



MICCOSUKEE POLICE DEPARTMENT

PERSONAL HISTORY QUESTIONNAIRE

Position Applied for: _____

Instructions: Print in black ink or type, responding to, and answering every question. If a question is not applicable to you, indicate with N/A. If the space available is insufficient, use a separate sheet of paper and precede each answer with the number of the referenced block. Please make every effort to include telephone numbers in all areas requested. DO NOT MISSTATE, OMIT, EXAGGERATE, MINIMIZE, OR PROVIDE FALSE OR MISLEADING FACTS. ANY OR ALL OF THE ABOVE ARE CAUSE FOR REJECTION, DISQUALIFICATION, OR DISMISSAL.

Have you read and do you understand ALL of the above instructions? Yes No

A. Personal History

1. Personal Information

Last Name First Name Middle Name Male Female

Alias, Nickname, Maiden Name, or other changes in name (Attach official document(s) regarding any name change).

Race / Ethnicity

White (Non-Hispanic) Hispanic American Indian / Alaskan Native

Black (Non-Hispanic) Asian / Pacific Islander Other

U.S. Citizen Native Naturalization Cert. Number Date, Place / Court where received

Social Security Number

Height Weight Eye Color Hair Color Scars, tattoos and / or distinguishing marks

Date of Birth Place of Birth (City, County & State)

Present Address (Street, City, St, Zip)



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Telephone Numbers

Residence:

Cell:

Alternate:

Email:

With whom do you reside?

Marital Status

Single

Married

Engaged

Separated

Divorced

If married, are you living with your spouse? Yes No

If no, explain below:

Significant other (if applicable)

Name

Telephone Number (Personal)

Address

Date of Birth

Employer

Address

Telephone Number (Work)

2. Previous Marriage(s) (if applicable)

Date Married

Where Performed

Spouse Name (Maiden)

Date of Birth

Social Security Number



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3. Family

List in the order given, showing relationships: parents, guardians, step-parents, siblings, in-laws, children, and any other individuals you have resided with (including life partners and / or roommates).

Relationship	Name	Address	Phone Number	Occupation
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Father

Mother

4. Character References

List 5-character references. Do not include relatives, former employers, or persons living outside of the United States.

Name	Yrs. Known	Address (Street, City, State, Zip Code)	Phone number	Email
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5. Residences

List all residences for the past ten (10) years, beginning with your CURRENT address.

From	To	Street Address	City, County, State, Zip Code
From	To	Street Address	City, County, State, Zip Code
From	To	Street Address	City, County, State, Zip Code
From	To	Street Address	City, County, State, Zip Code
From	To	Street Address	City, County, State, Zip Code
From	To	Street Address	City, County, State, Zip Code

B. Education

6. Do you have a high school diploma or G.E.D? Yes No

List school where your diploma or G.E.D was received

School Name	City, State	Dates From / To	Graduated	GED Certification Number
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7. List all colleges and universities attended

School Name	City, State	Dates From / To	Graduated	Degree sought / obtained
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8. List other schools attended (Trade, Vocational, Business, Military, or Criminal Justice Institute)

School Name City, State Dates From / To Graduated Degree / Certification Type

9. Were you EVER expelled, suspended, academically suspended, or disciplined in ANY way while attending ANY school? If yes, state reason:

10. List your level of proficiency in a foreign language by placing an "X" in the appropriate column.

Language	Speaking			Reading			Writing		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair

11. List any special licenses (excluding vehicle operator's license) or certifications showing licensing authority (include copy of license / certification):

C. Employment History

12. List all places of employment held for the past ten (10) years beginning with your most recent job first. List all periods of unemployment, part-time, temporary, seasonal, voluntary, and self-employed positions.

From:	Name of Employer:
To:	
Beg. Salary:	Address, Street, City, State, & Zip:
End Salary:	
Phone Number:	
Name of Supervisor:	
Reason for Leaving:	
Job Duties:	



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From:

Name of Employer:

To:

Beg. Salary:

Address, Street, City, State, & Zip:

End Salary:

Phone Number:

Name of Supervisor:

Reason for Leaving:

Job Duties:

From:

Name of Employer:

To:

Beg. Salary:

Address, Street, City, State, & Zip:

End Salary:

Phone Number:

Name of Supervisor:

Reason for Leaving:

Job Duties:

From:

Name of Employer:

To:

Beg. Salary:

Address, Street, City, State, & Zip:

End Salary:

Phone Number:

Name of Supervisor:

Reason for Leaving:

Job Duties:



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13. Are you now or have you ever been an owner, part owner, silent partner, or corporate member of any business?
Yes No If yes, explain:

14. Were you ever discharged, terminated, fired, or forced to resign from any employment? Did you ever leave a place of employment under mutual agreement in lieu of termination? If yes, list the employer name, supervisor, and brief explanation:

D. Military Service

15. Have you ever served in any branch of the military? If yes, list below:

Branch	Service Number	Highest Rank Held	Rank at Separation
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List exact type of discharge

16. Have you ever been court-martialed, tried on criminal or civil charges, or were you ever the subject of any disciplinary proceedings while a member of the armed forces? If yes, explain below:

17. Have you ever attempted to enlist in the armed forces and were refused? If yes, explain below:



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E. Driver's License

18. Are you able to operate a motor vehicle? If no, explain below:

19. List all driver's licenses ever issued to you, including military license or learner's permit:

Issuing Authority	License Number	Date Issued	Date Surrendered
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20. Has any license issued to you ever been suspended or revoked? If yes, explain below:

21. Have you ever been involved in a motor vehicle accident, whether reported or unreported, as the operator of a vehicle? If yes, give details below:

Date	Location (City / State)	Police Case Number	Charges / Disposition
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22. List all traffic citations that you have ever received. Please include moving and non-moving violations as well as parking citations:

City / State	Issuing Authority	Date	Violation	Disposition
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F. Vehicle Information

23. List all vehicles that you currently own, operate, or lease:

Year	Make	Model	Color	Tag Number	Own / Lease
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24. Do you presently have automobile insurance?	Yes	No	Company / Policy Number
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G. Arrest, Detention, Litigation

25. Have you ever been questioned, detained, issued a Notice to Appear or arrested by any law enforcement agency? List all arrested, including juvenile or traffic. It is mandatory by Florida law that you include those arrests that were sealed or expunged, or any in which you plead Nolo Contendere:

Agency	City / State	Date	Case Number	Charges
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26. What was the disposition of any and all arrest(s) or detainments(s) listed above?

27. Have you ever been placed on probation or parole?	Yes	No	If yes, explain below:
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28. Have you ever been required to pay a fine?	Yes	No	If yes, explain below:
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H. Financial Information

29. Have you ever been, or currently involved, in any civil suit as a plaintiff or defendant? If yes, explain below:

30. What is your total indebtedness at this time?

31. Have you ever had any account remanded to a collection agency? If yes, explain below:

I. Illegal Narcotics

32. Have you ever illegally used, experimented with, tried, or otherwise felt the effects of marijuana, other than occasions where it was medically prescribed? If yes, list the last time that you used marijuana illegally and the circumstances:

33. Have you ever illegally used, experimented with, tried, or otherwise felt the effects of any other illegal, non-medically prescribed drug including, but not limited to: Steroids, cocaine, hallucinogens, mushrooms, LSD, hashish, opiates, inhalants, amphetamines, methamphetamine? If yes, list the drug, last time used, and circumstances:

34. Have you ever sold or supplied drugs to anyone? If yes, explain below:



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J. Applications to Other Agencies

35. List in chronological order, every local, county state, or federal law enforcement and / or correctional agency to which you have ever applied, in the past five (5) years. If you have applied at an agency more than once, please list each application separately. All applications should be listed, whether you were processed by that agency or not:

Date Applied

Agency Name

Disposition for Each Process

K. Prior Law Enforcement

36. Have you ever been the subject of an Internal Affairs Investigation? If yes, explain below, including disposition:

37. List any citizen complaints, on-duty crashes, and discourtesy complaints against you, including disposition:



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38. List all use of force complaints, including discharging a firearm, accidentally or otherwise, not investigated by Internal Affairs:

39. Have you ever been suspended, counseled, or reprimanded? If yes, explain below:

40. Have you ever cohabitated or been associated with any known felons? If yes, explain below:

41. Have you ever been a member of or associated with any known gang? If yes, explain below:

42. Are there any incidents not mentioned herein which may reflect upon your suitability to perform the duties which may be required of you in a law enforcement capacity? Or which might require further explanation?
Yes No If yes, explain below:



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The facts set forth in my application for employment are true and complete. I understand this application is not intended to be a contract of employment, nor does this application obligate the Tribe in any way if the Tribe decides to employ me. Permission is granted to the Miccosukee Police Department to investigate and verify any information provided on this and successive documents completed for the purposes of employment. In return for consideration of my application, I release any person who provides information pertaining to me from all claims or liabilities that might otherwise result from such information or opinions. I understand that if I am employed by the Miccosukee Tribe of Indians that a potential employer may in the future contact the Tribe regarding my work record. I hereby consent to and authorize persons employed by the Miccosukee Tribe of Indians to divulge all information they consider relevant to any people representing themselves to be an employer of mine, or potential employer of mine, with respect to my work record and the performance of my job at the Miccosukee Police Department. I understand and agree that my employment is at-will and can be terminated at any time.

I hereby swear and affirm that all answers are complete, true, and accurately recorded in this and all other documents submitted to the Miccosukee Police Department in consideration of my application for the listed position. I understand that providing false, misleading, and / or incomplete information during this selection process is grounds for exclusion from the selection process, or discharge if discovered after a conditional offer or employment has been given.

Date

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, _____

by _____. Personally known ____ or Produced Identification ____.
(Check one)

Type of identification produced: _____

Notary Public, State of Florida at Large

Notary Public, Print Name

My Commission Expires: _____



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DRUG SCREEN CONSENT FORM

I understand and agree to abide by the policies and procedures of the Miccosukee Police Department regarding use, possession, or sale of narcotics, hallucinogens, depressants, stimulants, marijuana, or other controlled substances. I understand that evidence of any violation of the above conditions could affect my eligibility of employment with the Miccosukee Police Department and I agree to abide by any decision made by the employer in this regard.

Date Printed Name Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, _____

by _____. Personally known ____ or Produced Identification ____.
(Check one)

Type of identification produced: _____

Notary Public, State of Florida at Large

Notary Public, Print Name

My Commission Expires: _____



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Military Attestment Form

I, _____, attest that I have never been a member of the Armed Forces of the United States of America and therefore, have no records of military service on file.

Date

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, _____

by _____. Personally known ____ or Produced Identification ____.
(Check one)

Type of identification produced: _____

Notary Public, State of Florida at Large

Notary Public, Print Name

My Commission Expires: _____