

# RESERVE OFFICER LAW ENFORCEMENT EMPLOYMENT APPLICATION

Applicants Name: \_\_\_\_\_



**FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION**

*An Equal Opportunity/Affirmative Action Employer*

Return Application To: Reserve Captain Thomas J. Quinlan  
FWC Jacksonville Field Office  
Naval Air Station Jacksonville  
Jacksonville, FL 32212  
904-762-8672



**STATE OF FLORIDA  
FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION  
RESERVE OFFICER APPLICATION**



An Equal Opportunity/Affirmative Action Employer

*Please return all requested documents to the above address.*

1. **READ ALL INSTRUCTIONS CAREFULLY.** Any willful falsification, misrepresentation of information, or material omission on an application will be reason for disqualification. Applications will not be processed until **ALL** requested information is received.
2. **INFORMATION SHOULD BE TYPED OR PRINTED IN INK.** If any information is illegible, the application will be returned to you. Please whiteout or line through any mistakes.
3. **ANSWER ALL QUESTIONS.** If one does not apply to you, place N/A by the number.

**A legible copy of the following items must accompany the application: (Check each item sent)**

<input type="checkbox"/>	Birth certificate and Social Security Card.
<input type="checkbox"/>	Certificate of Naturalization, (if applicable).
<input type="checkbox"/>	High school diploma or college transcript.
<input type="checkbox"/>	Marriage certificate, divorce decree, or any name change, (if applicable).
<input type="checkbox"/>	Hunter Education Card
<input type="checkbox"/>	Boating Safety Card
<input type="checkbox"/>	Notarized Background Investigation waiver/authority for release of information form. Included on p. 10 of the application
<input type="checkbox"/>	Proof of selective service registration if you are between the ages of 18 to 26.
<input type="checkbox"/>	DD-214 forms, one for each tour served. (Applies to previous military personnel only.) If you are in Current Active Duty status, Attachment (A), on p. 11 of the application, must be completed.
<input type="checkbox"/>	<b>Certified copies</b> of your driving record <b>from the Department of Highway Safety and Motor Vehicles</b> and your Drivers License.
<input type="checkbox"/>	Law Enforcement Academy graduation certificate, if applicable

**Minimum Qualifications**

1. You must be at least 19 years of age and United States citizen.
2. High school graduation or its "equivalent" as determined by the Criminal Justice Standards and Training Commission (CJSTC) of the Florida Department of Law Enforcement.
3. No felony or misdemeanor convictions involving perjury or false statements, nor have received a dishonorable or undesirable discharge from any of the Armed Forces of the United States.
4. A physical examination by a licensed physician and a drug screen, as specified by CJSTC.
5. Good moral character as determined by a background investigation under procedures established by the CJSTC.
6. You must have a good driving record, determined from your official driving history.
7. Minimum vision requirements: 20/20 in each eye, with or without correction. Unaided vision shall not be less than 20/200 in each eye.
8. Possess a current Florida law enforcement certificate or auxiliary law enforcement certification.

**\* Please ensure all requested documents are included. \*  
Failure to do so will result in your application being returned.**



**FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION  
DIVISION OF LAW ENFORCEMENT  
RESERVE PROGRAM APPLICATION**



Last Name <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		First Name		Middle Name	
Mailing Address (Number and Street)					
City		County		State	Zip Code
Current Address, if different than above					
Social Security Number		Home Telephone		Business Telephone	
Cellular Telephone			Email Address		
Date of Birth		Place of Birth		Sex	Race
Height		Weight		Eye Color	Hair Color
Driver License Number			Driver License State		
U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		By Naturalization? <input type="checkbox"/> YES <input type="checkbox"/> NO		If naturalized, you must submit a form G-641 from Immigration & Naturalization	
Have you ever had your name legally changed? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, what was your previous name? _____					
Date and location of change					
Reason for name change:					
Have you ever applied to or been employed by any law enforcement agency? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give the name of agency and date(s) of employment or application Are you currently a certified law enforcement officer in Florida? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes list employer below:					
Have you ever been the subject of an internal investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, list employer below:					

<b>Marital Status</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Separated (legally)	<input type="checkbox"/> Divorced
	<input type="checkbox"/> Married	<input type="checkbox"/> Separated (living separately)	<input type="checkbox"/> Widowed

<b>Spouse's Last Name</b>	<b>Spouse's First Name</b>	<b>Spouse's Middle/Maiden Name</b>
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Immediate Family Names	Relationship	Date of Birth	Current Address
	Spouse		
	Mother		
	Father		

Chronologically list all previous places of residence for the last 10 years. Begin with your present address and work backwards. Use additional sheets if needed.

Dates From	To	Number and Street	City	State

List all high schools attended	Dates From	To	Location	Diploma

List all Colleges/Universities attended	Dates From	To	Hours	Location	Degree

List other schools (trade, vocational, business, military, etc.)	Dates From	To	Location	Certificate

Enter language and indicate your knowledge of each foreign language by placing an "X" in the appropriate column.

LANGUAGE	READING	SPEAKING	UNDERSTANDING
English			
Other			

Indicate type of special license, such as pilot, radio operator, etc., showing licensing authority, where the license was first issued and the date a current license expires. Exclude vehicle operator's license.

Indicate special skills that you possess, as well as equipment you can use. For example: Marine VHF, computers, GPS, etc.:

Indicate any special qualifications not covered above. For example: public speaking experience, important publications, etc.:

List all clubs, societies, civic and/or fraternal organizations in which you are or have been a member.

Organization	Address	Period of Membership

List any honors, awards, scholarships, etc.:

List hobbies:

Have you ever served in a military organization of the United States?  YES  NO  
 If yes, attach copy of DD-214

Branch of Service		Date of Entry		Discharge Date	
Rank		Type of Discharge		Service Number	
Branch of Service		Date of Entry		Discharge Date	
Rank		Type of Discharge		Service Number	

Are you currently in the National Guard or Military Reserve?  YES  NO  
 If yes, what unit?

Were you ever court marshaled, tried on charges, or the subject of a summary court, deck court, captain's mast or company punishment or any other disciplinary action while a member of the U.S. Military?  YES  NO

If yes, explain:

List any arrests, traffic citations, boating citations, wildlife citations, or any other similar violations for which you may have been cited. This includes any arrest regardless of the disposition of the case or whether the records of your arrest or case was sealed, expunged (Ch. 943.0585(4)(a) 1 F.S.) or otherwise stricken from the court record. Do not include parking tickets.

Charge	Date	Location	Adjudication	Fine/Penalty

Have you ever been the subject of a criminal investigation that did not result in charges being filed?

YES     NO    If yes, explain:

List any theft from an employer you have been involved in.

Item(s)	Dollar Amount

Have you ever illegally used, experimented with, or tried any controlled substance, including illegal drugs?

YES     NO    If yes, provide a detailed explanation including the type, amount, frequency used, and the last date of use:

Have you ever illegally used or abused prescription drugs?     YES     NO

If yes, provide a detailed explanation including the type, amount, frequency used, and the last date of use:

Has your driver license ever been suspended or revoked?     YES     NO

If yes, explain below and include the reason, date, and location of the suspension or revocation:

List firms from which you have, or have had, charge accounts. List firms from which you have borrowed money for any purpose. Use an additional sheet(s) if necessary.

Firm's Name		Type of Business	
Street Address	City	State	Zip
Date Opened	Date Closed	Amount Owed	
Original Amount Owed		Purpose	

Firm's Name		Type of Business	
Street Address	City	State	Zip
Date Opened	Date Closed	Amount Owed	
Original Amount Owed		Purpose	

<b>Firm's Name</b>		<b>Type of Business</b>		
<b>Street Address</b>		<b>City</b>		<b>State</b>
<b>Date Opened</b>		<b>Date Closed</b>		<b>Zip</b>
<b>Original Amount Owed</b>		<b>Amount Owed</b>		
<b>Purpose</b>				
<b>Firm's Name</b>		<b>Type of Business</b>		
<b>Street Address</b>		<b>City</b>		<b>State</b>
<b>Date Opened</b>		<b>Date Closed</b>		<b>Zip</b>
<b>Original Amount Owed</b>		<b>Amount Owed</b>		
<b>Purpose</b>				
<p><b>Have you ever filed for bankruptcy?</b>      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If yes, explain below and include the date and the court where filed:</p>				
<p><b>Have you ever had property repossessed or turned back to a finance company?</b>      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If yes, explain below:</p>				
<p><b>Do you have a good credit rating, referring to paying debts when they are due?</b>      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If no, explain below:</p>				
<p><b>Do you now have unpaid debts (private or other)?</b>      <input type="checkbox"/> YES      <input type="checkbox"/> NO      If yes, list them below:</p>				
<p><b>Have you ever been sued or to your knowledge are you about to be sued?</b>      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If yes, explain below:</p>				
<p><b>What are your total monthly payments and amounts owed on debts other than living expenses?</b></p>				

Have you ever written a check that was returned unpaid to you?  YES  NO If yes, explain below:

Have you ever forged a check?  YES  NO If yes, explain below:

Are you currently employed?  YES  NO  
Have you ever been or are you currently under investigation by your employer?  YES  NO  
If yes, explain below:

Has your employment ever been terminated?  YES  NO If yes, explain below:

Have you ever quit or resigned from a job in lieu of being terminated?  YES  NO  
If yes, explain below:

Do you feel you have had a good relationship with all former employers?  YES  NO  
If no, explain below:

Do you know of any reason why you would not be eligible for re-employment by any previous employer, if a vacancy existed?  YES  NO If yes, explain below:

Did you ever make false entries on any form or document during any previous employment?  YES  NO  
If yes, explain below:

**WORK HISTORY – List present or most recent work experience first including part-time and summer jobs and military service in proper sequence. Use additional sheets if necessary. Explain any periods of non-employment.**

<b>Employer</b>		<b>Telephone</b>	
<b>Street Address</b>		<b>City</b>	
<b>State</b>		<b>Zip</b>	
<b>Supervisor</b>		<b>Position</b>	
<b>Salary</b>			
<input type="checkbox"/> Full time <input type="checkbox"/> Part time    Hours worked per/wk: _____		Date(s) of employment _____	
<b>Duties:</b>			
<b>Reason for leaving:</b>			

<b>Employer</b>		<b>Telephone</b>	
<b>Street Address</b>		<b>City</b>	
<b>State</b>		<b>Zip</b>	
<b>Supervisor</b>		<b>Position</b>	
<b>Salary</b>			
<input type="checkbox"/> Full time <input type="checkbox"/> Part time    Hours worked per/wk: _____		Date(s) of employment _____	
<b>Duties:</b>			
<b>Reason for leaving:</b>			

<b>Employer</b>		<b>Telephone</b>	
<b>Street Address</b>		<b>City</b>	
<b>State</b>		<b>Zip</b>	
<b>Supervisor</b>		<b>Position</b>	
<b>Salary</b>			
<input type="checkbox"/> Full time <input type="checkbox"/> Part time    Hours worked per/wk: _____		Date(s) of employment _____	
<b>Duties:</b>			
<b>Reason for leaving:</b>			

<b>Employer</b>		<b>Telephone</b>	
<b>Street Address</b>		<b>City</b>	
<b>State</b>		<b>Zip</b>	
<b>Supervisor</b>		<b>Position</b>	
<b>Salary</b>			
<input type="checkbox"/> Full time <input type="checkbox"/> Part time    Hours worked per/wk: _____		Date(s) of employment _____	
<b>Duties:</b>			
<b>Reason for leaving:</b>			

References - Fill in below the names of five (5) persons not related to you and not former employers, who have known you for at least five (5) years. All persons you list may be asked about your character, ability, personality, and other qualities.

Name	Relationship	Years Known
Home Address	Home Phone	Cellular Telephone
Name of Business	Business Address	Business Phone
Name	Relationship	Years Known
Home Address	Home Phone	Cellular Telephone
Name of Business	Business Address	Business Phone
Name	Relationship	Years Known
Home Address	Home Phone	Cellular Telephone
Name of Business	Business Address	Business Phone
Name	Relationship	Years Known
Home Address	Home Phone	Cellular Telephone
Name of Business	Business Address	Business Phone
Name	Relationship	Years Known
Home Address	Home Phone	Cellular Telephone
Name of Business	Business Address	Business Phone

What outdoor activities do you enjoy? List below:

How did you obtain information about the Florida Fish and Wildlife Conservation Commission Reserve Program:

Job Fair/Career Day     FWC Recruitment Poster     FWC Employee     Internet Web Site     Other

Advertisement:     Newspaper     Radio     Television

FWC Office    Location: \_\_\_\_\_ Recruiter Name: \_\_\_\_\_

## Conditions of Employment

Are you aware and do you understand and agree that, if employed, you will:

Be required to work a minimum of 8 hours monthly.

YES  NO

Work without compensation.

YES  NO

Be on probation for one year.

YES  NO

Be required to maintain a level of physical fitness necessary to perform the essential functions of a law enforcement officer.

YES  NO

I \_\_\_\_\_,  
Print or type full name: (First - Middle Initial - Last)

having reviewed this completed application, hereby swear that there are no willful misrepresentations or omissions in, or falsifications of, the above statements and answers to questions. I am aware that should an investigation disclose such willful misrepresentations, falsifications or omissions, my application will be rejected and I will be disqualified from applying in the future for any position in the service of the Florida Fish and Wildlife Conservation Commission, Division of Law Enforcement, or if after my acceptance for employment, subsequent investigation should disclose misrepresentations, falsifications or omissions, it will be just cause for immediate dismissal. I have enclosed all requested documents with this application. I also understand and accept the foregoing conditions of employment.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Sworn and subscribed before me on this \_\_\_\_\_ day of, \_\_\_\_\_ 20\_\_\_\_\_

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**\* Notarization Required \***



## Current Active Duty Military

Official documentation is required from your superior officer stating your current duty status and a statement indicating the status or quality of your discharge (should you be discharged immediately).

### THE FOLLOWING SHOULD BE READ AND SIGNED BY YOUR SUPERIOR OFFICER.

\_\_\_\_\_ is a member of \_\_\_\_\_  
Applicant Name Branch of the Military  
and currently is \_\_\_\_\_ If discharged today, I know of no reason  
Status  
that would prohibit \_\_\_\_\_ from receiving a less than Honorable Discharge.  
Applicant Name

\_\_\_\_\_  
C.O. Signature

**Attachment (A)**