

# Orange City Police Department Police Officer Applicant Check Off List



**APPLICANT NAME** Brandon Runyan **DATE REC'D:** 12/17/25

**REQUIRED DOCUMENTS** BIRTH CERTIFICATE ☒ HS DIPLOMA ☐ DL ☐  
SS CARD ☒ Form 58 ☒

**ACADEMY GRAD** YES ☒ NO ☐ FDLE CERT YES ☒ NO ☐

**ATMS CHECK** YES ☒ NO ☐ Comments: \_\_\_\_\_

**STATE EXAM** ATTACHED ☒ AWAITING ☐ Date: 12/09/26

**FCIC/NCIC/History** FELONY ☐ Misdemeanor ☐ NONE ☐

**WRITTEN TEST** Date 12/15/25 PASS ☒ FAIL ☐

**INTERVIEW** Date 12/15/25

**FINGERPRINTS** YES ☒ NO ☐ FDLE TRANS YES ☐ NO ☐

**LETTERS SENT** Personal References ☒ Employment ☒ Other Agency App ☐  
Date: 01/06/26 Date: 01/06/26 Date: \_\_\_\_\_  
Criminal Records ☒ Comments: \_\_\_\_\_  
Date: 01/09/26

**MILITARY** DD214: YES ☐ NO ☒ Letter Sent on: \_\_\_\_\_

**BRANCH** ☒ None ☐ Air Force ☐ Army ☐ Navy ☐ Marines ☐ National Guard

**CERTIFIED DL** Date: 01/13/26

**NEIGHBOR CANVAS** COMPLETE ☒ Date: 01/13/26

**SOCIAL MEDIA** Date: 01/13/2026

**CVSA** Date: 01/13/2026 PASS ☒ FAIL ☐

**PSYCHOLOGICAL** Date: 01/08/2026 PASS ☒ FAIL ☐

**PHYSICAL** Date: 12/31/2025 PASS ☒ FAIL ☐

**DRUG SCREENING** Date: 12/18/2025 PASS ☒ FAIL ☐

Notes:

BACKGROUND

SELECT CRITERIA

- |                                                     |                                                       |                                                    |
|-----------------------------------------------------|-------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> BQA - B (Miscellaneous)    | <input type="checkbox"/> BQA - E (Employment History) | <input type="checkbox"/> BQA - H (Credit History)  |
| <input type="checkbox"/> BQA - C (Criminal History) | <input type="checkbox"/> BQA - F (Failed Testing)     | <input type="checkbox"/> W - HIRED BY OTHER AGENCY |
| <input type="checkbox"/> BQA - D (Drug History)     | <input type="checkbox"/> BQA - G (Driving History)    | <input type="checkbox"/> H - HIRED BY OCPD         |



## **ORANGE CITY POLICE DEPARTMENT**

### **POLICE OFFICER APPLICATION/QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER**

Thank you for choosing to apply to be an Orange City Police Officer. The goal of the Orange City Police Department is to select the best possible applicants for employment. Therefore, completion and advancement through the application process is based on your ability and competitiveness with other applicants. Applications will be accepted for open positions by the Human Resource Department, City of Orange City, 205 East Graves Avenue, Orange City, Florida 32763.

**DUTIES AND RESPONSIBILITIES:** A Police Officer performs a wide range of tasks to promote public safety and security; crime prevention and general enforcement of the law; and performs work as required. The duties of a Police Officer include but are not limited to patrolling, crime detection, investigation, traffic enforcement and traffic control.

**MINIMUM REQUIREMENTS FOR HIRING:** Be at least 21 years of age at swearing in (*exceptions may apply*). Possess a valid Florida operator's license, a high school diploma or equivalency, be a U.S. Citizen and veterans must possess an Honorable Discharge. Applicants must pass a medical examination and their visual ability must be correctable to 20/20.

Applicants will be required to take a written test that includes a spelling module and participate in an oral interview. Upon successful completion of that segment, an in-depth background investigation will be conducted. Once a satisfactory background investigation has been achieved, the candidate will be required to take a voice stress analysis examination and pass a psychological and medical examination that includes a drug screen prior to being eligible for employment as a City of Orange City Police Officer.

**POLICE TRAINING COURSE:** Preference in employment will be given to personnel holding a Criminal Justice Standards and Training Commission Certificate. Applicants who are disqualified during the process cannot reapply. Applicants who do not pass any part of the process can reapply after one year from the date of the original application.

The expected duration of the hiring process is approximately 90 days from the date of application.

In order that you receive proper consideration in your application to become an Orange City Police Officer, it will be essential that all identified materials be returned completed in their entirety along with this application.

Before returning these materials, check them for accuracy and completeness. Sign your name on all forms where signature is indicated. Check to ensure that all forms requested below are turned in along with all licenses, certificates and other documents you feel are valid for the application process.

### FORMS FOR MINIMUM PROCESSING

- Application and supplement forms (must be notarized)
- Naturalization papers if applicable
- High School Diploma, GED or equivalent
- College Diploma and Certified Transcripts (if claiming college credit)
- Valid Operator's Driver's License (Florida License required at time of employment)
- Social Security Card
- Change of Name Document (marriage/divorce documents)
- Copy of your DD 214 (if applicable)
- Copy of Birth Certificate or Birth Record
- Criminal Justice Standards & Training Certificate of Compliance
- State Certification exam results
- Copy of your Driving record from the Division of Motor Vehicles
- Any specialized Criminal Justice Certificates that will enhance your application documentation of hours earned at prior Police Academy (out of state)

If selected to proceed, applicants will be notified of the date, time and location of the Oral Interview Assessment.

### BENEFITS

- Health Insurance
- Life Insurance
- Dental Insurance
- Disability
- Florida State Retirement: Investment Plan or Florida Retirement System Pension
  - Information on both options available upon request from Human Resources

### OTHER BENEFITS

- 12 paid holidays annually (includes birthday)
- 169 hours Personal Time Off accrued annually (0-5 years, increases with employee's length of service)
- College tuition reimbursement program
- All necessary equipment provided
- Patrol vehicle assignment program

**Orange City Police Department**  
Chief of Police: Wayne M. Miller

**Administration**  
City Manager: Dale Arrington  
Human Resource Manager: Jeremy Wiggins

## 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 11/19/2025

FULL

NAME

Runyan

Brandon

Michael Lee

Last

First

Middle

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

HOME PHONE ( )

CELL PHONE

EMPLOYEE/SPOUSE/CHILD\_PII\_PROT

Email Address: Brandon Runyan23@gmail.com

PHYSICAL ADDRESS:

EMPLOYEE/SPOUSE/CHILD\_PII\_PROTECTED

Number

Street

City

State

Zip

Do you Own or Rent: Rent

United States Citizen: Yes X No

Date of Birth

EMPLOYEE/SPOUSE/CH

Mo/Day/Year

Kansas City

City

Platte

County

MO

State

Height 6.0

Weight 205

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

PII\_SSN\_FINANCIAL

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

X

Married

Divorced

Separated

| Date Married<br>(List Present and Past) | Spouse's Name | Spouse's Date of Birth |
|-----------------------------------------|---------------|------------------------|
|                                         |               |                        |
|                                         |               |                        |
|                                         |               |                        |

Dependent Children:

| Name | Age | Living at Home? |
|------|-----|-----------------|
|      |     |                 |
|      |     |                 |
|      |     |                 |
|      |     |                 |

Mother's Maiden Name: Andrea Lynn Runyon

Father's Name: Mark Hylton

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

Erik HCH-913-215-4084

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

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

Facebook: Brendan Runyon/Instagram and Snapchat: BMLRunyon

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.

Brendan Runyon  
Signature

11/19/2025  
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 |
|---------------|--------------------------------------|--------------|-------|
| 09-25/Current | EMPLOYEE/SPOUSE/CHILD_PII_PROTECTED  |              |       |
| 08-24/09-25   | 413 N Garrison ave apt 104           | Kansas City  | MO    |
| 10-23/08-24   | 10537 Clubhouse DR                   | Kansas City  | KS    |
| 06-27/10-23   | 10308 W Totx terr apt 102            | Shawnee      | KS    |
| 11-21/06-22   | 1199 E Santa Fe st Lt 424            | Gardner      | KS    |
| 09-18/11-21   | 2804 N 103rd st                      | Kansas City  | KS    |
| 04-17/09-18   | 1435 S Willow st                     | Ottawa       | KS    |
| 06-16/04-17   | 3514 S Rogers Ln                     | Independence | MO    |
| 11-14/06-16   | 21300 E 3rd Dr S                     | Independence | MO    |
| 12-12/11-14   | 7306 Croddard ST                     | Shawnee      | KS    |
| 2010-2012     | 8028 N Everton Ave                   | Kansas City  | MO    |
| 10-07/2010    | 216 W College st                     | Independence | MO    |
| 10-04/10-07   | 804 S Ann st                         | Independence | MO    |
| 2004/10-06    | 4320 NW 79th terr apt 19             | Kansas City  | MO    |
| 01-03/2004    | 904 Quail creek Dr                   | Independence | MO    |
| 12-00/01-03   | 4872 NW Homestead ter                | Riverside    | MO    |
|               |                                      |              |       |
|               |                                      |              |       |
|               |                                      |              |       |
|               |                                      |              |       |
|               |                                      |              |       |
|               |                                      |              |       |
|               |                                      |              |       |
|               |                                      |              |       |

## EMPLOYMENT HISTORY

Starting 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 <u>03-25-24</u> To <u>09-05-2025</u>           | Supervisor: <u>Sgt. John Anderson</u>             |
| Company Name: <u>Kansas City Kansas com college</u> | Type Work Performed: <u>Police Officer duties</u> |
| Street Address <u>7250 State Ave</u>                | <u>Vehicle and foot Patrols</u>                   |
| City/State/Zip <u>Kansas City, KS, 66112</u>        | Reason for Leaving: <u>Move closer to family</u>  |
| Phone # <u>913-334-1100</u>                         | Starting Salary <u>\$52500</u> Final Salary _____ |

|                                                   |                                                      |
|---------------------------------------------------|------------------------------------------------------|
| From <u>01/23</u> To <u>03/24</u>                 | Supervisor: <u>Michelle Knaak</u>                    |
| Company Name: <u>Advent Health Medical Center</u> | Type Work Performed: <u>Security Officer</u>         |
| Street Address <u>9100 W 74th St</u>              | <u>Patrol Property and assist nurse staff</u>        |
| City/State/Zip <u>Shawnee, KS 66203</u>           | Reason for Leaving: <u>To pursue Police career</u>   |
| Phone # <u>913-676-2000</u>                       | Starting Salary <u>\$19</u> Final Salary <u>\$19</u> |

|                                                  |                                                         |
|--------------------------------------------------|---------------------------------------------------------|
| From <u>01/22</u> To <u>09/23</u>                | Supervisor: <u>George Shook</u>                         |
| Company Name: <u>Saint Luke's Medical center</u> | Type Work Performed: <u>Security Officer</u>            |
| Street Address <u>4401 Wornell Rd</u>            | <u>Assist Patient and staff safety</u>                  |
| City/State/Zip <u>Kansas City, MO, 64111</u>     | Reason for Leaving: <u>wanted to be closer to home.</u> |
| Phone # <u>816-804-7441</u>                      | Starting Salary <u>\$24</u> Final Salary <u>\$24</u>    |

|                                                  |                                                      |
|--------------------------------------------------|------------------------------------------------------|
| From <u>05/22</u> To <u>09/22</u>                | Supervisor: <u>Brian Michalski</u>                   |
| Company Name: <u>Garda World</u>                 | Type Work Performed: <u>Hospital Security</u>        |
| Street Address <u>6700 Antioch Rd, Suite 140</u> | <u>Ensure safety of staff and patients.</u>          |
| City/State/Zip <u>Mexicomm, Kansas, 66204</u>    | Reason for Leaving: <u>Temporary contract</u>        |
| Phone # <u>913-312-1466</u>                      | Starting Salary <u>\$20</u> Final Salary <u>\$20</u> |

|                                                |                                                       |
|------------------------------------------------|-------------------------------------------------------|
| From <u>02/22</u> To <u>05/22</u>              | Supervisor: <u>Tara Goff</u>                          |
| Company Name: <u>Johnson County Det Center</u> | Type Work Performed: <u>Low level offender</u>        |
| Street Address <u>141 Mission Dr</u>           | <u>Detention Center, ensure clients follow rules.</u> |
| City/State/Zip <u>New Century, KS, 66031</u>   | Reason for Leaving: <u>Pursue higher income</u>       |
| Phone # <u>913-231-2553</u>                    | Starting Salary <u>\$19</u> Final Salary <u>\$19</u>  |

## EMPLOYMENT HISTORY

Starting 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 <u>01/21</u> To <u>08/21</u>          | Supervisor:                                          |
| Company Name: <u>Menards</u>               | Type Work Performed: <u>Forklift operator</u>        |
| Street Address <u>1301 N 98th St</u>       | <u>and material loading.</u>                         |
| City/State/Zip <u>Kansas City KS 66111</u> | Reason for Leaving: <u>Needed a higher salary</u>    |
| Phone # <u>913-299-6218</u>                | Starting Salary <u>\$14</u> Final Salary <u>\$14</u> |

|                                         |                                                          |
|-----------------------------------------|----------------------------------------------------------|
| From <u>06/20</u> To <u>12/20</u>       | Supervisor: <u>David Hynn</u>                            |
| Company Name: <u>Modern Maintenance</u> | Type Work Performed: <u>Superise pallet</u>              |
| Street Address <u>14100 W 96th ter</u>  | <u>unloading and cleaning operations.</u>                |
| City/State/Zip <u>Lenexa KS 66215</u>   | Reason for Leaving: <u>Increase in workload.</u>         |
| Phone # <u>913-343-9777</u>             | Starting Salary <u>\$15hr</u> Final Salary <u>\$15hr</u> |

|                                                        |                                                              |
|--------------------------------------------------------|--------------------------------------------------------------|
| From <u>01/20</u> To <u>06/20</u>                      | Supervisor: <u>Berika Morrison</u>                           |
| Company Name: <u>Titan Protection &amp; consulting</u> | Type Work Performed: <u>Stationary security</u>              |
| Street Address <u>9350 Metcalf ave #210</u>            | <u>and semi truck inspections.</u>                           |
| City/State/Zip <u>Overland Park, KS 66212</u>          | Reason for Leaving: <u>Still works different job and pay</u> |
| Phone # <u>913-441-0911</u>                            | Starting Salary <u>\$14hr</u> Final Salary <u>\$14hr</u>     |

|                                            |                                                      |
|--------------------------------------------|------------------------------------------------------|
| From <u>09/19</u> To <u>01/20</u>          | Supervisor: <u>Melissa Blair-Horingford</u>          |
| Company Name: <u>Walmart</u>               | Type Work Performed: <u>Online grocery</u>           |
| Street Address <u>10824 Parallel Pkwy</u>  | <u>order receiver and deliverer</u>                  |
| City/State/Zip <u>Kansas City KS 66109</u> | Reason for Leaving: <u>needed better pay</u>         |
| Phone # <u>913-942-4362</u>                | Starting Salary <u>\$12</u> Final Salary <u>\$12</u> |

|                                              |                                                        |
|----------------------------------------------|--------------------------------------------------------|
| From <u>04/19</u> To <u>09/19</u>            | Supervisor: <u>Sheri - unable to provide last name</u> |
| Company Name: <u>Old Navy</u>                | Type Work Performed: <u>Cassier</u>                    |
| Street Address <u>1815 Village West Pkwy</u> |                                                        |
| City/State/Zip <u>Kansas City, KS 66111</u>  | Reason for Leaving: <u>Closer to home</u>              |
| Phone # <u>913-334-9118</u>                  | Starting Salary <u>\$9</u> Final Salary <u>\$9</u>     |

## 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 <u>Andrew Black</u>                              | Occupation <u>Owner of AB Performance</u>                |
| Residence Address <u>12906 W 83rd Terr<br/>Lenexa KS 66215</u> | Business Address <u>2036 Parkhill St Lenexa KS 66215</u> |
| Cell # <u>913-963-9585</u>                                     | Business Telephone <u>913-963-9585</u>                   |
| Email Address <u>ABPerformanceLLC@gmail.com</u>                |                                                          |

|                                                                 |                                     |
|-----------------------------------------------------------------|-------------------------------------|
| Complete Name <u>Cassey Carter</u>                              | Occupation <u>Pastor/Contractor</u> |
| Residence Address <u>20221 Kingmont Dr<br/>Estero, FL 33928</u> | Business Address <u>N/A</u>         |
| Cell # <u>239-298-6233</u>                                      | Business Telephone <u>N/A</u>       |
| Email Address <u>CMC3@hotmail.com</u>                           |                                     |

|                                                                 |                                                  |
|-----------------------------------------------------------------|--------------------------------------------------|
| Complete Name <u>Judy Carter</u>                                | Occupation <u>Ministry/Administrative Pastor</u> |
| Residence Address <u>20221 Kingmont Dr<br/>Estero, FL 33928</u> | Business Address <u>N/A</u>                      |
| Cell # <u>913-709-9536</u>                                      | Business Telephone <u>N/A</u>                    |
| Email Address <u>JudyCarter@hotmail.com</u>                     |                                                  |

## PERSONAL REFERENCES

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

|                                                                      |                                                                  |
|----------------------------------------------------------------------|------------------------------------------------------------------|
| Complete Name <u>Shawn D Pendleton</u>                               | Occupation <u>Police Officer</u>                                 |
| Residence Address <u>841 S State Route T<br/>Peculiar, MO, 64078</u> | Business Address <u>7250 State Ave<br/>Kansas City, KS 66112</u> |
| Cell # <u>816-309-2588</u>                                           | Business Telephone <u>913-334-1100</u>                           |
| Email Address                                                        |                                                                  |

|                                                                         |                                                                  |
|-------------------------------------------------------------------------|------------------------------------------------------------------|
| Complete Name <u>Matthew Griffin</u>                                    | Occupation <u>Police Officer</u>                                 |
| Residence Address <u>3106 NE 118 Terrace,<br/>Kansas City, MO 64134</u> | Business Address <u>7250 State Ave<br/>Kansas City, KS 66112</u> |
| Cell # <u>816-743-1847</u>                                              | Business Telephone <u>913-334-1100</u>                           |
| Email Address <u>MGriffin@gmail.com</u>                                 |                                                                  |

|                                                                    |                                                                  |
|--------------------------------------------------------------------|------------------------------------------------------------------|
| Complete Name <u>Zach Myers</u>                                    | Occupation <u>Assembler</u>                                      |
| Residence Address <u>10114 Tracy Ave<br/>Kansas City, MO 64131</u> | Business Address <u>14510 Botts Rd, Kansas City<br/>MO 64147</u> |
| Cell # <u>816-738-0035</u>                                         | Business Telephone <u>816-488-2000</u>                           |
| Email Address <u>ZMyers30@gmail.com</u>                            |                                                                  |

## 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 certified copy of college transcripts will be required by applicant.**

|                                                    |                  |                                                    |                             |
|----------------------------------------------------|------------------|----------------------------------------------------|-----------------------------|
| School Name <u>Olathe North High School</u>        |                  |                                                    |                             |
| Street Address <u>600 E Prairie St, Olathe, KS</u> |                  |                                                    |                             |
| City/State/Zip <u>Olathe, Kansas, 66061</u>        |                  |                                                    |                             |
| From: <u>02-23</u>                                 | To: <u>01-24</u> | Graduated: Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

|                                            |                 |                                         |                                        |
|--------------------------------------------|-----------------|-----------------------------------------|----------------------------------------|
| School Name <u>Ottawa High School</u>      |                 |                                         |                                        |
| Street Address <u>1120 S Ash St</u>        |                 |                                         |                                        |
| City/State/Zip <u>Ottawa, Kansas 66047</u> |                 |                                         |                                        |
| From: <u>2017</u>                          | To: <u>2018</u> | Graduated: Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

|                                              |                 |                                         |                                        |
|----------------------------------------------|-----------------|-----------------------------------------|----------------------------------------|
| School Name <u>Troman High School</u>        |                 |                                         |                                        |
| Street Address <u>3301 S Voland Rd, Ind</u>  |                 |                                         |                                        |
| City/State/Zip <u>Independence, MO 64055</u> |                 |                                         |                                        |
| From: <u>2016</u>                            | To: <u>2017</u> | Graduated: Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

|                                                |                 |                                         |                                        |
|------------------------------------------------|-----------------|-----------------------------------------|----------------------------------------|
| School Name <u>Pioneer Ridge Middle School</u> |                 |                                         |                                        |
| Street Address <u>1656 S Speck Rd</u>          |                 |                                         |                                        |
| City/State/Zip <u>Independence MO 64057</u>    |                 |                                         |                                        |
| From: <u>2015</u>                              | To: <u>2016</u> | Graduated: Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

|                                             |                 |                                         |                                        |
|---------------------------------------------|-----------------|-----------------------------------------|----------------------------------------|
| School Name <u>Bingham Middle School</u>    |                 |                                         |                                        |
| Street Address <u>1716 Speck Rd</u>         |                 |                                         |                                        |
| City/State/Zip <u>Independence MO 64057</u> |                 |                                         |                                        |
| From: <u>2014</u>                           | To: <u>2015</u> | Graduated: Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

What are your educational goals? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 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 certified copy of college transcripts will be required by applicant.**

|                                                          |                 |                                         |                                        |
|----------------------------------------------------------|-----------------|-----------------------------------------|----------------------------------------|
| School Name <u>James Bridger Middle School</u>           |                 |                                         |                                        |
| Street Address <u>18200 E. 14th Highway, 18200 MO-78</u> |                 |                                         |                                        |
| City/State/Zip <u>Independence, MO 64057</u>             |                 |                                         |                                        |
| From: <u>2013</u>                                        | To: <u>2014</u> | Graduated: Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

|                                             |                 |                                         |                                        |
|---------------------------------------------|-----------------|-----------------------------------------|----------------------------------------|
| School Name <u>Nieman Elementary School</u> |                 |                                         |                                        |
| Street Address <u>10917 W 67th St</u>       |                 |                                         |                                        |
| City/State/Zip <u>Lawrence KS 66203</u>     |                 |                                         |                                        |
| From: <u>2012</u>                           | To: <u>2013</u> | Graduated: Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

|                                                  |                 |                                         |                                        |
|--------------------------------------------------|-----------------|-----------------------------------------|----------------------------------------|
| School Name <u>Pratt Point Elementary School</u> |                 |                                         |                                        |
| Street Address <u>8101 NW Belvidere PKWY</u>     |                 |                                         |                                        |
| City/State/Zip <u>Kansas City, MO 64152</u>      |                 |                                         |                                        |
| From: <u>2010</u>                                | To: <u>2012</u> | Graduated: Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

|                                                        |                 |                                         |                                        |
|--------------------------------------------------------|-----------------|-----------------------------------------|----------------------------------------|
| School Name <u>Bryant Elementary School</u>            |                 |                                         |                                        |
| Street Address <u>827 W College St, <del>Ind</del></u> |                 |                                         |                                        |
| City/State/Zip <u>Independence, MO 64030</u>           |                 |                                         |                                        |
| From: <u>2007</u>                                      | To: <u>2010</u> | Graduated: Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

|                |           |                                         |                             |
|----------------|-----------|-----------------------------------------|-----------------------------|
| School Name    |           |                                         |                             |
| Street Address |           |                                         |                             |
| City/State/Zip |           |                                         |                             |
| From: _____    | To: _____ | Graduated: Yes <input type="checkbox"/> | No <input type="checkbox"/> |

What are your educational goals? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## LAW ENFORCEMENT EDUCATION INFORMATION

| QUESTIONS (READ CAREFULLY)                                                                                                                                                                                                                                                                                                                                                                                        | YES                                 | NO                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| <p>Are you currently or have you ever been certified as a law enforcement officer in the state of Florida?</p> <p>If yes, provide date: _____<br/> <i>(Provide copy of State Certification results)</i></p>                                                                                                                                                                                                       | <input type="checkbox"/>            | <input type="checkbox"/> |
| <p>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?</p> <p>What College/ BLE Program: <u>Palm Beach State College</u></p> <p><u>EOT</u><br/> Date of basic recruit graduation or cross over equivalency completion: <u>12-11-23</u></p> <p>Date of scheduled State Certification Exam: _____</p> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <p>Have you <b>ever</b> been certified as a law enforcement officer in any other state?</p> <p>If yes, provide details: <u>Certified in Kansas (KLETC)</u><br/> <u>08-24</u></p>                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

### Florida Department of Law Enforcement Officer Training Requirements

| If you are a -                                                                                     | You must complete the following -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Officer or Discipline Cross Over                                                               | <p><b>1. Complete the <u>Basic Abilities Test (BAT)</u> -</b></p> <p>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.</p> <p><b>2. Complete Basic Recruit or Cross Over Training -</b></p> <p>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.</p>  |
| 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                   | <p><b>1. Complete an <u>Equivalency of Training</u> AND</b></p> <p><b>2. Demonstrates Proficiency in High Liabilities</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Former Florida Officer - More than 8 Yrs. Break in Service                                         | <p><b>1. Complete the <u>Basic Abilities Test (BAT)</u> -</b></p> <p>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.</p> <p><b>2. Complete Basic Recruit or Cross Over Training -</b></p> <p>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 <u>Commission-certified training school</u>.</p> |
| Out of State, Federal, or Military Officers - Active officers or less than 8 yrs. break in service | <p><b>1. Complete an <u>Equivalency of Training</u> AND</b></p> <p><b>2. Demonstrate Proficiency in High Liabilities</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                        |

## 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.

Throughout my criminal justice training, I completed numerous specialty courses that has developed my skills in crisis response, investigations, communication, and officer safety. I successfully completed Crisis Intervention Team (CIT) Training. I have also completed the Reid Technique of Investigative Interviewing and Advanced Interrogation. Both of these has helped me strengthen my ability to safely respond to individuals experiencing mental health crisis. Along with enhancing my understanding of interview techniques, legal considerations, and rapport building. Additional training includes Active Shooter Response, tactical operations, campus policing, weapons familiarization and much more. These courses have collectively strengthened my decision making skills and helped me be more prepared to serve effectively.

N/A

## MILITARY SERVICE

List dates, branches and serial number or service number of all active service in the Armed Forces of the United States, including Reserve status and/or National Guard status.

| TO / FROM | BRANCH OF SERVICE | SERVICE NUMBER |
|-----------|-------------------|----------------|
|           |                   |                |
|           |                   |                |
|           |                   |                |

Provide copy of DD214

Have you ever served in the Armed Forces of another country? Yes \_\_\_\_\_ No X  
 If yes, explain:

Type of discharge received from U.S. Armed Forces \_\_\_\_\_

If other than Honorable, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

Were you ever convicted of a court martial? Yes \_\_\_\_\_ No X

Were you ever registered with the selective service? Yes \_\_\_\_\_ No X

If so, selective service number: \_\_\_\_\_

Current Status, if applicable: \_\_\_\_\_

If assigned to active reserve status, indicate remaining military obligations (*weekend drills, two week sessions, etc.*)  
 \_\_\_\_\_  
 \_\_\_\_\_



11/1

**SELECT YOUR TYPE OF VETERAN'S PREFERENCE**

☐ A veteran with a 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.

☐ The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power.

☐ A wartime veteran who has served on active duty for one day or more during a wartime period, or who has served in a qualifying campaign or expedition and who was discharged "HONORABLY" from the Armed Forces of the United States of America. Active duty for training shall not qualify for eligibility under this paragraph. The war-time periods are defined as follows:

- World War II: December 7, 1941 to December 31, 1946
- Korean Conflict: June 27, 1950 to January 31, 1955
- Vietnam Era: February 28, 1961 to May 7, 1975
- Persian Gulf War: August 2, 1990 to January 2, 1992
- Operation Enduring Freedom: October 7, 2001 to a date to be determined
- Operation Iraqi Freedom: March 19, 2003 to a date to be determined
- Operation New Dawn: September 1, 2010 to date to be determined

☐ The unmarried widow or widower of a veteran who died of a service-connected disability.

☐ The mother, father, legal guardian, or unmarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense.

☐ A veteran as defined in F.S. 1.01(14). 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. Active duty for training may not be allowed for eligibility under this paragraph.

☐ A current member of any reserve component of the United States Armed Forces or the Florida National Guard.

### 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:

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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: \_\_\_\_\_

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### FINANCIAL SECTION

Have you ever declared bankruptcy? YES \_\_\_\_\_ NO ☒

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

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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 ( <i>explain your pattern of alcohol use</i> )?                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2.  | Have you <b>ever</b> been questioned, detained, arrested, received a notice to appear, charged, convicted, pled nolo contendere, had adjudication withheld, placed on probation or pled guilty to <b>any</b> 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. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3.  | Is there anything that would prevent you from meeting the physical requirements of a law enforcement officer? If yes, please explain.                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4.  | Have you applied for employment at any other law enforcement agency within the last three (3) years? If so, list agencies on supplement.                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5.  | Have you <b>ever</b> been rejected or otherwise passed over for employment with any police department? If yes, explain.                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6.  | Have you ever been employed by another police department? If yes, explain.                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7.  | Are you currently or have you ever been certified by the Florida Criminal Justice and Training Commission?                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8.  | Have you ever been treated for a drug habit? If yes, please explain.                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9.  | Have you ever been fired, terminated or disciplined by a police department or <b>any other job</b> ? If yes, please explain.                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 10. | Have you <b>ever</b> used prescription medication that was prescribed for another person? If yes, please explain circumstances.                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 11. | Have you ever <b>used, possessed, experimented with or sold</b> 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. <u><b>If the frequency, month and year are not listed, the application will not be processed.</b></u>                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 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.                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 13. | Have you ever received a traffic citation? ( <i>Include moving and non-moving citations, regardless of court disposition and whether they appear on your driving history</i> ). If so, explain.                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 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.                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 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?                                                                                                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

| #   | QUESTIONS Continued (READ CAREFULLY)                                                                                                                                                                                           | YES                                 | NO                                  |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 16. | Have you ever committed a crime that you have not been charged with?                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 17. | Were you ever suspended or expelled from school? If yes, please explain.                                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 18. | Were you ever subject to disciplinary action while in school? If yes, please explain.                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 19. | Were you ever held back a school year? If yes, please explain.                                                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 20. | Did you ever receive any awards or honors at school? If yes, explain.                                                                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 21. | Have you had any specialized training or courses for this police officer position?                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 22. | Do you have any special skills or training that would lend itself to this position? If yes, please explain.                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 23. | Do you have customer service experience? If yes, please explain.                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 24. | Can you operate special equipment? If yes, please list said equipment.                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 25. | Can you type? How many words per minute <u>40-45</u> ?                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 26. | Are you currently enrolled in school? If so, explain (course, program, etc.).                                                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 27. | Have you ever been required to pay a fine? If yes, explain.                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 28. | Have you ever been fingerprinted by a law enforcement agency? If yes, please explain.                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 29. | Have you ever been advised of your Miranda Rights? If yes, please explain.                                                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 30. | Have you ever had a polygraph examination or a voice stress test examination? If yes, explain the circumstances.                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 31. | Have you or a member of your family ever been the victim of a crime? If yes, please explain.                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 32. | Have you or your spouse ever been sued by anyone or involved in any civil litigation? If yes, please explain.                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 33. | Are you bilingual? If yes, please list what language(s).                                                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 34. | Have you ever been refused credit? If yes, please explain.                                                                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 35. | Have you ever had any accounts turned over to a collection agency? If yes, please explain.                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 36. | Is there anything preventing you from working shift commitments to include: day shift, night shift, weekdays, weekends, holidays? If yes, please explain.                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 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. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**SUPPLEMENT PAGE(S)**

List explanations, by question number, to **yes** responses from pages 11-13 of the  
**GENERAL QUESTIONNAIRE:**

#1) I drink socially and in moderation. When I do drink it is usually 1-3 drinks.

#4) 2024 I applied for the Kansas City Kansas Community College Police Department and got accepted for the Police officer position.

#6) Yes Kansas City Kansas Community College Police Department.

#11) I used marijuana <sup>2-3</sup> ~~times~~ times between 06/18 - 07/18. This experimentation occurred when I was young, before I considered my career path. I have never used any other illegal substances.

#12) In November of 2024 I scraped the side of my patrol car making a sharp right turn - KKKCC

#13) 04-29-2020 Speeding 20-25 Bates County MO  
ticket number - 703311085

#14) When I was young my mother got arrested for DUI so did my father.

#15) Yes, speeding and I consumed alcohol under 21.

#16) I would try to be funny and loud so I would get into trouble for disrupting the class.

**SUPPLEMENT PAGE CONTINUED (IF NEEDED)**

(Indicate Not Applicable if it is not required)

List explanations, by question number, to **yes** responses from pages 11-13 of the

**GENERAL QUESTIONNAIRE:**

#21) Crisis Intervention Team Training, Crisis management  
The Reid Technique of Investigative Interviewing and  
Advanced Interrogation.

#22) Number 21 response

#23) I have worked retail which built the foundation  
on interacting with the public

#27) I had to pay a fine for speeding indicated on  
my #13 response.

#28) Kansas City Kansas community college did  
my fingerprints for my application process.

#31) 12-09-2021 I was a victim of Domestic Violence  
my girlfriend at the time threw a pumpkin at my  
windshield. She was arrested and charged.

#35) Vehicle loan from 2022-<sup>24</sup> I was unable to make  
my vehicle payments. 07/22 Mobile balance for  
Phone bill.

## DRIVING HISTORY

Do you possess a valid Florida Operator's License? Yes \_\_\_\_\_ No X

License Number \_\_\_\_\_ Type \_\_\_\_\_

Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

Yes \_\_\_\_\_ No X Please List \_\_\_\_\_

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

Yes X No \_\_\_\_\_ If yes, answer below:

State of Issue Missouri From 09/30/24 To current

State of Issue Kansas From 05/10/19 To 09/30/24

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 X If yes, please explain. \_\_\_\_\_

Have you ever had automobile insurance withdrawn, revoked or been refused said insurance?

Yes \_\_\_\_\_ No X 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 X If yes, please explain. \_\_\_\_\_

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

### DRIVING HISTORY *(continued)*

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

| DATE<br>MONTH/YEAR | LOCATION OF<br>INCIDENT<br>(CITY/STATE) | VIOLATION TYPE | PENALTY/DISPOSITION |
|--------------------|-----------------------------------------|----------------|---------------------|
| 04/2020            | Bates County / MO                       | SPC 20-25      | Fine                |
|                    |                                         |                |                     |
|                    |                                         |                |                     |
|                    |                                         |                |                     |
|                    |                                         |                |                     |
|                    |                                         |                |                     |
|                    |                                         |                |                     |
|                    |                                         |                |                     |
|                    |                                         |                |                     |
|                    |                                         |                |                     |
|                    |                                         |                |                     |

### ACCIDENTS

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

| DATE<br>MONTH/YEAR | LOCATION OF INCIDENT<br>(CITY/STATE) | INJURIES<br>INVOLVED<br>(YES/NO) | WHOSE FAULT |
|--------------------|--------------------------------------|----------------------------------|-------------|
| 10/24              | Kansas City Kansas                   | NO                               | 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, Barum Rue, 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.**

11-24-25

Date

PII\_SSN\_FINANCIAL

Social Security Number

EMPLOYEE/SPOUSE/CHILD\_PII\_PRO

Date of Birth

Witness Signature

Brandon Runyon

Print Name

DMV\_PII

Driver's License State and Number

BR

Signature



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

In accordance with Florida Statute 112.18, I, Brian Ryan, 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]

Signature

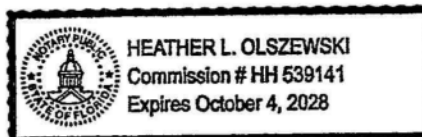
SWORN TO AT Orange City, Florida, this 24 day of  
November, 2025.

☐ Personally Known

☒ Produced identification, type MO DL

DMV\_PII

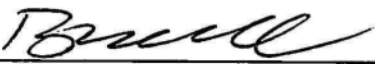
[Signature]  
Notary Public



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

I, Brandon Runyon, 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, Brandon Runyon, 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\_PROTECTED

Cell Number

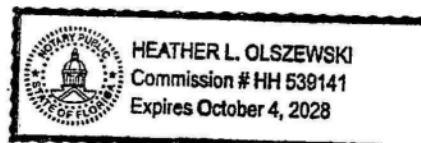
SWORN TO before me, at Orange City, Florida, this 24 day of  
November, 2025.

\_\_\_\_ Personally Known

X Produced Identification, Type MOOL

DMV\_PII

  
Notary Public



## CONCLUSION

**AFFIDAVIT  
STATE OF FLORIDA  
COUNTY OF VOLUSIA**

I, Brandon Runyon, 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.

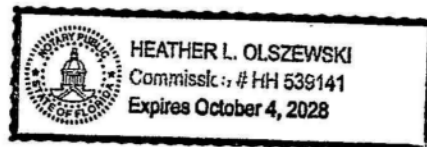
I hereby certify that to the best of my knowledge and belief, the information that I've entered on this form is true.

[Signature]  
Signature of Applicant

SWORN TO before me, at Orange City, Florida, this 24 day of  
November, 2025.

       Personally Known

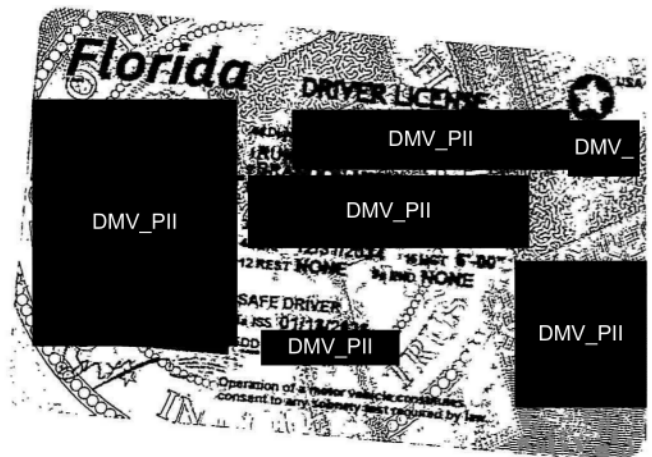
X Produced Identification, Type MO DL



[Signature]  
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.





MISSOURI

BIRTH CERTIFICATION

BIRTH CERT - EXEMPT

## 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          |
|-------------------------------------|--------------------------------------------------------|--------------|
| BIRTH CERT - EXEMPT                 | 382.025(1)                                             | 28           |
| DMV_PII                             | 119.071(5) + DPPA                                      | 23-27        |
| EMPLOYEE/SPOUSE/CHILD_PII_PROTECTED | 119.071(4)<br>PII_PROTECTED_EMPLOYEE                   | 4, 6, 23, 24 |
| PII_SSN_FINANCIAL                   | 119.071(5) SSN, bank account numbers, credit card data | 4, 23        |