



Indian River State College

**Treasure Coast Public Safety Complex
Criminal Justice Training Institute**

**Region XI Selection Center
Personal History Questionnaire**

- **Prior to starting this application, please read the Selection Center Policy Manual, and sign the letter of understanding found on PG 9.**
- The Personal History Questionnaire (PHQ) must be completed by the applicant.
- Print neatly so all answers are legible.
- Do not leave anything unanswered, complete all questions. If a question does not apply to you, please put N/A. An incomplete application will not be accepted.
- Please follow all instructions.

The fee for the Region XI Selection Center Process is \$545.00 This covers the cost of the psychological exam, polygraph exam, fingerprinting and background check. You are responsible for paying the doctor of your choice for your medical exam. An additional fee of \$25.00 will be charged by the company providing the drug screen. All tests will be arranged for you by this office EXCEPT the medical exam. If you have not already done so, you must first take the Basic Ability (BAT) and Physical Ability (PAT) tests. You can schedule these tests online at www.tcpublicsafetytraining.com The BAT test is \$39.00 and the PAT test is \$40.00. You must have a Physician's Release form to take the PAT.

All applicants returning the Personal History Questionnaire must make an appointment and must include all documents requested. This process could take an hour or longer and includes an interview with the Selection Center Coordinator. **Professional dress is required for this formal interview.**

Pierre Pacheco
Selection Center Coordinator
Indian River State College
Phone: (772) 462-7943 or (772) 462-7151
E-Mail: ppacheco@irsc.edu

REGION XI

SELECTION CENTER Personal History Questionnaire



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CO

Willfully or knowingly falsifying this application will result in disqualification from the selection center process or if discovered during or after testing can/will result in termination of the selection center process.

Attach a full face **passport photograph** of yourself.

Photo

Photo - Must be **no more than six months** prior to submitting this application

NOTICE OF COLLECTION OF SSN: FDLE has asked that you provide your social security number (SSN). The decision to provide your SSN is not mandatory and at your option, but failure to provide your SSN may result in a delay in processing your application or request. If you provide your SSN, FDLE will use it for purposes of identification, and may share the information with other agencies for the same purpose. FDLE's request for your SSN is authorized by state law because it is imperative for the performance of FDLE's duties and responsibilities pursuant to Section 119.071(5)(a)2.a.II, F.S.

LAST NAME

FIRST NAME

MIDDLE NAME

ALIAS (S), Maiden Name, Nickname, or other changes in name. Include official document(s) to show name change.

STREET ADDRESS

APARTMENT NUMBER

MAILING ADDRESS IF DIFFERENT THAN STREET ADDRESS

CITY

COUNTY

STATE

ZIP CODE

HOME PHONE/CELL PHONE

SOCIAL SECURITY NUMBER

E-MAIL

DATE OF BIRTH

PLACE OF BIRTH

ETHNIC ORIGIN: White Asian or Pacific Islander Hispanic Black, non-Hispanic American Indian or Alaskan Native Other

CITIZENSHIP: U.S. CITIZEN YES NO

Naturalized Certificate No. _____ Country of Origin _____

Date, Place and Court _____

HEIGHT: _____ **WEIGHT:** _____ **COLOR OF EYES:** _____ **COLOR OF HAIR:** _____

SCARS, TATTOOS, AND/OR DISTINGUISHING MARKS:

MARITAL STATUS: Single Married Engaged Separated Divorced
 If married, are you living with your spouse? Yes No If not, state reasons _____

Name of Fiancée or Girl/Boy Friend

Name	Address	Telephone #	Date of Birth	Employer's Name and Address

Information concerning marriages: (List all marriages)

Date Married	Where Performed (City & State)	Spouse's Complete Name (include Maiden Name)	DOB

Name and Address of Spouse(s) if divorced or separated. (ATTACH COPIES OF DIVORCE)

Name	Address	Date of order or decree where issued (Court & State)	Phone Number

List all your children, natural or adopted, to include step children, and give the following information:

Name	DOB	POB	Address	Living With	Supported by

Are you now supporting all natural, adopted and stepchildren Yes No If not, give details:

OTHER DEPENDENTS: If you claim income tax exemptions for support of dependents other than your spouse and children, provide the following information:

Name	Address	Relationship	% of Support Provided

FAMILY: List in the order given, all family members even though deceased. Include any others you have resided with or with whom a close relationship existed or exists.

Relationship	Name	Present Address	Phone	Birthday	Occupation
Father					
Mother-Maiden					

RESIDENCES: List chronologically all addresses for the past 15 years including residences while at school and in military. For college on-campus residences, give dormitory name, city and state. If residence 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.

Own/Rent	Your Address, Include Street, City, County, State & Zip Code	Landlord's Name, Street Address, City, County, State & Zip Code
From: To: Own <input type="checkbox"/> Rent <input type="checkbox"/>		
From: To: Own <input type="checkbox"/> Rent <input type="checkbox"/>		
From: To: Own <input type="checkbox"/> Rent <input type="checkbox"/>		
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From: To: Own <input type="checkbox"/> Rent <input type="checkbox"/>		
From: To: Own <input type="checkbox"/> Rent <input type="checkbox"/>		

List Neighbors: Give complete names and mailing addresses.

Dates	Name, Street Address, City, State & Zip Code	Telephone No.
Present Neighbor		
A Neighbor within 1-3 years ago		
A Neighbor within 4-6 years ago		
A Neighbor within 7-10 years ago		

EDUCATION: List all elementary, junior high, and high schools attended: (Attach copies of high school, GED Diploma & Scores) NOTE: IF HOME SCHOOLED documentation that the education program has met the requirements of Section 1002.41, F.S., or of the Department of Education from the state where the home school program was completed. [11B-27.0021 (1) (d)].

Full Name	Complete Address	Dates Attended		Years Completed	Graduated	
		From	To		Yes	No

HIGHER EDUCATION: List information below for all colleges or universities attended: (Attach copies of transcripts and/or diploma) (YOU ARE RESPONSIBLE FOR HAVING TRANSCRIPTS SENT TO IRSC'S ADMISSIONS OFFICE)

Name and Location of College or University	Dates Attended		Credit Hours	Degree Received & Year it was Received
	From	To		

Other schools or training (trade, vocational, business, specialized, or military): Give the name, location, dates attended, subjects studied, certificate, and any other pertinent data. (Attach copies of certificates)

Dates From To		Name of School and Location (Complete Address)	Courses Studied	Certificate Yes No	

FOREIGN LANGUAGE: Do you speak, read, write or understand any foreign languages? Yes No

If "Yes", provide information below.

Language	Reading			Speaking			Understanding			Writing		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair

EDUCATION CONTINUED: Please answer the following questions. If you answer "yes", provide details at the bottom of this page.

	YES	NO	
1			Were you ever suspended or expelled from an education facility?
2			Were you ever subject to disciplinary action while in school?
3			Were you ever held back a school year?
4			Did you ever receive any awards or honors in school? (attach copies)
5			Have you had any specialized training or courses? (attach copies)
6			Do you have any special skills?
7			Can you operate any special equipment?
8			Are you currently enrolled in school?
9			Can you type? (If yes, how many words per minute?)
10			Do you have any computer experience?

Comments:

MILITARY - (Attach your DD214 with separation codes)

1. Have you ever served in a military or naval organization of the United States?

Yes No

2. If you have not served in the military, are you registered for Selective Service? Yes No (To find your Selective Service information, please go to www.sss.gov . Look under History or Records to retrieve your information.)

If yes, Selective Service Number _____ Date Registered: _____

3. Branch of Service _____ Company _____ Ship _____

4. Highest Rank Held _____

5. How many periods of active military service have you had? _____

6. List all medals and decorations awarded to you as a member of the armed forces.

7. Type of discharge?

Honorable General Medical Honorable Conditions Other Dishonorable

8. Give date and location of entrance to active duty. _____

9. Give period or periods of active military service:

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

10: Are you know or were you ever on active or inactive duty of any branch of the United States Reserve Forces? Yes No State Which: Active Inactive

11. Are you now or were you ever a member of the National Guard? Yes No

State _____ Regiment _____ Unit _____ Rank _____

From: _____ To: _____ Type of Discharge _____

12. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action while a member of the Armed forces? Yes No If yes, please explain on a separate sheet of paper.

13. List any disciplinary action taken against you in the National Guard or other reserve unit:

EMPLOYMENT:

1. Were you ever discharged, terminated, fired or forced to resign because of misconduct or unsatisfactory service (except military) Yes No **If yes, explain, giving name and address of employer, approximate date, and reasons in each case on a separate paper.**
2. Have your employers always treated you fairly: Yes No **If no, please explain on a separate paper.**
3. Do you object to wearing a uniform? Yes No
4. Do you object to working nights? Yes No
5. Have you experience with shift work? Yes No
6. Have you ever received unemployment insurance or other federal, state, local benefits or assistance? Yes No
 Type of Assistance _____ Local Office _____
 Address _____ For How Long? _____
 Type of Assistance _____ Local Office _____
 Address _____ For How Long? _____
7. List all the jobs you have held in the last 15 years to include part-time, temporary, seasonal and voluntary jobs, placing your present or most recent job **FIRST**. Include military service in proper sequence and also all periods of unemployment and if you were self-employed, provide copies of tax returns. If additional space is required please attach additional sheets.

FROM DATE	NAME OF EMPLOYER (Company)	PART-TIME FULL-TIME <input type="checkbox"/> <input type="checkbox"/>	JOB TITLE
TO DATE	MAILING ADDRESS	DESCRIPTION OF DUTIES	TELEPHONE NUMBER
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	REASON FOR LEAVING		FAX NUMBER

FROM DATE	NAME OF EMPLOYER (Company)	PART-TIME FULL-TIME <input type="checkbox"/> <input type="checkbox"/>	JOB TITLE
TO DATE	MAILING ADDRESS	DESCRIPTION OF DUTIES	TELEPHONE NUMBER
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SALARY END	REASON FOR LEAVING		FAX NUMBER

VEHICLE OPERATOR'S LICENSE: The purpose of the following questions is to determine general driving ability. If you answer "Yes" to any of the below questions, give details on a separate sheet of paper.

		YES	NO
1.	Have you ever been refused a driver's license by any State?		
2.	Has your driver's license ever been revoked or suspended?		
3.	Was your driver's license ever restored?		
4.	Have you ever received a traffic citation?		
5.	Have you ever been involved in a motor vehicle accident?		
6.	Have you ever had any accident while operating an emergency vehicle?		
7.	Do you have any traffic citations, which you failed to pay?		
8.	Do you have any parking tickets you failed to pay?		
9.	Have you ever had automobile insurance withdrawn or revoked, or have you ever been refused automobile insurance?		
10.	Have you ever been charged with driving a motor vehicle while under the influence of alcoholic beverages, chemical substances, or controlled substances?		
11.	Have you ever refused to submit to a breath, blood, or urine test to determine the influence of alcoholic beverages, chemical substances, or controlled substances?		

Have you ever been licensed to drive in another state? Yes No

If "Yes" please give states.

State: _____ State: _____ State: _____

(You must submit a copy of your driving record from all the states in which you have held a driver's license.)

You must obtain a copy of your complete Florida driver history from the Department of Highway Safety and Motor Vehicles. Records may be obtained in person or online (www.flhsmv.gov) DMV records are the only Florida driving records that will be accepted.

If you answer "yes" to questions 5 or 6, give details for each accident whether collision, non-collision or hit and run.

Date:	Location:	Cause of Accident (for example ran red light, careless driving etc.)
Police Investigation Yes <input type="checkbox"/> No <input type="checkbox"/>	Who was charged with accident and court disposition?	
Injury <input type="checkbox"/> Non-injury <input type="checkbox"/>		
Date:	Location:	Cause of Accident (for example ran red light, careless driving etc.)
Police Investigation Yes <input type="checkbox"/> No <input type="checkbox"/>	Who was charged with accident and court disposition?	
Injury <input type="checkbox"/> Non-injury <input type="checkbox"/>		

List all traffic citations you have received: (include parking tickets)

Location (Street, City, & State)	Approximate Date	Nature of Violation	Penalty or Disposition

List all vehicles that you currently own or operate:

YEAR	MAKE	MODEL	COLOR	TAG NUMBER	OWN	
					YES	NO

Do you presently have automobile Liability insurance Yes No List the following information:

NAME OF COMPANY	POLICY NUMBER	NAME OF AGENT	ADDRESS and PHONE NUMBER	DATES OF COVERAGE
				From: To:
				From: To:

If No, Give details:

If you have been insured by the above company (ies) for less than three years, list the previous insurance company:

NAME OF COMPANY	POLICY NUMBER	NAME OF AGENT	ADDRESS and PHONE NUMBER	TYPE OF COVERAGE & DATES
				From: To:
				From: To:

ARREST, DETENTION, AND LITIGATION: INCLUDE TRAFFIC ARREST

If you answer "yes" to any of the below questions, YOU MUST SUBMIT ARREST REPORTS AND/OR GIVE DETAILS ON A SEPARATE SHEET OF PAPER. If any of questions resulted in a court case please PROVIDE COPIES OF THE COURT CASE DISPOSITION.	Yes	No
1. Have you ever been arrested, charged or received a notice or summons to appear, convicted, pled nolo contendere or pled guilty for any criminal violation or detained by ANY law enforcement agency? (Provide court copies for any arrest including arrest(s) where records were expunged or sealed i.e. juvenile records.)		
2. Have you ever been advised of your Miranda rights?		
3. Have you ever been the subject of a criminal police investigation?		
4. Have you ever been convicted of a crime?		
5. Have you ever been required to pay a fine? (other than traffic)		
6. Have you ever been reported as a missing person?		
7. Have you ever been fingerprinted by a law enforcement agency for criminal reasons?		
8. Have you ever been questioned as a suspect for any crime?		
9. Have you ever had a criminal record sealed or expunged?		
10. Have you ever committed perjury or made a false statement or affirmation of any type?		
11. Have you ever been placed on probation?		
12. Have you ever been served with a restraining order of a no contact order?		
13. Have you ever committed or been involved in an undetected crime of any type? Undetected crime is any criminal act for which you have not been caught, i.e. underage drinking, petit theft, shoplifting, stealing from your employer, burglary, use of illegal substance, or anything else illegal.		
14. Have any members of your immediate family ever been arrested for or convicted of a criminal offense?		
15. Have you or any members of your immediate family ever been a victim of a crime?		
16. Do you know of anyone who is an enemy or who might try to harm you in any way?		
17. Have you ever had to call the police to your home?		
18. Has a neighbor ever had to call the police on you or one of your family members?		

NOTE

Criminal records ordered sealed under Section 943.058, Florida Statutes, are available from the FCIC System for inspection by a criminal justice agency for purposes of criminal justice employment. The applicant is to be advised that applicant may not lawfully deny arrests or convictions, notwithstanding adjudication being withheld or the sealing or expunged of arrest/conviction records. The applicant is being advised that a misdemeanor arrest or conviction may not necessarily disqualify applicant.

CIVIL

- 1. Have you or your spouse ever been a plaintiff or defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.) Yes No
If yes, give date, place or court, case number, names of involved parties, nature of action, and final disposition.

POLYGRAPH EXAMINATION

Have you ever taken a polygraph, Computer Voice Stress Analyzer (CVSA) or any other truth verification examination for a job or other reason?

Yes No If "yes" please submit details below.

Date	Examiner's Name	Location	Purpose

Did you pass the polygraph? Yes No If "no" explain on a separate sheet of paper.

MEDICAL

- a. Are you presently under doctor's care?
Doctor's Name, Address, & Phone number _____

- b. Are you taking a prescribed medicine?
(Please list the prescriptions and what they are for.)

- c. Past and Present Personal Health History (check if applicable)

___ Diseases of the heart and arteries ___ Diabetes ___ High Blood Pressure

___ Anemia ___ Angina Pectoris (chest Pain) ___ Epilepsy ___ Other lung Disease

___ Asthma ___ Orthopedic or muscular problems ___ Stroke ___ Abnormal Chest x-ray

___ Cancer ___ Tried to Commit Suicide ___ Smoker

FINANCIAL INFORMATION: (ATTACH CREDIT REPORT)

You can obtain a full credit report at www.AnnualCreditReport.com if you have not used this site within the last 12 months. The federal government established this site so all United States Citizens could have access to their credit report at no cost annually. Choose any of the three major credit bureaus listed. **I do not need a credit score.**

	Name of Bank	City & State			
a. Savings Account					
b. Checking Account					
c. Investments (stocks and Bonds, etc)					
d. Home Mortgage Invested Amount _____ Monthly payment _____					
e. Other Real Estate - indicate type of real estate					
f. Automobile Payments Vehicle #1 Make _____ Year _____ Tag # _____ Invested Amt. _____ Monthly Payment _____ Vehicle #2 Make _____ Year _____ Tag # _____ Invested Mat _____ Monthly Payment _____					
g. List Name & Address of Firms from which you have or have had charge accounts or borrowed money	Type of Business	Date Closed	Original Amount Owed	Amount Owed	Purpose
If you answer "yes" to any of the below listed questions, please give details.			Yes	No	Details
1. Have you ever been refused credit?					
2. Have you ever been refused a surety bond?					
3. Do you have any investments (stocks, bonds, etc.)?					
4. Do you own a home?					
5. Do you own an automobile?					
6. Do you have any overdue bills?					
7. Have you ever been a party to any civil action (lawsuit)?					
8. Have you ever had any accounts placed in the hands of a collection agency?					
9. Have you ever filed for bankruptcy?					
10. Do you pay child support?					
11. Have your creditors treated you fairly?					

DRUG USAGE

In order to detect illegal drug use, a drug test is conducted on all applicants.

In **your lifetime**, have you **ever** possessed, used, taken, trafficked in, purchased, sold, delivered, transported or experimented (includes trying one time) with what you knew, or believed to be, any of the following substances? Place a check mark in the appropriate box for each item.

If you answer **"Yes"** to any of the substances, **PROVIDE SPECIFIC AND COMPLETE DETAILS FOR EACH DRUG USED ON A SEPARATE SHEET OF PAPER.** Include when you used the first time and the last time. **BE SPECIFIC WITH YOUR DATES.**

If any of these drugs were prescribed by a physician for a period **exceeding 30 days**, check "Yes" and explain.

If you have ever used a prescription drug that was **NOT PRESCRIBED** for you, **PLEASE IDENTIFY AND GIVE DETAILS ON A SEPARATE SHEET OF PAPER.** It is illegal to use someone else's prescription medication.

Drug	Common Slang Names	Yes	No
Cannabis/Marijuana	Hashish, Has, THC, Dig, Weed, Grass, Green, Bud, Sinne, Sinsemillia, gold, Jamaican, Gainesville Green, Greenbud, Rosemary, Stick, Columbian Tai		
Artificial Marijuana – as identified by Florida State Statute	Spice, K2, etc.		
Heroin	Black, Tar, Smack, Codeine, Boy, Methadone, Horse		
Cocaine	Coke, Blow, Snow, Powder, Flake, Rock, Girl, White, Roxanne, Bolo, Crack, Cookie, Weasel, C, Stardust		
LSD	Acid, Sugar, Dot, Microdot, Blotter, Blotter Acid, Big D, Cubes, Trips, Rainbow, Sparkle		
Phencyclidine	PCP, PCPY, PEC, Angel Dust, Dust		
Psilocybin Mushrooms	Tea, Shrooms, Bull		
Methaqualone	Ludes, 747's, Lemons, Quaaludes, Captain Quaalude		
Hydromorphone	Dialudid, D, Big D		
Diazepam	Valium		
Oxycodone	Percodan, Percocet		
Rohypnol	Roofies		
Ketamine	Special K, K		
Methylenedioxymethamphetamine	Ecstasy, MDMA, MDA, X		
Gamma-Hydroxy Butyrate	GHB, Super-G, Liquid-G, Liquid Ecstasy		
Barbiturate	Goofballs, Goofies, gofers, Barbs, Yellows, Yellow Jackets, Blues, Bluebirds, Reds, Red Devils, Tues, Rainbows, Tunial, Butbarbital, Phenobarbital, Nembutal, Seconal, Amytal		
Amphetamine/Methamphetamine Biphentamine	Bennies, Dexies, Speed, Wake-ups, UPS, Pep Pills, Meth, Crystal, Crystal Meth, Benzedrine, Dexe, Drine, Dexedrine, Desoxyn, Medrine, Phen-Di-Metrizine, Methamphetamine, Phentemine, Phenmetriline		
Miscellaneous other substances	Nitrous Oxide, Nitrous, Glue, Gasoline, Freon, Pam, or any other inhalant/propellant, i.e. whipped cream, computer keyboard cleaner		
Designer drugs by other names	ICE, GHB, GBL, NEXUS, FANTS-I, EVE, Double Stack, PMA, DXM, CAT, YABA, China White		
Steroids	Anabolic, Androgenic, Testosterone, Roids, Juice		
Abuse any over the counter medications	Any over the counter medications		

PERSONAL DATA

Are you acquainted with any members of the Region XI law enforcement/correctional agencies or Region XVI Correctional Agencies? (Region XI consist of law enforcement/correctional agencies in Indian River, Okeechobee, St. Lucie and Martin Counties and Region XVI are all State Correctional Agencies in the four county area) Yes No If so, list who and what agency:

Name of Officer	Agency Name

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

Name	Address	Phone #	Type office/ position held	Date	
				To	From

ASSESSMENT INFORMATION

A. Have you previously submitted an application for employment with any Law Enforcement/Corrections agency? Yes No If yes, please fill in the following information.

Approx. Date	Name of Agency	Position

B. Have you ever had a background check done on you through a law enforcement/corrections agency? Yes No If yes, give details

C. Have you ever had a background check started by or completed through another Selection (Testing/Assessment) Center (example: Palm Beach Community College or other FDLE authorized training school)? Yes No If yes, give Center/Agency

D. Are you now on any other agency's eligibility list? Yes No If yes, give details below:

E. Have you ever been denied employment with a law enforcement/corrections agency? Yes No If yes, give details _____

ALCOHOL USAGE

While it is not a violation of the law for an adult to possess and use alcohol, it is against the law to operate a motor vehicle (car, truck, boat, motorcycle, or airplane) under the influence of alcohol. It is also unlawful to be intoxicated while in public.

Normally, four or five beers, mixed drinks, or glasses of wine within an hour of operation of a motor vehicle can/will result in a person being legally intoxicated.

1. Do you drink alcohol? Yes No
2. Have you been drunk more than twice in the past month? Yes No
If yes, how many times? _____
3. Have you ever felt that you need a drink to function normally? Yes No
If yes, when? _____
4. Do you ever drink alcohol excessively? (A lot at one time.) Yes No
If yes, how often? _____ Reason _____
5. Have you ever consumed an alcoholic drink while you have driven a vehicle? Yes No
If yes, when was the last time? _____
6. Do you ever drive when you know you are too drunk to drive safely? Yes No
If yes, when was the last time? _____
7. Have you ever been involved in providing alcohol to a minor? Yes No

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which may be required of you in law enforcement/corrections capacity or which might require further explanation? Yes No If yes, give details on a separate sheet of paper.

PROVIDE THE FOLLOWING WITH YOUR APPLICATION

- PHOTO (Passport style)

SUBMIT COPIES

- BAT and PAT (if taken at IRSC, you do not have to submit)
- BIRTH CERTIFICATE, NATURALIZATION PAPERS (Proof of United States citizenship.)
- DRIVERS LICENSE
- SOCIAL SECURITY CARD

- o NOTICE OF COLLECTION OF SSN: FDLE has asked that you provide your social security number (SSN). The decision to provide your SSN is not mandatory and at your option, but failure to provide your SSN may result in a delay in processing your application or request. If you provide your SSN, FDLE will use it for purposes of identification, and may share the information with other agencies for the same purpose. FDLE's request for your SSN is authorized by state law because it is imperative for the performance of FDLE's duties and responsibilities pursuant to Section 119.071 (5)(a) 2.a.II.F.S.

- HIGH SCHOOL DIPLOMA/GED EQUIVALENCY (GED INDIVIDUALS MUST SUBMIT THEIR DEPARTMENT OF EDUCATION DIPLOMA AND THE OFFICIAL TRANSCRIPT WITH TEST SCORES ISSUED BY THE DEPARTMENT OF EDUCATION) A GED RECEIVED FROM AN INTERNET SCHOOL MAY NOT BE ACCEPTABLE.
- COLLEGE DIPLOMA OR TRANSCRIPTS
- DD214 (with separation codes)
- ANY CERTIFICATES OR AWARDS YOU MAY HAVE RECEIVED

SUBMIT ORIGINALS

- DRIVING RECORD (FLORIDA AND ANY OTHER STATE YOU WERE LICENSED)
- CREDIT REPORT
- SIGNED LETTER OF UNDERSTANDING, PG.9 OF THE SELECTION CENTER POLICY MANUAL

REMINDER

- Have the following documents notarized: pages 23, 24, and 25. You will also need to download **FDLE CJSTC Form 58** from www.tcpublicsafetytraining.com and get it notarized.
- Payment for Selection Center Testing in the amount of \$545 is due when you return your PHQ.
- Medical Forms must be completed and returned to the Selection Center with your PHQ. Download the following forms from www.tcpublicsafetytraining.com : FLDE CJSTC 75A, and FDLE CJSTC 75. Take to the doctor of your choice and return them with a **copy of your EKG.**

NOTE

AN AUTOBIOGRAPHY OF AT LEAST 750 WORDS WILL BE **HANDWRITTEN AT THE TIME OF THE INTERVIEW**

MEDICAL EXAMINATION

The examination is designed to reveal any medical conditions that would adversely affect the candidate's ability to perform the duties of a sworn law enforcement/correctional officer.

A licensed physician shall be used for the pre-application medical examination, and such medical examination shall use valid, useful, and nondiscriminatory procedures. A licensed physician is required to perform a thorough physical examination, obtain and interpret an electrocardiogram (EKG), urinalysis, complete blood count, blood chemistry panel, and to apply and interpret a tuberculosis (TB) skin test.

All medical reports are the permanent records of the Region XI Selection Center at Indian River State College (IRSC) and copies of such reports are received by IRSC's Region XI Selection Center for review and placed in the candidate's file.

The licensed physician is required to return a review of the candidate's physical examination, **EKG (need copy of)**, and TB test on the FLDE CJSTC 75A, and FDLE CJSTC 75 forms that you can download from www.tcpublicsafetytraining.com.

Pierre Pacheco
Selection Center Coordinator
Criminal Justice Institute
Indian River State College
3209 Virginia Avenue
Fort Pierce, FL 34981-5596
(772) 462-7943
FAX (772) 462-7959

Basic Recruit Wellness Program

Objectives:

- The students' initial physical assessment will be done using the Physical Agility Test (PAT) to determine each student's physical fitness level. All the subsequent assessments will be tailored using the military scale for push-ups, sit-ups, and the 1 ½ mile run by age groups for male and female students.
- The students will conduct a minimum of 1 hour of physical training per day until the 40 hour block of instruction is complete.
- The students will start the program doing aerobics to enhance their endurance and cardiovascular conditioning. At the completion of the course, the students will be able to complete a 1 ½ mile run within the allowed time for his/her age group.
- The students will incorporate some weight training into their weekly routine for some muscular development, combined with the proper application of push-ups. At the completion of the course, the students will be able to do the minimum amount of push-ups in one minute for his/her age group.
- The students will conduct mat exercises with different stomach toning techniques, included with the sit-ups to strengthen their hip flexor muscles. At the completion of the course, the students will be able to do the minimum amount of sit-ups for his/her age group.
- The students will run a minimum of 1 mile per week throughout the program. At the completion of the course the students will be able to complete a 1 ½ mile run in the time allowed for his/her age group.
- Midway through the forty hour block of physical training, the students will participate in a physical assessment test that will give each student the status of his/her own progress in all areas, sit-up, push-ups, and the 1 ½ mile run.
- The students will then start the process all over again and will do a complete diagnostic test at the end. The students will be able to complete a comprehensive exam on push-ups, sit-ups, and a 1 ½ mile run all in the allowed time in each area according to his/her age group.
- The students will start the program doing some stretching to enhance their flexibility. The students will complete the vertical jump to measure how high they can jump.
- The students will start the program doing aerobics to enhance their endurance. The students will complete a 300 meter sprint to test their intense burst of effort for a short time period.

THE FOLLOWING IS TO BE EXECUTED PRIOR TO SUBMISSION.

I hereby swear or affirm that there are no misrepresentations or omissions in or falsifications of the statements and answers to questions. I am aware that should this investigation disclose such misrepresentations, falsifications or omission, my application will be rejected; I will be disqualified from applying in the future for any Basic Law Enforcement/Correction Academy training at the Criminal Justice Training Institute of Indian River State College or, if after my acceptance to the Academy Training Program, subsequent investigation should disclose misrepresentations, falsifications or omissions, it will result in immediate dismissal from the training program.

Date

Signature of Applicant

Sworn to (or affirmed) before me this _____ day of _____, _____.

by _____, who is personally known to me or has produced

_____ as identification.

(Type of identification)

(Signature) Notary Public, State of Florida at Large

My Commission expires _____

(SEAL ABOVE)

**INDIAN RIVER STATE COLLEGE
REGION XI SELECTION CENTER
BACKGROUND RELEASE AND WAIVER**

TO WHOM IT MAY CONCERN:

I, _____, hereby authorize an authorized representative of the Region XI Selection center bearing a copy of this release, within two years of its date, to obtain information in your files pertaining to my employment, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, performance history, background investigations, polygraph examination results, psychological examination results, any and all Internal Affairs investigations, disciplinary records, credit records, driver's license violations and any arrest or civil litigation records. Authorization is given for the Region XI Selection Center to verify my marital status and any pertinent facts involving my dependents and immediate family. (Initial) _____

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this released authorization will be considered in determining my suitability for entrance into the Criminal Justice Training Program. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any liability which may be incurred as a result of furnishing such information. (Initial) _____

I understand that Indian River State College's Region XI Selection Center is not a hiring agency, and there is no guarantee of employment. (Initial) _____

I understand that law enforcement/correctional agencies seeking new employees will have the right to examine all information gathered by the Region XI Selection Center, including the results of my polygraph test, psychological evaluation, and medical evaluation. (Initial) _____

I further agree to waive any right whatsoever to the background investigation report, medical report, contact letters, psychological report and polygraph report developed through the Selection Center process. The information accrued through the testing process will be the express property of the Indian River State College Region XI Selection Center. (Initial) _____

I also understand that all fees paid to the date of the termination are non-refundable, and I agree to make no claim for the recovery of such funds. (Initial) _____

Having been fully informed by reading and understanding this document, I hereby agree that the administration of the "Selection Center" has the right, authorization, and my concurrence to terminate me from the program at any time during the process, with or without cause. I understand I have the right to appeal such a decision except a low suitability rating on my psychological test. (Initial) _____

A photocopy of this background release and waiver form will be valid as an original thereof, even though the said copy does not contain an original writing of my signature. (Initial) _____

I understand and agree to the contents of this document and I have the right to receive a copy of this background release and waiver form. (Initial) _____

State of _____: Sworn to (or affirmed) before me this _____ day of _____, _____, by _____ who is personally known to me or has produced _____ as identification.
Type of Identification

Notary Public Signature

Notary Seal (Name of Notary typed, printed or stamped)-

**AFFIDAVIT
NO MILITARY SERVICE**

State of _____

County of _____

I, _____, do hereby swear (or affirm)
that I have never served in any branch of the Armed Forces of the United States of America.

Signature

Date

Sworn to (or affirmed) before me this ____ day of _____, _____,
by _____, who is personally known to
me or has produced _____ as identification.
(Type of identification)

(Signature) Notary Public - State of Florida

(Name of Notary typed, printed or stamped)
(SEAL ABOVE)