



FOR HR USE: \_\_\_\_\_

VILLAGE OF PINECREST  
Office of the Village Manager  
Human Resources

APPLICANT LAST NAME, FIRST NAME: \_\_\_\_\_

C H E C K L I S T f o r C i v i l i a n P o s i t i o n s

**INSTRUCTIONS:**

1. Your employment application must be submitted online at <http://www.pinecrest-fl.gov/>. All questions on the application must be answered. If a question does not apply, please indicate N/A.
2. In addition to submitting your online employment application, you **MUST** also submit the supporting documentation as requested on this Checklist (see required items below).
3. The Checklist with the required supporting documents must then be delivered in person or received via US Mail by the Human Resources Office no later than **ten (10) working days after submission of your employment application.**
4. Documents may be delivered in person during regular office hours, Monday - Friday, 8:00 a.m. - 4:30 p.m., or mailed to: Village of Pinecrest, Human Resources Office, 12645 Pinecrest Parkway, Pinecrest, FL 33156.
5. Use the Checklist to determine which documents are applicable to you and also include the Checklist with your supporting documentation. **DO NOT** upload or attach any documents with your online application.
6. Your ability to properly and completely follow instructions as requested will be evaluated and used as one basis for selection decisions. NOTE: Incomplete applications and/or missing documentation will not receive consideration.

Item #	Document	Description	HR Use Only Rec'd: Y or N
1	Police Department Civilian Employment Application	<b>Required.</b> Complete online at <a href="http://www.pinecrest-fl.gov/">http://www.pinecrest-fl.gov/</a>	
2	Driver's License	<b>Required.</b> Provide photocopy.	
3	Social Security Card	<b>Required.</b> Provide photocopy. In compliance with Florida Statutes §119.071(5), the Village of Pinecrest collects and uses your Social Security number <u>only</u> for legitimate employment business purposes.	
4	Birth Certificate	<b>Required.</b> Provide photocopy.	
5	FDLE 58 Authority for Release of Information	<b>Required.</b> Must be <u>notarized.</u>	
6	High School Diploma or Equivalent (GED)	<b>Required.</b> Provide photocopy.	
7	Certified College/University Transcripts	<b>Required <u>only</u> if the position requires a college degree.</b> Original sealed transcripts only, no photocopies.	
8	Disclosure and Authorization Form	<b>Required.</b> Must be <u>notarized.</u>	
9	Veteran's Preference Form	If applicable. Must accompany DD214.	
10	DD214 Military Separation	If applicable, provide photocopy. If claiming Veteran's Preference DD214 is required.	
11	Request for Military Records	If applicable.	
12	Fingerprint Authorization	<b>Required</b>	
15	Neighborhood Contact List	<b>Required.</b>	
16	Personal & Professional References List	<b>Required.</b>	





VILLAGE OF PINECREST  
Office of the Village Manager  
Human Resources  
Employment Opportunities

## POLICE DEPARTMENT APPLICANTS

Thank you for your employment interest with the Village of Pinecrest Police Department. We are accredited by the Commission on Accreditation for Law Enforcement Agencies and the Commission for Florida Law Enforcement Accreditation. We hope you find the following information helpful in your decision to join our department and wish you the best of luck in the selection process.

The Village of Pinecrest incorporated on March 12, 1996 and is located in Southeast Florida in Miami-Dade County. It is roughly eight square miles in size with a population of approximately 18,223 residents. It is a relatively affluent community with highly sought after housing. There is a commercial district along Pinecrest Parkway (US 1) between Southwest 88th Street and Southwest 136th Street. Most of the remaining area is residential. The Village operates under a Council-Manager form of government. The Pinecrest Police Department commenced patrol operations on July 1, 1997.

The authorized staffing for the department is currently fifty-one sworn officers, ten dispatchers, two records clerks, one information technology specialist, one administrative assistant, one payroll/account clerk, one victim services coordinator, five community service aides and four school crossing guards. Officers carry a department issued Glock 40 caliber semi-automatic handgun, an ASP baton, Taser and OC "Pepper" Spray. All officers are provided with ballistic vests, which must be worn. The department is currently working a normal 8-hour, 5-day schedule.

The department provides full E-911 dispatching services from 1 of only 7 Public Safety Answering Points (PSAP) in Miami-Dade County. Community Service Aides support the law enforcement mission by investigating accidents and assuming primary responsibility for parking enforcement.

Once again, we thank you for your interest in the Village of Pinecrest Police Department and wish you much luck and success in the selection process.

12645 Pinecrest Parkway, Pinecrest, Florida 33156  
T: 305.234.2121 | F: 305.234.2131  
[www.pinecrest-fl.gov](http://www.pinecrest-fl.gov) | [jobs@pinecrest-fl.gov](mailto:jobs@pinecrest-fl.gov)

EQUAL OPPORTUNITY EMPLOYER | M/F/V/D | DRUG & SMOKE FREE WORKPLACE





Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

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



CJSTC 58

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

AGENCY REQUESTING BACKGROUND INFORMATION:

ADDRESS:

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

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

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

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

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

Applicant's Signature Date

Applicant's Address

OATH

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

STATE OF COUNTY OF

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

day of, year, By

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced



**FAIR CREDIT REPORTING ACT DISCLOSURE FORM**  
**AND AUTHORIZATION TO RELEASE INFORMATION**

**DISCLOSURE**

As an applicant for employment or volunteer service or a current employee of the Village of Pinecrest, you are a consumer with rights under the Fair Credit Reporting Act. As part of the employment process, including for determinations related to initial employment, reassignment, promotion, or other employment-related actions, the Village of Pinecrest may obtain, or has decided to obtain, from a consumer reporting agency, a consumer report and/or investigative consumer report on you as defined by the Fair Credit Reporting Act.

A “consumer reporting agency” is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as the Village of Pinecrest.

A “consumer report” means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, and credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment.

An “investigative consumer report” means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews by an entity or person that is a consumer reporting agency with your neighbors, friends, or associates or with others with whom you are acquainted or who may have knowledge concerning any such items of information. In connection with an investigative consumer report, you may request, in writing and within a reasonable time, additional disclosures regarding the nature and scope of the investigation as well as a written summary of your rights under the Fair Credit Reporting Act.

The information sought may include but not be limited to a number of sources, such as: criminal conviction records; public court records; and **when applicable**, Department of Motor Vehicle records; credit reports; and verification of highest degree; and, **if applicable**, current professional license or certification earned, including information regarding your credit, standing, capacity and history or similar characteristics; character; general reputation; personal characteristics; or mode of living. The information requested may also include employment verification and social security verification.

*Authorization to Release Information Continued on next page.*



AUTHORIZATION TO RELEASE INFORMATION

I have read and understand the above Disclosure. During the application process as a selected candidate and at any time during the tenure of my employment/service with the Village of Pinecrest, I hereby authorize the Village of Pinecrest to procure one or more consumer reports and/or investigative consumer reports on me for employment purposes...

I understand that the Village of Pinecrest requires my social security number, date of birth, race and sex information, as required by the Immigration and Control Act of 1986-8 USC 1324, for use in the proper identification and background screening of employees.

I acknowledge that I have read this Authorization to Release Information, fully understand it, and freely and voluntarily agree to its provisions.

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

Print Full Name: [Text Box]

Social Security Number:\* [Text Box] Date of Birth: [Text Box]

\* For Identification Purposes Only. Note: Your social security number is required for the procurement of a background check and will not be disclosed to any third party except as required by law.

Current Address: [Text Box]
Street/P.O. Box City State Zip Code

AFFIDAVIT

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_ BY \_\_\_\_\_

WHO IS PERSONALLY KNOWN TO ME OR PRODUCED THE FOLLOWING IDENTIFICATION: \_\_\_\_\_

NOTARY PUBLIC SEAL OF OFFICE:

SIGNATURE OF NOTARY PUBLIC: \_\_\_\_\_

NOTARY PUBLIC, PRINT NAME: \_\_\_\_\_



CLAIM FOR VETERANS' PREFERENCE FORM

Instructions: Complete both pages of this form if you are claiming veterans' preference and provide all required documentation from the Department of Defense (DD) and/or the Department of Veterans' Affairs (DVA) and submit as part of your employment package.

Name: [ ] Position Applied: [ ]

The veterans' preference law covers state government and all its political subdivisions, including counties, municipalities, special districts, public universities and community colleges. However, certain positions are excluded from the law subject to review by an administrative body, the Public Employees Relations Commission (PERC). In addition, veterans' preference is only available to Florida residents. Chapter 295.07(3) F.S.

Check the box below to indicate the type of preference you are claiming. Answer all questions associated with that box and provide the listed documentation. Section 295.07, Florida Statutes, extends veterans' preference to:

- ☐ A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Department of Veterans Affairs and the Department of Defense.
• A veteran with a compensable service-connected disability shall furnish a Department of Defense document, commonly known as form DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type. In addition, the disabled veteran shall also furnish a document from the Department of Defense, the DVA, or the Department certifying that the veteran has a service-connected disability.
☐ The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power.

Are you presently married to the veteran? ☐ Yes ☐ No

If No, have you remarried? Do not count marriages that were annulled. ☐ Yes ☐ No

- Spouses of disabled veterans shall furnish a Department of Defense document, commonly known as form DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing the spouse's military status, dates of service and discharge type. In addition, spouses of disabled veterans shall also furnish either a certification from the Department of Defense or the VA that the veteran is totally and permanently disabled or an identification card issued by the Department; spouses shall also furnish evidence of marriage to the veteran and a \*statement that the spouse is still married to the veteran at the time of the application for employment; the spouse shall also submit proof that the disabled veteran cannot qualify for employment because of the service-connected disability.
• Spouses of persons on active duty shall furnish a document from the Department of Defense or the DVA certifying that the person on active duty is listed as missing in action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign government or power; such spouses shall also furnish evidence of marriage and \*a statement that the spouse is married to the person on active duty at the time of that application for employment.

\* Signing this form will serve as statement that you are still married to the veteran at the time of this application.

- ☐ Veteran of any war, who has served at least one day during that war time period as defined in subsection 1.01 (14) or who has been awarded a campaign or expeditionary medal. Active duty for training shall not be allowed for eligibility under this paragraph.
• A veteran of any war who has served on active duty for one day or more during a wartime period shall furnish a Department of Defense document, commonly known as form DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type.
☐ The unremarried widow or widower of a veteran who died of a service-connected disability.

Were you married to the veteran when he or she died? ☐ Yes ☐ No

Have you remarried since the veteran's death? Do not count marriages that were annulled. ☐ Yes ☐ No

- The unremarried widow or widower of a deceased veteran shall furnish a document from the Department of Defense or the DVA certifying the service-connected death of the veteran, and shall further furnish evidence of marriage and \*a statement that the spouse is not remarried.

\*Signing this form will serve as statement that you (the spouse) is not remarried at the time of this application.

- The mother, father, legal guardian, or unremarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the U.S. Department of Defense.
  - The mother, father, legal guardian, or unremarried widow or widower of a deceased Veteran shall furnish a document from the Department of Defense showing the death of service member while on duty status under combat-related conditions or the DVA certifying the service-connected death of the Veteran, and shall further furnish evidence of marriage. The legal guardian shall show the proper court documents establishing the legal authority for the Guardian.
- A Veteran as defined in section 1.01m (14) Florida Statutes. "Active Duty for Training" may not be allowed under this paragraph. The term "veteran" is defined as a person who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions.
  - A veteran as defined in section 1.01m (14) Florida Statutes shall furnish a Department of Defense document, commonly known as form DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type.
- A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard.
  - Current reserve members and National Guard members provide a letter from their Commanding Officer or military human resources department stating the dates of their military service to establish that they are currently active.

Please check the appropriate statement as it applies to you. Section 295.07, Florida Statutes, extends veterans' preference to:

- Operation New Dawn: September 1, 2010 to Present
- Operation Iraqi Freedom: March 19, 2003 to Present
- Operation Enduring Freedom: October 7, 2001 to Present
- Persian Gulf: August 2, 1990 to January 2, 1992
- Vietnam Era: February 28, 1961 to May 7, 1975
- Korean Conflict: June 27, 1950 to January 31, 1955
- World War II: December 7, 1941 to December 31, 1946
- A veteran who has served in a Campaign or Expedition for which a qualifying Campaign Badge has been authorized, including: Armed Forces Expeditionary Medal or the Global War on Terrorism Expeditionary Medal.

Active duty for training is not covered for veterans' preference purposes. F.S. 295.07

In order to be eligible, you must be a resident of the State of Florida.

Branch of Service	Date of Entry	Date of Discharge	Type of Discharge

Effective July 1, 2007, preference eligibility no longer expires upon appointment of the eligible person to a position with the state or any political subdivision in the state. Persons who were previously ineligible for preference because they held or are currently holding a job with a public employer may now be eligible to use their veterans' preference again with all employers covered by the law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE:** Chapter 295 of the Florida Statutes sets forth certain requirements for public employers to accord preferences in appointment, retention and promotion to certain qualified servicemembers/veterans and certain spouses/family members of these servicemembers/veterans. Preference in appointment and employment requires that a preferred applicant be given preference at each step of the employment selection process, but does not require the employment of a preferred applicant over a non-preferred applicant who is the most qualified for the position.

An applicant eligible for Veterans' Preference who believes he or she was not afforded employment preference in accordance with Chapter 295 may file a complaint with the Department of Veterans' Affairs at 9500 Bay Pines Blvd., Room 214, St. Petersburg, Florida 33708, requesting an investigation. When the applicant has received notice of a hiring decision from a covered employer, the complaint shall be filed within 21 calendar days from the date notice is received by the applicant and/or as otherwise provided in Florida Administrative Code R. 55A-7. Also, § 295.07(4) Florida Statutes provides exemptions to Veterans' Preference.

## 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 (OHS, 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: unremarried 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](mailto: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 (OHS, 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 (For an effective records search, it is important that all service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE COMPONENT						
b. RESERVE COMPONENT						
c. NATIONAL GUARD						

6. IS THIS PERSON DECEASED? If "YES" enter the date of death.      7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?

NO     YES       NO     YES

## SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

I. 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 00214.

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 undelated 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

I. 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: \_\_\_\_\_  
(Relationship)

Other (specify) \_\_\_\_\_

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 Service 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 10/11/2004	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	II
	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	II
	Discharged, deceased, or retired on or after 1/1/1999	4	II
	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	II
	Discharged, deceased, or retired on or after 1/1/1995	10	II
	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-Military) 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 TX 76011	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 <a href="http://uscg.mil/psc/adm">http://uscg.mil/psc/adm</a>	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  eVetRecs! <a href="http://www.archives.gov/veteransmilitary-service-records/">http://www.archives.gov/veteransmilitary-service-records/</a>
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		



## APPLICANT NOTIFICATION AND ACKNOWLEDGEMENT

This form shall be completed and signed by every applicant for background screening purposes. A copy of the signed acknowledgment is recommended to be securely retained in the applicant's personnel file during their employment with the agency.

I hereby authorize the Pinecrest Police Department to process a set of my fingerprints for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me to determine eligibility for employment or licensure.

I understand the following:

- My fingerprints will be retained at the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI) to provide notice of any subsequent modifications to my criminal history records.
- If Pinecrest Police Department's policy permits, the Pinecrest Police Department may provide me with a copy of my FBI history record for review and possible changes.
- A copy of any national criminal history records that may pertain to me can be obtained directly from the FBI.
- I am entitled to challenge the accuracy and completeness of any information contained in any such criminal history record according to F.S. 943.056 and Title 28, CFR, Section 16.30-34.
- I am entitled, within a reasonable amount of time, to a determination as to the validity of my challenge before a final decision is made regarding my status as an employee, volunteer, contractor, or subcontractor if it is the sole factor precluding my employment of unescorted access to the secure facility.

---

Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

DOB: \_\_\_\_\_



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Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

DOB: \_\_\_\_\_

VILLAGE OF PINECREST  
EMPLOYMENT APPLICATION  
NEIGHBORHOOD CONTACT LIST

APPLICANT'S NAME: \_\_\_\_\_

PROVIDE BELOW THE CONTACT INFORMATION FOR AT LEAST THREE (3) NEIGHBORS. Complete all applicable fields for each contact.

Name	
Address, City, State, Zip Code	
Contact Number(s)	
Years Known	
Name	
Address, City, State, Zip Code	
Contact Number(s)	
Years Known	
Name	
Address, City, State, Zip Code	
Contact Number(s)	
Years Known	
Name	
Address, City, State, Zip Code	
Contact Number(s)	
Years Known	
Name	
Address, City, State, Zip Code	
Contact Number(s)	
Years Known	

VILLAGE OF PINECREST

EMPLOYMENT APPLICATION

PERSONAL & PROFESSIONAL REFERENCE LIST

APPLICANT NAME: \_\_\_\_\_

PROVIDE CONTACT INFORMATION FOR AT LEAST TWO (2) PERSONAL REFERENCES (NO RELATIVES) AND, AT LEAST TWO (2) PROFESSIONAL REFERENCES.

Complete all applicable fields for each contact. Use additional sheets if necessary.

<b>Personal</b>	
Name	
Address, City, State, Zip Code	
Contact Number(s)	
Years Known	
<b>Personal</b>	
Name	
Address, City, State, Zip Code	
Contact Number(s)	
Years Known	
<b>Personal</b>	
Name	
Address, City, State, Zip Code	
Contact Number(s)	
Years Known	
<b>Professional</b>	
Name	
Address, City, State, Zip Code	
Contact Number(s)	
Years Known	
<b>Professional</b>	
Name	
Address, City, State, Zip Code	
Contact Number(s)	
Years Known	