

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

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



Jeff M. Pearson
 Chief of Police

INCORPORATED 1957

SATELLITE BEACH POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT



Date of Application:		
Last Name:	Middle:	First:
Street Address:		
City:	State:	Zip:
Email Address:	Home Phone:	Mobile Phone:
Are you 18 years or older? (civilian position) <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 19 years or older? (sworn position) <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Employment Seeking <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
Position Applied for:	Desired Salary Range:	Date Available to Work:

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." The application must be completed by the candidate only and must be notarized as indicated.

I understand that false statements or consequential omissions of any kind are sufficient grounds for denying employment or dismissal.

You are hereby informed that 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 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.

You must provide the following documents when you submit this form. (The S.B.P.D. will certify documents for you, but you MUST have the originals available.)

1. Birth certificate
2. High School or GED diploma/transcripts for GED
3. Current Drivers License
4. College degree; college transcripts, if applicable (Does not need to be "official" copy.)
5. DD214/Military discharge with re-enlistment code, if applicable("long" form)
6. Marriage certificate, if applicable
7. Proof of legal name change, if applicable
8. Law Enforcement/Corrections Academy Certificate(s), if applicable
9. Florida Basic State Law Enforcement/Corrections Exam results, if applicable
10. Other documents reflecting your qualifications, e.g., letters of recommendation, training certificates.
11. Applicants with law enforcement/corrections experience must provide the last three evaluations from current and/or previous agencies.

INDIVIDUAL INFORMATION

1. Sex: _____ Race: _____ (For statistical purposes and criminal history use)

2. List all other names you have used, including maiden names and nicknames:

3. How did you hear about us?

Job Fair Employment Agency

Website Newspaper

Employee Referral? Please indicate individual by name:

Other: _____

4. Yes No Are you a U.S. Citizen?

5. Yes No Do you have any relatives working for the City of Satellite Beach?

Name: _____

Relationship: _____

6. Yes No Have you ever been an employee of the City of Satellite Beach?

Position: _____ Dates: _____

7. Yes No Have you ever applied for a position with the City of Satellite Beach?

Beach?

Position(s): _____ Dates: _____

8. Yes No Have you ever applied to another law enforcement agency?

List agencies and Dates of application: _____

9. Please list any language, other than English, that you can read, write and/or speak fluently?

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

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 law enforcement agency experience must be listed, even if 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 below. Applicants may be required to furnish proof of employment experience. Attach a separate sheet or copy this form, if necessary.

1. Employer: _____ From: _____ To: _____ Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>					
Complete Address: _____					
Number		Street		City	State Zip
Phone: (____) _____		Position(s) Held: _____			
Supervisor: _____		Type of Business: _____			
Description of Duties: _____					
Reason for Leaving: _____			Hourly Rate/Salary: _____		

2. Employer: _____ From: _____ To: _____ Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>					
Complete Address: _____					
Number		Street		City	State Zip
Phone: (____) _____		Position(s) Held: _____			
Supervisor: _____		Type of Business: _____			
Description of Duties: _____					
Reason for Leaving: _____			Hourly Rate/Salary: _____		

3. Employer: _____ From: _____ To: _____ Full-Time Part-Time

Complete Address: _____
 Number Street City State Zip

Phone: (____) _____ Position(s) Held: _____

Supervisor: _____ Type of Business: _____

Description of Duties: _____

Reason for Leaving: _____ Hourly Rate/Salary: _____

4. Employer: _____ From: _____ To: _____ Full-Time Part-Time

Complete Address: _____
 Number Street City State Zip

Phone: (____) _____ Position(s) Held: _____

Supervisor: _____ Type of Business: _____

Description of Duties: _____

Reason for Leaving: _____ Hourly Rate/Salary: _____

5. Employer: _____ From: _____ To: _____ Full-Time Part-Time

Complete Address: _____
 Number Street City State Zip

Phone: (____) _____ Position(s) Held: _____

Supervisor: _____ Type of Business: _____

Description of Duties: _____

Reason for Leaving: _____ Hourly Rate/Salary: _____

Yes No

Do you object to your present employer being contacted?

(If you answer no and an employment offer is made, we must contact your current employer at that time.)

Please answer the following questions as they relate to all prior employers, even if more than ten years ago. (Attach a separate sheet, if necessary)

Yes No Have you ever been disciplined by any employer(s)? If yes, list the nature of each discipline, the employer and dates:

Yes No Have you ever been terminated or asked to resign from a job? If yes, list the employer and details:

Yes No If you have law enforcement experience, have you ever been or are you currently under internal investigation? If yes, list the employer, each incident, and outcome:

Yes No Are you available to work nights, weekends and holidays?

Yes No Are there specific times that you cannot work? If yes, please explain:

Yes No Are you available to work shift work?

Yes No Have you ever had 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 functions of the job, please ask the interviewer before answering this question)

EDUCATION

High School or Equivalent		Degree Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
School:	# of Years Completed	General education diploma (GED) or a high school equivalency?
City:	State:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No

College, University, Trade School, Vocational and/or Professional Information		Degree Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
School:	# of Years Completed	How many credits are completed?
City:	State:	
		Course of Study

College, University, Trade School, Vocational and/or Professional Information		Degree Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
School:	# of Years Completed	How many credits are completed?
City:	State:	
		Course of Study

Graduate School		Degree Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
School:	# of Years Completed	How many credits are completed?
City:	State:	
		Course of Study

Basic Law Enforcement Academy		
School:	From:	Did you pass the Florida State exam? <input type="checkbox"/> Yes <input type="checkbox"/> No
City:	mo/yr	
State:	To:	
		mo/yr

Basic Corrections Academy		Did you pass the Florida State exam? <input type="checkbox"/> Yes <input type="checkbox"/> No
School:	From: mo/yr	
City:	To: mo/yr	
State:		

Academic or Professional Honors:

Professional Affiliations:

Please list any special skills, qualifications, professional licenses, awards and certificates acquired from employment or other experience. Indicate specialized training, apprenticeship, or skills including any office machines, software, typing (WPM), etc.

Do you have specific educational goals? If so, please list below:

Were you ever suspended or expelled from school? Yes No

If yes, please explain:

Were you ever subject to disciplinary action while in school? Yes No

If yes, please explain:

RESIDENCES

Beginning with the most recent, list chronologically all of your residences for the past **ten years**. Include addresses while attending school away from home, and all military addresses. Attach an additional sheet, if necessary.

Month/Year	Month/Year
From: _____	To: _____ Own <input type="checkbox"/> Rent <input type="checkbox"/>
Street Address: _____	
City: _____	County: _____ State: _____ Zip: _____

Month/Year	Month/Year
From: _____	To: _____ Own <input type="checkbox"/> Rent <input type="checkbox"/>
Street Address: _____	
City: _____	County: _____ State: _____ Zip: _____

Month/Year	Month/Year
From: _____	To: _____ Own <input type="checkbox"/> Rent <input type="checkbox"/>
Street Address: _____	
City: _____	County: _____ State: _____ Zip: _____

Month/Year	Month/Year
From: _____	To: _____ Own <input type="checkbox"/> Rent <input type="checkbox"/>
Street Address: _____	
City: _____	County: _____ State: _____ Zip: _____

Month/Year	Month/Year
From: _____	To: _____ Own <input type="checkbox"/> Rent <input type="checkbox"/>
Street Address: _____	
City: _____	County: _____ State: _____ Zip: _____

Month/Year	Month/Year
From: _____	To: _____ Own <input type="checkbox"/> Rent <input type="checkbox"/>
Street Address: _____	
City: _____	County: _____ State: _____ Zip: _____

REFERENCES

NEIGHBORS: List two neighbors. You do not need to know the names of the individuals.

Name (if known):	Address (Street, City, State, Zip)
Name (if known):	Address (Street, City, State, Zip)

LANDLORD: If you currently reside in an apartment or rental home, list landlord below.

Name:	Address (Street, City, State, Zip)
-------	------------------------------------

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

Name:	Relationship of Reference:	Occupation/Current Company:
Address: Street	City State Zip	Years Acquainted
Home Phone:	Work Phone:	Email:

Name:	Relationship of Reference:	Occupation/Current Company:
Address: Street	City State Zip	Years Acquainted
Home Phone:	Work Phone:	Email:

Name:	Relationship of Reference:	Occupation/Current Company:
Address: Street	City State Zip	Years Acquainted
Home Phone:	Work Phone:	Email:

DRIVING RECORD

1. Yes No Do you possess a valid driver's license?

Type: Operator's Chauffeur's

License Number: _____

State: _____

2. Yes No Have you ever had a driver's license suspended or revoked?

Please list all details, including date and state below:

3. Yes No Have you ever received a traffic citation, other than parking?
If yes, complete the section below:

City/County/State	Issuing Agency	Date	Charge	Disposition

CRIMINAL RECORD

NOTE: 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.

1. Yes No Have you ever been arrested, charged, or convicted of any felony and/or misdemeanor?

(city, state, year, charge and result)

2. Yes No Are you presently under any criminal investigation?
If yes, please explain:

3. Yes No Have you ever been involved in any criminal activity, even if undetected?

4. Yes No Have you ever used marijuana, LSD, or other illegal chemical drugs? If yes, specify type and last time used:

5. Yes No Have you ever been involved in the sale, delivery or cultivation of illegal drugs?

6. 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 in question? (e.g., KKK, Nazi organization, gang member, organized crime)

7. 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?

8. 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?

This area for official use only

TELETYPE INFORMATION:

F.C.I.C.	Negative <input type="checkbox"/>	10-27 <input type="checkbox"/>	Checked by: _____
N.C.I.C.	Negative <input type="checkbox"/>	10-27 <input type="checkbox"/>	Checked by: _____
Local/Civil	Negative <input type="checkbox"/>	10-27 <input type="checkbox"/>	Checked by: _____
Local	Negative <input type="checkbox"/>	10-27 <input type="checkbox"/>	Checked by: _____
History	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Checked by: _____
Driver's License	Valid <input type="checkbox"/>	Invalid <input type="checkbox"/>	Checked by: _____
Driver's License Type:	_____		
	Expiration: _____		Checked by: _____

Teletype Operator: Attach only the 10-27 and criminal history information.

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 0 Inactive 0	Dates of Duty From: To:
Military Specialization/Duties:	

VETERANS' PREFERENCE: 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.:

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 whether 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)

Personally Known
 Produced Identification
Type of I.D.:

My Commission Expires

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. General Information. The Standard Form 180, Request Pertaining to Military Records (SF180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF180 for record locations and facility addresses.

Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next of kin using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>.

2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR). Personnel records of military members who were discharged, retired, or died in service **less than 62 years** ago and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STR's of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veterans Affairs approximately 40 days after the last day of active duty. (See item 3, Archival Records, if the military member was discharged, retired or died in service over 62 years ago.)

a. Release of information: Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. An authorization signature, of the service member or the member's legal guardian, is needed in Section III of the SF180. Others requesting information from military personnel records and/or STR's must have the release authorization in Section III of the SF 180 signed by the member or legal guardian. If the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the general public. The next of kin may be any of the following: =remarried surviving spouse, father, mother, son, daughter, sister, or brother. Requesters **must provide proof of death, such as a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death; funeral director's signed statement of death, or verdict of coroner's jury.**

b. Fees for records: There is no charge for most services provided to service members or next of kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified.

3. Archival Records. Personnel records of military members who were discharged, retired, or died in service **62 or more years** ago have been transferred to the legal custody of NARA and are referred to as "archival" records.

a. Release of Information: Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next of kin is not required. However, in order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and preclude the release of some information.

b. Fees for Archival Records: Access to archival records is granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). You will be notified if there is a charge for photocopies of documents contained in the record you are requesting. For more information see <http://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html>.

4. Where reply may be sent. The reply may be sent to the service member or any other address designated by the service member or other authorized requester.

5. Definitions and abbreviations. DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL — Temporary Disability Retired List.

6. Service completed before World War I. National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.**

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. <input type="checkbox"/> NO <input type="checkbox"/> YES _____				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> 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.

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.

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

Name		Signature Required - Do not print		Date
_____		_____		_____
_____		Street		Apt.
Daytime phone		Fax Number		
City	State	Zip Code	Email address	

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 MEMBER	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
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	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.mil	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton 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	<i>Reserved</i>	13	<i>Reserved</i>
4	Headquarters U.S. Marine Corps Manpower Management Support Branch (MMSB-10) 2008 Elliot Road Quantico, VA 22134-5030	9	<i>Reserved</i>	14	National Personnel Records Center (Military Personnel Records) 1 Archives Dr. St. Louis, MO 63138-1002
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		eVetRecs! http://www.archives.gov/veterans/military-service-records/



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

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

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

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

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

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

Operation New Dawn: September 1, 2010 to TBD

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.