## PERSONAL DATA

Please read these instructions and the job announcement carefully. Applicants are cautioned to answer every question truthfully and without evasion. Falsifying an application will result in denial of the applicant or termination, if employed.

**PLEASE PRINT USING INK or via computer** DATE 05-22-2023

FULL NAME Neily (Last) Steven (First) Belmont (Middle)

List below any other name, alias or nicknames by which you have been known.

N/A

HOME PHONE [redacted] CELL PHONE [redacted]

Email Address: stevenneily1977@gmail.com

PHYSICAL ADDRESS: [redacted]

Number Street City State Zip

Do you Own or Rent: Own United States Citizen: Yes X No

Date of Birt [redacted] Claremont (City) Sullivan (County) NH (State)

Height 5'8" Weight 240

Check One: X Male _____ Female

Race/Ethnic Group: X White _____ Black _____ Hispanic

_____ American Indian/Alaskan Native _____ Asian/Pacific Islander

Qualified applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability. **Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only, submission of information about a disability is voluntary.**

Social Security Number [redacted]

Your social security number is requested for the purpose of payroll eligibility verification, processing employment benefits, applicant and employee background checks and income reporting and will be used solely for those purposes.

Marital Status: Single ☐ Married ☑ Divorced ☐ Separated ☐

| Date Married (List Present and Past) | Spouse's Name | Spouse's Date of Birth |
|---|---|---|
| | EMPLOYEE/SPOUSE/CHILD_PII_PROTECTED | |
| | | |
| | | |

Dependent Children:

| Name | Age | Living at Home? |
|---|---|---|
| | EMPLOYEE/SPOUSE/CHILD_PII_PROTECTED | |
| | | |
| | | |
| | | |

Mother's Maiden Name: Rathbun

Father's Name: Kenneth Marcus Neily Sr.

With whom do you reside? *(list all in household)*

EMPLOYEE/SPOUSE/CHILD_PII_PROTECTED

EMPLOYEE/SPOUSE/CHILD_PII_P

Do you belong to any social media websites: *(Facebook, Twitter, Snapchat, Instagram, etc.?)*

Yes X No _____ If so. What are your screen names:

Facebook- Steven Neily TikTok- @letsgogators0

Snapchat- dad225150

Tattoos, Dental Appliances & Skin Implantations: *(Attach picture(s) of any and all tattoos visible below the natural fold of the elbow(s) for policy waiver consideration. Visible neck tattoos are prohibited).*

My signature below indicates I hereby certify that to the best of my knowledge and belief, the information that I've entered in this application form is true.

Signature 5/22/23 Date

## RESIDENCE HISTORY

List all addresses you have had ***since you were born***, to the best of your ability starting with your present address. Use additional sheets if necessary.

| FROM/TO | STREET ADDRESS (include apartment #) | CITY | STATE |
|---|---|---|---|
| 02-22/present | EMPLOYEE/SPOUSE/CHILD_PII_PROTECTED | | |
| 03-12/02-22 | 191 Latham Works Lane | White River Jct. | VT |
| 03-11/03-12 | 222 Locust St. | Wilder | VT |
| 02-09/03-11 | 48 Myrtle St. | Claremont | NH |
| 12-08/02-09 | 14 Parkhurst St. | Lebanon | NH |
| 05-08/12-08 | 25 Main St. | W. Lebanon | NH |
| 07-07/12-08 | 14 Hewitt Drive | Enfield | NH |
| 07-04/07-07 | 24 McKenzie Dr. | Claremont | NH |
| 07-02/07-04 | 7 Willard St. | Claremont | NH |
| 06-01/07-02 | 42 Renihan Meadows | Lebanon | NH |
| 01-00/06-01 | 9 1/2 Bridge St. | Windsor | VT |
| 12-98/01-00 | 14 Hewitt Drive | Enfield | NH |
| 06-92/12-98 | 47 Granite St. | Lebanon | NH |
| 06-90/06-92 | 38 High St. | Lebanon | NH |
| 05-82/06-90 | 2 Hanover St. | Claremont | NH |
| 08-77/05-82 | 592 Townhouse Rd. | Cornish | NH |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## EMPLOYMENT HISTORY

Staring with your current employment or unemployment and working back, list each employment and unemployment period you've had for the previous ten (10) years. Include a description of any lapses in employment history and military if applicable. Use additional paper if necessary and this section must be completed even with resume.

| | |
|---|---|
| From 12-22 To 05-23 | Supervisor: Lt. Daniel Deslauriers |
| Company Name: Town of Springfield | Type Work Performed: |
| Street Address 201 Clinton St. | Law Enforcement Corporal |
| City/State/Zip Springfield, VT 05156 | Reason for Leaving: Still employed |
| Phone #802-885-2112 | Starting Salary 29.00 Final Salary 31.54 |

| | |
|---|---|
| From 03-13 To 05-23 | Supervisor: Chief Robbie Blish |
| Company Name: Town of Woodstock | Type Work Performed: |
| Street Address 454 Woodtock Rd. | Law Enforcement Officer |
| City/State/Zip Woodstock, VT 05091 | Reason for Leaving: Still on part time roster |
| Phone #802-457-1420 | Starting Salary 16.00 Final Salary 24.35 |

| | |
|---|---|
| From 05-22 To 12-22 | Supervisor: Dan Kemper |
| Company Name: The Morgan Group | Type Work Performed: |
| Street Address 100 S. Beach St. | Unarmed Security |
| City/State/Zip Daytona Beach, FL 32114 | Reason for Leaving: Inconsistent pay checks |
| Phone #386-516-3235 | Starting Salary 13.00 Final Salary 13.00 |

| | |
|---|---|
| From 01-15 To 01-22 | Supervisor: Cpl. Daniel Deslauriers |
| Company Name: Town of Springfield | Type Work Performed: |
| Street Address 201 Clinton St. | Law Enforcement Officer |
| City/State/Zip Springfield, VT 05156 | Reason for Leaving: Relocate to FL/Internal Issues |
| Phone #802-885-2112 | Starting Salary 19.15 Final Salary 29.00 |

| | |
|---|---|
| From 04-14 To 01-22 | Supervisor: Chief William Daniels |
| Company Name: Town of Weathersfield | Type Work Performed: |
| Street Address 5259 US-5 | Part TIme Law Enforcement Officer |
| City/State/Zip Ascutney, VT 05030 | Reason for Leaving: Relocate to FL |
| Phone #802-674-2185 | Starting Salary 17.00 Final Salary 18.18 |

EMPLOYMENT HISTORY

| | | |
|---|---|---|
| 11-19 to 12-20 | Chief Richard Cloud | |
| Town of Chester | | |
| 556 Elm St. | Part Time Law Enforcement Officer | |
| Chester, VT 05143 | Lack of time to commit to department | |
| 802-875-2035 | $20 | $20 |
| | | |
| 10-13 to 02-15 | Sheriff Michael Chamberlain | |
| Windsor County Sheriff Department | | |
| 62 Pleasant St. | Part Time Deputy Sheriff | |
| Woodstock, VT 05091 | Employment with Springfield PD | |
| 802-457-5211 | $14 | $25 |
| | | |
| 06-12 to 12-13 | Sergeant James Beraldi | |
| Town of Windsor | | |
| 29 Union St. | Law Enforcement Officer | |
| Windsor, VT 05089 | Accepted position with Springfield PD | |
| 802-295-9425 | $19 | $19.39 |
| | | |
| 09-08 to 10-12 | Lt. Stanley Wood | |
| State of Vermont Department of Corrections | | |
| 700 Charlestown Rd. | Correctional Officer | |
| Springfield, VT 05156 | Accepted a law enforcement position | |
| 802-295-9425 | $14.89 | $17.00 |

## BUSINESS / PROFESSIONAL REFERENCES

Provide three (3) persons, ***not related to you and not former employers***, who you have known for at least five (5) years.

| | |
|---|---|
| Complete Name Joseph Lucot | Occupation Police Officer |
| Residence Address 17 High St. Woodstock, VT 05091 | Business Address 454 Woodstock Rd. Woodstock, VT 05091 |
| Cell # 802-356-2645 | Business Telephone 802-457-1420 |
| Email Address joseph.david.lucot@gmail.com | |

| | |
|---|---|
| Complete Name Nicholas Merrill | Occupation Community Corrections Supervisor |
| Residence Address 107 Grace Dr. Springfield, VT 05156 | Business Address 100 Mineral St. Springfield, VT 05156 |
| Cell # 802-376-3663 | Business Telephone 802-289-0329 |
| Email Address nicholas.merrill@vermont.gov | |

| | |
|---|---|
| Complete Name Emmit Green | Occupation Pastor |
| Residence Address 6215 Fox Glen Dr. 300 Saginaw, MI 48638 | Business Address 4864 Whites Bridge Rd, Belding, MI 48809 |
| Cell # 407-402-5366 | Business Telephone 616-244-3472 |
| Email Address emmit@smyrnabiblechapel.com | |

## PERSONAL REFERENCES

Provide three (3) personal references of persons who have seen you frequently during the past year.

| | |
|---|---|
| Complete Name Michael Gilderdale | Occupation Deputy Sheriff |
| Residence Address 689 Acworth Rd. Charlestown, NH 03603 | Business Address 62 Pleasant St. Woodstock, VT 05091 |
| Cell # 802-369-4934 | Business Telephone 802-457-5211 |
| Email Address michael.gilderdale@vermont.gc | |

| | |
|---|---|
| Complete Name Lisa Baker | Occupation Dispatcher |
| Residence Address 39 Morway St. Charlestown, NH 03603 | Business Address 201 Clinton St. Springfield, VT 05156 |
| Cell # 603-209-6303 | Business Telephone 802-885-2112 |
| Email Address lisa.wood@vermont.gov | |

| | |
|---|---|
| Complete Name Thomas Williams | Occupation Police Chief |
| Residence Address 518 Baltimore Rd. Baltimore, VT 05143 | Business Address 556 Elm St. Chester, VT 05143 |
| Cell # 914-582-7800 | Business Telephone 802-875-2035 |
| Email Address thomas.williams@vermont.gov | |

## EDUCATION AND TRAINING RECORD

List all schools you have attended including: elementary, middle, high, GED, colleges, secondary schools, etc.

***Prior to a background investigation, a <u>certified copy</u> of college transcripts will be required by applicant.***

| | |
|---|---|
| School Name | North St. School |
| Street Address | North St. (no longer a school) |
| City/State/Zip | Claremont, NH 03743 |
| From: 08-83 | To: 06-88 Graduated: Yes ____ No X |

| | |
|---|---|
| School Name | Disnard Elementary School |
| Street Address | 160 Hanover St. |
| City/State/Zip | Claremont, NH 03743 |
| From: 08-89 | To: 06-90 Graduated: Yes ____ No X |

| | |
|---|---|
| School Name | Lebanon Jr. High School |
| Street Address | 5 Moulton Ave. |
| City/State/Zip | Lebanon, NH 03603 |
| From: 08-1990 | To: 06-1992 Graduated: Yes X No ____ |

| | |
|---|---|
| School Name | Lebanon High School |
| Street Address | 195 Hanover St. |
| City/State/Zip | Lebanon, NH 03603 |
| From: 08-92 | To: 06-96 Graduated: Yes X No ____ |

| | |
|---|---|
| School Name | Hesser College |
| Street Address | 3 Sundial Ave. (no longer in existence) |
| City/State/Zip | Manchester, NH 03103 |
| From: 03-97 | To: 06-97 Graduated: Yes ____ No X |

*What are your educational goals?* Would like to eventually obtain a business degree

## EDUCATION

Community College of Vermont

145 Billings Farm Rd.

White River Junction, VT 05001

12-97 to 02-98 No Degree

## LAW ENFORCEMENT EDUCATION INFORMATION

| QUESTIONS *(READ CAREFULLY)* | YES | NO |
|---|---|---|
| Are you currently or have you ever been certified as a law enforcement officer in the state of Florida?<br>If yes, provide date: 05-17-2023<br>*(Provide copy of State Certification results)* | ☑ | ☐ |
| If you are not certified in Florida, are you currently enrolled in a Florida Basic Recruit Training Program academy or equivalency cross over program in Florida?<br>What College/ BLE Program: N/A<br>Date of basic recruit graduation or cross over equivalency completion: N/A<br>Date of scheduled State Certification Exam: N/A | ☐ | ☐ |
| Have you **ever** been certified as a law enforcement officer in any other state?<br>If yes, provide details: Vermont certified part time since 08-12 and full time since 11-13 | ☑ | ☐ |

***Florida Department of Law Enforcement Officer Training Requirements***

| If you are a - | You must complete the following - |
|---|---|
| New Officer or Discipline Cross Over | **1. Complete the Basic Abilities Test (BAT) -**<br>An individual must pass a Commission-approved BAT prior to entering a basic recruit training program. The BAT is available at most training schools and results are valid for four years.<br>**2. Complete Basic Recruit or Cross Over Training –**<br>An individual must successfully complete the Florida Basic Recruit Training Program or Cross Over Training Program for the respective discipline. Training must be completed at a Commission-Certified Training School. |
| Former Florida Officer - Less than 4 yrs. Break in Service | An officer's certification is valid for 4 years from last employment date. |
| Former Florida Officer - More than 4 Yrs., but less than 8 yrs. Break in Service | **1. Complete an Equivalency of Training AND**<br>**2. Demonstrates Proficiency in High Liabilities** |
| Former Florida Officer - More than 8 Yrs. Break in Service | **1. Complete the Basic Abilities Test (BAT) –**<br>Prior to entering a Basic Recruit Training Program, an individual must pass a Commission-approved BAT. The BAT is available at most training academies and is valid for four years.<br>**2. Complete Basic Recruit or Cross Over Training –**<br>An individual must successfully complete the Florida Basic Recruit Training Program or Cross Over Training Program for the respective discipline. Training must be completed at a Commission-certified training school. |
| Out of State, Federal, or Military Officer - Less than 8 yrs. break in service | **1. Complete an Equivalency of Training AND**<br>**2. Demonstrate Proficiency in High Liabilities** |

# Northeast Florida Criminal Justice Center

*Does hereby award this*

*Certificate of Completion to*

## Steven B. Neily

*for meeting the requirements of the*

## Florida Law Enforcement Officer Proficiency Course

**40 Hours**

*Date(s) of Training:*

**May 1, 2023 thru May 4, 2023**

*Director of Law Enforcement Training*

FLORIDA STATE COLLEGE at Jacksonville

*Training Center Director*

FDLE
Florida Department of Law Enforcement

# EXEMPTION-FROM-TRAINING PROFICIENCY DEMONSTRATION

Incorporated by Reference in 11B-27.002(3)(a)11. and 11B-35.009(7), F.A.C.

**CJSTC 76A**

1. **Applicant's name:** Neily, Stephen B.
2. **Applicant's Home Address:** EMPLOYEE/SPOUSE/CHI
   **City:** EMPLOYEE/SPO **State:** EMPLO **Zip Code:** EMPLOYEE
3. **Last Four Digits of Social Security Number:** PII_SS **Applicant's Home Telephone Number:** EMPLOYEE/SPO
4. **Training School's Name:** NE Florida Criminal Justice Training Center
5. **Training School's ORI Number:** FL FSLEL0015
6. **Training School's Mailing Address:** 4715 Capper Road, Jacksonville, Florida 32218
7. **Telephone Number:** (904)713-4896 Ext. _____ 8. **Contact Person:** Greg Strickland
9. **Date Exemption Granted:** 06/02/2022
10. **Law Enforcement Officer Proficiency Checklist:**

| | | | | |
|---|---|---|---|---|
| Firearms Performance Evaluation (Form CJSTC-4) | Pass ☒ | Fail ☐ | Date tested 05/01/2023 | Not Tested: ☐ |
| First Aid for Criminal Justice Officers (Form CJSTC-5) | Pass ☒ | Fail ☐ | Date tested 05/04/2023 | Not Tested: ☐ |
| Defensive Tactics Performance Evaluation (Form CJSTC-6) | Pass ☒ | Fail ☐ | Date tested 05/03/2023 | Not Tested: ☐ |
| Vehicle Operations Performance Evaluation (Form CJSTC-7) | Pass ☒ | Fail ☐ | Date tested 05/02/2023 | Not Tested: ☐ |

11. **Correctional Officer Proficiency Checklist:**

| | | | | |
|---|---|---|---|---|
| Firearms Performance Evaluation (Form CJSTC-4) | Pass ☐ | Fail ☐ | Date tested _____ | Not Tested: ☐ |
| First Aid for Criminal Justice Officers (Form CJSTC-5) | Pass ☐ | Fail ☐ | Date tested _____ | Not Tested: ☐ |
| Defensive Tactics Performance Evaluation (Form CJSTC-6) | Pass ☐ | Fail ☐ | Date tested _____ | Not Tested: ☐ |

12. **Correctional Probation Officer Proficiency Checklist:**

| | | | | |
|---|---|---|---|---|
| Firearms Performance Evaluation (Form CJSTC-4) | Pass ☐ | Fail ☐ | Date tested _____ | Not Tested: ☐ |
| First Aid for Criminal Justice Officers (Form CJSTC-5) | Pass ☐ | Fail ☐ | Date tested _____ | Not Tested: ☐ |
| Defensive Tactics Performance Evaluation (Form CJSTC-6) | Pass ☐ | Fail ☐ | Date tested _____ | Not Tested: ☐ |

**The above applicant has complied with the requirements of Section 943.131(2), F.S., and Rule 11B-35.009(7) or (8), F.A.C., as verified by me through examination of supporting documentation on file at the training school.**

**I acknowledge that the documentation is subject to verification by the Criminal Justice Standards and Training Commission. Further, I acknowledge that a copy of this form has been provided to the applicant.**

13. _____
**Training Center Director or Designee's Signature**

14. 05-04-23
**Date Signed**

FDLE

# STATE OFFICER CERTIFICATION EXAMINATION RESULTS

## UNOFFICIAL COPY

**Steven B Neily**

EMPLOYEE/SPOUSE/CHILD_PII_PROTECTE

Examination Result: **PASS**

Score Information

Raw Score: 164

Percent Score: **86%**

Examination Name: Florida Law Enforcement

Examination Date: 5/17/2023

Test Site ID: 51890

### Next Steps to Becoming a Certified Officer

You have four years from the start date of your basic-recruit training program or equivalency advisement date to become certified as an officer in Florida.

In order to be eligible for certification the following must occur:

1. You must pass the state officer certification examination.
2. You must become employed as an officer in Florida.
3. A background investigation must be completed in accordance with CJSTC rules.
4. Your processed fingerprints must be on file with your employing agency.
5. Your employing agency must submit a written application for your certification to the CJSTC, if you have not been previously certified.

Your employing agency will receive your certificate of compliance (certification) and should distribute it to you upon receipt.

## CRIMINAL JUSTICE COURSE SYNOPSIS

Give a brief synopsis of specialty courses in the criminal justice field that individualizes your application. Include seminars and academic training with the grade if one was assigned.

Advanced Roadside Impaired Driving Enforcement (ARIDE) in 2014

At Scene Crash Invetigation in 2016

I have attended several drug interdication courses to include the 2017

National Interdication Conference and Criminal Patrol Seminar

Leadership for First Line Supervisors in 2017

Law Enforcement Executive Develepment Associate (LEEDA) in 2019

Death Investigation School in 2020

## CRIMINAL AND JUVENILE RECORD

Have you ever been a witness, suspect, or the subject of any police investigation?

YES ☐ NO ☑

If yes, explain in detail as to what occurred, the offense jurisdiction, date, outcome or results of the investigation:

_____
_____
_____
_____
_____

Have you ever at any time had adjudication withheld, plead guilty, no contest *(nolo contendere)* or been convicted of any offense against the law?

YES ☐ NO ☑

If yes, please explain:_____
_____
_____
_____

## FINANCIAL SECTION

Have you ever declared bankruptcy? YES ☐ NO ☑

If yes, provide the date of final judgment and details:_____
_____
_____

Have you ever been declared delinquent in child support payments per court order?

YES ☐ NO ☑

If yes, please explain:_____
_____

## GENERAL QUESTIONNAIRE

Please check the correct response and explain in detail any answers checked **yes**, by number, on the following supplemental page(s): Do not fill in answers on the question sheets, use the attached pages to explain.

| # | QUESTIONS *(READ CAREFULLY)* | YES | NO |
|---|---|---|---|
| 1. | Do you drink alcohol *(explain your pattern of alcohol use)?* | ✔ | |
| 2. | Have you **ever** been questioned, detained, arrested, received a notice to appear, charged, convicted, pled nolo contendere, had adjudication withheld, placed on probation or pled guilty to **any** criminal violation, including perjury or false statement, regardless if the record was sealed or expunged? If yes, explain the details to include the charge, arresting agency, date and final disposition of the case. | | ✔ |
| 3. | Is there anything that would prevent you from meeting the physical requirements of a law enforcement officer? If yes, please explain. | | ✔ |
| 4. | Have you applied for employment at any other law enforcement agency within the last three (3) years? If so, list agencies on supplement. | ✔ | |
| 5. | Have you **ever** been rejected or otherwise passed over for employment with any police department? If yes, explain. | ✔ | |
| 6. | Have you ever been employed by another police department? If yes, explain. | ✔ | |
| 7. | Are you currently or have you ever been certified by the Florida Criminal Justice and Training Commission? | ✔ | |
| 8. | Have you ever been treated for a drug habit? If yes, please explain. | | ✔ |
| 9. | Have you ever been fired, terminated or disciplined by a police department or **any other job**? If yes, please explain. | ✔ | |
| 10. | Have you **ever** used prescription medication that was prescribed for another person? If yes, please explain circumstances. | | ✔ |
| 11. | Have you ever **used, possessed, experimented with or sold** any illegal narcotic or drug, including but not limited to marijuana, heroin, cocaine, ecstasy, methamphetamines, designer drugs, steroids, crank, tranquilizers, barbiturates, etc.? If yes, explain the details and pertinent dates. ***If the frequency, month and year are not listed, the application will not be processed.*** | ✔ | |
| 12. | Have you ever been involved in any vehicle accidents as the driver or operator of a vehicle? If so, explain with the approximate dates and investigating agency. | ✔ | |
| 13. | Have you ever received a traffic citation? *(Include moving and non-moving citations, regardless of court disposition and whether they appear on your driving history).* If so, explain. | ✔ | |
| 14. | Has any immediate family member ever been arrested and or convicted of a criminal offense that you're aware of? If yes, please explain. | ✔ | |
| 15. | Do you hold any belief, which would prevent you from vowing allegiance to the Flag and the Constitution of the United States of America or from taking a life in carrying out your duties when such action is lawful and necessary? | | ✔ |

| # | QUESTIONS Continued *(READ CAREFULLY)* | YES | NO |
|---|---|---|---|
| 16. | Have you ever committed a crime that you have not been charged with? | ✔ | |
| 17. | Were you ever suspended or expelled from school? If yes, please explain. | ✔ | |
| 18. | Were you ever subject to disciplinary action while in school? If yes, please explain. | ✔ | |
| 19. | Were you ever held back a school year? If yes, please explain. | | ✔ |
| 20. | Did you ever receive any awards or honors at school? If yes, explain. | ✔ | |
| 21. | Have you had any specialized training or courses for this police officer position? | ✔ | |
| 22. | Do you have any special skills or training that would lend itself to this position? If yes, please explain. | ✔ | |
| 23. | Do you have customer service experience? If yes, please explain. | ✔ | |
| 24. | Can you operate special equipment? If yes, please list said equipment. | | ✔ |
| 25. | Can you type? How many words per minute<u>not sure</u> ? | ✔ | |
| 26. | Are you currently enrolled in school? If so, explain (course, program, etc.). | | ✔ |
| 27. | Have you ever been required to pay a fine? If yes, explain. | | ✔ |
| 28. | Have you ever been fingerprinted by a law enforcement agency? If yes, please explain. | ✔ | |
| 29. | Have you ever been advised of your Miranda Rights? If yes, please explain. | | ✔ |
| 30. | Have you ever had a polygraph examination or a voice stress test examination? If yes, explain the circumstances. | ✔ | |
| 31. | Have you or a member of your family ever been the victim of a crime? If yes, please explain. | ✔ | |
| 32. | Have you or your spouse ever been sued by anyone or involved in any civil litigation? If yes, please explain. | ✔ | |
| 33. | Are you bilingual? If yes, please list what language(s). | | ✔ |
| 34. | Have you ever been refused credit? If yes, please explain. | ✔ | |
| 35. | Have you ever had any accounts turned over to a collection agency? If yes, please explain. | ✔ | |
| 36. | Is there anything preventing you from working shift commitments to include: day shift, night shift, weekdays, weekends, holidays? If yes, please explain. | | ✔ |
| 37. | Is there any <u>anything</u> that hasn't been asked you feel would be beneficial that we should know about regarding your application for employment with the Orange City Police Department? If yes, please explain in detail. | | |

**SUPPLEMENT PAGE(S)**

List explanations, by question number, to **yes** responses from pages 9-11 of the *GENERAL QUESTIONNAIRE*:

GENERAL QUESTIONNAIRE

1. I do consume alcohol socially. I may have a drink every other month.
4. I applied for the following Florida agencies: DeLand Police Department, Flagler County Sheriff' s Office, and Port Orange Police Department.
5. I was passed over by the departments listed in question 4.
6. I have been employed by the following police departments in Vermont full time: Springfield Police Department and Windsor Police Department. I have also been employed by the following police departments part time: Woodstock Police Department, Weathersfield Police Department, Chester Police Department and the Windsor County Sheriff' s Office.
7. I just passed my SOCE test on 05-17-2023.
9. In August of 2020 I received a 2 year letter of reprimand that was listed as a false arrest. I arrested a gentleman for disorderly conduct and the Windsor County State' s Attorney' s Office declined to prosecute the case and my department gave me a written reprimand for it.
11. I smoked marijuana 1 time and that was in May or June of 1996 as a senior in high school.
12. Around 2001/ Concord, NH Police Department and June 30, 2007/New Hampshire State Police
13. I received a speeding ticket around March of 1997 in the State of New Hampshire. The ticket was placed on file, without finding, for one year. At the end of the year, the case was dismissed.
14. Prior to meeting my wife, she had some misdemeanor disorderly conducts and I believe an assault. My brother was arrested and convicted for a domestic assault around 1998.
16. I have committed petite larceny when I was in high school and working gas stations. I would take food and drink I did not pay for.
17. I was suspended a handful of times for fighting.
18. Suspended for fighting, but nothing beyond that.
20. I made the honor roll several times in elementary school.
21. The Vermont Criminal Justice Training Council Full Time Police Academy. I also have the training and certifications listed in the Criminal Justice Course Synopsis section.

**SUPPLEMENT PAGE CONTINUED** ***(IF NEEDED)***

***(Indicate Not Applicable if it is not required)***

List explanations, by question number, to **yes** responses from pages 9-11 of the *GENERAL QUESTIONNAIRE*:

22. My full time certification in Vermont, my completed EOT and SOCE for Florida, I am currently certified in the use of OC and Taser, a DataMaster Operator and the other training listed in this questionnaire.

23. My law enforcement career and working department stores in my high school years.

28. Fingerprinted in Vermont for employment.

30. I completed a polygraph examination for acceptance to the Vermont Police Academy around March of 2013.

31. I have been assaulted on duty and listed as a victim.

32. Around 1999 I had a truck repossessed and I was sued by Chrysler Financial.

34. Over the years I have been refused credit for credit cards and personal loans.

35. It has been a long time, but I had a cell phone bill and doctor bills turned over to a collection agency.

## DRIVING HISTORY

Do you possess a valid Florida Operator's License? Yes ☑ No ☐

License Number DMV_PII Type DMV_PII

Date Issued 03-17-2022 Expiration Date 08-12-2030

Are there any restrictions or endorsements on your current driver's license?

Yes ☐ No ☑ Please List

Have you ever been issued a driver's license in a state other than Florida?

Yes ☑ No ☐ If yes, answer below:

State of Issue New Hampshire From 09-93 To 03-12

State of Issue Vermont From .3-12 To 03-22

Has any driver's license issued to you ever been suspended or revoked? If yes, please explain.
No

Have you ever been refused a driver's license or had a driver's license reinstated?
If yes, please explain.
No

Have you ever failed to pay for any traffic citations or parking tickets?
Yes ☐ No ☑ If yes, please explain.

Have you ever had automobile insurance withdrawn, revoked or been refused said insurance?
Yes ☐ No ☑ If yes, please explain.

Have you ever refused to submit to a breath, blood or urine test to determine the influence of alcoholic beverages, chemical or controlled substances?
Yes ☐ No ☑ If yes, please explain.

***You are required to provide a copy of your driving history <u>with this application</u>.***

## DRIVING HISTORY *(continued)*

List below all traffic citations and/or parking tickets you have ever received to include moving and non-moving offenses:

| DATE MONTH/YEAR | LOCATION OF INCIDENT *(CITY/STATE)* | VIOLATION TYPE | PENALTY/DISPOSITION |
|---|---|---|---|
| 03/1997 | Grantham, NH | Speed | Placed on File |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## ACCIDENTS

List all accidents in which you have been involved *(as driver/operator)*:

| DATE MONTH/YEAR | LOCATION OF INCIDENT *(CITY/STATE)* | INJURIES INVOLVED *(YES/NO)* | WHOSE FAULT |
|---|---|---|---|
| 02-2001 | Concord, NH | No | Mine |
| 06-2007 | Orford, NH | Yes | Mine |
| | | | |
| | | | |
| | | | |
| | | | |

**ORANGE CITY POLICE DEPARTMENT**
**AUTHORIZATION TO OBTAIN CONSUMER REPORTS**

**TO**: Any person, organization or agency having knowledge of my conduct or activities; and
Any past or present employer; or
Any Credit Bureau, Retail Merchants Association, Bank, Financial Institution or any other Credit Extending Organization; and
Any Dean, Registrar, Principal, Counselor, Instructor or other authorized person at a School (University, College, High School, Trade School, or other); and
Any Doctor, Hospital, Clinic or Sanitarium; and
Any Department or Agency of a City, County, or State Government, or of the Federal Gov't.

I, Steven B. Neily, hereby authorize the City of Orange City to obtain or have prepared one or more consumer reports on me for employment purposes, including but not limited to initial employment, promotion, reassignment, retention of employment and any other use not prohibited by law, prior to and during my employment with the City of Orange City. These reports may contain information regarding my credit history, criminal record history, driving record history, and any other type of information that is permissible by all governing laws pertaining to employment, insurance, or credit information. I understand this information may be obtained from previous employers, companies, credit bureaus, corporations, law enforcement agencies, persons, educational institutions, and other agencies, businesses, and individuals. I hereby authorize and direct all persons who may have information relevant to any such consumer report to disclose it to the City of Orange City or its agents. I hereby further authorize that a photo copy of this Authorization may be considered as valid as an original.

**This Authorization is valid for current and future reports, and I specifically understand that the City of Orange City intends for this Authorization to cover both the application for employment and, if I am hired, any additional consumer reports obtained while I remain an employee.**

05-22-2023
Date

Steven B. Neily
Print Name

PII_SSN_FINANCIAL
Social Security Number

DMV_PII
Driver's License State and Number

EMPLOYEE/SPOUSE/CHILD_PII_PROT
Date of Birth

Signature

Witness Signature

**PUBLIC SAFETY OFFICERS AND EMPLOYEES**
**NON-USER OF TOBACCO PRODUCTS AFFIDAVIT**
**& PHYSICAL FITNESS STATEMENT**

In accordance with Florida Statute 112.18, I, Steven B. Neily, do hereby affirm that I am a non-user of tobacco and tobacco products and that I have been a non-user of tobacco or tobacco products for at least one (1) year preceding my application for employment. I also understand that as a condition of my employment, I will remain tobacco free.

**Drug Screen/Voice Stress Analysis/Psychological Release**

The undersigned police applicant understands and agrees to voluntarily submit to a drug screen examination, a psychological evaluation, and a voice stress test examination prior to being accepted for employment with the Orange City Police Department. The undersigned person also understands and agrees that the Orange City Police Department will only consider the results of these tests for administrative and departmental purposes relating to employment.

The undersigned person further agrees and understands to release, absolve and forever hold harmless the Orange City Police Department, its officers, agents, employees, the psychologist, and the voice stress analysis technician from liability resulting from the drug screening examination, the psychological evaluation, the voice stress test examination or use of the results obtained there from. This also applies to any and all suits, actions or causes of actions at law, claim, demand, or liability which the undersigned, his or her successors assigns, heirs, executors or administrators have now or may every have resulting directly, indirectly or remotely from the undersigned person having taken said examinations.

Signature

SWORN TO AT Springfield, ~~Florida~~ Vermont, this 22nd day of May, 2023.

X Personally Known

_____ Produced identification, type _____

Notary Public

**ORANGE CITY POLICE DEPARTMENT**
**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**
**PLEASE PRINT LEGIBLY EXCEPT WHERE SIGNATURE IS REQUIRED**

I, Steven B. Neily, do hereby authorize a review of, and full disclosure of, all records concerning myself to any duly authorized agent of the City of Orange City, Florida whether said records are of a public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of including but not limited to; education institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed, medical and psychiatric treatment and/or consultation including hospital clinics, private practitioners and the US Veteran's Administration, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either civil or criminal, in which I presently have or have had an interest. Amendments to the Federal Fair Credit Report Act (AFCRA) became effective on September 30, 1997. The FCRA applied whenever employers obtain credit reports and other consumer reports for hiring and other employment purposes. In addition to credit information, the FCRA applied to information concerning a person's character, general reputation, personal characteristics or mode of living.

I, Steven B. Neily, do hereby authorize a review of and full disclosure of all credit and consumer reports obtained for the purpose of hiring to any duly authorized agent of the City of Orange City, Florida. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release, authorization will be considered in determining my suitability for employment by the Orange City Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release such said person(s) from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature

EMPLOYEE/SPOUSE/CHILD_PII_PROTE

Cell Number

SWORN TO before me, at Springfield, ~~Florida~~ Vermont, this 22nd day of May, 2023.

____ Personally Known

____ Produced Identification, Type_____

Notary Public

## CONCLUSION

**AFFIDAVIT**
**STATE OF FLORIDA**
**COUNTY OF VOLUSIA**

I, Steven B. Neily, do hereby swear that all the information stated in this application is true and correct to the best of my knowledge. I understand any material misrepresentation of fact may be cause for rejection before employment or disqualification after employment.

**NOTICE TO APPLICANT**: This document shall constitute an official statement within the purview of Section 837.06, Florida Statutes, and is subject to verification by the employing agency and/or Criminal Justice Standards and Training Commission. Any intentional omission when submitting this applicant of false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify you from employment as an Officer.

I hereby certify that to the best of my knowledge and belief, the information that I've entered on this form is true.

_____
Signature of Applicant

SWORN TO before me, at Springfield, ~~Florida~~ Vermont, this 22nd day of May, 2023.

X Personally Known

_____ Produced Identification, Type_____

_____
Notary Public

***Note to Applicants***: *The City of Orange City is desirous of augmenting its work force for the Orange City Police Department with persons who will be employed by the City on a full time regular basis. In as much, the Orange City Police Department is selective regarding who is offered employment as a police officer. Candidates with marginal personal and professional backgrounds, patterns of immature conduct, or who project poor images are screened out during the process so that only the strongest candidates advance.*

**FDLE**
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:** Steven B. Neily

**DATE OF BIRTH:** EMPLOYEE/SPOUSE/CH

**LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:** PII_SSN_FI

**AGENCY REQUESTING BACKGROUND INFORMATION:** Orange City Police Department

**ADDRESS:** 207 N. Holly Ave. Orange City, FL 32763

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: 05-22-2023

EMPLOYEE/SPOUSE/CHILD_PII_PROTECTED

Applicant's Address

**OATH**

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

**STATE OF** Vermont **COUNTY OF** Windsor

**Sworn to (or affirmed) and subscribed before me this** 22nd

**day of** May **, year** 2023 **By** personal appearance

**Signature of Notary Public – State of Florida** Vermont

**Print, Type, or Stamp Commissioned name of Notary Public**

**Personally Known** ☑ **OR Produced Identification** ☐

**Type of Identification Produced**

**FDLE**

Florida Department of Law Enforcement

# AFFIDAVIT OF APPLICANT

Incorporated by Reference in Rule 11B-27.002(1)(f), F.A.C.

**CJSTC 68**

**Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses**

**Last Four Digits of Applicant's Social Security Number:** PII_SSN_FIN

**Applicant's Legal Name:** Neily (Last) Steven (First) B (MI)

**Employing agency:** Orange City Police Department

**Use this form to verify your compliance with the employment requirements of Section 943.13, F.S.** I fully understand that to qualify for employment as a law enforcement, correctional, or correctional probation officer, I shall comply with the following provisions of Section 943.13, F.S.:

- Be at least 18 years of age for correctional officer or 19 years of age for all others.
- Be a citizen of the United States.
- Be a high school graduate or equivalent.
- Not have been convicted of any felony or of a misdemeanor involving perjury or false statement. Any person who, after July 1, 1981, pleads guilty or nolo contendere to or is found guilty of a felony or of a misdemeanor involving perjury or a false statement shall not be eligible for employment or appointment as an officer, notwithstanding suspension of a sentence or withholding of adjudication.
- Have been fingerprinted by the employing agency.
- Have passed a physical examination by a licensed medical specialist approved in Rule 11B-27.002(1)(d), F.A.C..
- Be of good moral character.
- Have not received a dishonorable discharge from the U.S. Military.

| True | False | NA | In addition, I attest to the following statements: Each statement shall be checked "True" "False" or "NA" |
|---|---|---|---|
| [x] | [ ] | | 1. I completed my employment application and it is true and correct, and all other information I furnished in conjunction with my application is true and correct. |
| [x] | [ ] | | 2. I provided documentation of proof of my qualifications to the above listed employing agency. |
| [x] | [ ] | | 3. I meet the qualifications as specified above. |
| [ ] | [x] | | 4. I had a criminal record sealed or expunged. |
| [ ] | [x] | | 5. I am under investigation by a local, state, or federal agency or entity for criminal, civil, or administrative wrongdoing to the best of my knowledge and belief. |
| [ ] | [x] | [ ] | 6. I separated or resigned from a previous criminal justice employment while under investigation. |
| [ ] | [ ] | [x] | 7. I am currently serving in good standing in the U.S. Military. |
| [ ] | [x] | | 8. I previously served in the U.S. Military. |
| [ ] | [x] | [ ] | 9. I received a dishonorable discharge from my previous U.S. Military service. |
| [x] | [ ] | | 10. I am currently certified as a Florida criminal justice officer in the following area(s): Please check the appropriate box(es). [x] Law Enforcement [ ] Correctional [ ] Correctional Probation |
| [x] | [ ] | [ ] | 11. I authorize the employing agency listed above to apply for my certification. Please check the appropriate box(es). [x] Law Enforcement [ ] Correctional [ ] Correctional Probation |

**NOTICE:** This document shall constitute as an official statement within the purview of Section 837.06, F.S., and is subject to verification by the employing agency and the Criminal Justice Standards and Training Commission. Any intentional omission when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify the officer for employment as an officer.

**PLEASE READ CAREFULLY BEFORE SIGNING.** You must complete the remainder of this affidavit in the presence of a notary public. Upon witnessing your signing of this affidavit, a notary public shall complete the notary block by entering the same date the affidavit is signed. **I hereby certify that to the best of my knowledge and belief, the information that I've entered on this form is true.**

12. _____ Applicant's Signature

13. 5/22/23 Date Signed

**14. OATH**

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

**STATE OF** Vermont **COUNTY OF** Windsor

**Sworn to (or affirmed) and subscribed before me by means of** Physical Presence [x] **OR** Online Notarization [ ] **this** 22nd **day of** May **, year** 2023 **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** _____

***NOTE: Private Correctional facilities must submit original and shall forward the completed affidavit stapled to the Registration of Employment, Affidavit of Compliance Form CJSTC-60 to FDLE, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section**

# Public Records Exemptions

Enclosed please find a copy of the response documents for your public records request. The following information is provided to explain the process employed to review and produce the response documents.

| Reason | Description | Pag |
|---|---|---|
| DMV_PII | 119.071(5) + DPPA | 19, 2 |
| EMPLOYEE/SPOUSE/CHILD_PII_PROTECTED | 119.071(4) PII_PROTECTED_EMPLOYEE | 1-3, 11, 1 21, 2 25 |
| PII_SSN_FINANCIAL | 119.071(5) SSN, bank account numbers, credit card data | 1, 11 21, 25-2 |