Are you available to work? Full Time Part Time

13. Are you available to work rotating shifts? Yes No

EMPLOYMENT HISTORY

1. List chronologically all employment including current employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address of Employer	Dates Worked Mo. / Yr.		Salary	Your Title or Position	Name of Supervisor	Reason for Leaving
	From	To				
Name						
Address						
Phone						
City						
State						
ZIP						
Name						
Address						
Phone						
City						
State						
ZIP						
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City						
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ZIP						
Name						
Address						
Phone						
City						
State						
ZIP						
Name						
Address						
Phone						
City						
State						
ZIP						

2. 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 explain. _____

3. 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. _____

4. May we contact your present employer? Yes No

5. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? Yes No If yes, please provide name of agency and date of application or service. _____

6. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? Yes No If yes, please provide name and address of business, corporation or organization and describe your relationship or position. _____

RESIDENCES

1. Actual places of residence for past 10 years - list chronologically all addresses, including residences while at school and in military. For college or campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

Dates - Mo. / Yr.		Apt. No.	Street Address	City	County	State	Zip
From	To						

ARREST HISTORY / COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear, charged, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? Yes No If yes, explain _____
2. Have you ever been convicted of a felony? Yes No
3. To your knowledge, has any member of your family ever been arrested for other than traffic violations? Yes No

If yes to question #1, #2, or #3, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. (Include your juvenile charges and charges which have been sealed, if any.)

Applicant	Place & Department	Charge	Court & Place	Date of Charge	Disposition
Relative's Name	Place & Department	Charge	Court & Place	Date of Charge	Disposition

4. Have you or your spouse ever been a plaintiff or defendant in a court action? Yes No
(Law Enforcement and Detention Deputy applicants)
5. 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
6. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No
If yes to question #4, #5 or #6, please provide details.

DRIVING HISTORY

Answer if you will be required to operate a vehicle as part of your job duties.

1. Are you a licensed Florida automobile operator or chauffeur? Yes No License No.: _____
Date of Expiration: _____ Restrictions: _____

2. Do you hold or have you ever held an operator or chauffeur license in another state? Yes No If yes, please provide state(s), name used and approximate dates license(s) was/were held.

3. Have you ever received a ticket or been charged with a traffic violation? Yes No Give details.

4. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No
If yes, please provide complete details including reason.

MILITARY HISTORY

1. Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of Service _____ Highest Rank _____

Service # _____ Duty Dates: From: _____ To: _____ From: _____ To: _____

From: _____ To: _____ From: _____ To: _____

2. Date and type of discharge: _____

3. Are you now or have you ever been a member of the Reserve Unit or the National Guard? Yes No

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

5. Was any type of disciplinary action taken against you in the service? Yes No If yes, please provide:

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

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

7. **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, or
- 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
- 3. A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or
- 4. The unremarried widow or widower of a veteran who died of a service-connected disability.

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 the vacant position, he/she may file a complaint with the Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, FL 33731.

ORGANIZATION MEMBERSHIP

1. List all clubs and societies of which you are or have been a member:

Name	City & State	Former Member	Present Member List position held (describe activity)

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? Yes No

3. Have you ever made a financial or other material contribution to any organization of the type described in question #2 above? Yes No If yes to questions #2 or #3, answer questions #4 and #5 also.

4. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? Yes No

5. Did you intend to promote any unlawful aims of the organization? Yes No
If yes to questions #2, #3, #4, or #5, explain including name of organization and location.

BUSINESS INTERESTS & LICENSES

(Law Enforcement Applicants)

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? Yes No

2. Are you now issued or have you ever been issued a license to engage in a business or profession? Yes No

3. Was license ever canceled, suspended or revoked? Yes No

If yes to question #1, #2, or #3, please provide details including the type of license or certificate, the agency that issued the license, effective date of license and license number.

PERSONAL REFERENCES & ACQUAINTANCES

1. Personal References: Give three (3) references (not relatives, former or present employer, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Complete Name		Home Address: _____
(Last, First Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____
Complete Name		Home Address: _____
(Last, First Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____
Complete Name		Home Address: _____
(Last, First Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____

Social Acquaintances: Give three (3) social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years.

Complete Name		Home Address: _____
(Last, First Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____
Complete Name		Home Address: _____
(Last, First Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____
Complete Name		Home Address: _____
(Last, First Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____

CREDIT DATA

1. Do you have any sources of income other than your salary or the salary of your spouse? Yes No
Specify each with an estimated annual amount.

2. Are you or your spouse indebted to anyone? Yes No If yes, please list all debts over \$500. Be sure to include student loans and charge accounts. Also, list any debt where payment is **past due**, regardless of amount,

Creditor	Address	Amount	Loan or Account Number

3. Have you, your spouse, or a company owned by you filed for bankruptcy? Yes No, or declared bankrupt?
 Yes No, or had a legal judgment rendered against you for a debt? Yes No
 If yes to any of these questions, please provide details.

POLYGRAPH EXAMINATION

Prior to final approval for hiring, you will be required to undergo a polygraph examination regarding your background and aspects of your character.

The following, is a list of subject areas from which polygraph questions will be drawn:

- i. FINANCIAL STATUS
- ii. PHYSICAL CONDITION
- iii. WORK RECORD
- iv. HONESTY
- v. USE OF ALCOHOL
- vi. DRIVING RECORD
- vii. ARRESTS AND CONVICTIONS
- viii. DRUGS, NARCOTICS, AND MARIJUANA
- ix. GAMBLING
- x. BLACKMAIL
- xi. FRIENDS, RELATIVES AND ASSOCIATES
- xii. LOYALTY TO THE UNITED STATES

APPLICANT'S CERTIFICATION

I understand that, in submitting this application for employment or appointment, I agree to abide by the following terms and conditions:

My appointment or employment will be contingent upon the results of a complete background investigation. Any omission, falsification, misstatement or misrepresentation may disqualify me as an applicant or cause my dismissal from the Live Oak Police Department. All statements made by me on this application are true, correct, and complete, to the best of my knowledge.

My employment or appointment will be contingent upon the results of a complete drug test. I may be required to take drug tests during the term of my employment or appointment with the Live Oak Police Department.

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

I understand that this employment application shall become the property of the Live Oak Police Department. The application and information received in response to the background investigation are public record.

If employed by the Live Oak Police Department, I accept and agree to abide by the following conditions:

I will obey and abide by all directives, procedures, rules, regulations and General Orders issues by the Live Oak Police Department and its official representatives.

Any property or equipment issued or loaned to me by the Live Oak Police Department shall be maintained in good repair at all times. I will report any discrepancies to my supervisor immediately. I may be required to reimburse the Live Oak Police Department for any property or equipment that is damaged or lost through my own negligence or misconduct. If funds from the damage or loss of such property are due and owing at the termination of my employment, I agree that said funds may be deducted from my final paycheck.

I acknowledge that all property belonging to the Live Oak Police Department, or utilized by me in the course and scope of my employment, is subject to search or inspection at any time without notice. I also agree to, and fully realize that, I have no expectation of privacy, whether subjective or objective, in the use of such property.

I acknowledge that, in accordance with Florida Statute § 943.16, if I should voluntarily leave the Live Oak Police Department within one (1) year of entering or completing (whichever is later) an approved Criminal Justice Standards Training Program, the tuition and any related educational costs paid by the agency will be deducted from my final paycheck.

Sign in the presence of a notary.

Applicants Signature Date

State of _____, County of _____

The foregoing was acknowledge before me on this _____ day of _____,

by _____, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

Signature of person taking acknowledgement

Printed name/Rank or title

Live Oak Police Department
205 White Ave SE
Live Oak, Florida 32064

**AUTHORITY FOR RELEASE OF MEDICAL AND PSYCHOLOGICAL
INFORMATION AND DOCUMENTATION**

To: Concerned Person or Authorized Representative of Any Mental or Medical Affiliated Organization,
Institution or Repository of Records

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

EMPLOYING AGENCY REEQUESTING INFORMATION: LIVE OAK POLICE DEPARTMENT

I, the undersigned affiant, hereby authorize any employee or authorized representative bearing this release, or a copy thereof, to obtain any information or documentation from all physicians, psychologists, psychiatrists, therapists, medical attendants, and any other health care providers as well as all hospitals, treatment facilities and any and all other sources who have treated me to furnish copies of my full and complete medical, psychological and psychiatric records and any other information requested to any representative of the Live Oak Police Department.

This authorization also includes examination of all hospital records, psychological and psychiatric records, x-ray film and the furnishing of any other information which may be requested by any representative of the Live Oak Police Department, including opinions, which have been rendered or acquired by you while attending me in a professional capacity.

I hereby waive as to the Live Oak Police Department and the City of Live Oak all provisions of law relating to the disclosure of the medical, mental and psychological records requested, and do hereby release you, as the custodian of such records, and any physician, psychologist, psychiatrist, therapist, medical attendant or other health care provider as well as all attendant hospitals, treatment facilities and any and all other sources who have treated me, including each of their officers, employees and related personnel, both individually and collectively, from and all liability for damages of whatever kind, which may at any time result attempt to comply with it A Photostat copy of this form will be as valid as the original.

Pursuant to Section 943.13 (4), (5) and (7), Florida Statutes, Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to State of 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 FLORIDA

COUNTY OF SUWANNEE

BEFORE ME, the undersigned authority, personally appeared _____,

Who says that he/she executed the above instrument of his/her own free will and accord,

With full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20__

Notary Public

(Seal)

_____ Personally Known

_____ Produced Identification

Type of Identification Produced

Neighborhood References

List a minimum of four non-related people that live in your immediate neighborhood.

1. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: A.C. _____ Number: _____

2. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: A.C. _____ Number: _____

3. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: A.C. _____ Number: _____

4. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: A.C. _____ Number: _____



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)



CJSTC 58

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

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER (Optional): _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: _____

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. 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 photocopy 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 photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former employees states: An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760. Pursuant to Sections 943.13 (4), (5), and (7), 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 _____

Before me personally appeared _____ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20____. My Commission

expires on _____, 20____. Personally Known _____ - or -

Produced Identification _____ Notary Public: _____

Type of identification produced: _____



Florida Department of Law Enforcement

AFFIDAVIT OF APPLICANT

Incorporated by Reference in Rule 11B-27.002(1)(f), F.A.C.



CJSTC 68

Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses

Social Security Number (Optional): _____

Applicant's Legal Name: _____ Last First MI

Employing agency: _____

Use this form to verify your compliance with the employment requirements of Section 943.13, F.S. I fully understand that to qualify for employment as a law enforcement, correctional, or correctional probation officer, I shall comply with the following provisions of Section 943.13, F.S.:

- Be at least 19 years of age.
Be a citizen of the United States.
Be a high school graduate or equivalent.
Not have been convicted of any felony or of a misdemeanor involving perjury or false statement, nor have received a dishonorable discharge from any of the Armed Forces of the United States.
Any person who, after July 1, 1981, pleads guilty or nolo contendere to or is found guilty of a felony or of a misdemeanor involving perjury or a false statement shall not be eligible for employment or appointment as an officer, notwithstanding suspension of a sentence or withholding of adjudication.
Have been fingerprinted by the employing agency.
Have passed a physical examination by a licensed physician.
Be of good moral character.

YES NO In addition, I attest to the following statements. Each statement must be checked "YES" OR "NO"

Table with 2 columns (YES, NO) and 7 rows of statements for attestation.

NOTICE: This document shall constitute as an official statement within the purview of Section 837.06, F.S., and is subject to verification by the employing agency and the Criminal Justice Standards and Training Commission. Any intentional omission when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify you from employment as an officer.

PLEASE READ CAREFULLY BEFORE SIGNING. You must complete the remainder of this affidavit in the presence of a notary public. Upon witnessing your signing of this affidavit, a notary public shall complete the notary block by entering the same date the affidavit is signed. I hereby certify that to the best of my knowledge and belief, the information that I've entered on this form is true.

Applicant's Signature Date Signed

STATE OF FLORIDA, COUNTY OF _____, The foregoing instrument was acknowledged before me this _____ day of Month and Year _____ 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 Name Notary's Signature

Notary's Title or Rank Serial Number

(*NOTE: Private Correctional facilities must submit original and shall forward the completed affidavit stapled to the Registration of Employment, Affidavit of Compliance Form CJSTC-60 to FDLE, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section)

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

Employees are treated during employment without regard to race, color, religion, sex, national origin age, marital or veteran status, medical condition or handicap, or any other legally protected status. The information in this section is needed for statistical purposes only, to satisfy Federal Equal Employment Opportunity reporting and research requirements. This information is NOT used to evaluate your application.

Name: _____

Date: _____

Address: _____

Zip: _____

City/State: _____

Social Security Number: ____ - ____ - ____

Sex: M or F

Age: ____

Racial/Ethnic Origin:

White Black Hispanic Asian/Pacific Islander American Indian

Check if applies to you:

Handicapped Non-Veteran Veteran

WWII/Korea WWII/Korea Disabled

Vietnam Vietnam Disabled

How did you learn of the position you are applying for:

Walk In (General Job Search) Winter Haven News Chief

Search Firm/Employment Agency Lakeland Ledger

Florida State Employment Services Other

