



Scott Ervin
Chief of Police

Panama City Police Department

1209 E. 15th Street
Panama City, FL 32405
(850) 872-3100 (office)
(850) 872-3198 (fax)
www.panamacitypolice.com



Bruce Clayton
Deputy Chief of Police

AN INVITATION FROM THE CHIEF OF POLICE

Today's law enforcement profession places considerable demands upon its members, but at the same time provides opportunity for tremendous personal and professional rewards. Today's law enforcement officer is expected to be a master of many trades and possess a wide variety of skills. As a Panama City Police Officer, you will be provided with the innovative training necessary to stay abreast of current laws, tactics, and procedures to accomplish the law enforcement function. If you desire a challenging, yet rewarding career in law enforcement with the Panama City Police Department, please review the information provided and complete this employment application. We welcome you as an applicant.

Working Conditions

Applicants for the job of Police Officer go through a series of examinations. Once top candidates are hired, advanced training will be provided by the Police Department. After training, new officers may be assigned to any zone in the City. Officers work shifts (days, evenings, and nights). All officers are required to wear the standard police uniform when on duty. They must also maintain their good physical condition. Perhaps most important, Police Officers must have integrity. That is, they must uphold and obey the law in their behavior, on and off duty.

Values Statement

Pride:

We maintain the highest level of pride within our chosen profession of law enforcement.

Commitment:

We are committed to the protection of life and preserving the rights of all individuals. We are committed to the philosophy of community policing through partnerships with the community to solve problems, emphasizing shared responsibility. We are committed to an open and honest relationship with the community.

Professionalism

We believe professionalism and integrity are the foundations for trust within the community. We value the worth of all members of the Panama City Police Department and encourage them to achieve their greatest potential in an atmosphere that promotes communication, creativity, and participation.

Dedicated:

We encourage organizational growth by striving to create an environment that focuses on solving problems through teamwork, participating, cooperation, and enthusiasm fostered by decisive, professional leaders who support creativity and innovation.

Mission Statement

Members and citizens working together to prevent, reduce, and eliminate crime through cooperative efforts and shared community values.

Vision Statement

To embrace the challenges of the future with logic, reason, and strong ethical conviction to deliver the most balanced and professional service to our community and the members of this organization. To recognize and appreciate our community and the members who serve.



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SELECTION PROCESS – POLICE OFFICER

The Panama City Police Department is requiring you to fill out the following employment packet to begin the application process with the City of Panama City. It is important that you follow all instructions in this packet and fill out and provide all documentation completely.

Applications may be handwritten or typed. After thoroughly completing the document, you must have it notarized on the appropriate pages. Failure to complete the application thoroughly may lengthen or terminate your application in the hiring process.

Before completing these documents, closely read the instructions which are written throughout. There are a number of copies of official documents which you are required to obtain. The Panama City Police Department understands that some documents may have to be requested and mailed to you. In that case, a written explanation of why the document is missing and what you are doing to obtain the document will be required with the application.

When mentioning people, be sure to fully identify the individual by her or her full name. Give complete addresses, phone numbers, or ways to contact the individuals.

When completing the residence portion of this questionnaire, be sure to provide every address where you have lived at for the past 10 years. Follow the directions listed in the residence portion for locations you may have resided in during college or military service. List these addresses from your present address backwards. If necessary, call the appropriate person to find out the exact address and the time period during which you resided at that address.

When completing the employment portion of this questionnaire, be sure to provide each employer in order from your present employer backwards for the past 10 years of employment. If there was a period of unemployment, enter it in the employment section in the same sequence and manner as if this were another employer by indicating "from" and "to" and printing UNEMPLOYED in the section headed "Name and Address of Employer". If you worked more than one job at a time, list the major job first and enter the part-time or secondary job in the block immediately after the primary job.

Please use a supplemental sheet of paper if your detailed answers do not fit in the space provided.



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SELECTION PROCESS – POLICE OFFICER

The following steps comprise the selection process for the position of Police Officer:

1. Review of application to ensure that all minimum requirements are met
2. Evaluation of training and experience
3. Pre-interview
4. Written testing administered by Gulf Coast Criminal Justice Selection Center
5. Oral review board
6. Physical ability test
7. Completion of background investigation (**See note below**)
8. Computer Voice Stress Analysis (CVSA) Truth Verification

APPLICANTS SELECTED FOR EMPLOYMENT MUST THEN PASS:

1. Written psychological exam
2. Medical examination (including drug screen) administered by City designated physician
3. Firearms qualification

**** IMPORTANT FOR PROCESSING ****

The recruitment process for police officers is time consuming and requires many hours of background investigation. Many applicants fail to complete the required forms or to bring proper documents such as birth certificates, diplomas, etc. In order to give each applicant the best opportunity for employment, background investigations will not begin on an applicant until all forms and documents are returned to the Panama City Police Department's Field Services Section. Files not containing all documents will be treated as incomplete and may not be processed.



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POLICE OFFICERS APPLICATION PROCESS Equal Opportunity Employer/Drug Free Workplace

APPLICATIONS

In addition to completing a City of Panama City application for employment, applicants for the police department must also complete this sworn officer application packet.

THE COMPLETED PERSONAL HISTORY STATEMENT, CITY APPLICATIONS, AND OTHER REQUIRED DOCUMENTS SHOULD BE MAILED OR DELIVERED TO:

Training/Recruitment Coordinator, Panama City Police Department, 1209 E. 15th Street, Panama City, FL 32405

The below listed documents must be received before your application can receive consideration. **Applications will not be processed until all items are completed and all required documents are received.** Please keep all portions of the application which were provided as general information for your reference.

The Panama City Police Department's Training/Recruitment Coordinator is available Monday through Friday, 8:00 a.m. to 5:00 p.m.

REQUIRED DOCUMENTS:

1. Birth Certificate: copy of the document must be from the Bureau of Vital Statistics from the state of your birth.
2. Social Security Card: a photocopy of your card. * Note: please copy your social security card and your driver license (item #3) on the same page.
3. Driver License: a photocopy of your current driver license. * Note: please copy your social security card (item #2) and your driver license on the same page.
4. Copy of high school diploma **or** official transcripts.
5. Copy of college diploma **and** official transcripts.
6. Proof of name change (if applicable).
7. Military record: DD214 reflecting character of service for each tour of duty or an affidavit of "no military service".
8. Proof of U.S. Citizenship: **Federal law prohibits the copying of naturalization papers. United States naturalized citizens must furnish their naturalization number.**

I have read and understand that the above documentation is to be submitted with my employment application for POLICE OFFICER with the City of Panama City. I further understand that my application will not be processed until I have submitted the required documents.

Please Print Your Name

Social Security Number

Your signature

Date



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NO MILITARY SERVICE AFFIDAVIT

I, _____, do hereby swear or affirm that I have never served in any branch of the United States Military in either active duty, reserve, or National Guard status.

Signature

Date

NOTARY

STATE OF: _____

COUNTY OF: _____

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____,
_____ A.D., BY _____.

NOTARY PUBLIC SIGNATURE

NOTARY STAMP

AFFIANT PERSONALLY KNOWN BY ME

AFFIANT PRODUCED THE FOLLOWING IDENTIFICATION: _____



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MEDICAL AUTHORIZATION TO PARTICIPATE IN APPLICANT PHYSICAL ABILITY TEST

The Panama City Police Department has a physical ability test as part of the applicant screening process. Candidates are screened for their ability to perform job related tasks of a physical nature, which are described below:

The candidate will be seated in the driver's seat of a police car, seatbelt engaged and window rolled down. The monitor will give the applicant two physical descriptors of a fictitious suspect. When prompted to begin, the applicant will exit the police car and run a distance of approximately one hundred thirty yards. During the running portion, the applicant will encounter a six (6) foot chain link fence, which must be climbed over, and an object that must be climbed under. The candidate will continue the running portion and will crawl through a window which is 30" x 30" and approximately 50" above ground. When inside the structure, the candidate will call out the number of the fictitious suspect. The candidate will exit the structure and continue running to a dummy, which weighs approximately one hundred fifty (150) pounds. The candidate will be required to drag the dummy approximately thirty (30) feet. Time will stop when the candidate and dummy cross the finish line.

The entire process must be completed in sixty (60) seconds or less. If a candidate fails to complete the process in sixty (60) seconds or less, they can be granted an additional attempt to be scheduled on a different day.

I hereby certify that I am a medical doctor, licensed to practice in the State of _____,
and on this date I have examined: _____
and found him/her physically fit to participate in the Physical Ability Test described above.

Physician's Name and Address (please print):

Physician's Signature

Date



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PRE-EMPLOYMENT INVESTIGATION INFORMATION RELEASE

Applicant: _____
Date of Birth: _____
Social Security #: _____

To whom it may concern:

I am an applicant for the position of police officer with the Panama City Police Department. As provided by state law, a pre-employment background investigation must be conducted to determine my fitness for this position.

In order for the Panama City Police Department to conduct a comprehensive investigation, it will be necessary for certain information to be released to them that might otherwise be confidential.

This release authorizes disclosure of records including, but not limited to, educational records, employment records, and credit records.

By copy of this form, I hereby authorize the release (including duplication of records) to the Panama City Police Department, of any and all records concerning me that you may hold. I, therefore, release your organization and/or designated representative from any liability resulting from the disclosure of the confidential and private information.

Date: _____ Signature of Applicant: _____

State of: _____ County of: _____

The foregoing instrument was acknowledged before me on _____ (date)
by _____, who is personally known to me or who produced
_____ (type of identification) as identification.

Notary's Signature

Seal



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THIS FORM MUST BE SIGNED AND NOTARIZED PRIOR TO REGISTRATION FOR THE PANAMA CITY POLICE DEPARTMENT PHYSICAL ABILITY EXAMINATION

RELEASE AND ASSUMPTION OF RISK

I, _____, hereby release the Panama City Police Department and the City of Panama City and its agents and employees from any liability for any injury I may suffer in the process of assessing my physical fitness for the purpose of obtaining employment with the Panama City Police Department. I understand that the job for which I have applied is physically demanding. I understand that this fitness test is physically demanding. My participation in the physical fitness assessment is for my benefit in furtherance of my application for employment with the City of Panama City. I understand I am not an employee of the City of Panama City within the meaning of Florida Workers' Compensation Act at the time I take the physical fitness examination. I further understand that taking this physical fitness examination will not ensure my employment with the Panama City Police Department. I understand that I risk injuring myself or aggravating pre-existing conditions in the process of undergoing this physical fitness assessment. Understanding the risks involved, I waive any claim I may have against the Panama City Police Department and the City of Panama city and its agents and employees for any injury or aggravation of a pre-existing condition that I may suffer as a result of my participation in the physical fitness assessment in furtherance of my application for employment with the City of Panama City Police Department.

Signature of Applicant

Date

State of: _____

County of: _____

Sworn to and subscribed before me this ____ day of _____, 20____,
by _____, who is personally known by me, or
who produced _____ (type of identification produced).

Notary Signature

Notary Seal

PANAMA CITY POLICE DEPARTMENT

JOB TITLE: Police Officer I

Exempt: No	Sworn: Yes	Job Classification:
Approved By: Chief Scott Ervin		Date: 03-20-14
Reviewed By H/R:		Date:

MAJOR FUNCTION:

This is general non-supervisory police work in the protection of life and property through the enforcement of laws and ordinances in the entry level Police Officer classification. General direction is received from the Police Sergeant or the Police Corporal in their absence. **This position is classified non-exempt in accordance with the City’s municipal code 2-166 and FLSA standards and is subject to civil service.**

ILLUSTRATIVE DUTIES:

These are intended only as illustrations of the various types of work performed. The omission of specific duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.

- Available to work rotating shifts to provide 24-hour patrol coverage.
- Patrol a designated area of the City to preserve the peace, to prevent and discover criminal acts and to enforce traffic regulations.
- Answer calls and complaints involving drunkenness, domestic disputes, fires, thefts, traffic crashes and other felonies and misdemeanors.
- Responsible for being knowledgeable of the crime problem in assigned work area and developing strategies to combat the problem.
- Administer first aid, make preliminary investigations, identify, protect and collect physical evidence, locate witnesses and make arrests.
- Interview complainants and witnesses to obtain information about crimes.
- Assist in investigative work.
- Testify as a witness in court.
- Patrol school zones and high activity areas when assigned.
- Direct traffic.
- Investigate traffic crashes.
- Complete assigned paperwork and computer records accurately and timely.
- Prepare detailed reports.
- Provide general information to the public.
- Perform related work as required.
- Ability to analyze situations quickly and objectively and to determine proper course of action to be taken.

- Ability to cope with situations firmly, courteously and tactfully, and with respect for the rights of others.
- Ability to learn the geography of the City and its physical and social characteristics.
- Ability to learn modern police methods and procedures, basic first aid, applicable laws and ordinances.
- Ability to perform sustained acts of physical exertion and endure entire periods of duty under unfavorable conditions.
- Ability to meet physical requirements and standards.
- Working knowledge of all department assigned equipment and maintain in serviceable condition.
- Some skill in the care and use of a computer and associated software.
- Maintain annual high liability training proficiency and State of Florida law enforcement certification requirements. 24-hour availability to respond as directed or requested.
- 24-hour availability to respond as directed or requested.
- Other duties as assigned by the Chief of Police.

MINIMUM QUALIFICATIONS

- Graduation from high school or possession of an acceptable equivalency diploma.
- Certified Law Enforcement Officer in the State of Florida in accordance with F.S.S. 943.13.
- Meet all minimum hiring standards to include Computer Voice Stress Analysis (CVSA) truth verification, written testing, oral review board, completion of a background investigation and physical ability test, psychological exam, pre-employment physical and firearms qualification.
- Complete all Field Training requirements and successful completion of a one-year probationary period. Must maintain a minimum score of 80% or better on annual evaluations.



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PANAMA CITY, FLORIDA LAW ENFORCEMENT JOB APPLICATION

INSTRUCTIONS

This application must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If the space provided is not sufficient for complete answers, or if you wish to furnish additional information, attached additional sheets of paper the same size as the rest of this application and number the answers to correspond to the questions.

PERSONAL HISTORY

1. Full Name:

Last Name	First Name	Middle Name
-----------	------------	-------------

Address: _____

Address	City	County	State	Zip
---------	------	--------	-------	-----

Home Phone #	Cell #	Work #
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2. Weight: _____ Height: _____ Hair Color: _____
Eye Color: _____ *Race: _____ *Sex: _____

15. Describe any special abilities, interests, and hobbies including the degree of proficiency:

16. Indicate any type of special license such as pilot, radio operator, etc. showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

17. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms, computers):

18. Have you had any training/education with K-9's? Yes No

EMPLOYMENT HISTORY

19. 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: _____

20. 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:

21. 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

22. Actual place of residence for past 10 years – list chronologically all addresses, including addresses while attending school and/or in military. For college 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		Street Address	Apt. #	City	County	State
From	To					

ARREST HISTORY / COURT DATA

23. Have you ever been arrested, charged, or received a notice or summons to appear for any criminal violation? Yes No

24. Have you ever received a ticket or been charged with a traffic violation (excluding parking tickets)? Yes No

25. To you knowledge, has any member of your family ever been arrested for other than traffic violations?
 Yes No

If yes to questions 23, 24, or 25, 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 record and records of your arrest(s) which have been sealed, if any):

Date	Place & Department	Charge	Disposition
Relative's Name	Place & Department	Charge	Disposition

Provide details for each response to questions 23, 24, or 25:

26. Have you or your spouse ever been a plaintiff or defendant in a court action? Yes No

27. Have you ever been detained by any law enforcement officer for investigation purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation?
 Yes No

28. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)?
 Yes No

If yes to questions 26, 27, or 28, please provide details:

DRIVING HISTORY

29. Are you a licensed Florida automobile operator or chauffeur? Yes No

License #: _____ Date of Expiration: _____

Restrictions: _____

30. 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 date(s) license(s) was/were held:

31. 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 detail including why license was suspended or revoked:

LIST OF CITATIONS

(Attach additional violations on separate paper if necessary)

Violation	Date of Violation	Agency's Name

MILITARY HISTORY

32. Have you ever served on active duty in the Armed Forces of the United States?

Yes No

Branch of Service: _____ Highest Rank: _____

Serial #: _____

Duty Dates: From: _____ To: _____ From: _____ To: _____

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

33. Date and type of discharge: _____

34. Are you now or have you ever been a member of a reserve unit or the National Guard?

Yes No

35. If yes to question 34, state the branch of service, name, and location of your unit and whether you attend drills, meetings, or campus:

36. Was any type of disciplinary action taken against you in the service? Yes No

If yes, please provide the following:

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

37. Have you ever served in the Armed Forces of a foreign country? Yes No

If yes, please specify the country and dates:

PERSONAL REFERENCES & ACQUAINTANCES

38. Personal References: List three (3) references (not relatives, former or present employers, 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: _____ City, State, Zip: _____ Home or Cell Phone: () _____
Years Known	Occupation	Business Address: _____ City, State, Zip: _____ Business Phone: () _____
Complete Name		Home address: _____ City, State, Zip: _____ Home or Cell Phone: () _____
Years Known	Occupation	Business Address: _____ City, State, Zip: _____ Business Phone: () _____
Complete Name		Home address: _____ City, State, Zip: _____ Home or Cell Phone: () _____
Years Known	Occupation	Business Address: _____ City, State, Zip: _____ Business Phone: () _____

39. 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: _____ City, State, Zip: _____ Home or Cell Phone: () _____
Years Known	Occupation	Business Address: _____ City, State, Zip: _____ Business Phone: () _____
Complete Name		Home address: _____ City, State, Zip: _____ Home or Cell Phone: () _____
Years Known	Occupation	Business Address: _____ City, State, Zip: _____ Business Phone: () _____
Complete Name		Home address: _____ City, State, Zip: _____ Home or Cell Phone: () _____
Years Known	Occupation	Business Address: _____ City, State, Zip: _____ Business Phone: () _____

ORGANIZATION MEMBERSHIPS

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

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

41. 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

42. Have you ever made a financial contribution or other material contribution to any organization of the type described in question 41 above? Yes No

If you checked yes to questions 41 or 42, answer questions 43 and 45.

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

44. Did you intend to promote any unlawful aims of the organization? Yes No

If yes to questions 41, 42, 43, or 44, please explain including the name of the organization and location:

BUSINESS INTERESTS & LICENSES

45. 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

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

47. If you have had a license, was your license ever cancelled, suspended, or revoked?

Yes No

If yes, to questions 45, 46, or 47, please provide details including the type of license or certificate, the agency that issued the license, effective date of license, and license number.

CREDIT DATA

48. Do you have any sources of income other than your salary or the salary of your spouse?

If yes, specify each with an estimated amount:

49. 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 #

50. Have you, your spouse, or a company controlled by you filed for bankruptcy? Yes No

Or declared bankruptcy? 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:

HABITS

51. Do you consume alcoholic beverages? Yes No

If yes, in what quantities? _____

52. Any illegal use of a controlled substance (indicate type and last date used):

Marijuana _____ (Date) Cocaine _____ (Date) Opiates _____ (Date)

Other _____ (Date) None _____

APPLICANTS CERTIFICATION

I understand that my appointment or employment with the Panama City Police Department will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement, or misrepresentation will be the basis of my disqualification as an applicant or my dismissal from employment if already hired. I agree to the conditions and certify that all statements made by me on this application are true, correct, and complete to the best of my knowledge.

I understand that this employment application shall be retained in the files of the Panama City Police Department for a period of two (2) years or until such a time as I become employed by the Panama City Police Department. I understand that when I become employed by the Panama City Police Department, this application shall become the property of this agency and that it, and the information received in response to the background investigation are public records. I also understand that if I do not become employed within one (1) year of filing this application, I will have to complete a new application if I still wish to remain in the applicant pool.

Signature of Applicant

Date

State of: _____

County of: _____

Sworn to and subscribed before me this _____ day of _____, 20_____,
by _____, who is personally known by me, or
who produced _____ (type of identification produced).

Notary Signature

Notary Seal



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COLLECTION OF SOCIAL SECURITY NUMBERS

In compliance with Section 119.071 (5), Florida Statutes, the Panama City Police Department must provide you with a written statement of the purposes for the collection of social security numbers.

The Panama City Police Department collects social security numbers from individuals for the following purposes:

- Identification and verification
- Employment background investigations

Social Security numbers are confidential and kept secure at all times to prevent unauthorized access.



EMPLOYMENT APPLICATION

City of Panama City

Post Office Box 1880, Panama City, FL 32402

www.pcgov.org

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER AND A DRUG-FREE WORKPLACE.

Our policy is to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, arrest record, or any other status protected under state or federal law. We will give this application every consideration. However, in accepting it, the City of Panama City makes no commitment of employment to the applicant. Applications are valid for six (6) months from the date received.

Applications are only accepted for Open Positions. A list of open positions can be found at www.pcgov.org.

Open Position Applied for	Date
---------------------------	------

Last Name	First Name	Middle Name
-----------	------------	-------------

Street Address

City	State	Zip
------	-------	-----

Home Number	Cell Number
-------------	-------------

E-Mail Address

How did you learn about us?		
<input type="checkbox"/> City Website	<input type="checkbox"/> Walk-In	<input type="checkbox"/> City Employee
<input type="checkbox"/> CareerSource Gulf Coast	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Other

Minimum Acceptable Salary	Date Available
---------------------------	----------------

The City of Panama City only hires individuals authorized to work in the United States. You will be
 Are you lawfully authorized to work in the United States? Yes No

The City of Panama City participates in E-Verify. For more information, including your rights, go to

Do you have a High School Diploma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	GED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
If "No" circle the highest grade level completed:	1	2	3	4	5	6	7	8	9	10	11	12

Name and location of last High School attended:

Are you presently employed? Yes No
 If "Yes", prior to a conditional offer of employment, may we contact your present employer?
 Yes No
 If "No", please explain:

Have you ever been discharged, forced to resign, or had any disciplinary action taken against you for misconduct or poor job performance from any job?
 Yes No
 If "Yes", please explain:

Describe all work experience in detail, beginning with your current or most recent job. Include military service (indicate rank), internships and job-related volunteer work, if applicable. Indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. **A resume may NOT substitute for this, but may be submitted as supplemental information to the application (do not put "see resume" for any response or the application will be deemed incomplete and not considered).** Make sure the resume has no personal information such as age, education dates, physical attributes, marital status, medical/psychiatric history, religious affiliations, immigration status, or genetic information.

PRESENT OR LAST EMPLOYER	FROM <u> </u> / <u> </u> / <u> </u> MM DD YYYY
MAIN TELEPHONE	TO <u> </u> / <u> </u> / <u> </u> MM DD YYYY
COMPLETE ADDRESS	STARTING SALARY _____ ENDING SALARY _____
JOB TITLE	HOURS PER WEEK _____
JOB DUTIES	SUPERVISOR'S NAME, TITLE & TELEPHONE
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT	

PREVIOUS EMPLOYER	FROM <u> </u> / <u> </u> / <u> </u> MM DD YYYY
MAIN TELEPHONE	TO <u> </u> / <u> </u> / <u> </u> MM DD YYYY
COMPLETE ADDRESS	STARTING SALARY _____
	ENDING SALARY _____
JOB TITLE	HOURS PER WEEK _____
JOB DUTIES	SUPERVISOR'S NAME, TITLE & TELEPHONE
REASON FOR LEAVING	

PREVIOUS EMPLOYER	FROM <u> </u> / <u> </u> / <u> </u> MM DD YYYY
MAIN TELEPHONE	TO <u> </u> / <u> </u> / <u> </u> MM DD YYYY
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	ENDING SALARY _____
JOB TITLE	HOURS PER WEEK _____
JOB DUTIES	SUPERVISOR'S NAME, TITLE & TELEPHONE
REASON FOR LEAVING	

Please list three references who are NOT relatives:

1. NAME	E-MAIL	TELEPHONE	OCCUPATION
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2. NAME	E-MAIL	TELEPHONE	OCCUPATION
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3. NAME	E-MAIL	TELEPHONE	OCCUPATION
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List knowledge, skills and abilities you possess and believe relevant to the position you seek, such as operating heavy equipment, typing speed, computer skills and qualifications acquired from employment or other experience:

APPLICANT ACKNOWLEDGEMENT

I understand that by signing below I have applied for an open position with the City of Panama City and have read and understand the Job Description for this open position. I also understand to perform this job successfully, I must be able to perform each essential duty satisfactorily and that the requirements listed are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

I further understand that if I receive a conditional job offer, and prior to beginning employment, I may be required to undergo a pre-employment drug and alcohol testing. If I have an impairment that will affect my ability to take the test, I will inform the City of Panama City prior to the administration of the test so that a reasonable accommodation can be made. The City of Panama City reserves the right to require medical documentation regarding the need for accommodation.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you, including, but not limited to, any defamation claims I may now have or will have against them. I understand that applications submitted for City employment are public record and will be released upon request, unless exempt or confidential.

I understand that falsified statements, material misrepresentations, or significant omission of fact called for on this application or any other employment related documents, will be cause for cancellation of this application or separation from City services if I have been employed.

I understand and agree that, if hired, my employment is at-will. I understand that no oral promise, policy, custom, business practice, or other procedure constitutes an employment contract for a definite term or modifies the at-will employment relationship between me and the City of Panama City.

My signature affirms that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

Signature: _____

Date: _____