Panama City Beach
Police Department

17115 Panama City Beach Parkway
Panama City Beach, Florida 32413-2128
(850) 233-5000    Fax (850)233-5013
www.beachpolice.org

Panama City Beach
Auxiliary/Reserve Division

The following documents need to be turned in with your application:

- Complete Application
- Current picture of applicant
- Complete copy of DD214 or copy of Active Duty Card or CJTC-4 9if applicable)
- Florida Law Enforcement Standards or proof of enrollment in law enforcement
  standards class
- Personal Inquiry Waiver (attached inside application packet)
- Copy of the following items:
  a. Birth Certificate
  b. Florida Driver’s License
  c. Social Security Card
  d. High School Diploma / GED (if GED must include copy of actual score)

The following will be required after acceptance by Review Board:

- Fingerprint (done at Police Department)
- Drug Screen (Department covers cost)
- Physical Examination (Applicant covers cost)
- Background Investigation (performed by Departmental Personnel)

After completion of Auxiliary/Reserve training:

- Affidavit of Applicant (CJSTC 68)
- Oath of Office

These documents are specific for ALL law enforcement agencies by the Criminal Justice
Standards and Training Commission of the Florida Department of Law Enforcement,
Tallahassee, Florida.
CITY OF PANAMA CITY BEACH
APPLICATION FOR EMPLOYMENT

The City of Panama City Beach is an Equal Opportunity Employer. There shall be no discrimination exercised on account of race, national origin, color, religion, creed, age, marital status, sex, political affiliation, or the presence of any sensory, mental, or physical disability unless such disability effectively prevents the performance of the essential duties required of the position and which are bona fide occupational qualifications which cannot be accommodated without undue hardship, with respect to the recruitment, examination or appointment of applicants, or in any personnel actions affecting employees, including compensation, training, promotions, educational opportunities, transfers, demotions, layoffs and disciplinary actions.

PLEASE COMPLETE ENTIRE APPLICATION INCLUDING YOUR NAME OF EACH PAGE.

Current Civil Service Members shall be given employment preference.

________________________________________

PERSONAL INFORMATION

Application Date: _____________________________

NAME (Print): _____________________________ Home/Cell Phone: _____________________________

Street Address: _____________________________ Emergency Phone: _____________________________

City/State/Zip: _____________________________ Email Address: ________________________________

Previous Address: __________________________

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) ___ Yes ___ No

If offered a position, are you able to present evidence of your US Citizenship or proof of your legal right to work in the United States? _____ Yes ______ No

________________________________________

Position(s) Applied For: __________________________

How soon could you report to work? ______________________ Rate of pay expected $________$/hr or negotiable

What are your available days and hours to work? Days: ______________________ Hours: ______________________

List relatives currently employed by the City of Panama City Beach (Names, relationship, position held and residence address):

(Relatives include: father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister.)

Have you ever applied to/worked for the City before? ___________ Yes ___________ No ___ If Yes, please explain

(include date): __________________________________________

How did you hear of the job opening?

________________________________________

EDUCATION

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Major</th>
<th>Last Year Completed</th>
<th>Degree Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Technical</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NAME: ______________________________

Have you ever served in the US Armed Forces? _____ Yes _____ No    Branch: ______________________________

Date Entered: __________ Date Discharged: __________   MOS: ______________________________

Have you ever been convicted of a criminal offense (felony or misdemeanor)? _____ Yes _____ No
If yes, please state crime, date, court, and location where offense occurred: ______________________________

NOTE: The fact of a conviction does not make you automatically ineligible for employment by the City. The date, nature, significant details, surrounding circumstances and the relevance of the offense to the position(s) applied for may be considered.

Have you ever been discharged or requested to resign from a position? ______ Yes ______ No
If Yes, give circumstances: ______________________________

Have you ever held a position of trust such as handling money or confidential materials? _____ Yes _____ No
Why do you desire to change jobs? ______________________________

EMPLOYMENT RECORD

Are you currently employed? _____ Yes _____ No

1. Current or Most Recent Employer: Telephone: ______________________________

<table>
<thead>
<tr>
<th>Business Name &amp; Address</th>
<th>Supervisor’s Name</th>
<th>Hire Date</th>
<th>Starting Rate of Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title (Duties)</td>
<td>Date You Left</td>
<td>Last Rate of Pay</td>
<td></td>
</tr>
</tbody>
</table>

Reason For Leaving  May we contact this employer? _____ Yes _____ No

2. Business Name and Address of Next Employer: Telephone: ______________________________

<table>
<thead>
<tr>
<th>Business Name &amp; Address</th>
<th>Supervisor’s Name</th>
<th>Hire Date</th>
<th>Starting Rate of Pay</th>
</tr>
</thead>
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<td></td>
</tr>
</tbody>
</table>

Reason For Leaving  May we contact this employer? _____ Yes _____ No
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<tbody>
<tr>
<td>NAME:</td>
<td></td>
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<tr>
<td>3. Business Name and Address of Next Employer:</td>
<td>Telephone: __________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business Name &amp; Address</td>
<td>Supervisor’s Name</td>
<td>Hire Date</td>
<td>Starting Rate of Pay</td>
</tr>
<tr>
<td>Job Title (Duties)</td>
<td>Date You Left</td>
<td>Last Rate of Pay</td>
<td></td>
</tr>
<tr>
<td>Reason For Leaving</td>
<td>May we contact this employer? _____ Yes _____ No</td>
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<td>May we contact this employer? _____ Yes _____ No</td>
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<tr>
<td>5. Business Name and Address of Next Employer:</td>
<td>Telephone: __________________________</td>
<td></td>
<td></td>
</tr>
<tr>
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<td>Supervisor’s Name</td>
<td>Hire Date</td>
<td>Starting Rate of Pay</td>
</tr>
<tr>
<td>Job Title (Duties)</td>
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<td>Reason For Leaving</td>
<td>May we contact this employer? _____ Yes _____ No</td>
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<td>Telephone: __________________________</td>
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<td>May we contact this employer? _____ Yes _____ No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NAME: ______________________________________

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Are you claiming Veteran’s Preference for this position? ______ Yes ______ No If Yes, please complete the Veteran’s Preference Claim Form.

________________________________________________________________________________________

REFERENCES
(Do not list relatives or former employers)

1. Name & Telephone Number: ____________________________________________________________

2. Name & Telephone Number: ____________________________________________________________

3. Name & Telephone Number: ____________________________________________________________

APPLICANT’S AGREEMENT AND CERTIFICATION

I certify that the all the information I have provided on this application, and any other supplements or documents provided by me, is true in all respects. I grant permission to the City of Panama City Beach to verify any experience, training/education and/or commendations I possess. I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages due to having furnished such information. I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of further consideration in the promotional process, employment or discharge.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the City and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City retains the same right.

I understand that prior to being offered employment with the City, I may be requested to take an employment examination. In the event that I have a disability which will affect my ability to take the test, I will so inform the City prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The City reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on active file for six (6) months from the date completed, after which time I would have to re-apply in accordance with established City procedures.

I have read and understand the job description of the position(s) for which I am applying and represent that I meet or exceed the qualification requirements and I can perform the essential duties and responsibilities outlined in the job description.

I understand and acknowledge pursuant to Section 119, Florida Statues, Public Records, the information contained herein is “open for personal inspection and copying by any person”.

________________________________________________________________________________________

Signature of Applicant and Date
NAME: __________________________

Statement as to what you will bring to this position and why you wish to work for the City of Panama City Beach:

____________________________________________________________________________________

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I certify that the above statement is submitted in my own handwriting.

____________________________________________________________________________________

Signature of Applicant and Date
CITY OF PANAMA CITY BEACH DRUG-FREE WORKPLACE POLICY

PRE-EMPLOYMENT CONSENT AND NOTICE: ALCOHOL AND/OR SUBSTANCE TESTING AS PART OF PRE-EMPLOYMENT MEDICAL EXAMINATION FOR ALL SAFETY SENSITIVE EMPLOYEES.

As a condition of employment by the City of Panama City Beach, you must submit to a controlled or illegal substance and/or alcohol screening test; and as required, possess or submit to a current physical exam for positions that require such.

By signing this form, you are acknowledging that you consent to such a medical exam and screening test(s), and that you understand such testing is part of the City of Panama City Beach’s Drug-Free Workplace Policy. You are also acknowledging that failure to successfully pass the test(s) will result in disqualification for employment with the City of Panama City Beach. If selected for employment you will be required to abide by the City’s Drug-Free Workplace Policy and may be subject to future drug and/or alcohol screening.

Date: __________________ Signature: ________________________________

Print Name: ______________________________________________________

Social Security #: ________________________________________________
PERSONAL INQUIRY WAIVER

Applicant’s name (First Middle Last) __________________________
Date of birth _______________ SSN __________________________

I respectfully request and authorize you to furnish the Panama City Beach Police
Department, Panama City Beach, Florida, with any and all information that you may have
concerning my work record, school record, reputation and financial and credit status.
Please include any and all medical, physical and mental records or reports including all
information on a confidential or privileged nature and copies of same, if requested. This
information is to be used to assist in determining my qualifications and fitness for the
position that I am seeking with the Panama City Beach Police Department.

I hereby release you, your organization or others from any liability or damage which may
result from furnishing the information requested above.

Applicant’s signature________________________________________
Date____________________

Address____________________________________________________

State of Florida, County of __________________ Before me personally appeared
________________________ who says that he/she executed the above instrument
of his/her own free will and accord with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence this ______ day of ________________________,
20______

Notary Public________________________

My commission expires ____________________ Notary Seal/Stamp

“Dedicated to Excellence”
Panama City Beach
Police Department

17115 Panama City Beach Parkway
Panama City Beach, Florida 32413-2128
(850) 233-5000   Fax (850)233-5013
www.beachpolice.org

Affidavit of Non-Military Service

I, ___________________________, certify that I have not served in the Military Armed Forces of the United States of America. I understand that falsification of this document could result in a charge of perjury.

__________________________
Date

__________________________
Signature

Sworn to an subscribed before me this _______ day of _________ 20__

__________________________
Notary

My commission expires ________________________

Captain Wayne A. Maddox
Uniform Patrol Division

Captain Jason Jones
Criminal Investigation Division

Captain Richard McClanahan
Administrative Division

Lt. Jamey Wright
Risk Mgt.

“Dedicated to Excellence”
SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT

Pursuant to Section 119.071(5)(a)2., Florida Statutes, your social security number is requested for the purpose of determining eligibility for employment (both new hires and those assigned to work on Federal Contracts); retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes.

Social Security numbers are NOT public records, but may be released to other governmental or commercial entities as required by law.

This is to certify that I have read and understand the foregoing statement and agree to provide my social security number for the purpose(s) stated:

__________________________
Signature

__________________________
Date

Mayor
Mike Thomas
Vice Mayor
Phil Chester
Ward 1
Paul Casto
Ward 3
Geoff McConnell
Ward 4
Hector Solis
City Manager
Mario Gisbert
Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if both of the following apply:

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total Income. For this purpose, total

___________________________
Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.
income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 570). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet
Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't want to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/FormW4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet
Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn $60,000 per year and your spouse earns $20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("0-0") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/FormW4App to make your withholding more accurate.

Tips: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer
Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.act.hhs.gov/ciss/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's services for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).
### Personal Allowances Worksheet (Keep for your records.)

<table>
<thead>
<tr>
<th>A</th>
<th>Enter &quot;1&quot; for yourself</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Enter &quot;1&quot; if you will file as married filing jointly</td>
<td>B</td>
</tr>
<tr>
<td>C</td>
<td>Enter &quot;1&quot; if you will file as head of household</td>
<td>C</td>
</tr>
</tbody>
</table>
| D | Enter "1" if:  
  - You're single, or married filing separately, and have only one job; or  
  - You're married filing jointly, have only one job, and your spouse doesn't work; or  
  - Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less | D |
| E | **Child tax credit.** See Pub. 972, Child Tax Credit, for more information.  
  - If your total income will be less than $71,201 ($103,351 if married filing jointly), enter "4" for each eligible child.  
  - If your total income will be from $71,201 to $179,050 ($103,351 to $345,850 if married filing jointly), enter "2" for each eligible child.  
  - If your total income will be from $179,051 to $200,000 ($345,851 to $400,000 if married filing jointly), enter "1" for each eligible child.  
  - If your total income will be higher than $200,000 ($400,000 if married filing jointly), enter "<0" | E |
| F | **Credit for other dependents.** See Pub. 972, Child Tax Credit, for more information.  
  - If your total income will be less than $71,201 ($103,351 if married filing jointly), enter "4" for each eligible dependent.  
  - If your total income will be from $71,201 to $179,050 ($103,351 to $345,850 if married filing jointly), enter "1" for every two dependents (for example, "<0" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).  
  - If your total income will be higher than $179,050 ($345,850 if married filing jointly), enter "<0" | F |
| G | **Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "<0" on lines E and F | G |
| H | Add lines A through G and enter the total here | H |

**For accuracy, complete all worksheets that apply.**

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the Deductions, Adjustments, and Additional Income Worksheet below.
- If you have more than one job at a time or are married filing jointly and you and your spouse both work, and the combined earnings from all jobs exceed $53,000 ($24,450 if married filing jointly), see the Two-Earners/Multiple Jobs Worksheet on page 4 to avoid having too little tax withheld.
- If either of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 above.

### Deductions, Adjustments, and Additional Income Worksheet

**Note:** Use this worksheet only if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1. Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details.

   - $24,400 if you're married filing jointly or qualifying widow(er)

2. Enter:  
  - $18,350 if you're head of household
  - $12,200 if you're single or married filing separately

3. Subtract line 2 from line 1. If zero or less, enter "<0".

4. Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items).

5. Add lines 3 and 4 and enter the total.

6. Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest).

7. Subtract line 6 from line 5. If zero, enter "<0". If less than zero, enter the amount in parentheses.

8. Divide the amount on line 7 by $4,200 and enter the result here. If a negative amount, enter it in parentheses. Drop any fraction.

9. Enter the number from the Personal Allowances Worksheet, line H, above.

10. Add lines 8 and 9 and enter the total here. If zero or less, enter "<0". If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1.
Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet only if the instructions under line H from the Personal Allowances Worksheet direct you here.

1. Enter the number from the Personal Allowances Worksheet, line H, page 3 (or, if you used the Deductions, Adjustments, and Additional Income Worksheet on page 3, the number from line 10 of that worksheet).

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are $75,000 or less and the combined wages for you and your spouse are $107,000 or less, don't enter more than "3".

3. If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5. **Do not** use the rest of this worksheet.

Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4. Enter the number from line 2 of this worksheet.

5. Enter the number from line 1 of this worksheet.

6. Subtract line 5 from line 4.

7. Multiply line 7 by line 6 and enter the result here. This is the annual withholding needed.

8. Divide line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and complete this form for a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Table 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married Filing Jointly</td>
<td>All Others</td>
</tr>
<tr>
<td><strong>If wages from LOWEST paying job are—</strong></td>
<td><strong>Enter on line 2 above</strong></td>
</tr>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
</tr>
<tr>
<td>5,001 - 9,500</td>
<td>1</td>
</tr>
<tr>
<td>9,501 - 13,500</td>
<td>2</td>
</tr>
<tr>
<td>13,501 - 35,000</td>
<td>3</td>
</tr>
<tr>
<td>35,001 - 40,000</td>
<td>4</td>
</tr>
<tr>
<td>40,001 - 46,000</td>
<td>5</td>
</tr>
<tr>
<td>46,001 - 55,000</td>
<td>6</td>
</tr>
<tr>
<td>55,001 - 60,000</td>
<td>7</td>
</tr>
<tr>
<td>60,001 - 70,000</td>
<td>8</td>
</tr>
<tr>
<td>70,001 - 75,000</td>
<td>9</td>
</tr>
<tr>
<td>75,001 - 85,000</td>
<td>10</td>
</tr>
<tr>
<td>85,001 - 95,000</td>
<td>11</td>
</tr>
<tr>
<td>95,001 - 125,000</td>
<td>12</td>
</tr>
<tr>
<td>125,001 - 165,000</td>
<td>13</td>
</tr>
<tr>
<td>165,001 - 175,000</td>
<td>14</td>
</tr>
<tr>
<td>175,001 - 180,000</td>
<td>15</td>
</tr>
<tr>
<td>180,001 - 195,000</td>
<td>16</td>
</tr>
<tr>
<td>195,001 - 205,000</td>
<td>17</td>
</tr>
<tr>
<td>205,001 and over</td>
<td>10</td>
</tr>
</tbody>
</table>

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine use of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.
**Employment Eligibility Verification**
Department of Homeland Security
U.S. Citizenship and Immigration Services

**USCIS**
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

▲ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-Discrimination Notice: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

### Section 1. Employee Information and Attestation
(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

- [ ] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See instructions)
- [ ] 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
  
- [ ] 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):
  
  Some aliens may write "NIA" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number:

   OR

2. Form I-94 Admission Number:

   OR

3. Foreign Passport Number:

   Country of Issuance:

Signature of Employee

Today's Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one):

- [ ] I did not use a preparer or translator.
- [ ] A preparer(e) and/or translator(e) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator

Today's Date (mm/dd/yyyy)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A or a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents."

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>List A OR List B AND List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>Document Title</td>
</tr>
<tr>
<td>First Name (Given Name)</td>
<td>Issuing Authority</td>
</tr>
<tr>
<td>M.I.</td>
<td>Document Number</td>
</tr>
<tr>
<td>Citizenship/Immigration Status</td>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

### Identity and Employment Authorization

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any)(mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any)(mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any)(mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Information

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy):

(See instructions for exemptions)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herrington</td>
<td>Sherry</td>
<td>Senior Administrative Support Specialist</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name of Employer or Authorized Representative</th>
<th>First Name of Employer or Authorized Representative</th>
<th>Employer's Business or Organization Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>17007 Panama City Beach Parkway</td>
<td>City or Town Panama City Beach</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panama City Beach</td>
<td>FL</td>
<td>32413</td>
</tr>
</tbody>
</table>

## Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative)

A. New Name (if applicable)     B. Date of Rehire (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any)(mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>Documents that Establish Identity</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
<tr>
<td>OR</td>
<td>AND</td>
<td>OR</td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter's registration card</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5. U.S. Military card or draft record</td>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td>6. Military dependent's ID card</td>
<td>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>4. Native American tribal document</td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
<td>9. Driver's license issued by a Canadian government authority</td>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
</tr>
<tr>
<td></td>
<td>10. School record or report card</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Day-care or nursery school record</td>
<td></td>
</tr>
</tbody>
</table>

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.
PART-TIME EMPLOYMENT FORM

NAME: _______________________________ DATE: ____________
(PRINT)

ADDRESS: _____________________________________________

SOCIAL SECURITY NUMBER: _____________________________

I, THE UNDERSIGNED, UNDERSTAND THAT MY EMPLOYMENT AS A PART-TIME EMPLOYEE WILL CONSIST OF LESS THAN 128 WORK HOURS PER MONTH AND DOES NOT AFFORD ME ANY PREFERENTIAL TREATMENT IN SEEKING PERMANENT FULL-TIME EMPLOYMENT WITH THE CITY OF PANAMA CITY BEACH. I ALSO UNDERSTAND THAT I AM NOT COVERED BY THE CITY'S RETIREMENT PLAN BENEFITS. I FURTHER UNDERSTAND THAT I WILL HAVE TO ABIDE BY THE CITY'S POLICY AND PROCEDURES MANUAL AS WELL AS THE SAFETY MANUAL OF PANAMA CITY BEACH.

SIGNATURE OF EMPLOYEE: ____________________________________________

SIGNATURE OF SUPERVISOR: ____________________________________________

Updated 2019.04
I understand that I am to commit a minimum of 32 hours a month during the peak season (March 1 through Labor Day) and 16 hours a month (Tuesday after Labor Day through February 28/29). I know that during the peak season, I will commit the hours needed on Friday and/or Saturday nights unless I have consulted with the Auxiliary/Reserve Coordinator. On certain holidays, special events, and heavy tourist times, I will be asked to work more hours. I also understand that once I am a member of the Department, I will advise each week what weekend night I intend to work.

I understand that if I fail to meet the minimum 32/16 work requirements for a period of three (3) separate months, I will be dismissed from the Panama City Beach Police Department. These three months do not have to be consecutive in order for my dismissal.

I understand that I will not be allowed to work any off-duty employment as a member of the Panama City Beach Police Department for one (1) year after my acceptance date. This will not include any Department events such as Triathlons, parades, holiday events, festivals, etc. or any event that the Chief of Police deems necessary for the officers to work. Furthermore, after my one year time limit, I understand that there will be certain times of the year where off-duty employment will not be authorized such as Spring Break, major holidays, etc. These dates shall be posted in advance so that no conflicts occur.

Signature ___________________________
(VI)

PANAMA CITY BEACH POLICE
BACKGROUND QUESTIONNAIRE

You may use the back page of the questionnaire to further explain your answer if necessary. If you have any questions concerning your background or truth verification testing write them on the back page of the test.

(NOTE: This is your opportunity to fully explain your history. Please take full advantage of this and be as specific and detailed as possible. If you are not completely honest and up front with your answers or intend to be intentionally vague with your responses, the result will be termination from the employment process.)

(A)

UNDETECTED CRIMES

Have you ever been involved in any of the following? (If yes to any please include when, where and value on the back of this page.)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Switching price tags</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Car Theft</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. Theft of car parts</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. Robbery</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5. Burglary (home/business)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6. Embezzlement</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7. Concealed Weapon</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>8. Fires you started</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>9. Con games</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>10. Leaving scene of accident</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>11. Counterfeiting</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>12. Fire bombing</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>13. Mugging</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>14. Assault</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>15. Buy, sell or possess stolen property</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>16. Using stolen credit card</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>17. Failure to pay alimony/child support</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>18. Illegally obtaining public assistance Workers compensation or unemployment by fraud</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
19. Have you ever filed an insurance claim that was not accurate (over estimating losses)?
Yes __________  No __________ (If yes, explain details)

20. Have you ever used a fraudulent document for personal gain?
Yes __________  No __________ (If yes, explain details)

21. Were you ever in a fight in which a weapon was used?
Yes __________  No __________ (If yes, explain details)

22. Have you ever physically abused a spouse, girlfriend, boyfriend or child?
Yes __________  No __________ (If yes, explain details)

23. Have you ever intentionally damaged property belonging to another person?
Yes __________  No __________ (If yes, explain details)

24. Have you ever filed a false police report?
Yes __________  No __________ (If yes, explain details)

25. What is the most serious thing you have done in your life that could/would be considered illegal or immoral?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

26. Have you ever sexually assaulted anyone?
Yes __________  No __________ (If yes, explain details)

27. Have you ever been accused of any misconduct?
Yes __________  No __________ (If yes, explain details)

28. Have you ever been questioned by a law enforcement agency as a suspect in an investigation? (Do not include situations in which you were the victim or witness to a crime.)
Yes __________  No __________ (If yes, explain details)

29. Other than what has already been covered, have you been involved in anything that you could have been arrested for?
Yes __________  No __________ (If yes, explain details)

30. Have you ever belonged to or associated with anyone belonging to any organization, past or present, that would place the integrity of the Panama City Beach Police Department in question (e.g., KKK, Nazi organization, gang member, organized crime)?
Yes __________  No __________ (If yes, explain details)
31. Do you now or have you ever had regular association with persons whom you knew, or should have known, were under criminal investigation or who had a reputation in the community or with law enforcement agencies for involvement in criminal behavior?
   Yes______________ No______________ (If yes, explain details)

(B) MILITARY

1 Have you ever served in any military organization of the United States?
   Yes______________ No______________ If yes, which branch?______________

2 What type of discharge did you receive?
   Honorable_________ Dishonorable_________ Honorable
   conditions_________ General_________ Other______________

3 Dates of active duty-________________________________________

4 Have you ever been court martialed, tried on charges or were you the subject of a summary court, dock court, Captain’s Mast, company punishment or any other type of disciplinary action while a member of the armed forces?
   Yes______________ No______________ (If yes, explain details)

5 Are there any incidents concerning your military career that could possibly affect this examination?
   Yes______________ No______________ (If yes, explain details)

(C) ARREST RECORD

1 Have you ever been arrested, charged, or detained by a law enforcement agency?
   (Include any arrests in which the charges were dropped, reduced, found not guilty, or in which records were sealed or expunged.)
   Yes______________ No______________ (If yes, explain details to include the charge, arresting agency, date and the final disposition of the case.)

2 Have you ever served probation, parole community control, or community service?
   Yes______________ No______________ (If yes, explain details)

3 What fines have you been required to pay, and were they paid on time? (Other than traffic)
   ________________________________________________________________
4 Have you ever been fingerprinted by a law enforcement agency?
Yes________________ No________________ (If yes, provide agency,
Date and reason why you were fingerprinted.)

(D)
DRUG USAGE

1 How many times in your life have you used Cannabis? (Please include
approximate dates and how many times weekly, monthly.)

2 When was the last time you used Cannabis?

3 Have you used any of the following? (If yes, include total number of times used)
A. Barbiturates________________
B. Amphetamines________________
C. LSD________________
D. Ice or Methamphetamine________________
E. Another person’s prescription________________
F. Mescaline________________
G. Steroids________________
H. Crack________________
I. Cocaine________________
J. Heroin________________
K. Ecstasy________________
L. Designer drugs________________

Any other illegal substance not listed________________

4 Have you ever used inhalants or any other legal substance to get high? (Paint
thinner, aerosol, and glue)
Yes________________ No________________ (If yes explain details)

5 Have you ever been involved in the purchase of any illegal drug? (Any amount
from a joint to a kilo)
Yes________________ No________________ (If yes, include type of drug,
The amount, the circumstances and the last time)
6 Have you ever been involved in the sale of illegal drugs, either directly or indirectly?
Yes__________ No__________ (If yes, include type of Drug, the amount, circumstances and last time)

7 Have you benefited from the sale of illegal drugs, to include money, free drugs, or sexual favors? (Note, if you received any money from a friend or family Member involved in drug sales indirectly, list here and give details)
Yes__________ No__________ (If yes explain details)

8 Have you ever set up a drug deal?
Yes__________ No__________ (If yes, explain details)

9 Have you been in the company of people using illegal drugs?
Yes__________ No__________ (If yes, explain details)

10 What is the total amount of money you have spent on illegal drugs in your life?

11 Have you ever driven a motor vehicle under the influence of illegal drugs?
Yes__________ No__________ (If yes, explain details)

12 Have you ever used medicine from another person’s prescription to get high?
Yes__________ No__________ (If yes, explain details)

13 Have you ever tried to grow or cultivate any illegal drugs? (Include any amount from one seed and up)
Yes__________ No__________ (If yes, explain details)

14 Explain, in detail any other information relating to illegal drug use or involvement, which has not been covered, to include transportaton, manufacturing, etc.
(E) THEFT OF MERCHANDISE

1 Estimate the total amount of merchandise, tools and equipment that you have taken.

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<th>Amount</th>
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</table>

2 Name the single most expensive item that you have ever taken?
   Item __________________ amount _______________ date _______________

3 Have you ever taken anything or shoplifted anything from a business? (Include personal and employee theft)
   Yes __________________ No ___________________ (If yes, explain details)

4 Have you ever been with anyone who was stealing merchandise or equipment?
   Yes __________________ No ___________________ (If yes, explain details)

5 Have you ever taken anything from your current or former employer?
   Yes __________________ No ___________________ (If yes, explain details)

6 Have you ever purchased, pawned or sold an item, which you knew or should have known it to be stolen?
   Yes __________________ No ___________________ (If yes, explain details)

(F) EMPLOYMENT HISTORY

1 Have you ever been terminated or asked to resign from a job?
   Yes ______________ No ___________________ (If yes, explain details)

2 Have you ever been disciplined by your current or previous employers?
   Yes ______________ No ___________________ (If yes, explain details)

3 Have you ever resigned or been given the opportunity to resign from a job in which you were under investigation for a policy violation or misconduct?
   Yes ______________ No ___________________ (If yes, explain details)
Did you list **ALL** of your jobs for the past ten (10) years on your employment application, to include part-time and temporary jobs?
Yes __________________ No ____________________ (If no, explain details)

**(G) DRIVING HISTORY**

1 Has your driver's license ever been suspended or revoked?
Yes __________________ No ____________________ (If yes, explain details)

2 What states, other than Florida, have you had a driver's license in? (List all states and include temporary or learning permits)

3 Have you ever received a traffic citation(s)?
Yes __________________ No ____________________ (If yes, please list)

How many times have you driven a vehicle while under the influence of alcohol, where if stopped, you could have been arrested? _______________. When was the last time? _______________

5 Have you been involved in any other acts, involving alcohol that could be considered criminal?
Yes __________________ No ____________________ (If yes, explain details)

**(H) FINANCIAL HISTORY**

1 Have you every filed bankruptcy?
Yes __________________ No ____________________ (If yes, explain details)

2 Have you ever had anything repossessed?
Yes __________________ No ____________________ (If yes, explain details)

3 Have you ever been involved in any civil actions (past or present)?
Yes __________________ No ____________________ (If yes, explain details)

4 Are you currently more than three (3) months behind on any bills?
Yes __________________ No ____________________ (If yes, explain details)
5 Are any creditors pursuing you for outstanding debts?
Yes__________ No__________ (If yes, explain details)

6 Are there any financial obligations or bills that you have refused to pay or feel are not responsible for?
Yes__________ No______________ (If yes, explain details)

7 Have you ever been or are you currently responsible for any child support payments?
Yes__________ No______________ (If yes, explain details)

8 Estimate the amount of debt you owe excluding house and car payments. ______

(I)

ALIASES

1 List ALL NAMES that you have ever used, to include maiden, nick names, married and legal name changes.

I CERTIFY THAT THE ABOVE INFORMATION PROVIDED IS TRUE AND CORRECT. I HAVE BEEN COMPLETELY TRUTHFUL IN MY ANSWERS TO THESE QUESTIONS.

__________________________
SIGNATURE
(VII)

QUESTIONS FOR CURRENT OR FORMER LAW ENFORCEMENT OFFICERS

If you answer yes to ANY of the following questions, please explain and provide details to include where you were employed at the time and date of the occurrence. Use additional paper or the back of questionnaire if necessary.

1. Have you ever accepted a cash bribe or gratuity?
   Yes__________________  No___________________

2. Have you ever taken (stolen) anything from an investigative site?
   Yes__________________  No___________________

3. Have you ever stolen from a prisoner or detainee?
   Yes__________________  No___________________

4. Have you ever been investigated or accused of using excessive force?
   Yes__________________  No___________________

5. Have you ever used more force than was necessary to subdue another person or have you ever witnessed an excessive force situation?
   Yes__________________  No___________________

6. Have you ever struck a handcuffed or restrained prisoner?
   Yes__________________  No___________________

7. Have you ever falsified any type of official report?
   Yes__________________  No___________________

8. Have you ever used your position as a law enforcement officer for personal gain?
   Yes__________________  No___________________

9. Have you ever been the subject of an internal investigation? If yes, list in chronological order, short synopsis and outcome to include discipline received. PLEASE BE SPECIFIC.
   Yes__________________  No___________________

10. Do you have any active or pending internal investigations or discipline?
    Yes__________________  No___________________

11. As a law enforcement officer, have you ever been disciplined? Please include oral and written reprimands, suspensions, and anything that would currently or have been purged from your personnel file.
Yes______________  No______________

12 Have you ever taken cash, property or a valuable from a dead person?
Yes______________  No______________

13 Have you ever taken property, cash or a valuable from an intoxicated person?
Yes______________  No______________

14 Have you ever lied to a police supervisor?
Yes______________  No______________

15 Have you ever told a friend, acquaintance or relative about an investigation involving them?
Yes______________  No______________

16 Have you ever provided or been paid to provide confidential information to an unauthorized person?
Yes______________  No______________

17 Have you ever removed, destroyed or altered police records or files?
Yes______________  No______________

18 Have you ever disclosed the identity of a confidential informant to an unauthorized person?
Yes______________  No______________

19 Have you ever disclosed the identity of an undercover law enforcement officer to an unauthorized person?
Yes______________  No______________

20 Have you ever lied under oath? EXPLAIN CIRCUMSTANCES.
Yes______________  No______________

21 Since becoming a law enforcement officer, have you ever committed a felony crime?
Yes______________  No______________

22 Have you ever used your position as a law enforcement officer to take sexual advantage of anyone?
Yes______________  No______________

23 As a law enforcement officer, have you ever engaged in a sexual act on duty? EXPLAIN EACH INCIDENT.
Yes____________  No__________________

24 Have you ever been involved in any shooting incident?
Yes____________  No__________________

25 Have you ever been the subject of a grand jury investigation?
Yes____________  No__________________

26 Have you ever been the subject of any civil law suits, prior or pending?
Yes____________  No__________________

27 Have you ever been involved in an on duty motor vehicle accident? Please list each and include who was at fault.
Yes____________  No__________________

28 Since becoming a law enforcement officer, have you used any illegal drugs?
Yes____________  No__________________

29 Have you ever used alcohol or illegal drugs on duty? (Other than sanctioned law enforcement operations)
Yes____________  No__________________

30 Explain any circumstances or incident in which you have been involved in as a law enforcement officer that could have a negative impact on your employment with the Panama City Beach Police:

I certify that the above information provided is true and correct. I have been completely truthful in my answers to these questions.

__________
Signature

(VIII)
QUESTIONS FOR CORRECTIONS OFFICERS

If you answer yes to ANY of the following questions, please explain and provide details to include where you were employed at the time and the date of the occurrence. Use additional paper or the back of this questionnaire if necessary.

1  Have you ever introduced contraband into a correctional facility for an inmate or another officer?
   Yes__________________________________  No__________________________________

2  Since becoming a correctional officer, have you had sexual involvement with an inmate of another officer on duty?
   Yes__________________________________  No__________________________________

3  Have you ever accepted a bribe from an inmate?
   Yes__________________________________  No__________________________________

4  Have you ever had or maintained a friendship or relationship with an inmate after they were released?
   Yes__________________________________  No__________________________________

5  Have you ever kept, used or given away inmates property?
   Yes__________________________________  No__________________________________

I certify that the above information proved is true and correct. I have been completely truthful in my answers to these questions.

__________________________________
Signature
DEPARTMENT APPROVED DUTY WEAPONS

Listed below are the makes of firearms that have been approved and adopted by the Panama City Beach Police Department for on-duty purposes:

Revolver – (.38 and/or .357 mag)

1. Smith & Wesson
2. Colt
3. Ruger
4. Taurus

Semi-automatic pistol – (9mm double action ONLY)

1. Beretta
2. Smith & Wesson
3. Sig-Saur
4. Ruger
5. Taurus
6. Glock

Back-up firearms – (.380 or 9mm double action ONLY)

1. Beretta
2. Smith & Wesson
3. Sig-Saur
4. Ruger
5. Taurus
6. Glock

Any other types of firearms must be approved by the firearms training staff by a written request from the officer/applicant.

Drew R. Whitman
Chief of Police