

# The Pembroke Pines Police Department is **HIRING!**



**\$15,000 hiring bonus for any Florida Certified Officer / \$10,000 for Non-Certified**  
(Equivalency of Training programs available throughout the state)

**Up to \$5,000 relocation bonus, and housing assistance**  
(terms and conditions apply)

***\*hiring bonus valid through April 30, 2025\****

## **STARTING SALARY *\*NO STATE INCOME TAX\****

**Certified with over 5 years' experience - \$82,668.00**

**Certified with 3 to 5 years' experience - \$79,074.00**

**Certified with 1 to 3 years' experience - \$75,479.00**

**No law enforcement experience - \$71,885.00**

## **SALARY RANGE**

**Police Officer - \$71,885 - \$109,242**

## **RETIREMENT / PENSION**

- ✓ 20 Year Pension (60% Benefit), regardless of age
- ✓ 25 Year Pension (75% Benefit)
- ✓ 26.6 Year Pension (80% Benefit)
- ✓ 10 Years and Age 50 (30% Benefit)
- ✓ Purchase of up to 4 Years Pension Time of Previous Military, Law Enforcement, or Corrections Experience Towards Your Pension
- ✓ D.R.O.P. Up to 8 Years (Deferred Retirement Option Program)

## **LONGEVITY PAY**

- ✓ 2% 10 Years Continuous Service
- ✓ 4% at 15 Years Continuous Service (non-cumulative)
- ✓ 5% at 18 Years Continuous Service (non-cumulative)

## **BENEFITS**

- ✓ 4 Day Work Week (10 Hour Days), includes 1/hr Paid Workout
- ✓ Weekends Off 6 Months A Year, Regardless of Seniority
- ✓ 12 Paid Holidays Per Year
- ✓ Take Home Vehicle (Full-Size SUV - Chevy Tahoe)
- ✓ 96 Hours of Sick Leave a Year
- ✓ Paid Vacation Time:
  - Years 1-4 - 96 hours a year
  - Years 5-9 - 136 hours a year
  - Years 10+ - 176 hours a year
- ✓ Tuition Reimbursement Program
- ✓ All Uniforms, Body Armor and Equipment Provided
- ✓ Reduced Cost Apartments Available

## **ADDITIONAL COMPENSATION**

- ✓ 3% Midnight Shift Differential
- ✓ 2% Afternoon Shift Differential
- ✓ 3% Assignment Pay for Specialized Units
- ✓ Paid Court Time on Your Days/Time Off
- ✓ Standby Pay on Your Days/Time Off
- ✓ Uniform Allowance - \$1,260 a year
- ✓ Up to \$1,560 Annually for College or Florida Approved Salary Incentive Training Courses
- ✓ Off-Duty Employment / Details Available

**Visit [www.ppinesjobs.com](http://www.ppinesjobs.com) or call (954) 431-2705 for more information.**

Pembroke Pines is a vibrant community located in western Broward County. We are home to over 170,000 residents and are one of the top 15 largest cities in the State of Florida. The city's 28 parks and lush landscaping enhances the City's natural beauty and South Florida charm. Pembroke Pines is home to great schools and a diverse community, and is conveniently located close to Miami and Fort Lauderdale and within a 3.5 hour drive of Orlando/Disney World. Come join and progress with us in one of the most innovative police agencies in South Florida.



Follow us on Social Media



[www.ppines.com](http://www.ppines.com)



# City of Pembroke Pines

## Police Department Employment Application

Human Resources Department  
601 City Center Way  
Pembroke Pines, FL 33025  
(954)392-2090  
www.ppines.com

### APPLICATION INFORMATION

**FOR POLICE OFFICER APPLICANTS ONLY (Certified and Non-Certified)**

Date: \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION APPLYING FOR: \_\_\_\_\_

**\*\*\*PLEASE NOTE - YOU MUST APPLY ON OUR WEBSITE FOR THE POLICE OFFICER POSITION AT WWW.PPINES.COM – RESUMES ALONE ARE NOT ACCEPTABLE\*\*\***

#### Minimum Qualifications (for Police Officer applicants only):

- Associate Degree or 60 credited hours from accredited college/university
- Minimum of 19 years of age
- Acceptable Background Investigation
- U.S. Citizenship
- Acceptable Polygraph Exam
- Acceptable Psychological Screening
- Passing Medical & Drug Screening, Swim, BMST and \*\*\*CJBAT Tests
- No Felony convictions and certain misdemeanors
- Honorable discharge from Armed Forces Services (Original DD214 required) if prior military.

\*\*\*FSS 943.17 authorizes any individual who is a veteran as defined in s.1.01 (14) below or holds an associate degree or higher from an accredited college or university is **exempt** from taking a basic skills examination and assessment instrument (CJBAT) as a prerequisite for entrance into a basic recruit training program for law enforcement officer. s.1.01(14)-The term “veteran” means a person who served in the active military, naval, or air service and who was discharged or released under honorable conditions only or who later received an upgraded discharge under honorable conditions, notwithstanding any action by the United States Department of Veterans Affairs on individuals discharged or released with other than honorable discharges.

The city will pay for your police academy training, and you will receive salary and benefits (General Employee) during the police academy. Out of state certified police officers must complete an “Equivalency of Training” course during which you will need to demonstrate proficiency in the high liability areas and prepare to take the Florida Police Officer Certification Test.

The Pembroke Pines Police Department is an Equal Opportunity Provider and Employer.



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### **Frequently Asked Questions (for Police Officer applicants only):**

**I am currently a certified police officer in the State of Florida. Do I need to complete all of the tests?**

No, please go to our website for instructions on how to apply.

**I am currently a certified police officer in another state, will my certification transfer? What will I have to do to become a Florida Certified police officer?**

If eligible, you will need to complete an “Equivalency of Training” course where you will need to demonstrate proficiency in high liability areas and then pass the Florida State Officer Certification Examination.

**If I live out of the area/state, how many trips will it take me to complete the application process?**

Out of area/state applicants will normally have to make two trips to South Florida to complete the process. Please keep in mind that if you are hired by the City as a Police Officer, you will be eligible for up to \$5,000 in relocation expenses which includes travel to South Florida for the application process.

**Why would I need to make two trips to South Florida?**

First Trip (4 - 5 days)– Broward College for required tests (physical agility test, swim test, basic abilities test), oral interview, polygraph, and psychological tests.

Second Trip – Final phase that includes medical exam and Chief’s interview.

**How long is the police academy in Florida?**

The police academy is approximately five months.

**Will I have to pay for the police academy?**

No, if you are hired, the city will pay for you to attend the academy and you will receive the full police officer salary during the training.

**Do I need a college degree to become a police officer for the City of Pembroke Pines?**

Yes, you need an Associate Degree or equivalent (60 credit hours) from an accredited college/university. However, if you are an Honorably Discharged Veteran or current member of a Reserve component of the U.S. Military or Florida National Guard or have at least two years of law enforcement experience as a certified police officer, you do not need a degree.

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE FULLY READ AND UNDERSTAND THE ABOVE STATEMENTS AND INSTRUCTIONS.**

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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### APPLICATION INSTRUCTIONS

Date:

POSITION APPLYING FOR:

JOB ANNOUNCEMENT NUMBER:

#### GENERAL INFORMATION AND INSTRUCTIONS

The City of Pembroke Pines is an equal opportunity employer and does not discriminate on the basis of age, citizenship, intending citizenship status, color, disability, marital status, national origin, race, religion, or sexual orientation. No person shall be denied employment solely on the basis of their disability, and the city will make every reasonable effort to accommodate such disability in the work setting. The above factors are NOT qualifications. The above information may be used, however, as identification factors in conducting the background investigation. Information and records, such as those listed in the "AUTHORIZATION AND RELEASE" form will be obtained by letter, telephone, personal interview with primary and secondary sources, and other means as deemed necessary and appropriate.

The information and records obtained are used as a selection criterion only where related to performance of the job for which the individual has applied and is being considered. Military records and type of discharge are also used for verification of eligibility for applicants who have claimed and been granted Veterans' Preference under Florida Statute 295.

#### NOTICE

Please read and follow these instructions exactly. Your ability to complete this document will be evaluated and used as one basis for employment decisions. This document, when completed, will be used by the City of Pembroke Pines as an investigative aid. This personal data will remain in the investigative files of the Pembroke Pines Police Backgrounds and Selections Unit.

#### INSTRUCTIONS

1. DOWNLOAD THIS FORM TO YOUR DEVICE AND USE **FREE ADOBE READER** TO COMPLETE THE FORM. FORM FEATURES AND SAVING MAY NOT BE AVAILABLE WHEN VIEWING THE PDF IN A WEB BROWSER OR OTHER PDF VIEWING APPLICATION. ADOBE READER WILL ALLOW YOU TO SAVE THE FORM AND FILL IT OUT OVER SEVERAL SESSIONS. IF PRINTING THE FORM TO COMPLETE, TYPE OR PRINT IN BLACK INK ONLY
2. EVERY QUESTION HAS A PURPOSE. ANSWER EACH AND EVERY QUESTION ACCURATELY AND COMPLETELY, EVEN IF YOU FEEL IT IS NOT IMPORTANT. IF A QUESTION DOES NOT APPLY TO YOU, ANSWER "N/A".
3. IF THE SPACE AVAILABLE IS INSUFFICIENT TO ANSWER A QUESTION, USE THE ADD PAGE BUTTONS LOCATED THROUGHOUT THE FORM OR IF USING A PRINTED FORM ADD SEPARATE SHEET(S) OF 8 1/2" X 11" PAPER NUMBERED TO CORRESPOND TO THE APPROPRIATE QUESTION.
4. INCLUDE PHONE NUMBERS ON ALL EMPLOYERS, REFERENCES, AND SCHOOLS ATTENDED.
5. IF YOU DO NOT KNOW THE ANSWER TO A QUESTION PLEASE PUT "UNK."
6. WHEN THE APPLICATION IS COMPLETE, SUBMIT THE PDF FILE AS AN EMAIL ATTACHMENT TO [PinesPoliceJobs@ppines.com](mailto:PinesPoliceJobs@ppines.com). YOU CAN USE THE SUBMIT BUTTON ON THIS PAGE TO GENERATE AN EMAIL WITH THE FILE ATTACHED.
7. DOWNLOAD, PRINT, COMPLETE, SIGN AND NOTARIZE THE AUTHORITY FOR RELEASE OF INFORMATION FORM FROM THE FLORIDA DEPARTMENT OF LAW ENFORCEMENT. YOU CAN DOWNLOAD THE PDF [HERE](#).

I HAVE READ AND I UNDERSTAND ALL OF THE ABOVE STATEMENTS AND INSTRUCTIONS. I ALSO UNDERSTAND THAT I MAY BE ASKED TO TAKE A POLYGRAPH REGARDING THE INFORMATION AND DOCUMENTS I HAVE PROVIDED.

Signature

Print Name

Date

#### REQUIRED TESTING

The applicant must submit proof of passing required tests when submitting this application. Testing location and information can be accessed at <https://www.broward.edu/academics/public-safety/ips/testing-center.html>.

Test	Passed	Failed	Date Taken
CJBAT or FBAT			
Broward County BMST			
Broward SWIM Test			



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### REQUIRED DOCUMENTS

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Applicants must submit copies of the below required documents with the application upon submitting this application. This will require the applicant to scan and attach these documents to the application at time of submission. Please check off only the boxes adjacent to the documents you were able to scan and submit.

Birth Certificate	Marriage Certificate (if applicable)
*Social Security Card	Divorce Decree(s) (if applicable)
High School Diploma or GED Certificate	Driver's License
College Diploma and Transcript (if applicable)	DD-214 Member 4 Form (if applicable)
Proof of Testing (CJBAT, SWIM, BMST)	FDLE Form 58 Signed and Notarized
Attestation of Non-Military Service (if applicable), Signed and Notarized	
Attestation of Truthfulness, Signed and Notarized	
Proof of Certification (copies of original documents will be accepted)	
Official transcripts from each college/institution attended (original)	

\*Your social security number is requested for the purpose of payroll eligibility verification, processing employment benefits, applicant and employee background checks, and income reporting, and will be used solely for these purposes.

**NOTE: DO NOT WRITE ON THE BACK OF THIS FORM! IF YOU NEED ADDITIONAL SPACE, PLEASE ADD AN ADDENDUM SHEET REFERENCING THE QUESTION NUMBER.**



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### VOLUNTARY ETHNICITY/GENDER SURVEY

**Date:**

**POSITION APPLYING FOR:**

**JOB ANNOUNCEMENT NUMBER:**

The information requested on this form is utilized by the City of Pembroke Pines to aid in its commitment to Equal Employment Opportunity. Completion of this survey is voluntary, and the information will be maintained separately from your application.

#### GENDER

Male

Female

#### ETHNIC AND RACIAL IDENTITY

White, not of Hispanic origin – a person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black, not of Hispanic Origin – a person having origins in any of the black racial groups of Africa.

Hispanic – a person of Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander – a person having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent, or Pacific Islands.

American Indian or Alaskan Native – a person having origins in the original people of North America, and who maintains cultural identification through tribal affiliation or community recognition.





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**14. NICKNAMES/ALIASES**

List ALL changes in name including maiden name, nicknames, alias(es), etc. Include official documents concerning any changes in name.

**15. SOCIAL MEDIA INFORMATION**

List ALL personal email addresses and social media accounts (username) used within the past 10 years (Twitter, Facebook, Instagram, Snapchat, etc.)

**16. MARITAL STATUS**                      Single                      Married                      Engaged                      Separated                      Divorced                      Widowed

With whom do you reside?

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

If no, state reasons:

**17. INFORMATION ON ALL MARRIAGES**

**a. MARRIAGES**      Provide requested information for any/all marriages.

DATE MARRIED	STATE AND COUNTY WHERE MARRIED	SPOUSE'S NAME (MAIDEN)	DATE OF BIRTH	SOCIAL SECURITY NO. (LAST 4 DIGITS ONLY)

**b. SEPARATION, ANNULMENT, DIVORCE**      Provide requested information for any separation, annulment, or divorce.

DATE OF ORDER	SEPARATION, ANNULMENT, OR DIVORCE	DATE OF ORDER	SEPARATION, ANNULMENT, OR DIVORCE



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**17. INFORMATION ON ALL MARRIAGES (continued)**

**c. NAMES & ADDRESSES OF SPOUSE(S)** Provide requested information for any spouses if divorced or separated

NAME	ADDRESS (Street, City, State)	TELEPHONE NUMBER

**18. CHILDREN AND DEPENDENTS** List all children, stepchildren and/or adopted children.

*(For additional space, use the Add Page for Children & Family button on the next page.)*

NAME	BIRTH DATE	STATE AND COUNTY WHERE BORN	CHILD'S PRIMARY RESIDENTIAL ADDRESS	LIVING WITH	FULL-TIME/PART-TIME

Do you pay Child Support to anyone to help financially support any of your children? Yes      No

If yes, how much total child support per month:

If no, please provide details:





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### 20. RESIDENCES

List ALL residences beginning with your present address. List the name, address, and phone number of present and prior landlords, if applicable.

From Month/Year	To Month/Year	Own	Rent
Street Address		Apt. #	
City	County	State	Zip Code
Landlord's Name		Telephone Number	
Landlord's Address		Apt. #	
City	County	State	Zip Code
<hr/>			
From Month/Year	To Month/Year	Own	Rent
Street Address		Apt. #	
City	County	State	Zip Code
Landlord's Name		Telephone Number	
Landlord's Address		Apt. #	
City	County	State	Zip Code
<hr/>			
From Month/Year	To Month/Year	Own	Rent
Street Address		Apt. #	
City	County	State	Zip Code
Landlord's Name		Telephone Number	
Landlord's Address		Apt. #	
City	County	State	Zip Code
<hr/>			
From Month/Year	To Month/Year	Own	Rent
Street Address		Apt. #	
City	County	State	Zip Code
Landlord's Name		Telephone Number	
Landlord's Address		Apt. #	
City	County	State	Zip Code
<hr/>			
From Month/Year	To Month/Year	Own	Rent
Street Address		Apt. #	
City	County	State	Zip Code
Landlord's Name		Telephone Number	
Landlord's Address		Apt. #	
City	County	State	Zip Code



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**21. EDUCATION**

Highest grade completed (1-12)                      High School Diploma/GED?                      Yes                      No                      Date Received

Last HIGH SCHOOL attended (Name, City, State)

**K-12/GED** List information below for ALL elementary, junior high and high schools attended.

Name of School		Graduated?	Yes	No	GED
Dates Attended: From	To	Years Completed			
Mailing Address			Phone		
<hr/>					
Name of School		Graduated?	Yes	No	GED
Dates Attended: From	To	Years Completed			
Mailing Address			Phone		
<hr/>					
Name of School		Graduated?	Yes	No	GED
Dates Attended: From	To	Years Completed			
Mailing Address			Phone		
<hr/>					
Name of School		Graduated?	Yes	No	GED
Dates Attended: From	To	Years Completed			
Mailing Address			Phone		
<hr/>					
Name of School		Graduated?	Yes	No	GED
Dates Attended: From	To	Years Completed			
Mailing Address			Phone		

**HIGHER EDUCATION** List information below for ALL colleges and universities attended.

Name of School		Degree Received		Year
Dates Attended: From	To	Credit Hours: Semester		Quarter
Mailing Address			Phone	
<hr/>				
Name of School		Degree Received		Year
Dates Attended: From	To	Credit Hours: Semester		Quarter
Mailing Address			Phone	
<hr/>				
Name of School		Degree Received		Year
Dates Attended: From	To	Credit Hours: Semester		Quarter
Mailing Address			Phone	
<hr/>				
Name of School		Degree Received		Year
Dates Attended: From	To	Credit Hours: Semester		Quarter
Mailing Address			Phone	



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**21. EDUCATION (continued)**

**OTHER SCHOOLS OR TRAINING** List information below for ALL trade, vocational, business, or military education/training.

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Name of School		Certificate	Yes	No
Dates Attended: From	To	Courses Studied		
Mailing Address		Phone		
Additional Information				

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Name of School		Certificate	Yes	No
Dates Attended: From	To	Courses Studied		
Mailing Address		Phone		
Additional Information				

---

Name of School		Certificate	Yes	No
Dates Attended: From	To	Courses Studied		
Mailing Address		Phone		
Additional Information				

---

Name of School		Certificate	Yes	No
Dates Attended: From	To	Courses Studied		
Mailing Address		Phone		
Additional Information				

---

Name of School		Certificate	Yes	No
Dates Attended: From	To	Courses Studied		
Mailing Address		Phone		
Additional Information				

**EXPULSIONS/SUSPENSIONS**

Were you ever expelled or suspended from ANY SCHOOL or were you ever disciplined by any school official? Yes      No

If yes, provide details:



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**22. FOREIGN LANGUAGES**

Enter foreign language and indicate your level of expertise by checking the correct column.

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

**23. SPECIAL QUALIFICATIONS AND SKILLS**

a. Specify any special skills that you possess, relating to the position for which you applied, including machines and equipment that you can use.

b. Specify any special qualifications not covered in this application. For example, your most important publication, your patents or inventions, public speaking and publications experience, membership in professional or scientific societies, honors and fellowships received, etc.



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### 24. EMPLOYMENT

- a. May we contact your present employer regarding your record of employment now? OR Do you prefer we wait until you are potentially offered employment with us (if so, check 'Wait')? Yes      Wait
- b. Are you now, or have you ever been, engaged in any business as an owner, partner, or corporate member? Yes      No

If yes, provide details:

- c. Were you ever discharged, terminated, fired, or forced to resign in lieu of being fired for other than medical reasons (except military)? Yes      No

If yes, explain, giving the name and address of the employer, approximate date, and reasons in each case.

- d. Have you ever received a reprimand or unsatisfactory job evaluation? Yes      No

If yes, provide details:

- e. Do you object to wearing a uniform? Yes      No
- f. Do you object to working nights? Yes      No
- g. Do you object to rotating days off? Yes      No
- h. Have you ever had experience with shift work? Yes      No



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**24. EMPLOYMENT (continued)**

- i. List ALL PAST AND PRESENT employment. Enter your present, or most recent job FIRST. Include military service and any periods of unemployment in proper time sequence. List all part-time, temporary, seasonal, and voluntary jobs. If you were self-employed, provide copies of returns.

---

Employer Name	Job Title				
From Date	To Date	Total Time	Full Time	Part Time	
Hours per Week	Starting Salary \$	per	Ending Salary \$	per	
Employer Address	City		State	Zip	
Phone Number	Name & Title of Supervisor				
Description of Duties					
Reason for Leaving					
Additional Info					

---

Employer Name	Job Title				
From Date	To Date	Total Time	Full Time	Part Time	
Hours per Week	Starting Salary \$	per	Ending Salary \$	per	
Employer Address	City		State	Zip	
Phone Number	Name & Title of Supervisor				
Description of Duties					
Reason for Leaving					
Additional Info					

---

Employer Name	Job Title				
From Date	To Date	Total Time	Full Time	Part Time	
Hours per Week	Starting Salary \$	per	Ending Salary \$	per	
Employer Address	City		State	Zip	
Phone Number	Name & Title of Supervisor				
Description of Duties					
Reason for Leaving					
Additional Info					

---

Employer Name	Job Title				
From Date	To Date	Total Time	Full Time	Part Time	
Hours per Week	Starting Salary \$	per	Ending Salary \$	per	
Employer Address	City		State	Zip	
Phone Number	Name & Title of Supervisor				
Description of Duties					
Reason for Leaving					
Additional Info					



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**25. MILITARY SERVICE**

- a. Are you eligible for Veteran’s Preference? (Spouses and family of veterans may be eligible). You can find eligibility details here: <https://floridavets.org/benefits-services/veterans-preference/> Yes      No

If yes, please explain how you are eligible.

- b. Have you ever served in the armed services of the United States (including Coast Guard, Reserves, ROTC)? If yes, include a copy of DD214. Yes      No

Branch of Service	Company	Regiment
Division	Ship	
Service Number	Highest Rank Held	

- c. How many periods of active military service have you had?
- d. List all medals and decorations awarded to you as a member of the armed forces:

- e. What type of Discharge did you receive?
- |                  |              |         |                      |
|------------------|--------------|---------|----------------------|
| Honorable        | Dishonorable | General | Honorable Conditions |
| Other (Specify): |              |         |                      |

- f. Entrance into Active Duty (Date and Location):
- |       |          |
|-------|----------|
| Dates | Location |
| Dates | Location |

- g. Discharge from Active Duty (Date and Location):
- |       |          |
|-------|----------|
| Dates | Location |
| Dates | Location |

- h. List all period(s) of active military service:
- |      |    |      |    |
|------|----|------|----|
| From | To | From | To |
| From | To | From | To |

- i. Are you now or were you ever on active duty of inactive duty in any branch of the United States Reserve forces? Yes      No
- |                   |          |      |      |  |
|-------------------|----------|------|------|--|
| Active            | Inactive | From | To   |  |
| State             | Regiment | Unit | Rank |  |
| Type of Discharge |          |      |      |  |

- j. Are you now or were you a member of the National Guard? Yes      No
- |       |          |      |      |  |
|-------|----------|------|------|--|
| State | Regiment | Unit | Rank |  |
|-------|----------|------|------|--|



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**25. MILITARY SERVICE (continued)**

k. 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, Article 15, or any other disciplinary action while a member of the armed forces? If yes, explain below: Yes                      No

l. List any disciplinary action against you in the National Guard or other Reserve unit.

m. List any other information pertaining to military service not requested above.

**26. ILLEGAL SUBSTANCES**

a. During your ENTIRE LIFETIME, how many times have you tried, used, or experimented with the following substances (if never, enter 0).

Substance	Number of Times	Date of First Time	Date of Last Time
Amphetamines			
Barbiturates			
Cocaine			
Hashish			
Heroin			
LSD			
Marijuana			
Mescaline			
Methadone			
P.C.P.			
Peyote (Mushrooms)			
Quaaludes			
Steroids			
THC			



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**26. ILLEGAL SUBSTANCES (continued)**

- b. Are there any illegal or controlled substances not listed on the chart that you have tried, experimented with, or used? If yes, list below: Yes      No

Substance	Number of Times	Date of First Time	Date of Last Time

- c. Have you ever inhaled any substance (other than those listed above) for the purpose of intoxication or to "get high?" If yes, list below: Yes      No

Substance	Number of Times	Date of First Time	Date of Last Time

- d. Have you ever bartered, sold, transferred, or transported or arranged or acted as an intermediary for sale or delivery of an illegal or controlled substance to another person? This applies to ALL instances, regardless of whether you profited from the transaction or whether you were arrested. Yes      No

If yes, explain each incident IN DETAIL (use additional pages if needed):



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 601 City Center Way  
 Pembroke Pines, FL 33025  
 (954)392-2090  
 www.ppines.com

**27. MOTOR VEHICLE/DRIVERS LICENSE HISTORY**

<p><b>a.</b> Do you now, or did you ever, possess a driver's license from the State of Florida? If yes, provide details:</p> <p>License Number _____ Date Issued _____</p> <p>Restrictions _____</p>	Yes	No																																																
<p><b>b.</b> Have you ever been issued a driver's license by any state other than Florida? If yes, provide the following information:</p> <p>License Number _____ Date Issued _____ State _____</p> <p>Restrictions _____</p>	Yes	No																																																
<p><b>c.</b> Was your license ever suspended or revoked? If yes, when?</p>	Yes	No																																																
<p><b>d.</b> Was your license ever restored? If yes, when?</p>	Yes	No																																																
<p><b>e.</b> Have you ever been refused a driver's license by any state? If yes, provide details below:</p>	Yes	No																																																
<p><b>f.</b> Has your driver's license ever been restricted due to traffic offense convictions or placed on negligent operator's probation? If yes, provide details below:</p>	Yes	No																																																
<p><b>g.</b> Have you ever been involved in a motor vehicle accident? If the answer is yes, give complete details below for each accident whether collision, non-collision or hit and run.</p> <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Date of accident</td> <td style="width: 40%;">Was an accident report completed?</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> </tr> <tr> <td colspan="4">Location</td> </tr> <tr> <td colspan="4">Cause of Accident (ex. ran red light, careless driving, etc.)</td> </tr> <tr> <td colspan="4"> </td> </tr> <tr> <td colspan="2">Were there injuries?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td colspan="4">Who was charged with the accident and court disposition?</td> </tr> </table> <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Date of accident</td> <td style="width: 40%;">Was an accident report completed?</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> </tr> <tr> <td colspan="4">Location</td> </tr> <tr> <td colspan="4">Cause of Accident (ex. ran red light, careless driving, etc.)</td> </tr> <tr> <td colspan="4"> </td> </tr> <tr> <td colspan="2">Were there injuries?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td colspan="4">Who was charged with the accident and court disposition?</td> </tr> </table>	Date of accident	Was an accident report completed?	Yes	No	Location				Cause of Accident (ex. ran red light, careless driving, etc.)								Were there injuries?		Yes	No	Who was charged with the accident and court disposition?				Date of accident	Was an accident report completed?	Yes	No	Location				Cause of Accident (ex. ran red light, careless driving, etc.)								Were there injuries?		Yes	No	Who was charged with the accident and court disposition?				Yes	No
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**27. MOTOR VEHICLE/DRIVERS LICENSE HISTORY (continued)**

h. Enter the total number of moving/non-moving citations you have received in your lifetime to the best of your knowledge.

Non-Moving Citations

Moving Citations

i. List below every moving violation you have received. Include citations which were dismissed or for which you were found or pleaded not guilty or nolo contendere, regardless of suspension of sentence or withholding of adjudication (excluding parking tickets).

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

**28. MOTOR VEHICLE INSURANCE**

a. Do you presently have automobile liability insurance? Yes      No

If no, give details:

If yes, provide the following information about your automobile insurance:

---

Name of Company	Policy Number
Name of Agent	Dates of Coverage: From <span style="float: right;">To</span>
Address	Phone

---

Name of Company	Policy Number
Name of Agent	Dates of Coverage: From <span style="float: right;">To</span>
Address	Phone

b. Have you ever had your automobile insurance withdrawn or revoked or have you ever been refused automobile insurance? If yes, provide details below: Yes      No



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**29. ARREST, DETENTION AND LITIGATION**

Some convictions are not an automatic bar to appointment. The circumstances surrounding the conviction are considered, such as the nature, number, severity, subsequent work history, efforts at rehabilitation, date of offense and relation of the offense to the requirements of the position for which you have applied.

- a. List all instances in your lifetime in which you were questioned, arrested, or detained in any way by ANY law enforcement agency. List ALL arrests and detentions, including traffic arrests, offenses to which you pled nolo contendere, regardless of suspension of sentence or withholding of adjudication, and those adjudicated in a juvenile court. (Provide a copy of police and court records. Include any arrests in which records were expunged or sealed and submit all court documentation.)

Reason questioned or detained, or crime charged		
Police Agency	Disposition of Case	Date
Reason questioned or detained, or crime charged		
Police Agency	Disposition of Case	Date
Reason questioned or detained, or crime charged		
Police Agency	Disposition of Case	Date
Reason questioned or detained, or crime charged		
Police Agency	Disposition of Case	Date

- b. Have you ever been placed on probation? If yes, provide details below: Yes      No

- c. Have you ever been required to pay a fine? If yes, provide details below: Yes      No

- d. If you have been fingerprinted by a law enforcement agency, for any reason, give details below. Your answers will be checked with the FBI and other agencies.

Agency	Date	Purpose

- e. Have you ever been advised of your Miranda Rights? If yes, provide details below: Yes      No

- f. Have you ever been the subject of a police investigation? If yes, provide details below: Yes      No



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**29. ARREST, DETENTION AND LITIGATION (continued)**

**g.** Have you ever had a polygraph examination? If yes, give location and purpose below: Yes      No

**h.** Has any member of your immediate family ever been arrested for or convicted of a criminal offense? If yes, provide details below: Yes      No

Name	Relationship	Offense	Where Arrested	Date

**i.** Have you or any member(s) of your immediate family ever been a victim of crime? If yes, provide details below: Yes      No

**j.** Have you or your spouse ever sued anyone (civil court plaintiff)? If yes, provide details below and provide copies: Yes      No

**k.** Have you or your spouse ever been sued by anyone (civil court defendant)? If yes, provide details below and provide copies: Yes      No

**l.** Have you ever had a domestic violence injunction, non-contact order, or any type of injunction or restraining order placed against you? If yes, provide details below and provide copies: Yes      No

**m.** Have you ever placed a domestic violence injunction or any other type of restraining order against any other person? If yes, provide details below and provide copies: Yes      No

**n.** Have you ever been involved in any type of domestic violence involving your spouse, significant other or other family member? If yes, provide details below: Yes      No



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### 30. FINANCIAL INFORMATION

a. Do you have a savings account? If yes, provide details below: Yes      No  
 Amount \_\_\_\_\_  
 Name of Bank \_\_\_\_\_ City and State \_\_\_\_\_

b. Do you have a checking account? If yes, provide details below: Yes      No  
 Amount \_\_\_\_\_  
 Name of Bank \_\_\_\_\_ City and State \_\_\_\_\_

c. Do you have any investments? If yes, provide details below, include all stocks, bonds, etc.: Yes      No

Amount Invested	Company	City and State

d. Do you own or rent your home/residence? If you own, provide details below: Own      Rent  
 Present Mortgage Balance \_\_\_\_\_ Monthly Mortgage Payment \_\_\_\_\_  
 City and State \_\_\_\_\_ Mortgage Company \_\_\_\_\_

e. Do you own other real estate, including vacant lots? If yes, provide details below: Yes      No  
 Type of Real Estate \_\_\_\_\_ Amount Invested \_\_\_\_\_  
 Type of Real Estate \_\_\_\_\_ Amount Invested \_\_\_\_\_

f. Do you own or lease any vehicles? If yes, provide details below: Yes      No

Bank or Company	City/State	Own	Lease
Amount Invested _____	Amount Owed _____	Monthly Payments _____	
Automobile Make _____	Color _____	Year _____	Tag Number _____
Bank or Company _____	City/State _____	Own	Lease
Amount Invested _____	Amount Owed _____	Monthly Payments _____	
Automobile Make _____	Color _____	Year _____	Tag Number _____
Bank or Company _____	City/State _____	Own	Lease
Amount Invested _____	Amount Owed _____	Monthly Payments _____	
Automobile Make _____	Color _____	Year _____	Tag Number _____

g. Do you have income other than salary at the present time? If yes, provide details below: Yes      No

h. Does your spouse have an occupation and income? If yes, provide details below: Yes      No  
 Occupation \_\_\_\_\_ Salary \_\_\_\_\_



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**30. FINANCIAL INFORMATION (continued)**

- i. Have you ever declared bankruptcy? Yes      No
  - Have you ever defaulted on a loan or payment plan? Yes      No
  - Have you ever had an account or loan go into debt collection (excluding medical related bills)? Yes      No
  - Are you now, or have you ever been, in a payment plan for debt? Yes      No
  - Are you now, or have you ever been, a participant in a debt consolidation program? Yes      No
- If yes to any of the above, please explain.

j. List all current debts below.

Name of Provider	City/State	Amount	Purpose/Reason

**31. CHARACTER REFERENCES**

a. List **EIGHT** character references. Do not include relatives, former employers or persons living outside the United States or its territories. List only character references that have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat the names of supervisors.

Name	Years Known	Address (Street, City, State, Zip)	Business Phone	Home or Cell Phone

b. Are you acquainted with any member of the Pembroke Pines Police Department? Yes      No

If yes, with whom:



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### 32. MEMBERSHIPS IN ORGANIZATIONS

a. List all memberships in organizations past and present

Name of Organization	Type (Social, Professional, etc.)	
Address	Phone	
Office/Position Held	Membership: From	To
<hr/>		
Name of Organization	Type (Social, Professional, etc.)	
Address	Phone	
Office/Position Held	Membership: From	To
<hr/>		
Name of Organization	Type (Social, Professional, etc.)	
Address	Phone	
Office/Position Held	Membership: From	To

b. Subversive Organizations

Are you now or have you ever been a member of any group whose goal is 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 or any other country by unconstitutional means? Yes      No

If yes, please explain in detail:

### 33. OTHER AGENCIES APPLIED TO

a. Have you previously submitted an application for employment with the Pembroke Pines Police Department or any other law enforcement agency? If yes, list all below: Yes      No

Agency (City and State)	Approximate Date	Position Applied For	Outcome

b. Have you ever worked for any law enforcement agency or criminal justice agency in any capacity whether paid or voluntary? If yes, list all below: Yes      No

Agency (City and State)	Approximate Dates	Position	Current Status



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### 33. OTHER AGENCIES APPLIED TO (continued)

- |                                                                                                                                                                                    |     |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| c. Are you now on any eligibility list? If yes, provide details below:                                                                                                             | Yes | No |
| d. Were you ever placed on an eligibility list and then were not hired? If yes, provide details below, but DO NOT list any incident relating to medical/psychological suitability: | Yes | No |
| e. Were you ever rejected for any Law Enforcement position? If yes, provide details below, but DO NOT list any incident relating to medical/psychological suitability:             | Yes | No |
| f. Have you ever held a government security clearance? If yes, with what agency or branch of military?                                                                             | Yes | No |
| g. Have you ever been denied a security clearance? If yes, please explain.                                                                                                         | Yes | No |

### 34. SUITABILITY

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 a law enforcement capacity which might require further explanation?  
If yes, provide details below. DO NOT list any incidents relating to medical/psychological suitability.

Yes No



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### 35. REASONS FOR APPLYING

Please state your reasons for applying for this position and explain why you feel you are qualified.

IMPORTANT: Employment is subject to verification of an applicant's background and conviction record. Persons selected for employment must (1) present a valid social security card, (2) take loyalty Oath, as per Florida Statute, Section 876.05 and (3) subsequent to an offer of employment, pass a medical examination including testing for current use of drugs and/or controlled substances. If traces of drugs or controlled substances are present in a candidate's blood or urine and have NOT been obtained and taken as directed by a valid prescription, the candidate WILL NOT be given further consideration under the present announcement for this classification. Additionally, the City is required by federal law to verify having seen documents, which the applicant must provide as part of employment processing, that show the applicant's identity and right to work in the United States.

**APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW. UNSIGNED APPLICATIONS WILL BE VOIDED.**

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the City is true and correct. I understand that any incorrect, incomplete, false statement or information I have furnished may subject me to disqualification or to discharge at any time. Subsequent to an offer of employment, I give my voluntary consent to be medically examined and provide a sample of my blood or urine which may be tested for recent use of drugs and/or controlled substances. I further understand that upon commencement of employment, and thereafter, with the City of Pembroke Pines, I may again be required to submit to a drug and alcohol test. I understand that refusal to take a requested test or failure to meet the minimum standards set for the test, may result in discipline, up to and including termination.

Further, I release the City, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination or the use of the test results therefrom.

I have read in full and understand the above statements and conditions of employment.

Signature

Print Name

Date



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### ATTESTATION OF NON-MILITARY SERVICE

I, \_\_\_\_\_, attest that I have never been a member of the military forces of the United States of America and therefore have no records of military service on file.

Signature of Applicant

Date

Printed Name of Applicant

State of

County of

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

by Affiant, \_\_\_\_\_,

personally known to me or produced identification (check one).

Identification Produced:

Signature of Notary Public

Date

Printed Name of Notary Public

My Commission Expires:



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### ATTESTATION OF TRUTHFULNESS

The following is to be executed PRIOR to submission:

I hereby swear or affirm that there are no misrepresentations, falsifications or omissions in my Employment Application & Personal History. If upon investigation it is found that there are misrepresentations, falsifications or omissions in my application it will be rejected and I will be disqualified from applying in the future for any position in the service of the City of Pembroke Pines, or, if after my acceptance for employment, subsequent investigation should disclose misrepresentations, falsifications or omissions, it will be just cause for immediate dismissal.

Signature of Applicant

Date

Sworn to and subscribed before me this                      day of                      ,                      .

Notary Public,  
State of Florida at Large

My Commission Expires:



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



CJSTC 58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME:
DATE OF BIRTH:
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:

AGENCY REQUESTING BACKGROUND INFORMATION:

ADDRESS:

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature Date

Applicant's Address

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF COUNTY OF

Sworn to (or affirmed) and subscribed before me by means of Physical Presence OR Online Notarization this

day of, year, By

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced