SATELLITE BEACH POLICE
510 CINNAMON DRIVE
SATELLITE BEACH, FL 32937-3197

Telephone (321) 773-4400
Fax (321) 773-5414

Ronnie Kinsey
Chief of Police

INCORPORATED 1957

SATELLITE BEACH POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

Date of Application: _____

First Name:	Middle:	Last:
Home Address:		
Mailing Address:		
City:	State:	Zip:
Email Address:	Home Phone:	Mobile Phone:
Position Applied for:	Desired Salary Range:	Date Available to Work:
(PD OFFICE USE)	Type of Employment Seeking: ☐ Full Time ☐ Part Time ☐ Temporary	
(PD OFFICE USE)	Are you 18 years or older? (civilian position) ☐ Yes ☐ No	Are you 19 years or older? (sworn position) ☐ Yes ☐ No

Please note: Only U.S. citizens and non-citizens who are authorized to work in the U.S. are eligible for employment. Upon employment, you will be asked to complete Form I-9, Employment Eligibility Verification, and provide genuine documentation establishing your identity and authorization to be employed in the United States as prescribed by that form.

The City of Satellite Beach also participates in the United States Department of Homeland Security's E-Verify program. Under this program, The City of Satellite Beach will provide to the Social Security Administration and, if necessary, the Department of Homeland Security, information from each new employee's I-9 Form to confirm work authorization.

INSTRUCTIONS FOR COMPLETING APPLICATION

For proper consideration, please answer completely and accurately. All addresses must be complete, including zip codes and phone numbers. If an item does not apply to you, write in the letters “N/A” for “not applicable.” Please use the “Supplemental Information” page at the end of the application, if you need to provide more information. The application must be completed by the candidate only and must be notarized as indicated.

False statements or consequential omissions of any kind are sufficient grounds for denying employment or dismissal.

A thorough background investigation, including information as to your character, general reputation, personal characteristics, and mode of living will be a part of your processing. This information is solely for the purpose of evaluating your qualifications for employment as a law enforcement officer.

THE SUBMISSION OF THIS BIOGRAPHIC APPLICATION INFORMATION FORM CARRIES THE UNDERSTANDING THAT YOU ARE AUTHORIZING THE S.B.P.D. TO CONTACT ANY AND ALL-AVAILABLE SOURCES FOR THE PURPOSE OF OBTAINING INFORMATION AS TO YOUR QUALIFICATIONS.

A checklist has been provided, below, for the additional documents you must submit with this completed application. (The S.B.P.D. will certify documents for you, but you MUST have the originals available.)

- ☐ Birth certificate
- ☐ Social Security Card
- ☐ High School or GED diploma/transcripts for GED
- ☐ Current Driver’s License
- ☐ College Degree; college transcripts, if applicable (Does not need to be “official” copy.)
- ☐ DD214/Military discharge with re-enlistment code, if applicable(“long” form)
- ☐ Marriage certificate, if applicable
- ☐ Proof of legal name change, if applicable
- ☐ Law Enforcement/Corrections Academy Certificate(s), if applicable
- ☐ Florida Basic State Law Enforcement/Corrections Exam results, if applicable
- ☐ Documents reflecting your qualifications, e.g., letters of recommendation, training certificates

Applicants with law enforcement/corrections experience must also provide the last three evaluations from current and/or previous agencies.

INDIVIDUAL INFORMATION

The Satellite Beach Police Department is an equal opportunity employer. We do not discriminate in employment on the basis of race, color, religion, creed, gender, national origin, age, disability, genetic information, marital or veteran status or any other status protected by applicable law.

Sex: ☐ Male ☐ Female *for statistical purposes and criminal history use	Race: ☐ Black/African American ☐ White/Caucasian ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaskan Native ☐ _____ *for statistical purposes and criminal history use
List all other names you have used, including maiden names and nicknames:	

List all social media platforms you have used within the last five years, and list the usernames associated with that platform:

SOCIAL MEDIA PLATFORMS	USERNAME

How did you hear about us: ☐ Job Fair ☐ Website ☐ Employment Agency ☐ Social Media ☐ Employee Referral Name of Reference:	Are you a U.S. Citizen: ☐ Yes ☐ No List any language, other than English, that you can read, write, and/or speak:

INDIVIDUAL INFORMATION

Do you have any relatives who work for the City of Satellite Beach: ☐ Yes ☐ No

If "yes", provide name: _____

Relationship: _____

Have you ever been an employee of the City of Satellite Beach: ☐ Yes ☐ No

If, "yes", position: _____

Dates of employment: _____

Have you ever applied to another law enforcement agency: ☐ Yes ☐ No

If "yes", list the name of the agency and date of application:

AGENCY	DATE OF APPLICATION

In your own words, explain how you qualify for this position:

Do you use tobacco products: ☐ Yes ☐ No

EMPLOYMENT EXPERIENCE

Beginning with your most recent employment, describe below all employment you have had during the past **TEN YEARS,** even if the company is closed. All laws enforcement agency experience must be listed, even if employment was over ten years ago. Please include self-employment, military, part-time, temporary and volunteer work. If you were employed under a different name with any employer, please indicate the name. Applicants may be required to furnish proof of employment experience. Use the "Supplemental Information" page at the end of the application, if you need to provide more work history information.

Dates of employment: From: To:	☐ Full time ☐ Part-time ☐ Volunteer ☐ Internship	
Employer name:		
Employer address:		
Type of business:	Employer phone:	Employer email:
Position(s) held:	Supervisor's name:	
Description of duties:		
Reason for leaving:		Hourly rate/Salary:

Dates of employment: From: To:	☐ Full time ☐ Part-time ☐ Volunteer ☐ Internship	
Employer name:		
Employer address:		
Type of business:	Employer phone:	Employer email:
Position(s) held:	Supervisor's name:	
Description of duties:		
Reason for leaving:		Hourly rate/Salary:

EMPLOYMENT EXPERIENCE

Dates of employment: From: To:		☐ Full time ☐ Part-time ☐ Volunteer ☐ Internship
Employer name:		
Employer address:		
Type of business:	Employer phone:	Employer email:
Position(s) held:	Supervisor's name:	
Description of duties:		
Reason for leaving:		Hourly rate/Salary:

Dates of employment: From: To:		☐ Full time ☐ Part-time ☐ Volunteer ☐ Internship
Employer name:		
Employer address:		
Type of business:	Employer phone:	Employer email:
Position(s) held:	Supervisor's name:	
Description of duties:		
Reason for leaving:		Hourly rate/Salary:

EMPLOYMENT EXPERIENCE

Dates of employment: From: To:		☐ Full time ☐ Part-time ☐ Volunteer ☐ Internship
Employer name:		
Employer address:		
Type of business:	Employer phone:	Employer email:
Position(s) held:	Supervisor's name:	
Description of duties:		
Reason for leaving:		Hourly rate/Salary:

Dates of employment: From: To:		☐ Full time ☐ Part-time ☐ Volunteer ☐ Internship
Employer name:		
Employer address:		
Type of business:	Employer phone:	Employer email:
Position(s) held:	Supervisor's name:	
Description of duties:		
Reason for leaving:		Hourly rate/Salary:

Do you object to your present employer being contacted: ☐ Yes ☐ No

If you answer "yes" and an employment offer is made, your current employer will be contacted.

EMPLOYMENT EXPERIENCE

Please answer the following questions s they relate to **all** prior employers, even if more than ten years ago. Use the "Supplemental Information" page at the end of the application, if necessary.

Have you ever been disciplined by any employer(s)? If yes, list the nature of each discipline, the employer, and the dates:	☐ Yes	☐ No
Have you ever been terminated or asked to resign from a job? If yes, list the nature of the termination/resignation, the employer, and the dates:	☐ Yes	☐ No
If you have law enforcement experience, have you ever been or are You currently under an internal investigation? If yes, list the nature of each internal investigation, the employer, and the dates:	☐ Yes	☐ No
Are you available to work nights, weekends, and holidays?	☐ Yes	☐ No
Are there specific times you cannot work? If yes, please explain:	☐ Yes	☐ No
Are you available to work shift work?	☐ Yes	☐ No
Do you have experience working shift work?	☐ Yes	☐ No
Can you travel if the job requires it?	☐ Yes	☐ No
Can you, with or without reasonable accommodation, perform the essential functions of this job? *If you have any questions about the essential functions of the job, please ask the interviewer before answering this question.	☐ Yes	☐ No

EDUCATION

HIGH SCHOOL OR EQUIVALENT	
Name of high school or equivalent:	Dates of attendance: From: To:
Address:	# of years completed:
	Type of Degree: ☐ High School Diploma ☐ GED ☐ High School Equivalency
COLLEGE, UNIVERSITY, VOCATIONAL AND/OR PROFESSIONAL	
Name of school:	Dates of attendance: From: To:
Address:	# of years completed: Credits completed:
	Degree obtained: ☐ Yes ☐ No Type of degree: Area of study:
COLLEGE, UNIVERSITY, VOCATIONAL AND/OR PROFESSIONAL	
Name of school:	Dates of attendance: From: To:
Address:	# of years completed: Credits completed:
	Degree obtained: ☐ Yes ☐ No Type of degree: Area of study:
GRADUATE SCHOOL	
Name of school:	Dates of attendance: From: To:
Address:	# of years completed: Credits complete:
	Degree obtained: ☐ Yes ☐ No Type of degree: Area of study:

EDUCATION

BASIC LAW ENFORCEMENT ACADEMY	
Name of school:	Dates of attendance: From: To:
Address:	Did you pass the Florida State exam: ☐ Yes ☐ No
BASIC CORRECTIONS ACADEMY	
Name of school:	Dates of attendance: From: To:
Address:	Did you pass the Florida State exam: ☐ Yes ☐ No
Academic or Professional Honors:	
Professional Affiliations:	
List special skills, qualifications, professional licenses, awards, and certificates acquired; list office machine(s) and software programs that you are proficient in, typing (WPM):	
List educational goals:	
Have you ever been suspended or expelled from school: ☐ Yes ☐ No If yes, please explain:	
Were you ever subjected to disciplinary action while in school? ☐ Yes ☐ No If yes, please explain:	

RESIDENCE HISTORY

Beginning with your current residence, chronologically list all residences for the past ten years. Include addresses while attending school away from home, all military addresses. Use the "Supplemental Information" page at the end of the application, if you need to provide additional residence information.

From (month/year): To (month/year):	☐ Rent ☐ Own	If rent, name of landlord and contact information: Name: Phone number:	
Residence address:			
City:	County:	State:	Zip code:
From (month/year): To (month/year):	☐ Rent ☐ Own	If rent, name of landlord and contact information: Name: Phone number:	
Residence address:			
City:	County:	State:	Zip code:
From (month/year): To (month/year):	☐ Rent ☐ Own	If rent, name of landlord and contact information: Name: Phone number:	
Residence address:			
City:	County:	State:	Zip code:
From (month/year): To (month/year):	☐ Rent ☐ Own	If rent, name of landlord and contact information: Name: Phone number:	
Residence address:			
City:	County:	State:	Zip code:

RESIDENCE HISTORY

Beginning with the most recent residence, chronologically list all residences for the past ten years. Include addresses while attending school away from home, all military addresses. Use the “Supplemental Information” page at the end of the application, if you need to provide additional residence information.

From (month/year): To (month/year):	☐ Rent ☐ Own	If rent, name of landlord and contact information: Name: Phone number:	
Residence address:			
City:	County:	State:	Zip code:
From (month/year): To (month/year):	☐ Rent ☐ Own	If rent, name of landlord and contact information: Name: Phone number:	
Residence address:			
City:	County:	State:	Zip code:
From (month/year): To (month/year):	☐ Rent ☐ Own	If rent, name of landlord and contact information: Name: Phone number:	
Residence address:			
City:	County:	State:	Zip code:
From (month/year): To (month/year):	☐ Rent ☐ Own	If rent, name of landlord and contact information: Name: Phone number:	
Residence address:			
City:	County:	State:	Zip code:

REFERENCES

NEIGHBORS: List two neighbors. If you do not know the name of your neighbors, list the address only.

Name (if known):
Address:
Name (if known):
Address:

PROFESSIONAL REFERENCES: List three professional references you have known for at least 5 years. DO NOT list neighbors or relatives. You must give complete information for each reference.

Name:		
Address:		
Cell Phone:	Work Phone:	Email:
Relationship of reference:	Occupation of reference:	Years Acquainted:
Name:		
Address:		
Cell Phone:	Work Phone:	Email:
Relationship of reference:	Occupation of reference:	Years Acquainted:
Name:		
Address:		
Cell Phone:	Work Phone:	Email:
Relationship of reference:	Occupation of reference:	Years Acquainted:

DRIVING RECORD

Do you possess a valid driver's license:	☐ Yes	☐ No
License number: State:	Type:	Non-Commercial Commercial Motorcycle
Have you ever had your driver's license suspended or revoked? If yes, list all details including date and State:	☐ Yes	☐ No
Was your license restored: Date:	☐ Yes	☐ No
Have you ever received a traffic citation, other than parking: If yes, complete the section below:	☐ Yes	☐ No

City/County/State	Issuing Agency	Date	Charge	Disposition

CRIMINAL HISTORY

Because you are applying to a law enforcement agency, you must include information about any arrest, conviction, or other criminal activity, even if the records are sealed or expunged. If you answer "yes" to any of the following questions, please give details. Use the "Supplemental Information" page at the end of the application, if you need to provide additional information.

Have you ever been arrested, charged or convicted of any felony and/or misdemeanor? If yes, list the date, charge, city/state and outcome:	☐ Yes	☐ No
Are you presently under any criminal investigations:	☐ Yes	☐ No
Have you ever been involved in any criminal activity, even if undetected?	☐ Yes	☐ No
Have you ever used marijuana, LSD, or any other illegal chemical drug? If yes, specify type and last time used:	☐ Yes	☐ No
Have you ever been involved in the sale, delivery or cultivation of illegal drugs? If yes, please explain:	☐ Yes	☐ No
Have you ever been, or known anyone who has been, associated with any organization, past or present, that would place the Police Department at risk? (e.g. KKK, Nazi organizations, ANTIFA, gang members, organized crime) If yes, please explain:	☐ Yes	☐ No
Do you now, or have you ever had any regular associations with persons whom you knew, or should have known, were under criminal investigation or indictment, or who had a reputation in the community or with law enforcement agencies, for involvement in criminal behavior? If yes, please explain:	☐ Yes	☐ No
Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the job, or which might require further explanation? If yes, please explain:	☐ Yes	☐ No

SUPPLEMENTAL INFORMATION

Please note the section and page number, before the explanation of supplemental information:

(EXAMPLE: Employment History/page 5:)

CERTIFICATION OF INFORMATION

Please read and sign in the presence of a Notary.

I CERTIFY that the information contained in this application is correct and complete to the best of my knowledge. I agree to inform the agency in writing of any additional information relating to questions raised on this application which occur after submitting the application. I realize that misrepresentations of facts or the failure to include or update information may be cause for denial or dismissal after employment.

I understand that each application will be given consideration, but its receipt does not imply that the candidate will be employed. The offer of employment is contingent upon my satisfactory completion of all preemployment procedures, which include the following: Application Screening, Writing Skills Test, Initial Interview, Truth Verification Exam, Background Investigation, Physical Abilities Test, Panel Interview, and any other testing that the Satellite Beach Police Department deems necessary as a condition of employment.

I understand, if I am offered conditional employment, a Medical Examination, Drug Test, and Psychological Evaluation will be required.

I understand, as part of my consideration for employment with the Satellite Beach Police Department, I may incur some expenses for background checks, medical tests, etc. I understand that I will not be reimbursed for these extra expenses wheth er employed or not. I also realize that this processing may be lengthy (up to one year) and that no employment commitments are expected to when actual employment may or may not take place.
I understand that the City participates in the United States Department of Homeland Security's E-Verify program, and that a satisfactory confirmation of employment eligibility is a condition of employment.

SHOULD I be employed by the Satellite Beach Police Department, I understand and accept that I must successfully complete a probationary period, and if deemed necessary by the agency, that probationary period may be extended beyond the minimum 12 month period and minimum completion of FTO (field training), Phases 1-4. If the probationary period is extended, I will be notified of the extension and the length of it. As a probationary employee, I understand that I may be discharged at-will with no entitlement to any administrative appeal. I acknowledge that during the probationary period, the Chief of Police has the exclusive right to discharge me for any or no reason. I understand and acknowledge that unless otherwise specified in writing, any employment relationship with the City of Satellite Beach is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time for any or no reason.
I UNDERSTAND that the continuation of processing does not guarantee that the results of preceding examinations were acceptable.
I ACKNOWLEDGE and I have read the above statements. This application is complete and accurate to the best of my knowledge. The City of Satellite Beach complies with all applicable state laws and regulations.

Name: _____

Signature: _____

Applicant will sign in ink on this line in the presence of a Notary Public.

The City of Satellite Beach is an equal opportunity employer. We consider applicants without regard to race, color, religion, creed, gender, national origin, age, disability, genetic information, marital or veteran status, or any other category protected by federal, state, or local law.

NOTARY:

Before me personally appeared:_____,
who says that they have executed this authorization of their own free will and with full knowledge of its purpose.

SWORN TO AND SUBSCRIBED before me this_____day of_____, 20 ____

_____
(Notary Public)

_____
My Commission Expires

☐ Personally Known
☐ Produced Identification
Type of I.D.:

UNITED STATES MILITARY RECORD

1. ☐Yes ☐No Have you ever been a member of the United States Armed Forces? If yes, please complete the section below.

2. ☐Yes ☐No Have you ever been disciplined or received an Article 15 while in the military? (List each discipline with dates and outcome.)

_____

_____

Military Branch:	Dates of Duty From: To:
Highest Rank/Final Rank:	Type/Date of Discharge:
Reserve/National Guard Status: Active ☐ Inactive ☐	Dates of Duty From: To:
Military Specialization/Duties:	

VETERANS' PREFERANCE: If you are claiming Veterans' Preference, check the appropriate box below. Documentation substantiating your claim must be furnished at the time of application.

☐ A veteran with a compensable service-connected disability who is eligible for or is receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veteran's administration and the Department of Defense, OR

☐ The spouse of a veteran who cannot qualify for employment because of total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, OR

☐ A veteran of any war who has served on active duty for 181 consecutive days or more, or has served 180 consecutive days or more since January 1, 1955 and who was discharged or separated there from with an honorable discharge from the Armed Forces of the U.S.A. if any part of such activity was performed during a wartime era. Active duty for training is not allowable, OR

☐ The un-remarried widow or widower of a veteran who died of a service-connected disability.

☐Yes ☐No Have you claimed and been employed through Veterans' Preference since October 1, 1987? If yes, give the name of the employer: _____

NOTE: Under Florida law, preference in appointment and employment shall be given, by the State and its political divisions, first to those persons included in 1 and 2 above, and in second to those persons included under 3 and 4 above. If an applicant claiming Veterans Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, Mary Grizzle Office Building, 11351 Ulmerton Road, Largo, FL 33778. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date of application filed with the employer, if no notice is given.

RELEASE OF INFORMATION

Please read and sign in the presence of a Notary.

Applicant: Please read carefully before signing this form. If you have any questions regarding the following statement or any questions contained in this application, please contact the Satellite Beach Police Department or Human Resources at City Hall before signing.

I authorize investigation for all statements contained in this Application for Employment, as may be necessary in arriving at an employment decision. I further authorize furnishing the Satellite Beach Police Department/City of Satellite Beach any and all information that you may have concerning my work record, school record, medical record, military record, reputation, personal background, civil/criminal records, drivers license information/driving history, and financial and credit status. Please include any and all reports including all information of a confidential or privileged nature, and copies of same, if requested. This information is to be used to assist in determining my qualifications and suitability for the position I am seeking with the Satellite Beach Police Department. I hereby release you, your organization, and others from liability or damage, which may result from furnishing the information requested above.

I UNDERSTAND that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon the release authorization will be considered in determining my suitability for employment by the Satellite Beach Police Department. This release will expire two (2) years from the date signed.

Name: _____

Signature _____

Applicant will sign in ink on this line in the presence of a Notary Public.

NOTARY:

Before me personally appeared: _____ , who says that they have executed this authorization of their own free will and with full knowledge of its purpose.

SWORN TO AND SUBSCRIBED before me this _____ day of _____ , 20 __

_____
(Notary Public)

_____
My Commission Expires

☐ Personally Known
☐ Produced Identification

Type of I.D.:

Authorized for local reproduction
Previous edition unusable
OMB No. 3095-0029 Expires 01/31/2015

REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at http://www.archives.gov/veterans/military-service-records/*

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	**4.** PLACE OF BIRTH

5. SERVICE, PAST AND PRESENT — or an effective records search, it is important that all service be shown below.

	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER Of unknown, write "unknown")
a. ACTIVE COMPONENT						
b. RESERVE COMPONENT						
c. NATIONAL GUARD						

6. IS THIS PERSON DECEASED? If "YES" enter the date of death.
☐ NO ☐ YES _____

7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?
☐ NO ☐ YES

SECTION II — INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

☐ **DD Form 214 or equivalent.** When was the DD Form(s) 214 issued? YEAR(S): _____
If more than one period of service was performed, even in the same branch, there may be more than one DD214.

This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. **An UNDELETED DD214 is ordinarily required to determine eligibility for benefits.** Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.

An undeleted copy will be sent unless you specify a deleted copy. Indicate here if you want a deleted copy of the DD Form 214.

The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost

☐ **All Documents in Official Military Personnel File (OMPF)**

☐ **Medical Records** (Includes Service Treatment Records, Health (outpatient) and dental records.) If hospitalized (inpatient), the facility name and date for each admission must be provided: _____

☐ **Other** (Specify): _____

2. PURPOSE: (An explanation of the purpose of the request is **strictly voluntary;** however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request) Check appropriate box:

☐ Benefits ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy [ ] Correction [ ] Personal

☐ Other, explain: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS: *(Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.) No signature required for Archival records.*

☐ Military service member or veteran identified in Section I, above
☐ Legal guardian (Must submit copy of court appointment.)
☐ Next of kin of *deceased* veteran: _____ ☐ Other (specify) _____
(Relationship)

MUST HAVE PROOF OF DEATH - See item 2a on instruction sheet.

2. SEND INFORMATION/DOCUMENTS TO:
(Please print or type. See item 4 on accompanying instructions)

Name

Address

City State Zip Code

3. AUTHORIZATION SIGNATURE WHEN REQUIRED *(See items 2a or 3a on accompanying instructions.)* I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct. No signature required for Archival records.

Signature Required - Do not print **Date**

( ) ( )
Daytime phone Fax Number Apt.

Email address

*This form is available at *http:/lwww.archives.goviresearch/order/standard-form-180.pdf* on the National Archives and Records Administration (NARA) web site.*

Authorized for local reproduction
Previous edition unusable

OMB No. 3095-0029 Expires 01/31/2015

LOCATION OF MILITARY RECORDS

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBERService	ADDRESS CODE	
		Personnel Record	Medical or Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 — 9/30/2004	14	11
	Discharged, deceased, or retired on or after 10/1/2004	1	11
		1	
	Reserve, retired reserve in nonpay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	13	
COAST GUARD	Discharge , deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 — 3/31/1998	14	14
	Discharged, deceased, or retired on or after 4/1/1998	14	11
	Active, reserve, or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1905	6	
	Discharged, deceased, or retired 1/1/1905 — 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 — 12/31/1998	14	11
	Discharged, deceased, or retired on or after 1/1/1999	4	11
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 — 10/15/1992 (enlisted) or 7/1/1917 — 10/15/1992 (officer)	14	
	Discharged, deceased, or retired after 10/16/1992	14	11
	Active enlisted, officers	7	
	Former National Guard/USAR personnel	14	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 — 1/30/1994 (enlisted) or 1/1/1903 — 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 — 12/31/1994	14	11
	Discharged, deceased, or retired on or after 1/1/1995	10	11
	Active, reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	12	

ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE) — Where to write/send this form

1	**Air Force Personnel Center** **HQ AFPC/DPSIRP** **550 C Street West, Suite 19** **Randolph AFB, TX 78150-4721**	6	**National Archives & Records Administration** **Old Military and Civil Records (NWCTB-Mffitary)** **Textual Services Division** **700 Pennsylvania Ave., N.W.** **Washington, DC 20408-0001**	11	**Department of Veterans Affairs** **Records Management Center** **P.O. Box 5020** **St. Louis, MO 63115-5020**
2	**Air Reserve Personnel Center** **Records Management Branch (DPTARA)** **18420 E. Silver Creek Ave.** **Bldg. 390 MS 68** **Buckley AFB, CO 80011**	7	**US Army Human Resources Command** **ATTN: AHRC-PDR-V** **1600 Spearhead Division Ave., Dept 420 Fort Knox, KY 40122-5402 askhrc.army@us.army.m il**	12	**Division of Commissioned Corps Officer Support** **ATTN: Records Officer** **1101 Wooton Parkway, Plaza Level, Suite 100** **Rockville, MD 20852**
3	**Commander, Personnel Service Center (PSD-MR) MS7200** **US Coast Guard** **4200 Wilson Blvd., Suite 1100** **Arlington, VA 29598-7200** **http://uscg.mH/psc/adm**	8	***Reserved***	13	***Reserved***
4	**Headquarters U.S. Marine Corps** **Manpower Management Support Branch (MMSB-10)** **2008 Elliot Road** **Quantico, VA 22134-5030**	9	***Reserved***	14	**National Personnel Records Center (Military Personnel Records)** **1 Archives Dr.** **St. Louis, MO 63138-1002** **eVetRecs!** ***hapSwww.archives.govIveteransimilitary-service-records/***
5	**Marine Forces Reserve** **4400 Dauphine St.** **New Orleans, LA 70146-5400**	10	**Navy Personnel Command (PERS-312E)** **5720 Integrity Drive** **Millington, TN 38055-3120**		

VETERANS' PREFERENCE FORM

Applicant Name: _____ **Social Security #**: _____

Have you ever been in the armed forces? Yes ☐ No ☐

Do you want to claim veterans' preference? Yes ☐ No ☐

If yes, you must appropriate the required documentation noted below to confirm eligibility and complete the following:

I am claiming veterans' preference based on the following: (please check appropriate response)

_☐_ Disabled Veterans: **15 points/percent . (At the time of application you must supply military discharge papers or equivalent certification from the DVA listing military status, dates of service and Character of Discharge as well as documentation certifying a service connected disability to be eligible for this benefit)**

_☐_ The spouse of a Veteran with a total and permanent service-connected disability, Missing in action, Captured in line of duty by a hostile force, or Detained or Interned in line of duty by a foreign government or power: **10 points/percent . (At the time of application you must supply evidence of marriage and a statement that you are still married to the Veteran; applicable military discharge papers or equivalent certification from the DVA listing military status, dates of service and Character of Discharge; applicable documentation certifying the Veteran has a service connected disability and proof that the disabled Veteran cannot qualify for employment because of the service connected disability; if applicable certification that the active duty Veteran is listed as missing in action, captured in line of duty or forcibly detained or interned in line of duty to be eligible for this benefit)**

_☐_ A Veteran of any war who has served at least one day during that wartime period or who has been awarded a campaign or expeditionary medal: **10 points/percent**. **(At time of application you must supply military discharge papers or equivalent certification from the DVA listing military status, dates of service and Character of Discharge to be eligible for this benefit)**

Wartime periods include:

World War II: December 7, 1941 – December 31, 1946

Korean Conflict: June 27, 1950 – January 31, 1955

Vietnam Era: February 28, 1961 – May 7, 1975

Operation New Dawn: September 1, 2010 to TBD

Persian Gulf War: August 2, 1990 – January 2, 1992

Operation Enduring Freedom: October 7, 2001 – date to be determined

Operation Iraqi Freedom: March 19, 2003 – date to be determined

_☐_ The un-remarried widow or widower of a Veteran who died of a service-connected disability: **10 points/percent** . **(At the time of application you must supply evidence of marriage and a statement that you remain unmarried, certification from the Department of Defense that your spouse died as the result of a service-connected disability to be eligible for this benefit)**

_☐_ The mother, father, legal guardian, or un-remarried widow or widower of a service member who died as a result of military service under combat-related conditions: **10 points/percent (At the time of application you must supply certification of your relationship to the Veteran and for widows or widowers that you remain unmarried and that the Veteran died while on duty status under combat-related conditions to be eligible for this benefit)**

_☐_ A Veteran as defined in Section 1.01 (14), Florida Statutes: The term 'Veteran' means a person who served in the active military, naval, or air service and who was discharged under honorable conditions: **5 points/percent (At the time of application you must supply military discharge papers or equivalent certification from the DVA listing military status, dates of service and Character of Discharge to be eligible for this benefit)**

_☐_ A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard: 5 points/percent. (At the time of application you must supply a letter from your Commanding Officer stating the dates of your military service to establish that you are currently active to be eligible for this benefit.

If you believe that you did not receive veterans' preference in accordance with FL Administrative Code, you have the right to an investigation by filing a complaint with the Florida Department of Veterans' Affairs, PO Box 31003, St. Petersburg, FL 33731, within three months of the date the application was filed.