

NAME: _____

LAST

FIRST

**APPLICATION FOR
LAKE CITY POLICE DEPARTMENT**



**225 NW MAIN BLVD.
LAKE CITY, FLORIDA 32055
386-752-4344**

AN EQUAL OPPORTUNITY EMPLOYER

IN COMPLIANCE WITH THE ADA, QUALIFIED INDIVIDUALS WITH DISABILITIES WHO WILL NEED REASONABLE ACCOMMODATIONS IN ORDER TO APPLY OR COMPLETE ANY REQUIRED TEST SHOULD INFORM THE HUMAN RESOURCES DIRECTOR AT LEAST 48 HOURS BEFORE SAID ACCOMMODATIONS ARE NEEDED.

LAKE CITY POLICE DEPARTMENT

BACKGROUND CHECKLIST

APPLICANT MUST PROVIDE:

- Copy of Birth Certificate
- Copy of Driver's License
- Copy of High School Diploma/GED
- Copy of College Degree/Certificate
- CJSTC (Academy Date/State Test Date)
- Neighborhood Check
- Personal References
- Previous Employment
- Military Record (if applicable)

APPLICANT MUST PASS:

- Credit Report Check
- Criminal History
- Driver's License History
- Psychological Examination

Applicant's Name: _____

Position: _____

PERSONAL REFERENCES

NAME: _____	ADDRESS: _____
CITY: _____	STATE: _____ ZIP: _____
BUSINESS ADDRESS: _____	
BUSINESS PHONE: _____	RESIDENCE PHONE: _____

NAME: _____	ADDRESS: _____
CITY: _____	STATE: _____ ZIP: _____
BUSINESS ADDRESS: _____	
BUSINESS PHONE: _____	RESIDENCE PHONE: _____

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BUSINESS ADDRESS: _____	
BUSINESS PHONE: _____	RESIDENCE PHONE: _____

NEIGHBORHOOD SURVEY

Please list three of your closest neighbors where you now reside, preferably the ones on each side of you and behind you. If for some reason this is not practical, such as you live in a rural area or don't have close neighbors, list the nearest ones and list an explanation below in the comment section.

NAME: _____	ADDRESS: _____
CITY: _____	STATE: _____ ZIP: _____
BUSINESS ADDRESS: _____	
BUSINESS PHONE: _____	RESIDENCE PHONE: _____

NAME: _____	ADDRESS: _____
CITY: _____	STATE: _____ ZIP: _____
BUSINESS ADDRESS: _____	
BUSINESS PHONE: _____	RESIDENCE PHONE: _____

NAME: _____	ADDRESS: _____
CITY: _____	STATE: _____ ZIP: _____
BUSINESS ADDRESS: _____	
BUSINESS PHONE: _____	RESIDENCE PHONE: _____

COMMENTS: _____

ADDITIONAL SCHOOLS, CERITFICATIONS, OR COMMENTS:

DRIVING HISTORY

1. Can you operate a motor vehicle? YES ___ NO ___
2. Do you possess a valid Operator's License, Chauffuer's License, or Commercial Drivers License of any kind, issued from the State of Florida? YES ___ NO ___
3. Did you ever possess a Driver's License of any kind, issued by any other state than Florida? YES ___ NO ___
- If YES, give State: _____
4. Do you have a vehicle liability insurance? YES ___ NO ___
5. Have you ever had your license revoked or suspended? YES ___ NO ___
6. List all traffic citations, crashes, suspensions and revocations in all states you have been licensed in. (Use Comment Section)

