



The Town of Ocean Ridge Police Department

—Emergency 911 — Business (561) 732-8331 — Fax (561) 732-8676 —

6450 N. Ocean Blvd.
Ocean Ridge, FL 33435-5297

Christopher T. Yannuzzi
Chief of Police

DISPATCHER APPLICATION

APPLICATION FOR EMPLOYMENT INSTRUCTIONS

- This application must be clearly printed in black ink.
- All information is subject to verification.
- Any questions which do not pertain to you must be answered with the letters N/A meaning "not applicable".
- If additional space is needed for any section, or you wish to furnish additional information, attach sheets of the same size as the application (8"x11") and indicate the question to which you are responding. More than one answer may be placed on a separate sheet of paper.
- If you do not know the whereabouts of persons identified on the application, give an explanation, such as: "Last saw natural father several years ago and have no source of information concerning his whereabouts". If available, provide the last known address and approximate date of this information if current information is unknown.
- Applications are processed for eligibility only. Successful completion of processing does not guarantee employment. The most qualified applicants will be selected.
- All documents must be submitted along with the application.
- Incomplete applications cannot be processed.
- Processing will not even begin until all documents are submitted and all sections of the application are complete.
- Expect the background investigation process to take at least sixty (60) days from the time of formal application.
- Any applicant knowingly providing false information will be subject to immediate disqualification.
- If you have any further questions regarding this application, please contact us.
- An Equal Opportunity Employer.

DOCUMENTS REQUIRED WITH APPLICATION
(DO NOT send originals unless specifically requested to do so)

-Social Security Card.

-Driver's License – All applicants must hold a valid driver's license at the time of application and must possess a valid Florida Driver's License upon employment.

-Certified copy of Birth Certificate issued by the State, County, or Municipal authority bearing a seal or other certification.

(Applicants not born in the United States or Puerto Rico: Your original Naturalization Certificate must be submitted for verification with the Immigration & Naturalization Service. If you are not a naturalized citizen, you must submit your original Alien Registration Card with photograph for copying.).

-Education equivalency.

-Training certification.

-Adoption and/or Legal name Change (If applicable).

-All Marriage Certificates (issued by the State, County or Municipal authority, NOT Church).

-All Final Divorce Decree papers.

-High School Diploma (Certified Transcript and Proof of Accreditation, if non-public school).

-G.E.D. Certificate (scores required if from out of state).

-College Degree(s).

-DD-214 form stating "Honorable Discharge".

-Honorable Discharge Certificate.

-State of Florida 911 Public Safety Telecommunicator Certificate. (Optional)

APPLICANT QUESTIONNAIRE

Ocean Ridge Police Department
6450 North Ocean Blvd.
Ocean Ridge, Florida 33435

Christopher T. Yannuzzi, Chief of Police

Position Applied for: _____

Last Name, First Name Middle Name

Social Security # Date of Birth Driver's License # and State

Residence Address (Including Apartment Number)

City County State Zip

Alternative Address (Including Apartment Number)

Residence Phone Number Cellular Phone Number Business Phone Number

Email Address

PERSONAL INFORMATION

Last Name	First Name	Middle Name
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Alias/es, Nicknames, Maiden Name, or other name changes (Include official documents, concerning any changes)

U.S. Citizen: ___ Yes ___ No	Native of U.S. ___ Yes ___ No
Naturalization Cert. #	Court:
Location Date: ___/___/___ If derived, parent:	

(Enter complete address below including city, county and state)

Date of Birth: / /	Address:		
Height:	Weight:	Eye Color:	Hair Color:
Scars, Tattoos, distinguishing marks: _____			

Answer only those questions below which apply to you

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

(Include copy of marriage certificate, separation, and/or divorce decree)

Name of Fiancée:	Date of Birth: ___/___/___
Address:	
Phone: ()	

Information concerning marriages: (List all marriages)

Date Married: ___/___/___
Where Performed (City, County, State):

Spouse's Name (wife's maiden name):	
Date of Birth: ___/___/___	Social Security No.:

Marital Status (Continued):

Name and address of spouse(s) if separated or divorced:

Name:
Address:
Name:
Address:
Name:
Address:

Have you and your spouse ever separated, and if so, explain:

If ever separated, annulled, or divorced, complete the following:

Separated ___ Annulled ___ Divorced ___ Date of Order or Decree:
State, Court and Case No.:

Offending party as decreed by law: _____

Reason: _____

Separated ___ Annulled ___ Divorced ___ Date of Order or Decree:
State, Court and Case No.:

Offending party as decreed by law: _____

Reason: _____

Separated ___ Annulled ___ Divorced ___ Date of Order or Decree:
State, Court and Case No.:

Offending party as decreed by law: _____

Reason: _____

DEPENDENTS

List all of your children, stepchildren, and adoptions:

Name:	Date of Birth: ___/___/___
Complete Address:	
Name:	Date of Birth: ___/___/___
Complete Address:	
Name:	Date of Birth: ___/___/___
Complete Address:	
Name:	Date of Birth: ___/___/___
Complete Address:	
Name:	Date of Birth: ___/___/___
Complete Address:	

Are you supporting any of your children? **Yes** **No**

If no, explain: _____

Are you responsible for paying alimony? **Yes** **No**

If you are responsible for paying alimony or child support, has legal action every been taken against your for either failing to make payments or delaying payments? **Yes** **No**

If yes, explain: _____

Other Dependents

Name:	Relationship:
Complete Address:	
Percentage of Support Provided:	
Name:	Relationship:
Complete Address:	
Percentage of Support Provided:	

FAMILY:

List in order given, showing relationship, parents, guardians, stepparents, brothers and sisters (even if deceased). Include any others you have resided with or with whom a close relationship existed or exists:

Relationship: Father	
Name:	Date of Birth: ___/___/_____
Address:	Phone No.: ()

Relationship: Mother (Maiden Name)	
Name:	Date of Birth: ___/___/_____
Address:	Phone No.: ()

Relationship:	
Name:	Date of Birth: ___/___/_____
Address:	Phone No.: ()

Relationship:	
Name:	Date of Birth: ___/___/_____
Address:	Phone No.: ()

Relationship:	
Name:	Date of Birth: ___/___/_____
Address:	Phone No.: ()

Relationship:	
Name:	Date of Birth: ___/___/_____
Address:	Phone No.: ()

Relationship:	
Name:	Date of Birth: ___/___/_____
Address:	Phone No.: ()

Relationship: Father	
Name:	Date of Birth: ___/___/_____
Address:	Phone No.: ()

RESIDENCES

List all residences for the past ten years, beginning with your present address. List the name, address, and phone number of present and prior landlord, if applicable. If "Other" is chosen, explain (i.e. live w/parents, aunt, etc.):

Date From:	To	Own/Rent/Other:
Complete Address:		
Landlord's Name	Phone: ()	
Address:		

Date From:	To	Own/Rent/Other:
Complete Address:		
Landlord's Name	Phone: ()	
Address:		

Date From:	To	Own/Rent/Other:
Complete Address:		
Landlord's Name	Phone: ()	
Address:		

Date From:	To	Own/Rent/Other:
Complete Address:		
Landlord's Name	Phone: ()	
Address:		

Date From:	To	Own/Rent/Other:
Complete Address:		
Landlord's Name	Phone: ()	
Address:		

Date From:	To	Own/Rent/Other:
Complete Address:		
Landlord's Name	Phone: ()	
Address:		

Higher Education (Continued):

School:	
Complete Address:	
Dates Attended: _____ to _____	Graduated? ___ Yes ___ No
Credit Hours:	Major:
Degree:	Years Received:

School:	
Complete Address:	
Dates Attended: _____ to _____	Graduated? ___ Yes ___ No
Credit Hours:	Major:
Degree:	Years Received:

Other schools or training (trade, vocational, professional academies, etc.):

School:	
Complete Address:	
Dates Attended: _____ to _____	Certificate? ___ Yes ___ No
Courses Studied:	

School:	
Complete Address:	
Dates Attended: _____ to _____	Certificate? ___ Yes ___ No
Courses Studied:	

School:	
Complete Address:	
Dates Attended: _____ to _____	Certificate? ___ Yes ___ No
Courses Studied:	

Foreign Languages

List all foreign languages and rate abilities by entering 1-5 (with 1 rated as excellent):

Language: _____

Reading: _____ Writing: _____ Speaking: _____ Understanding: _____

Language: _____

Reading: _____ Writing: _____ Speaking: _____ Understanding: _____

Social Organizations

List all clubs, civic or fraternal organizations, social networks (i.e. Facebook, Twitter, Myspace) to which you are or have been a member. Please include any screen names, alias, or usernames.

Organization/Network:	Screen/User Name:
Membership Dates: _____ to _____	Type Organization/Network:

Organization/Network:	Screen/User Name:
Membership Dates: _____ to _____	Type Organization/Network:

Organization/Network:	Screen/User Name:
Membership Dates: _____ to _____	Type Organization/Network:

Organization/Network:	Screen/User Name:
Membership Dates: _____ to _____	Type Organization/Network:

Special Qualifications and Skills:

A. Indicate any type of special license that you possess such a pilot, radio operator, etc. Identify licensing authority and date current license expires.

License: _____ Authority: _____

Expiration: _____

License: _____ Authority: _____

Expiration: _____

Special Qualifications and Skills (Continued):

B. Indicate special skills that you possess such as pilot, radio operator, etc. Identify licensing authority and date current license expires.

C. Typing Skill: Approximate words per minute: _____

D. Indicate any other special qualifications or honors: _____

EMPLOYMENT

What is your occupation or trade? _____

Are you now, or have you ever been engaged in any business as an owner, partner, or corporate member?

___ **Yes** ___ **No**

If yes, explain: _____

Were you discharged, terminated, fired, or forced to resign from any profession because of misconduct or unsatisfactory service? (Except the Military) ___ **Yes** ___ **No**

If yes, explain and complete the following:

Employer's Name: _____

Employer's Address: _____ Phone No. () _____

Name of Supervisor: _____ Approximate Date: _____

Explanation: _____

Have your employer's treated you fairly? ___ **Yes** ___ **No**

If no, explain: _____

Do you have a problem working rotating shifts, weekends and holidays? ___ **Yes** ___ **No**

If yes, explain: _____

Have you had experience with shift work? ___ **Yes** ___ **No**

Employer:	
Complete Address & Zip:	
Phone No. ()	Job Title:
Describe Duties:	
Dates of Employment: to	Salary:
Full Time, Part time, other:	Supervisor:
Reason for leaving:	

Employer:	
Complete Address & Zip:	
Phone No. ()	Job Title:
Describe Duties:	
Dates of Employment: to	Salary:
Full Time, Part time, other:	Supervisor:
Reason for leaving:	

Employer:	
Complete Address & Zip:	
Phone No. ()	Job Title:
Describe Duties:	
Dates of Employment: to	Salary:
Full Time, Part time, other:	Supervisor:
Reason for leaving:	

Employer:	
Complete Address & Zip:	
Phone No. ()	Job Title:
Describe Duties:	
Dates of Employment: to	Salary:
Full Time, Part time, other:	Supervisor:
Reason for leaving:	

Employer:	
Complete Address & Zip:	
Phone No. ()	Job Title:
Describe Duties:	
Dates of Employment: to	Salary:
Full Time, Part time, other:	Supervisor:
Reason for leaving:	

Employer:	
Complete Address & Zip:	
Phone No. ()	Job Title:
Describe Duties:	
Dates of Employment: to	Salary:
Full Time, Part time, other:	Supervisor:
Reason for leaving:	

Employer:	
Complete Address & Zip:	
Phone No. ()	Job Title:
Describe Duties:	
Dates of Employment: to	Salary:
Full Time, Part time, other:	Supervisor:
Reason for leaving:	

Employer:	
Complete Address & Zip:	
Phone No. ()	Job Title:
Describe Duties:	
Dates of Employment: to	Salary:
Full Time, Part time, other:	Supervisor:
Reason for leaving:	

Employer:	
Complete Address & Zip:	
Phone No. ()	Job Title:
Describe Duties:	
Dates of Employment: to	Salary:
Full Time, Part time, other:	Supervisor:
Reason for leaving:	

If any of the employers listed are relatives, indicate which ones: _____

Have you ever applied for employment with law enforcement agency in this state or out of state? **Yes** **No**

Are you currently on any law enforcement employment eligibility list? **Yes** **No**

If yes to either of the above, list the agency below:

Agency:	
Complete Address:	
Phone No: ()	Approximate Date Applied:

Agency:	
Complete Address:	
Phone No: ()	Approximate Date Applied:

Agency:	
Complete Address:	
Phone No: ()	Approximate Date Applied:

Agency:	
Complete Address:	
Phone No: ()	Approximate Date Applied:

Do you object to your present employer being contacted at this time? Yes No

MILITARY

Have you ever served in the Armed Forces of the United States including R.O.T.C.? Yes No

(If yes, include a copy of form DD214)

Branch of Service: _____ Company/Division, etc: _____

Service No: _____ Highest Rank: _____

Periods of Active Service: _____ to _____

List all medals and decorations awarded to you: _____

Type of Discharge (Be exact): _____

Has your discharge or separation ever been corrected? Yes No

If yes, explain: _____

Military (Continued):

Give date and location of entrance to active duty:

Date: _____ Location: _____

Give date and location of discharge:

Date: _____ Location: _____

Are you now, or were you ever a member of the National Guard? ___ **Yes** ___ **No**

State: _____ Regiment: _____ Unit: _____

Rank: _____ From: _____ to _____

Type of Discharge: _____

What is your present draft classification? _____

Date of Classification: _____ Selective Service No: _____

Draft Board No. and Location:

No: _____ Location: _____

Were you ever Court Martialed, tried on charges, or were you the subject of a Summary Court, Deck Court, Captain's Mast, Company punishment, or any other disciplinary action while a member of the armed forces? ___ **Yes** ___ **No**

If yes, explain: _____

List any disciplinary action taken against you in the National Guard or other Reserve Unit: _____

List any other information pertaining to the military not requested: _____

Have you ever served in a military organization of any foreign nation? ___ **Yes** ___ **No**

If yes, explain: _____

DRIVER'S LICENSE

List all states in which you were ever issued a driver's license:

1. _____ 2. _____
3. _____ 4. _____

Current Driver's License Information:

State: _____ Driver's License No.: _____

License Type: _____ Restrictions: _____

Date Issued: _____ Date Expires: _____

Name exactly as Indicated: _____

Can you operate a standard shift transmission? Yes No

Did you ever have a driver's license suspended, revoked or cancelled? Yes No

If yes, provide state, dates of action, length of action and reason:

State: _____ Dates of Action: _____ Length of Action: _____

Reason: _____

Have you ever been refused a driver's license by any state? Yes No

If yes, explain: _____

Has your driver's license ever been restricted due to traffic offense convictions such as business purposes only or placed on probation? Yes No

If yes, explain: _____

Accidents:

Have you ever been involved in a motor vehicle accident? Yes No

If yes, provide complete details for each accident including the street, city, county and state in the location:

Date: _____	Location: _____
Police Report: <input type="checkbox"/> Yes <input type="checkbox"/> No	Injury: <input type="checkbox"/> Yes <input type="checkbox"/> No
Cause of accident: _____	
Was anyone charged with the violation and what was the court disposition? _____	

Date:	Location:
Police Report: ___ Yes ___ No	Injury: ___ Yes ___ No
Cause of accident: _____	
Was anyone charged with the violation and what was the court disposition? _____	

Date:	Location:
Police Report: ___ Yes ___ No	Injury: ___ Yes ___ No
Cause of accident: _____	
Was anyone charged with the violation and what was the court disposition? _____	

Traffic Citations

List below all traffic citations you have received, including parking tickets. (Dates may be approximate. Include street, city and state in location):

Date:	Type of Violation:
Location:	
Penalty/Disposition:	

Date:	Type of Violation:
Location:	
Penalty/Disposition:	

Date:	Type of Violation:
Location:	
Penalty/Disposition:	

Date:	Type of Violation:
Location:	
Penalty/Disposition:	

Traffic Citations (Continued):

Date:	Type of Violation:
Location:	
Penalty/Disposition:	

Date:	Type of Violation:
Location:	
Penalty/Disposition:	

Do you have any outstanding traffic citations or parking tickets? Yes No

If yes, explain: _____

MOTOR VEHICLE INSURANCE

List all vehicles that you currently own or lease:

Year	Make	Model	Color	Tag No.	State

Do you currently have motor vehicle insurance? Yes No

If no, explain: _____

Does your Florida coverage completely comply with the State's legal requirements? Yes No

If no, explain: _____

If you presently have insurance, provide the following information:

Company:	Policy No.:
Agent:	Address:
Phone No.:	Dates of Coverage: From _____ to _____
Type of Coverage(s):	

Have you ever had insurance coverage withdrawn, revoked, or refused? Yes No

If yes, explain: _____

Have you ever had insurance premiums increased due to traffic record? Yes No

ARREST, DETENTION AND LITIGATION

Have you ever committed a crime, whether arrested or not, that would constitute a felony or misdemeanor?

Yes **No**

If yes, explain: _____

Have you ever been arrested, received a notice to appear, charged, convicted, pled Nolo Contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? **Yes** **No**

If yes, provide copy of police report, if available. (Include any arrest in which the records were expunged.)

Crime charged: _____ Date: _____

Police agency: _____ Phone No.: () _____

Complete address: _____

Disposition of case: _____

Crime charged: _____ Date: _____

Police agency: _____ Phone No.: () _____

Complete address: _____

Disposition of case: _____

Crime charged: _____ Date: _____

Police agency: _____ Phone No.: () _____

Complete address: _____

Disposition of case: _____

Have you ever been placed on probation or parole? **Yes** **No**

If yes, explain: _____

Have you ever been reported as a missing person or runaway? **Yes** **No**

If yes, explain (include police dept., address and dates): _____

ARREST, DETENTION AND LITIGATION (Continued):

Have you ever unlawfully sold, delivered, manufactured, smuggled, trafficked, or possessed illegal drugs or drug paraphernalia? **Yes** **No**

If yes, explain in detail: _____

Have you ever been advised of your Miranda Warnings? **Yes** **No**

If yes, explain: _____

If you have been fingerprinted by any law enforcement agency for any reason, give details below:

Agency:	Date:
Purpose:	
Agency:	Date:
Purpose:	
Agency:	Date:
Purpose:	
Agency:	Date:
Purpose:	

Have you ever had a polygraph or voice stress examination? **Yes** **No**

If yes, explain: _____

Have you ever been the subject of a police investigation? **Yes** **No**

If yes, explain (include police department address and dates): _____

Have you or any of your immediate family been the victim of a crime? **Yes** **No**

If yes, explain: _____

Has any member of your immediate family ever been arrested? **Yes** **No**

If yes, explain: _____

FINANCIAL INFORMATION

Do you have a checking account? Yes No

Name of Bank:	Account No:
Address:	
Average Balance:	

Do you have a savings account? Yes No

Name of Bank:	Account No:
Address:	
Average Balance:	

Do you have life insurance? Yes No

Company Name:
Address:
Value:

Do you have any investments? Yes No

Company Name:
Address:
Value:

Do you own or are you buying a home? Yes No

Mortgage Co:	
Address:	
Mortgage Payment:	Mortgage Balance:

Do you own or are you buying other real estate? Yes No

Name of Bank:	
Address:	
Type of Real Estate:	Monthly Payment:

Financial Information (Continued):

Are you leasing or buying an automobile? ___ Yes ___ No

Name of Bank:	Account No:
Address:	
Monthly Payment:	Make, Year, Tag No.:

Name of Bank:	Account No:
Address:	
Monthly Payment:	Make, Year, Tag No.:

Name of Bank:	Account No:
Address:	
Monthly Payment:	Make, Year, Tag No.:

Have you or your spouse ever sued anyone (civil court plaintiff)? ___ Yes ___ No

If yes, explain: _____

Do you have a second mortgage or home equity loan? ___ Yes ___ No

Name of Bank:	Account No.:
Address:	
Monthly Payment:	

What income other than your primary salary do you have at present time? _____

Provide spouses occupation, place of employment, and salary. Include address and phone number.

Name of Business:	Occupation:
Address:	
Phone No.:	Salary:

Do you or your spouse have a financial interest in any business? ___ Yes ___ No

Name of Business:	Phone No.: ()
Address:	
Percentage of Interest:	

Financial Information (Continued):

Have you ever had any property repossessed? ____ Yes ____ No

If yes, explain: _____

List all firms with which you have charge accounts:

Name:	Account No.:
Address:	Monthly Payment:
Name:	Account No.:
Address:	Monthly Payment:
Name:	Account No.:
Address:	Monthly Payment:
Name:	Account No.:
Address:	Monthly Payment:
Name:	Account No.:
Address:	Monthly Payment:
Name:	Account No.:
Address:	Monthly Payment:

DRUG, ALCOHOL, TOBACCO USE

Do you use tobacco products? ____ Yes ____ No

If yes, explain: _____

Are you currently using or have you previously used any illegal drugs? ____ Yes ____ No

If yes, explain: _____

Do you currently drink alcoholic beverages? ____ Yes ____ No

If yes, explain: _____

NEIGHBOR REFERENCES

List a total of four (4) neighbors presently residing on each side, behind, and across from your residence. If residing in an apartment complex, provide information on the apartment manager (name, address and phone number):

Neighbors:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Landlord/Apartment Manager:

Name: _____ Phone No.: () _____

Address: _____

CHARACTER/PERSONAL REFERENCES

List five (5) references that have definite knowledge of your qualifications and fitness for the position for which you are applying, and who have known you for at least five (5) years. (Do not include neighbor references, relatives, former employers, or persons residing out of the United States).

Name:	Phone No.: ()
Address:	
How Acquainted:	Known How Long:

Name:	Phone No.: ()
Address:	
How Acquainted:	Known How Long:

Name:	Phone No.: ()
Address:	
How Acquainted:	Known How Long:

Name:	Phone No.: ()
Address:	
How Acquainted:	Known How Long:

Name:	Phone No.: ()
Address:	
How Acquainted:	Known How Long:

Are you acquainted with any members of the Town of Ocean Ridge? **Yes** **No**

If yes, whom? (List below)

SUBVERSIVE ORGANIZATIONS

Are you now or have you ever been a member of any communist organization(s) anywhere? **Yes** **No**

Are you now or have you ever been a member of a fascist organization? **Yes** **No**

Are you now or have you ever been a member of any organization, association, movement, group, or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the 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 seek to alter the form of government of the United States by unconstitutional means? **Yes** **No**

Are you now or have you ever been affiliated with any organization of the type described above, as an agent, official, or employee? **Yes** **No**

Are you now associated with, or have you associated with any individuals, including relatives, who you know or have reason to believe are, or have been members of any of the organizations identified above? **Yes** **No**

Have you ever been engaged in any of the following activities of any organization of the type described above; contribution(s) to, attendance at or participation in any organizations, social, or other activities of said organizations, or of any projects sponsored by them; the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced, or published, by them or any of their agents or instrumentalities? **Yes** **No**

If yes, to any of the answers above, describe the circumstances. Attach sheets for a full detailed statement. If associated with any of these organizations, specify nature and extent of association with each, including office or position held, and include dates, places, and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organizations with which they were or are affiliated.

CIVIL SERVICE

List below all civil service examinations you have taken. If none, so state. (Exam date may be approximate. Include city and state with agency):

Agency:	
Examination Date:	Position Applied For:
Ranking on List:	Present Status:

Agency:	
Examination Date:	Position Applied For:
Ranking on List:	Present Status:

Agency:	
Examination Date:	Position Applied For:
Ranking on List:	Present Status:

Agency:	
Examination Date:	Position Applied For:
Ranking on List:	Present Status:

If you are presently on any eligibility list, give details below. If not, so state:

If you were ever placed on an eligibility list and were not hired, state why:

Were you ever rejected for any civil service position? Yes No

If yes, explain: _____

GENERAL QUESTIONS

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 and firefighter capacity or which might require further explanation?

Yes No

If yes, provide details: _____

General Remarks: Any additional information you think is important:

Are you willing to take a polygraph or voice stress examination to verify all information supplied in this application and any other information supplied by you to this Department? ____ **Yes** ____ **No**

If no, provide explanation: _____



The Town of Ocean Ridge Police Department

— Emergency 911 — Business (561) 732-8331 — Fax (561) 732-8676 —

6450 N. Ocean Blvd.
Ocean Ridge, FL 33435-5297

Christopher T. Yannuzzi
Chief of Police

Authorization for Release of Information

I, the legal undersigned, having been duly sworn under oath, state that this is my voluntary, lawful AFFIDAVIT and REQUEST FOR RELEASE of information. In connection with any employment opportunity (including contract for services), I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment, educational, and other records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. 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 photocopy of this form will be as effective as the original.

_____		_____		_____	
Last Name		First Name		Middle Name	
_____		_____		_____	
Social Security #		Sex	Race	Date of Birth	
_____		_____	_____	_____	
Driver's License Number			State of Issue		
_____			_____		
Current Address (Including Apartment Number)					

City		County		State	Zip
_____		_____		_____	_____

Applicant's Signature _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of ____, 20__, by
_____. Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

(NOTARY SEAL)

(Signature of Notary Public-State of Florida)