



TOWN OF JUPITER

An Equal Opportunity Employer
 210 Military Trail - Jupiter - Florida 33458
 (561) 746-5134

APPLICATION FOR VOLUNTEER AUXILIARY POLICE DEPARTMENT

In accordance with the provisions of American with Disabilities Act, notify Human Resources in advance if you require special accommodations to participate in this process.

PLEASE TYPE OR PRINT CLEARLY

Faxed copies accepted but a hard copy must follow and be postmarked no later than the position's closing date.

FOR OFFICE USE
Position Applied For: _____
Date Received: _____
Applicant Tracking Code: _____

Volunteering For:			
Last Name:		First Name:	
Middle Name:			
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			State:
Mailing Address:			
City:	State:	Zip Code:	County:
Street Address, if different:			
City:	State:	Zip Code:	County:
Home Phone Number: (Include Area Code)		Work Phone Number: (Include Area Code)	
Do you have any relatives employed by the Town of Jupiter? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please name:
Have you ever worked for the Town of Jupiter? <input type="checkbox"/> Yes <input type="checkbox"/> No		Position/Department:	Dates of Employment:

EDUCATION

Your name if different while attending school:	
HIGH SCHOOL:	Address:
Phone Number: (Include Area Code)	Received: <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> None

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (Transcripts may be required)			
Name of School	Location	Major/Minor Course of Study	Degree Earned

JOB-RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)			
Name of School	Location	Major/Minor Course of Study	Degree Earned

List any special skills, knowledge, or abilities that you possess which may be relevant. For example, list equipment operation abilities, bilingual ability, knowledge of computer hardware/software, typing or shorthand, etc. (Use separate sheet if necessary.):

EMPLOYMENT/VOLUNTEER HISTORY

Describe your work/volunteer experience in detail, beginning with your current or most recent job. Include military service, indicating rank, 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. All information in this section must be completed. **RESUMES MAY NOT SUBSTITUTE FOR THE COMPLETED APPLICATION. IT IS THE RESPONSIBILITY OF THE APPLICANT TO THOROUGHLY COMPLETE ALL SECTIONS OF THE APPLICATION.**

Name of Present or Last Employer: _____

Address: _____ City/State: _____ Zip: _____ Phone Number: _____

Job Title: _____ Supervisor's Name: _____

From: _____ To: _____ Starting Salary: _____ Current/Final Salary: _____

Duties and Responsibilities: _____

MAY WE CONTACT YOUR CURRENT EMPLOYER? Yes No

Reason for leaving: _____

Name of Present or Last Employer: _____

Address: _____ City/State: _____ Zip: _____ Phone Number: _____

Job Title: _____ Supervisor's Name: _____

From: _____ To: _____ Starting Salary: _____ Current/Final Salary: _____

Duties and Responsibilities: _____

Reason for leaving: _____

Name of Present or Last Employer: _____

Address: _____ City/State: _____ Zip: _____ Phone Number: _____

Job Title: _____ Supervisor's Name: _____

From: _____ To: _____ Starting Salary: _____ Current/Final Salary: _____

Duties and Responsibilities: _____

Reason for leaving: _____

EMPLOYMENT/VOLUNTEER HISTORY (Continued)

Name of Present or Last Employer _____

Address: _____ City/State: _____ Zip: _____ Phone Number: _____

Job Title: _____ Supervisor's Name: _____

From: _____ To: _____ Starting Salary: _____ Current/Final Salary: _____

Duties and Responsibilities:

Reason for leaving: _____

Name of Present or Last Employer _____

Address: _____ City/State: _____ Zip: _____ Phone Number: _____

Job Title: _____ Supervisor's Name: _____

From: _____ To: _____ Starting Salary: _____ Current/Final Salary: _____

Duties and Responsibilities:

Reason for leaving: _____

PERSONAL/PROFESSIONAL REFERENCES:

Name: _____	Complete Address: _____	Phone # _____
Name: _____	Complete Address: _____	Phone # _____
Name: _____	Complete Address: _____	Phone # _____
Name: _____	Complete Address: _____	Phone # _____
Name: _____	Complete Address: _____	Phone # _____
Name: _____	Complete Address: _____	Phone # _____

REFERRAL SOURCE

Newspaper Ad Walk-in

Employee Other _____

BACKGROUND INFORMATION

Have you ever been convicted of a felony or a first degree misdemeanor? Yes No

If yes, what were the charges? _____

Where convicted? _____ Date of Conviction: _____

Have you ever pled nolo contendere or pled guilty to a crime which is a felony or a first degree misdemeanor? Yes No

If yes, what were the charges? _____

Where convicted? _____ Date of Conviction: _____

Have you ever had adjudication of guilt withheld for a crime which is a felony or a first degree misdemeanor? Yes No

If yes, what were the charges? _____

Where convicted? _____ Date of Conviction: _____

NOTE: A "Yes" answer to these questions will not automatically disqualify you. The nature, job-relatedness, severity, and date of the offense in relation to the position for which you are applying are considered. Police Auxiliary applicants must reveal all arrests and convictions, REGARDLESS of sealed or expunged records or juvenile status per FDLE background investigation requirements.

Have you used any type of tobacco products within the last year? (i.e., cigarettes, etc.)? Yes No

If yes, what is the usage amount? _____

Have you ever used any of the following illegal drugs? Number of Times Used Year of Last Usage

Marijuana Yes No _____

Cocaine Yes No _____

LSD Yes No _____

Heroin Yes No _____

Other (not listed) Yes No _____

Name _____

Have you ever been fired, demoted, disciplined, or been asked to resign by an employer? Yes No

If yes, please explain in detail: _____

Have you ever served in a military organization of the United States? Yes No

If yes, give periods of active military service and other date requested:

From: _____ To: _____ Branch of Service: _____

Serial Number: _____ Rank: _____

Type Discharged Received: _____ Reason for Discharge: _____

VETERANS' PREFERENCE CLAIM

ARE YOU CLAIMING VETERANS' PREFERENCE? Yes No

(in accordance with chapter 55 A-7, Florida Administrative Code, and chapter 295, Florida Statutes)

IF YES, WHAT CATEGORY ARE YOU CLAIMING? _____ (Please indicate number from Veterans' Preference categories below.)

(Veteran's Preference documentation must be furnished at time of application, or before position closing date)

- 1). A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense, or
- 2). The spouse of a 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, or
- 3). A veteran of any war who has served on active duty of one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, or
- 4). The unremarried widow or widower of a veteran who died of a service-connected disability.
- 5). Served during Operation Enduring Freedom or Operation Iraqi Freedom.

ARE YOU A RESIDENT OF THE STATE OF FLORIDA? Yes No

NOTE: If you are claiming Veterans' Preference, you must meet the criteria and substantiate your claim by furnishing a DD214 (Certificate of Release or Discharge from Active Duty) or comparable document which serves as a certificate of release. If you are claiming Veterans' Preference, documentation must be furnished at time of application, or before position closing date.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs Post Office Box 31003, St. Petersburg, Florida 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

CITIZENSHIP

The Town of Jupiter hires/utilizes as auxiliary only U.S. citizens and lawfully authorized alien workers.

Are you a United States citizen?

Yes No

APPLICANT'S STATEMENT

- Permission is hereby granted to the Town of Jupiter to investigate and verify any information provided on this and successive documents completed for purposes of volunteer consideration. I also release any person who provides information pertaining to me from all claims or liabilities that might otherwise result from such information or opinions.
- Any omissions, falsifications, misstatements, misleading statements, or misrepresentations above shall disqualify me for volunteer consideration and, if I am utilized as auxiliary, shall be grounds for termination.
- I understand that, if I am utilized as auxiliary by the Town of Jupiter, some potential employer may, in the future, contact the Town concerning my work record and performance at the Town. I give my permission to the Town of Jupiter to provide information pertaining to me and release the Town from all claims or liabilities that might otherwise result from such information or opinions.
- I understand that applications submitted for governmental volunteer work are public records excepts as outlined in Florida State Statute 119.07
- Subsequent to a volunteer opportunity, I give my voluntary consent to be medically examined and to provide a sample of urine which may be tested for use of drugs and/or controlled substances.

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

SIGNATURE: _____

DATE: _____

FAILURE TO SIGN APPLICANT'S STATEMENT WILL DISQUALIFY THE APPLICATION FROM CONSIDERATION

Those applicants meeting the minimum requirements for the position will be notified for additional application processing.

Employer, remove this section prior to the selection process.

VOLUNTARY EEO QUESTIONNAIRE

THIS SURVEY IS VOLUNTARY

The following survey is being conducted in order to comply with Federal Equal Employment Opportunity requirements and also to assist in compiling statistical information. The survey and the information that you supply will be filed separately from the application and will not be used in assessing volunteer qualifications. Please return this survey with your volunteer application package.

Position Applying For: _____

Survey Completion Date: _____

Sex: Male Female

Date of Birth: _____

Race/Ethnic Group (Check Only One):

- White
- African-American
- Asian/Pacific Islander
- Hispanic
- American Indian/Alaskan Native
- Other

Please check highest level of education attained:

- GED
- High School Diploma
- Less than 2 years college
- Associates Degree
- Less than 4 years college
- Bachelor's Degree
- Other: _____

Please check if you are a military veteran:

It is the policy of the Town of Jupiter to prohibit discrimination on the basis of race, color, creed, religion, sex, national origin, age, physical disability, mental disability, history of physical or mental disability, marital status, familial status, veteran status, sexual orientation, the presence of a non-job related medical condition, or any form of unlawful discrimination. Such practices include, but are not limited to, the recruitment, hiring, compensation, assignment, training, promotion, demotion, or dismissal of employees.