



# LIVE OAK POLICE DEPARTMENT

Phone (386) 362-7463

Fax (386) 208-1420



E. KEITH DAVIS  
CHIEF OF POLICE

205 WHITE AVENUE SE  
LIVE OAK, FLORIDA 32064

Dear Applicant:

While preparing your application, please note that COMPLETE and ACCURATE MAILING ADDRESSES are required. Personnel will review your application to ensure all information is complete and all necessary documentation is included prior to its acceptance.

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

Applicants are encouraged to enroll at 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 can provide our Department with a copy of the FDLE state certificates and proof of passing the State Certification test, the applicants are then considered for employment with Live Oak Police Department.

Photocopies of the following items MUST be included with your application:

1. Current Florida driver's license
2. Current vehicle insurance
3. Social Security card
4. State issued birth certificate
5. High school diploma, GED (if not Florida GED, must have transcript), or college transcripts
6. If a veteran, copy of 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 certification test and proof of passing state certification
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. Polygraph examination
4. Urinalysis examination
5. Physical examination and EKG
6. Physical agility test
7. Psychological test
8. Fingerprints submitted

Be advised that many aspects of your application will become public record per Florida Statute 119.

Live Oak Police Department policy prohibits the offer of employment to any applicant who has:

- Within the past 12 months used, tried, experimented with or otherwise possessed any illegal controlled substance, including marijuana.
- Within the past 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.
- Sold or delivered any illegal controlled substance at any time.

Please return the completed application and all required documents to:

City Manager  
Live Oak City Hall  
101 White Avenue SE  
Live Oak, FL 32064

If I can be of further assistance, please feel free to contact me at (386) 362-7463.

Sincerely,

*E. Keith Davis*

Chief of Police

# APPLICATION FOR EMPLOYMENT

City of Live Oak Police Department  
205 White Avenue SE  
Live Oak, FL 32064



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Name

Current Photograph  
2" x 3"  
Passport Type

# Live Oak Police Department

## Employment Application

205 White Avenue SE, Live Oak, Florida 32064

[www.cityofliveoak.org](http://www.cityofliveoak.org) ♦ (386) 362-7463 ♦ Fax: (386) 208-1420



FOR HR USE ONLY		
Applicant No.	Position Code	Notes

### An Equal Opportunity Employer and Drug-Free Workplace

*The City of Live Oak prohibits discrimination and harassment of any type and affords equal employment opportunities to employees and applicants without regards to race, color, religion, sex, national origin, age, disability status, protected veteran status, or any other characteristic protected by law.*

**Notice to Applicants:** In accordance with the provisions of the Americans with Disabilities Act, persons requiring special accommodations to participate in the employment process should contact the City Manager's Office at (386) 362-2276 for assistance. Applications for positions with the City of Live Oak will be accepted only when a vacancy exists for that position. This application has been developed to give you the opportunity to list qualifications, work experience and abilities and will remain active for 90 days. All information submitted is subject to verification. Your ability to complete this application as directed will be evaluated and used as one basis for selection decisions.

### INSTRUCTIONS

**(MUST BE READ BEFORE COMPLETING THIS FORM)**

- Type or print legibly in **blue or black ink only**.
- **Incomplete or illegible applications will not be considered.**
- You may add a resume or attach copies of documents to your application. **However, resumes will not be accepted in lieu of a fully completed application.**
- **All questions must be answered.** Print or type "Not Applicable" for questions that do not apply to you or to the position for which you are applying.

<b>POSITION APPLIED FOR</b>	
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CURRENT PERSONAL DATA			
Last Name		First Name	
Current Address			City/State/Zip
Contact Numbers	Home		Mobile/Other
Email Address			Date of Birth
Place of Birth (city, county, state, country)			
List all other names you have used including circumstances and time periods you used them. For example: former name(s), alias(es), and nickname(s):			
NAME	CIRCUMSTANCE	FROM – MO/YR	TO – MO/YR

EMPLOYMENT AVAILABILITY			
Are you seeking full-time or part-time employment? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Reserve			
Earliest date that you are available to start:		Salary Desired:    \$	
Are you available to work rotating shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you over 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever filed an application with LOPD before? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date:
Do you have the right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can you, upon employment, submit documentation verifying your right to work and your identity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Naturalized, please provide	Date:	Place:	
Court:	Naturalization Number:		
Do you have or have you ever applied for a passport? <input type="checkbox"/> Yes <input type="checkbox"/> No			Passport Number:

EDUCATION				
	School Name/City, State	Year of Graduation	Did you Graduate?	Degree Earned <small>(You may be required to provide proof of degrees/diplomas)</small>
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Diploma or GED
College/ University			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Associate's; Major <input type="checkbox"/> Bachelor's; Major
Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	Major
Post-Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	Major
Vocational/ Technical			<input type="checkbox"/> Yes <input type="checkbox"/> No	Study Area

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

SKILLS, ABILITIES AND TRAINING
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1. List all degrees, licenses, certifications or additional skills which you possess and which are job-related.  
(Please note that you will be required to provide documentation of your licenses, certifications or other.)

2. Indicate any foreign languages you are proficient in.

Language: _____ <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
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3. Indicate any law enforcement education/training.

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4. 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, etc.).

SKILLS/EQUIPMENT	CERTIFICATION	
Typing/Keyboarding	<input type="checkbox"/> Yes <input type="checkbox"/> No	Words Per Minute
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate #
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate #
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate #

5. List any professional, technical or trade association in which you are a member.

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6. Provide information about any other skills, abilities and/or training that are pertinent to this position and have not been covered in another section.

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**EMPLOYMENT HISTORY (This section must be completed entirely even if attaching a resume.)**

- List all full- and part-time employment **for the last 10 years.**
- Account for **all periods of unemployment** which exceed 3 months.
- **Answer all questions. Use additional sheets if necessary.**
- List your employment history as indicated here, even if you were employed under any other names.

Present/Most Recent Employer \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Hire Date \_\_\_\_\_ Separation (End) Date \_\_\_\_\_

Describe Your Main Duties & Responsibilities Below

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Reason for Leaving (Be specific; this area must be completed.) \_\_\_\_\_

**May the City of Live Oak contact your present employer?**     YES     NO

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Employer Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Hire Date \_\_\_\_\_ Separation (End) Date \_\_\_\_\_

Describe Your Main Duties & Responsibilities Below

Reason for Leaving (Be specific; this area must be completed.) \_\_\_\_\_

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Employer Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Hire Date \_\_\_\_\_ Separation (End) Date \_\_\_\_\_

Describe Your Main Duties & Responsibilities Below

Reason for Leaving (Be specific; this area must be completed.) \_\_\_\_\_

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Employer Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Hire Date \_\_\_\_\_ Separation (End) Date \_\_\_\_\_

Describe Your Main Duties & Responsibilities Below

Reason for Leaving (Be specific; this area must be completed.) \_\_\_\_\_

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(Use additional sheets as necessary.)

**EMPLOYMENT HISTORY (continued)**

1. 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.

2. 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.

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

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

5. Were you referred by a City of Live Oak employee?  Yes  No If yes, please provide employee's name.

6. Are you related to anyone presently employed by the City of Live Oak?  Yes  No If yes, please give name and relationship.

7. Have you previously filed an application with the City of Live Oak?  Yes  No If yes, when and what position?

8. Have you ever been employed by the City of Live Oak?  Yes  No (If yes, complete the following)

<b>Dates Previously Employed (From/To)</b>	
<b>Position Title</b>	
<b>Reason for Leaving</b>	

**RESIDENCES**

List actual places of residence for past 10 years – list chronologically all addresses, including while at school and in the 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. (Use additional sheets if needed.)

Dates – Mo/Yr		Apt. #	Street Address	City	County	State	Zip Code
From	To						

(Use additional sheets as necessary.)

**ARREST HISTORY / COURT DATA**

**IMPORTANT:** A criminal background check and driving record check will be conducted if you are considered for employment. Information concerning arrests and convictions may not necessarily disqualify an applicant. However, any applicant who falsified the application by failing to provide required information on arrests and convictions will, if employed, be subject to dismissal, or, if not employed, be subject to disqualification.

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, nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture 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

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 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.

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DRIVER'S LICENSE INFORMATION	
<b>Driver's License Number</b>	
<b>State</b>	<b>Date of Expiration</b>
<b>Driver's License Type</b>	<input type="checkbox"/> Operator <input type="checkbox"/> CDL: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
<b>CDL Endorsements</b> (if applicable)	
<b>Restrictions</b> (if applicable)	
<p><b>1. Do you currently hold a valid driver's license?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If no, explain. (Provide a date when the license will be reinstated if suspended/revoked.)</p> <p>_____</p>	
<p><b>2. Do you hold or have you ever held an operator or chauffer license in another state?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, please provide state(s), name used and approximate date license(s) was/were held.</p> <p>_____</p>	
<p><b>3. Have you ever received a ticket or been charged with a traffic violation?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, give details. _____</p> <p>_____</p>	
<p><b>4. Have your driving privileges ever been suspended or revoked?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, explain. _____</p> <p>_____</p>	

MILITARY SERVICE	
<p><b>1. Have you ever served on active duty in the Armed Forces of the United States?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, what Branch? _____</p>	
<p><b>2. Dates of Active Duty</b>    From: _____ To: _____ From: _____ To: _____</p> <p>From: _____ To: _____ From: _____ To: _____</p>	
<p><b>3. Highest Rank</b> _____ <b>AND Occupational Specialty</b> _____</p>	
<p><b>4. Type of Discharge</b> _____ <b>Date</b> _____</p>	

(continued on next page)

**5. Are you now or have you ever been a member of the Reserve Unit or National Guard?**

Yes  No If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings or camps. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**6. 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**VETERAN'S PREFERENCE**

**Are you claiming veteran's preference pursuant to Florida Statute 295.07?**  Yes  No

If yes, you must complete the City of Live Oak Claim for Veteran's Preference Form that is found in this package. Please note that you are required to submit the form and supporting documentation with your employment application. You cannot be considered for veteran's preference without providing the required forms and documents with your application.

**AMERICANS WITH DISABILITIES ACT (ADA)**

**In accordance with the provisions of the Americans with Disabilities Act (ADA), are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations?**

Yes  No

**ORGANIZATION MEMBERSHIP**

1. List all the 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 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 any 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 question #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.

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**BUSINESS INTERESTS AND LICENSES**

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.

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**PERSONAL REFERENCES AND ACQUAINTANCES**

**Personal References: Give three 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 years. If retired, give former occupation.**

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

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

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

**Social Acquaintances: Give three social acquaintances in your own age group (including men and women) who have known you well for the past five years.**

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

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

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

## NEIGHBORHOOD REFERENCES

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

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

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

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

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

Complete Name		Home Address: _____
(Last, First, Middle)		City, State, Zip _____
Yrs. Known	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.

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**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/credit cards. 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

**Have you had a legal judgment rendered against you for a debt?**     Yes     No

If yes to either of these questions, please provide details.

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**POLYGRAPH EXAMINATION**

**Prior to final approval for hiring, you may 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:**

- Financial Status
- Physical Condition
- Work Record
- Honesty
- Use of Alcohol
- Driving Record
- Arrests and Convictions
- Drugs, Narcotics and Marijuana
- Gambling
- Blackmail
- Friends, Relatives and Associates
- 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 issued 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 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.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_,

by \_\_\_\_\_, who is personally known to me or who had 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 Avenue 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 REQUESTING 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 in 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 \_\_\_\_\_

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.

STATE OF FLORIDA

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

(Seal)

\_\_\_\_\_ Personally Known

\_\_\_\_\_ Produced Identification

\_\_\_\_\_  
Type of Identification Produced

**INTERNAL REVENUE SERVICE WAIVER**

I hereby authorize the Internal Revenue Service to release to the Live Oak Police Department Investigation Division any and all information pertaining to my individual income tax account for the previous four years from \_\_\_\_\_ to \_\_\_\_\_, inclusive. This authorization includes fact or filing (whether or not I have filed) and fact of any civil or criminal activity (examination, collection or criminal investigation) for the years stated above.

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_ City State Zip Code

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF FLORIDA

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

(Seal)

\_\_\_\_\_ Personally Known  
\_\_\_\_\_ Produced Identification  
\_\_\_\_\_  
Type of Identification Produced





RECORD CHECK AUTHORIZATION AND CERTIFICATE OF APPLICANT



THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THE LIVE OAK POLICE DEPARTMENT

THIS PAGE MUST BE SIGNED AND INITIALED. PLEASE READ CAREFULLY AND INITIAL NEXT TO EACH STATEMENT:

\_\_\_\_\_ I certify that answers given herein are true and complete.

\_\_\_\_\_ I authorize the Live Oak Police Department to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. I consent to references, former employers and educational institutions listed being contacted regarding this application and also consent to complete criminal history background and driver's license checks to be conducted.

\_\_\_\_\_ I understand that employment is contingent upon successful completion of a pre-employment drug screening test and continuous compliance with the City's Drug Free Workplace policy.

\_\_\_\_\_ This application for employment shall be considered active for a period not to exceed six (6) months for the specific position for which I am applying. Any applicant wishing to be considered for employment for a different position or beyond this time must complete another application.

\_\_\_\_\_ I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment with the City of Live Oak is of an "at will" nature, which means that the Employee may resign at any time and the City Manager may discharge the Employee at any time with or without cause.

\_\_\_\_\_ I understand all offers of employment are conditioned upon satisfactory reference checks, successful completion of all pre-employment tests and requirements in addition to the production of all documents necessary for the City to verify my identity and work authorization in accordance with the requirements of the U.S. Citizenship and Immigration Services.

\_\_\_\_\_ In the event of employment, I understand that false or misleading information given in my application or interview(s), regardless of time of discovery, may result in disciplinary action including discharge. If employed, I will abide by all policies and procedures of the City of Live Oak and the Live Oak Police Department.

**This acknowledgement and consent shall continue to be in effect during my active employment with the City of Live Oak, Florida.**

**I have read, understood and agree to the terms of the above statements.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Position Applied For

**Applicants missing the required initials and/or signature on this page WILL NOT BE CONSIDERED. Before submitting this application, please verify that all questions have been answered and copies of necessary documentation are attached. Please refer to the instructions on page 1.**

**CITY OF LIVE OAK  
VETERAN'S PREFERENCE CLAIM FORM**

**VETERAN'S PREFERENCE:** Check the appropriate block if you are claiming veteran's preference. For more information, please contact the City Manager.

CHECK ONE ONLY	REQUIRED PROOF
<input type="checkbox"/> I am not claiming veteran's preference.	N/A
<input type="checkbox"/> A veteran with a compensable service-connected disability who is eligible for receiving compensation, disability retirement or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense (10 points), <u>or</u>	DD-214 or equivalent showing date of induction, date of separation, character of service, and document (dated within the past 12 months) from the Veteran's Administration, Department of Defense or the Division of Veteran's Affairs certifying the existence of a service-connected disability and the percent of the disability.
<input type="checkbox"/> The spouse of a disabled 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 (10 points), <u>or</u>	DD-214, copy of marriage license and statement that spouse is still married; certification from the Department of Defense or the Veteran's Administration that the veteran is totally and permanently disabled and cannot qualify for employment due to a service-connected disability; or in the case of an M.I.A., a document from the Veteran's Administration or Department of Defense certifying such a condition.
<input type="checkbox"/> A veteran of any war who has served on active duty for at least one (1) day and who was discharged or separated with an honorable discharge from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era (5 points). Active duty for training is not allowable, <u>or</u>	DD-214 or equivalent showing date of induction, date of separation and character of service.
<input type="checkbox"/> The un-remarried widow or widower of a veteran who died of a service-connected disability (5 points).	DD-214, document from the Department of Defense or Veteran's Administration certifying service-connected death of the veteran, evidence of marriage and statement that spouse is not remarried.

\_\_\_\_\_  
BRANCH OF SERVICE

\_\_\_\_\_  
DATE OF ENTRY

\_\_\_\_\_  
DATE OF DISCHARGE

Note: Under Florida law preference in appointment and employment shall be given, by the state and its political subdivisions, first to those persons included in 1 and 2 above, and second to those persons included under 3 and 4 above. If any applicant claiming veteran's preference for a vacant position is not selected for the position, they may file a complaint with the Division of Veteran's Affairs, PO Box 31003, St. Petersburg, FL 33731. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given, a complaint may be filed at any time.

I certify that information provided is complete and correct and that any misrepresentation of the claim of preference is grounds for disqualification or candidacy or termination of employment.

\_\_\_\_\_  
Applicant's Name (Please Print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Veteran's Name (if different from applicant – Please Print)

\_\_\_\_\_  
Veteran's Social Security Number

**Office Use Only**

**Award**

**Date**