

VOLUNTEER APPLICATION

Port St. Lucie Police Department
121 SW Port St Lucie Blvd.
Port St Lucie, FL 34984

An Equal Opportunity Employer

We make employment decisions regardless of race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Volunteer Position Desired: _____ Date: _____

Name: _____ SS#: _____

Address: _____

City, State, Zip: _____

Home Telephone: _____ Email Address: _____

Have you ever filed an application with the Port St. Lucie Police Department or the City of Port St. Lucie before?

Yes No If yes, give date: _____

Have you ever been employed with the Port St. Lucie Police Department or the City of Port St Lucie before?

Yes No If yes, give date: _____

On what date would you be available to begin a volunteer assignment? _____

What days and times are you available to volunteer? _____

Are you at least 18 years of age? Yes No

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration status?

Yes No Proof of citizenship or immigration status will be required upon employment.

Education

School	School Name/Address	Graduate	Degree
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Special training and/or skills, including job related training in the United States Military:

Have you ever been convicted of a felony? () Yes () No

If yes, please explain: _____

A conviction will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness, nature of the violation and rehabilitation will be taken into account.

You may attach a resume or use a separate sheet of paper if additional space for application data is needed.

Has your Drivers License ever been suspended or revoked in any state? () Yes () No

If yes, please explain: _____

Please list any relatives who are presently employed with the Port St. Lucie Police Department or the City of Port St Lucie.

Name: _____ Dept: _____ Relationship: _____

Name: _____ Dept: _____ Relationship: _____

References:

Give name, address and telephone number of three references that are not related to you and are not former employers.

- 1) _____
- 2) _____
- 3) _____

Applicant's Statement

Read carefully before signing

I certify that all the answers given are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I hereby release all companies, schools, or persons from all liability for any damage for issuing this information. I understand that falsifications, omission, misleading statements, or misrepresentations are cause for rejection of this application or dismissal from employment. I understand that this application is a public record and subject to the provisions of Florida Statutes Chapter 119. I further understand that only an authorized representative of the Human Resources Department may make an offer of employment. I realize that this application is not a contract of employment and does not imply that I will be hired. I agree to submit to a physical examination and drug test if required. I understand also, that upon employment, I am required to follow all rules and regulations of the employer. If I am not hired for the volunteer position for which I am applying at this time, I understand that this application will remain active for six (6) months and may be reviewed for the same pc

Signature of Applicant

Date

Professional or technical organizations: _____

Indicate any foreign languages you are able to speak, read or write.

- 1) _____ Circle all that apply: Speak Read Write
2) _____ Circle all that apply: Speak Read Write

EMPLOYMENT EXPERIENCE:

Start with present or most recent employer. If retired, so state.

1) Company: _____ Address: _____
Phone: _____ Supervisor: _____
Employed From: _____ to _____ Job Title: _____
Work Performed: _____

Reason for leaving: _____

2) Company: _____ Address: _____
Phone: _____ Supervisor: _____
Employed From: _____ to _____ Job Title: _____
Work Performed: _____

Reason for leaving: _____

3) Company: _____ Address: _____
Phone: _____ Supervisor: _____
Employed From: _____ to _____ Job Title: _____
Work Performed: _____

Reason for leaving: _____

4) Company: _____ Address: _____
Phone: _____ Supervisor: _____
Employed From: _____ to _____ Job Title: _____
Work Performed: _____

Reason for leaving: _____

May we contact your present or last employer? () Yes () No

VOLUNTARY QUESTIONNAIRE

We consider applicants for all positions regardless of race, color, religion, sex, national origin, marital status, veteran status, the presence of a non-job related medical condition or handicap, or other legally protected status.

This information is needed to satisfy the Federal Equal Employment Opportunity requirements. This survey is filed separately from the application and is not used in assessing job qualifications. **THIS SURVEY IS VOLUNTARY.** Please return this survey with the application whether it is completed or not.

Positions Applying For: _____ Date: _____

Name: _____

Address: _____

Phone: _____ Current Job: _____

Sex: () Male () Female Date of Birth: _____

Race/Ethnic Group: Check only one

() White

() Asian/Pacific Islander

() African-American

() American Indian/Alaskan Native

() Hispanic

() Other



CITY OF PORT ST. LUCIE

KEEP PORT ST. LUCIE BEAUTIFUL

MEMORANDUM

TO: ALL NEW EMPLOYEES
FROM: HUMAN RESOURCES DEPT.
SUBJECT: EMERGENCY CONTACT

In order to complete our personnel files, please furnish us with the name of a friend or relative whom we can contact in case of an emergency.

EMPLOYEE NAME: _____

NAME OF CONTACT: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: (H) _____ (W) _____



John-M. Skinner
Chief of Police

CITY OF PORT ST. LUCIE POLICE DEPARTMENT

121 S.W. Port St. Lucie Blvd. • Port St. Lucie, Florida 34984



(772) 871-5000
871-5251 (FAX)

TO: COMMUNICATIONS OFFICER

FROM: THOMAS ANDREW, VOLUNTEER COORDINATOR

DATE: _____

Request complete records check on the following volunteer applicant:

Name: _____

Alias: _____

Race: _____ Sex: _____ D.O.B. _____ P.O.B.: _____

Hgt.: _____ Wgt.: _____ Hair: _____ Eyes: _____

After completing the necessary checks please initial and date in the corresponding space and secure printout to this request.

N.C.I.C. _____ F.C.I.C. _____

STAR (Warrant Check) _____

STAR (Incident Check) _____

Florida Drivers' License Files _____

Out of State Drivers' Licenses _____

P. S. A. Signature and Date _____



An Internationally Accredited
Law Enforcement Agency

An Equal Opportunity Employer