

NEPTUNE BEACH POLICE DEPARTMENT
200 LEMON STREET
NEPTUNE BEACH, FLORIDA 32266

(904) 270-2413

OPEN WATER LIFEGUARDS

Applicants are required to:

1. Complete and sign the Neptune Beach Police Department Application.
2. Attach copies of the following documents:
 - a. Driver's License
 - b. Social Security Card
 - c. All certificates currently held
3. Submit to and pass a drug screen as required by the City of Neptune Beach.
4. Submit to and pass a physical agility test:
 - a. 550 yard pool swim 9:30 minutes or less
 - b. 1 mile run 8:00 minutes or less
 - c. 40 yard dash 0:09 seconds or less
 - d. Ocean swim Pass or Fail
 - e. 25 yard tower drag 1:00 minutes or less
 - f. 2 Ocean Rescue Scenarios Pass or Fail
5. Each applicant must provide proof of a physical exam showing them fit to perform the duties of an OPEN WATER LIFEGUARD before they will be permitted to take the physical agility test.
 - a. The bottom portion of this sheet is to be completed by the examining physician and return to the Neptune Beach Police Department.

_____ is physically fit to perform the duties of an Open Water
(Print or Type Full Name)

Lifeguard. The named candidate is clear to participate in the physical agility test as described above.

*****THE BOTTOM SECTION IS TO BE COMPLETED BY A DOCTOR*****

DOCTOR'S PRINTED NAME

DOCTOR'S SIGNATURE

STREET ADDRESS

CITY

STATE

ZIP CODE

LICENSE #



NEPTUNE BEACH POLICE DEPARTMENT
APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion handicap or national origin.

Return ALL five (5) Pages with appropriate documentation.

PERSONAL INFORMATION

DATE: ____/____/____

Social Security #: ____-____-____ Driver's License #: ____ State: ____

Name: ____
Last First Middle

Present Address: ____
Street City State Zip

Permanent Address: ____
Street City State Zip

Phone Number(s): _____

Are you 18 years or older? ☐ yes ☐ no

EMPLOYMENT DESIRED

Position: _____ Date You Can Start: ____/____/____

Salary Desired: _____ Are you employed now? ☐ yes ☐ no

If yes, may we contact your present employer? ☐ yes ☐ no

Have you ever applied with this city before? ☐ yes ☐ no

Where? _____ When? _____

EDUCATION

Grammar School	Name/Location of School	Did you graduate?	Subjects Studied/Degree(s) Received
		<input type="checkbox"/> yes <input type="checkbox"/> no	
High School	Name/Location of School	<input type="checkbox"/> yes <input type="checkbox"/> no	
College	Name/Location of School	<input type="checkbox"/> yes <input type="checkbox"/> no	
Trade/Business/Correspondence		<input type="checkbox"/> yes <input type="checkbox"/> no	

GENERAL

Certificates Held:

Job Related Skills:

Typing ☐ yes ☐ no Words Per Minute: _____Word Processing ☐ yes ☐ no Type of Programs (WordPerfect, Word, etc.) _____

Other Skills:

Activities Other Than Religious (Civic, Athletic,

etc.) _____

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.

FORMER EMPLOYERS List below your last four (4) employers, starting with the last one first.

Date Month & Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Have you ever been arrested?

☐ Yes☐ No

If yes, please provide dates, charges, agency, and disposition below.

Date	Charges	Agency	Disposition

Have you ever been cited for a traffic violation?

☐ Yes☐ No

If yes, please provide dates, charges, agency, and disposition below.

Date	Charges	Agency	Disposition

Has your driver's license ever been suspended or revoked?

☐ Yes☐ No

If yes, explain below.

REFERENCES List Below three (3) persons whom you have known at least one (1) year, NOT INCLUDING FAMILY MEMBERS.

Name	Address and Phone Number	Association	Years Acquainted

AUTHORIZATION: I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any given time without cause and without any previous notice.

Date: ____/____/____

Signature: _____

In Case of Emergency Notify:

Name	Address	Phone Number

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Interviewed by: _____ Date: ____/____/____

_____ Date: ____/____/____

_____ Date: ____/____/____

REMARKS:

INS FORM 1-9 Completed

☐ yes☐ no

Hire Date: ____/____/____

Department: _____

Will Report: ____/____/____ Position: _____

Salary/Wages: _____

Approved:

1. _____

Supervisor

2. _____

Department Head

3. _____

City Manager

CITY OF NEPTUNE BEACH
POLICE DEPARTMENT
DRUG TESTING CONSENT FORM

I hereby consent to submit a urine sample under the direction of medical or laboratory personnel designated by the City of Neptune Beach for the purpose of conducting a chemical analysis to determine if I have engaged in the use of illegal drugs. This testing will be conducted in an effort to determine my suitability to fill the position for which I have applied. I also agree to testing in compliance with the policies of the City while employed. In keeping with the efforts of the City to Identify the most qualified individuals, I do hereby voluntarily consent to the sampling and subsequent testing of body fluids, including urine and/or blood. I understand that refusal to supply the necessary samples or a positive result will be grounds for rejection of my application and/or termination of my employment. I further understand that the results of the testing may be utilized in conjunction with any other information developed during the pre-employment or probable cause process to determine my eligibility for the position and that written laboratory reports may be subject to disclosure under the Florida Public Records Act.

A urinalysis test will be given to detect the presence of the following drug groups. If you have taken ANY medication and/or drugs of ANY kind in the past thirty (30) days, indicate by checking the appropriate spaces below.

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Opiates (e.g. Codeine, Heroin, Morphine, Hydromorphone, Hydrocodone).
<input type="checkbox"/> Amphetamines (e.g. Ambarbital, Butabarbital, Phenobarbital, Secobarbital)	<input type="checkbox"/> Phencyclidine (PCP)
<input type="checkbox"/> Cocaine	<input type="checkbox"/> THC (Marijuana)
<input type="checkbox"/> Methaqualone (e.g. Quaalude)	

Please specify any over-the-counter medications (cough medicine, cold medicine, cold tablets, etc.)
prescription or other drugs you are currently taking:

The drug screening will consist of a urine sample that is tested for the presence of the specified drug groups, as set forth by the City of Neptune Beach Municipal Ordinance Section 2-206. Subsequent testing will be done as necessary, if/when determined by initial test results.

Applicant Signature _____ Date _____

Witness Signature _____ Date _____

NEPTUNE BEACH POLICE DEPARTMENT
SELECTION PROCESS
APPLICANT PRESCREEN DRUG SURVEY

Answer each question completely and honestly. Many more people are not accepted because of omission and concealment than because of previous behavior. Any such omission or concealment will be considered deception. While indiscretions or other situations in your life history may or may not be condoned, deception will absolutely not be tolerated. _____ Please

INITIAL Indicating you have read and understand the previous directions.

Have you EVER sold any type of illegal or prescription drug?

YES ☐ NO ☐

Have you possessed any type of illegal drug in the past seven (7) years?

YES ☐ NO ☐

If yes, name/type of drug _____

Have you possessed any type of illegal drug in the past five (5) years?

YES ☐ NO ☐

If yes, name/type of drug _____

Have you possessed any type of illegal drug in the past three (3) years?

YES ☐ NO ☐

If yes, name/type of drug _____

If you have EVER used or experimented with drugs, check the appropriate box for each drug listed. Indicate the number of times used or experimented. Enter the last date of usage. Indicate the numbers of times you have sold each listed drug. Enter the last date of a sale.

Name of Drug	Street Name	Check One	Number of Usage/Exp.	Last Used (Month/Year)	Number of Times Sold	Last Sold (Month/Year)
Cocaine, Crack or derivative	Coke, Flake, Crack, Cook, Snow, Powder	Y <input type="checkbox"/> / N <input type="checkbox"/>				
LSD	ACID, Tabs	Y <input type="checkbox"/> / N <input type="checkbox"/>				
PCP	Tee, Crystal, Angel Dust, Embalming Fluid	Y <input type="checkbox"/> / N <input type="checkbox"/>				
Opium	Tar, Sweet	Y <input type="checkbox"/> / N <input type="checkbox"/>				
Heroin	Smack, Horse, Boy	Y <input type="checkbox"/> / N <input type="checkbox"/>				
Psilocybin	Mushrooms	Y <input type="checkbox"/> / N <input type="checkbox"/>				
Mescaline	Mesc, Barrels, Peyote	Y <input type="checkbox"/> / N <input type="checkbox"/>				
Barbiturates	Barb, Yellow Jackets, Phennies	Y <input type="checkbox"/> / N <input type="checkbox"/>				
Amphetamines	Bennies, Dexies, Speed, Ups, White Crosses	Y <input type="checkbox"/> / N <input type="checkbox"/>				
Glue Sniffing	Airplane, Epoxy, etc.	Y <input type="checkbox"/> / N <input type="checkbox"/>				
Marijuana, Hash	Weed, Pot, Grass, Smoke, Joint, Reefer, Thai Sticks, Sinsemilla	Y <input type="checkbox"/> / N <input type="checkbox"/>				
Methaqualone	Quaalude, Lude, Downer	Y <input type="checkbox"/> / N <input type="checkbox"/>				
MDMA	X, XTC, Ecstasy	Y <input type="checkbox"/> / N <input type="checkbox"/>				
Methamphetamine	Ice, Crystal Meth	Y <input type="checkbox"/> / N <input type="checkbox"/>				
Rohypnol	Rooies	Y <input type="checkbox"/> / N <input type="checkbox"/>				
Non Prescription Steroids		Y <input type="checkbox"/> / N <input type="checkbox"/>				

Print Name _____ Signature _____ Date _____

**CITY OF NEPTUNE BEACH
DRUG TESTING CONSENT FORM**

I understand that as part of the pre-employment process, a background check will be conducted in an effort to determine my suitability to fill the position for which I have applied. In keeping with the efforts of the City to identify the most qualified individuals, I do hereby voluntarily consent to the sampling and subsequent testing of body fluids, including urine and/or blood. I understand that refusal to supply the necessary samples will be grounds for rejection of my application for employment. I further understand that the results of the testing may be utilized in conjunction with any other information developed during the pre-employment process to determine my eligibility for the position for which I have applied, and that written laboratory reports may be subject to disclosure under the Florida Public Records Act.

I understand the urinalysis test will be given to detect the presence of the following drug groups:

Alcohol
Amphetamines (e.g. Speed)
Barbiturates (e.g. Ambarbital, Butabarbital, Phenobarbital, Secobarbital)
Cocaine
Methaqualone (e.g. Quaalude)
Opiates (e.g. Codeine, Heroin, Morphine, Hydromorphone, Hydrocodone)
Phencyclidine (PCP)
THC (Marijuana)

Applicant Signature

Date

Parent/Guardian Signature

(Required if applicant under 18 years old)

Authorizing City Signature