

CITY OF ORANGE CITY HUMAN RESOURCES

"AN EQUAL OPPORTUNITY EMPLOYER"
205 EAST GRAVES AVENUE
ORANGE CITY, FL 32763 (386-775-5457)

RECEIVED

OCT 30 2003

EMPLOYMENT APPLICATION



THE CITY OF ORANGE CITY ONLY ACCEPTS APPLICATIONS FOR OPEN POSITIONS

Instructions: Please fill out this application accurately and completely. Please print clearly or type all information. If an item does not apply, insert N/A (not applicable). Attach any diplomas, certificates, or other documents you feel will help in evaluation of your application. All materials submitted become property of the City and will not be returned. If you are selected for employment, the City is required by federal law to verify having seen documents which the applicant must provide, that show (1) the applicant's identity; and (2) the applicant's right to work in the United States.

Herzog Jordan Patrick
(Last Name) (First) (M)
EMPLOYEE/SPOUSE/CHILD_PII_PROTECTED
Mailing Address (Street) (Apt)
EMPLOYEE/SPOUSE/CHILD_PII_PRO
(City) (State) (Zip Code)
Street Address (If different from above mailing address.)

PII_SSN_FINANCIAL

Social Security Number

Telephone Numbers:

Work: (386) 789 - 0070

Home

Other: EMPLOYEE/SPOUSE/CHILD

Position Applied For: Police Officer Date of Application: 10/24/03

Referral Source: ☐ Advertisement ☐ Employee ☐ Relative ☒ Other
☐ Walk-in ☐ Friend ☐ Career One Stop Center

May we contact you at work? ☒ YES ☐ NO If so, what is the best time? Thursday 8AM-3PMWould you be willing to work a shift schedule or overtime? ☒ YES ☐ NODate Available: 11/1/04 Minimum Salary Acceptable: Wage Scale

EDUCATIONAL BACKGROUND

High School Attended: Christian Liberty Academy Satellite Schools City/State/Zip: Arlington Heights, IL 60004
☒ High School Diploma ☐ Did Not Graduate ☐ Received GED Year Received 1997

COLLEGE OR UNIVERSITY	LOCATION	FROM	TO	HOURS COMPLETED	DEGREE/ DIPLOMA	DATE	MAJOR/ MINOR
<u>Daytona Beach Community College</u>	<u>1200 W. International</u>	<u>1998</u>	<u>2002</u>	<u>67</u>	<u>Associate of Arts</u>	<u>8/8/02</u>	<u>Undecided</u>
<u>Daytona Beach Police Academy</u>	<u>1200 W International</u>	<u>03/2003</u>	<u>Present</u>	<u>NA</u>	<u>Graduate 11/13/03</u>		

BUSINESS/VOCATIONAL LICENSES/CERTIFICATION	LOCATION	FROM	TO	HOURS COMPLETED	LICENSE/ CERTIFICATE EARNED	COURSES TAKEN
<u>State Certification For</u>	<u>Scheduled to take</u>	<u>State</u>	<u>Exam</u>	<u>11/03</u>		
<u>Law Enforcement Officer</u>						

VETERAN'S PREFERENCE

Branch of Service NA
Date Entered NA Date Discharged NA Final Rank NA Type Discharge NA

Check below if you are claiming veteran's preference. A DD 214 (Certificate or Release or Discharge from Active Duty) substantiating your claim must be furnished at the time of the application.

- ☐ 1. 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 Veteran's Affairs and the Department of Defense, or
- ☐ 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
- ☐ 3. A veteran who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, or
- ☐ 4. The unmarried widow or widower of a veteran who died of a service-related disability.

Have you ever been employed by the State of Florida or any of its political subdivisions, including municipalities, prior to the date on this application? ☒ YES ☐ NO

If "yes", include the name of your employer and date of initial employment _____

NOTE: Under Florida law, preference in appointment shall be given by the state to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above, if an applicant claiming veterans' preference for a vacant position is not selected, he/she may file a complaint with the Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida, 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

EMPLOYMENT: Please list all full and part time work experience. Start with the most recent position and work back. Major changes in duties or job titles with the same employer should be listed as separate positions. Describe job duties in sufficient detail to demonstrate that you meet the minimum requirements of the position. Use additional sheets in the same format if necessary. Resumes may not substitute for any information requested on this application, but may be submitted in addition to a completed application.

1. Dates of Employment From: Month <u>7</u> Day <u>19</u> Year <u>1998</u>	<u>Walgreens Drug Store</u> Firm Name <u>1925 Providence Blvd</u> Address <u>Denton, FL</u> City, State <u>Retail Drug Store</u> Type of Business <u>Shelia Robinson, Store Manager, (386) 789-0070</u> Name, Title, Phone Number of Immediate Supervisor <u>Photo Technician</u> Your Title
To: <u>Current</u> Month _____ Day _____ Year _____ <u>35</u> Total Hours Worked Per Week Beginning Salary: <u>\$ 5.15 per hour</u> Ending Salary: <u>\$ 7.90 per hour</u>	Duties: Describe the nature of the work performed by you with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision. <u>Retail Sales, responsible for working in photo department, processing and developing film, maintaing machinery, inventory control, and merchandising.</u> Reason for leaving: <u>Still employed there</u>

2. Dates of Employment From: Month _____ Day _____ Year _____	Firm Name Address City, State Type of Business Name, Title, Phone Number of Immediate Supervisor Your Title
To: Month _____ Day _____ Year _____ Total Hours Worked Per Week Beginning Salary: Ending Salary:	Duties: Describe the nature of the work performed by you with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision. Reason for leaving:

3. Dates of Employment From: Month _____ Day _____ Year _____	Firm Name Address City, State Type of Business Name, Title, Phone Number of Immediate Supervisor Your Title
To: Month _____ Day _____ Year _____ Total Hours Worked Per Week Beginning Salary: Ending Salary:	Duties: Describe the nature of the work performed by you with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision. Reason for leaving:

BACKGROUND INFORMATIONAre you eligible for employment in this country? ☒ YES ☐ NO

If hired, proof of citizenship, legal work authorization or immigration status will be required.

Florida Driver's License? ☒ YES ☐ NOLicense Number **DMV_PII**

If "no" please indicate State: _____

Class Code: E Endorsements: NAFlorida Commercial Driver's License? ☐ YES ☒ NO

License Number _____

Class Code: _____ Endorsements: _____

Have you ever been bonded? ☐ YES ☒ NOHave you ever been convicted of a felony or first degree misdemeanor? ☐ YES ☒ NOIf yes, charges: NA Location: _____ Date: _____Have you ever been convicted of a traffic violation? ☐ YES ☒ NOIf yes, charges: NA Location: _____ Date: _____

A "yes" answer to some questions will not automatically bar you from employment. The nature, severity, and date of any offense in relation to the position for which you are applying are considered.

Have you filed an application here before? YES ☐ NO ☒

If yes, please give date and position applied for? _____

Have you ever been employed by the City of Orange City? YES ☐ NO ☒

If yes, give dates and department: _____

Are you related to any employee of the City? YES ☐ NO ☒If yes, please give name and relationship: _____
(This information is requested only to avoid conflicts in supervision or assignment.)Have you ever been discharged or forced to resign from any position? YES ☐ NO ☒

If yes, complete the following: Employer: _____

Address: _____ Date: _____

Explanation (Use additional sheets if necessary): _____

DISCLOSURE

The City of Orange City is an Equal Opportunity Employer and does not discriminate in employment. No question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

CERTIFICATION

By signing this document, I certify that all of the information on this entire application, including any attachments, is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of this application, removal of my name from any employment list, or termination of employment. I understand that the City of Orange City is a Drug-Free Workplace and that employees are subject to drug testing in accordance with federal, state, and local statutes. I understand, as a condition of employment, I must undergo and successfully pass a physical and a drug screen, both provided by the City of Orange City. I understand that any applicant testing positive for an illegal controlled substance shall not be hired. I understand that this application is the property of the City of Orange City and information contained herein is public record. I understand and direct any persons or organizations to release and furnish records and information relevant to determine my fitness and suitability for employment in the aforesaid position. I release the custodian of such record, including the City of Orange City and its officials and employees, both elected and appointed, from any liability for damages resulting from any good faith attempts at lawful compliance with this authorization. I understand that just as I am free to resign at any time, the City of Orange City reserves the right to terminate my employment at any time, with or without prior notice. I understand that no representative of the City of Orange City has the authority to make any assurances to the contrary. I am also attesting that I understand and meet all of the minimum requirements for the position applied for.


Signature of Applicant (Sign application in dark ink):10/24/03
Date Signed (Month/Day/Year)

THIS SPACE IS PROVIDED FOR ANY ADDITIONAL OR EXPLANATORY INFORMATION THAT YOU FEEL IS NECESSARY TO COMPLETE THE APPLICATION FOR EMPLOYMENT. IF NECESSARY, ATTACH A BLANK SHEET WITH ADDITIONAL EXPERIENCE INFORMATION.

I am currently attending the police training facility at Daytona Beach Community College. I am scheduled to graduate from there in November 2003 and plan to take the State test that same month.

List professional, trade, business, or civic associations and any offices held.
(Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

SKILLS AND QUALIFICATIONS: Summarize special skills and qualifications acquired from employment or other experience that may qualify you to work with this organization.

List special accomplishments, publications, awards, etc. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

REFERENCES: List three personal references who have knowledge of your qualifications for employment and are not relatives or former employers.

NAME	YEARS KNOWN	PHONE NUMBER
Jeanne Crayne	3	
Cheryl Walters	10	
Charles Wilkinson	2	

May an inquiry be made to your present or past employers, regarding your qualifications, record of employment, etc. ?

☒ YES ☐ NO (Explain No Answer): _____

PRE EMPLOYMENT VERIFICATION



The following is required to conduct pre-employment verifications. Date of birth and maiden name are not considered in the employment decision. This information is utilized for accurate records verifications only.

<u>Herzog</u> (Last Name)	<u>Jordan</u> (First)	<u>Patrick</u> (M)
PII_SSN_FINANCIAL Social Security Number		
EMPLOYEE/SPOUSE/CHILD_PII_PR Date of Birth		
Maiden or other name used _____ Last year used _____		
Please provide list of cities, including state and zip code, where you have lived or worked in the last seven (7) years. Use extra sheet if necessary. Please print. All numbers and letters must be legible.		
EMPLOYEE/SPOUSE/CHILD_PII_PROTECTED _____ Current Address, City, State, Zip		<u>01/98</u> Since From/To
<u>NA</u> Previous City, State, Zip		_____ From/To
<u>NA</u> Previous City, State, Zip		_____ From/To

I request that this document in its original or copied form serve as my valid authorization to any and all persons, educational institutions, past and/or current employers, organizations, credit reporting agencies, law enforcement or criminal record agencies, and other agencies to release information about me to the City of Orange City, and hereby release all such persons, institutions, agencies, employers, and organizations providing such information from liability in any or all claims and damages connected with their providing any requested information. I understand this process may include a review of local, county, state, and federal governmental agency records and court public records. By signing this form, I acknowledge receipt of these conditions and authorize the City of Orange City to obtain the necessary information to verify the information supplied on my employment application.

Authorized by Candidate:

Jordan P. Herzog
 Signature

10/24/03
 Date Signed

HUMAN RESOURCES USE ONLY:	DATE RECEIVED	Meets Minimum Qualifications [] YES [] NO
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(This signed form is to be retained in the applicant's file)

BIOGRAPHIC INFORMATION

NAME: Herzog Jordan Patrick
LAST FIRST MIDDLE

CURRENT ADDRESS: (STREET ADDRESS, NOT POST OFFICE BOX)

EMPLOYEE/SPOUSE/CHILD_PII_PROTECT

HOME PHONE: EMPLOYEE/SPOUSE WORK PHONE: (516) 789-0070 CELL PHONE: EMPLOYEE/SPOUSE/C

RACE: White SEX: Male DATE OF BIRTH: EMPLOYEE/SPOUSE/CHILD_PII_P

PLACE OF BIRTH: Winston-Salem, North Carolina

HEIGHT: 6'2 WEIGHT: 196 pounds HAIR: Blond EYES: Blue

SCARS, MARKS, TATTOOS:

SOC SEC # PII_SSN_FINANCIAL DRIVER'S LICENSE VALID? YES (☒) NO ()

DRIVER'S LICENSE #: DMV_PII STATE: Florida

POSITION APPLYING FOR: Police Officer

ALIAS: NA
(NICKNAMES, MAIDEN NAME, OR OTHER NAME CHANGES)

BLOOD TYPE: _____ U.S. CITIZEN: YES (☒) NO ()

NATURALIZED CERTIFICATE#: NA

WHAT PORT OF ENTRY (NATURALIZED CITIZEN): NA

MARITAL STATUS: (CHECK ONE)

SINGLE () MARRIED () ENGAGED (☒) SEPARATED () DIVORCED ()

IF YOU ARE MARRIED PLEASE COMPLETE THE FOLLOWING:

SPOUSE'S NAME: NA
LAST FIRST MIDDLE MAIDEN

RACE: NA SEX: NA DATE OF BIRTH: NA

PLACE OF BIRTH: NA

ISSUED BY: _____ RECEIVED BY: _____

FAMILY HISTORY

List all members of your immediate family to include spouse, ex-spouse, brothers, sisters, children, and step-children and parents.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>	<u>DOB</u>
Last, First, Middle			
Herzog, Laverne, Patrick	Father	EMPLOYEE/SPOUSE/CHILD_PII_PROTE	
Herzog, Pamela, Dale	Mother		
Herzog, Nathan, John-Vincent	Brother		
Herzog, Justin, Mark	Brother		

TEN YEAR ADDRESS HISTORY

Chronologically List All Residence Addresses
Include Out of Country Travel

FROM: 5/85 MONTH/YEAR TO: 8/99 MONTH/YEAR OWN () RENT ()
STREET
ADDRESS: [REDACTED]
CITY: [REDACTED] COUNTY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

LANDLORD/MORTGAGE
NAME: Lived with parents
LANDLORD/MORTGAGE
ADDRESS: _____ PHONE: _____
CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

FROM: 9/99 MONTH/YEAR TO: Present MONTH/YEAR OWN () RENT ()
STREET
ADDRESS: EMPLOYEE/SPOUSE/CHILD_PII_PROTECTED
CITY: EMPLOYEE/SPO COUNTY: EMPLOYEE/SP STATE: EMPLOYEE/S ZIP: EMPLOYEE/S

LANDLORD/MORTGAGE
NAME: Living with parents
LANDLORD/MORTGAGE
ADDRESS: _____ PHONE: _____
CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

FROM: NA MONTH/YEAR TO: _____ MONTH/YEAR OWN () RENT ()
STREET
ADDRESS: _____
CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

LANDLORD/MORTGAGE
NAME: _____
LANDLORD/MORTGAGE
ADDRESS: _____ PHONE: _____
CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

Chronologically List All Residence Addresses
Include Out of Country Travel

MONTH/YEAR MONTH/YEAR
FROM: NA TO: _____ OWN () RENT ()
STREET
ADDRESS: _____
CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____
LANDLORD/MORTGAGE
NAME: _____
LANDLORD/MORTGAGE
ADDRESS: _____ PHONE: _____
CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

QUESTIONNAIRE GENERAL

If you answer no to any of the below three questions, list the question number and details on the reverse side starting at the bottom of the page.

YES NO

- | | | | |
|----|-------------------------------------|--------------------------|---|
| 1. | ☒ | ☐ | Are you at least 19 years of age? |
| 2. | ☒ | ☐ | Are you a citizen of the United States? |
| 3. | ☒ | ☐ | Are you a high school graduate or its equivalent? |

If you answer yes to the following questions, list the question number and details on the reverse side starting at the bottom of the page.

- | | | | |
|-----|-------------------------------------|-------------------------------------|---|
| 4. | ☐ | ☒ | Have you ever been convicted of any felony or of a misdemeanor involving perjury or false statement, or have received a dishonorable discharge from any of the Armed Forces of the United States? |
| 5. | ☒ | ☐ | Have you completed a course of basic recruit training as established by Florida Police Standards? |
| 6. | ☐ | ☒ | Have you ever been treated for a drug habit? |
| 7. | ☐ | ☒ | Have you ever been treated for a NERVOUS or MENTAL disorder? |
| 8. | ☒ | ☐ | Do you consume alcoholic beverages? |
| 8a. | ☐ | ☒ | Have you applied with any other law enforcement agencies, if so list? |

5) I drink very rarely, maybe one or two times a month, and only socially.

5) I attended the Daytona Beach Community College Basic Law Enforcement Academy. The Academy graduated on November 13th, 2003.

QUESTIONNAIRE GENERAL

If you answer yes to the below listed questions, list question number and details on the reverse side starting at the bottom of the page.

Have you ever used, sold, transported, delivered, or possessed any of the following substances, than as allowed by law? If prescribed by a physician for a period exceeding ten (10) days, check yes and explain.

	YES	NO	
9.	<u> </u>	<u>✓</u>	Hallucinogenic Drugs
10.	<u> </u>	<u>✓</u>	Amphetamines
11.	<u> </u>	<u>✓</u>	Cocaine
12.	<u> </u>	<u>✓</u>	Marijuana
13.	<u> </u>	<u>✓</u>	Barbiturates
14.	<u> </u>	<u>✓</u>	Tranquilizers
15.	<u> </u>	<u>✓</u>	Crack
16.	<u> </u>	<u>✓</u>	Crank
17.	<u> </u>	<u>✓</u>	Heroin
18.	<u> </u>	<u>✓</u>	Any other illegal drug, or narcotic?
19.	<u> </u>	<u>✓</u>	Have you ever misused a prescription drug?
20.	<u> </u>	<u>✓</u>	Have you ever obtained a prescription drug through fraud?
20a.	<u> </u>	<u>✓</u>	Have you ever used steroids?

**QUESTIONNAIRE
GENERAL**

21. Why do you want to work for the Orange City Police Department?

Orange City is very near where I grew up, so when I was younger we would often go shopping or bike riding in the city. I like Orange City, and it makes sense to work in a place I like to visit. The police force of Orange City appears to have very professional standards, both in appearance and demeanor, and that carries over to all of their officers. The department has an excellent safety record, your state retirement plan is very appealing, and finally your department and city are getting ready to expand. I would like to be a part of that growth.

22. Who referred you to the Orange City Police Department?

No one.

23. For what position are you applying? Patrol Officer

24. Why did you choose this occupation?

When I was growing up I was always told that if you had a problem you could tell a police officer about it. It left me with a very deep respect for the police. I want people to feel like they can come to me, as a police officer, and I can help them. Also, being a police officer will never be routine or mundane. I feel like I can be challenged each and everyday. Finally, while I am not an action junkie, I do enjoy excitement and there are very few jobs with as much potential excitement as being a police officer.

25. Have you ever committed a crime that you have not been charged with? If yes, explain below:

Yes, when I was nineteen years I was responsible for drinking and driving two or three times. Thankfully, I never hurt anyone or anything. Also, when I was thirteen or fourteen I shoplifted candy bars and candy bars from a gas station.

26. List any incident that might have a negative impact on you if discovered during a background check: I can think of no such incidents.

27. List any internal investigation(s) you have been a subject of:

None

28. List any illegal drug usage:

None

29. List any incident that you have been involved in that might cause embarrassment to the Orange City Police Department or Chief of Police:

None

30. Have you ever committed a crime that if discovered you could be charged with?

If yes, explain below:

No I have not.

QUESTIONNAIRE EDUCATION HISTORY

If you answer yes to any of the below listed questions, list the question number and provide details on the reverse side starting at the bottom of the page.

YES NO

- | | | | |
|-----|-------------------------------------|-------------------------------------|---|
| 31. | ☐ | ☒ | Were you ever suspended or expelled from school? |
| 32. | ☐ | ☒ | Were you ever subject to disciplinary action while in school? |
| 33. | ☐ | ☒ | Were you ever held back a school year? |
| 34. | ☒ | ☐ | Did you ever receive any awards or honors in school? |
| 35. | ☐ | ☒ | Do you speak, read, write, or understand any foreign languages? |
| 36. | ☒ | ☐ | Have you had any specialized training or courses? |
| 37. | ☐ | ☒ | Do you have any special skills? |
| 38. | ☒ | ☐ | Can you operate any special equipment? |
| 39. | ☒ | ☐ | Can you type? (WPM <u>35</u>) |
| 40. | ☒ | ☐ | Are you currently enrolled in school? |

41. List specific educational goals below.

I plan to eventually finish my Associate of Science in Criminal Justice
Degree from Daytona Beach Community College. Eventually I plan to continue
on with my education and pursue a BS in Criminal Justice.

2) I am still registered as a student in Daytona Beach Community College, although I am not currently taking classes.

1) My approximate word per minute count is 35

3) I have been certified by Kodak to operate the Gretag Masterflex Photo Machine

6) I have completed training in the Expandable Tactical Baton.

4) During my 91-92 year of middle school I recieved the teacher's award in history.

LISTING OF EDUCATIONAL INSTITUTIONS

List all educational/training/trade institutions that you have attended.

ATTENDED	NAME OF SCHOOL	ADDRESS, CITY, STATE, ZIP	GRADE PT.
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[illegible]

LISTING OF SPECIALIZED COURSES AND TRAINING

Attended From To		Name of School	Course or Training
3/03	11/03	Daytona Beach Community College	Basic Law Enforcement Officer Training
3/03	11/03	Daytona Beach Community College	Expandable Tactical Baton

PERSONAL REFERENCES

Below list the names of five (5) persons who have known you for at least five (5) years. Do not list persons residing at your address, who are related to you, or former or current employers. Also, do not list persons who are related to each other. All the people you list will be contacted by the Department to appraise your character, ability, experiences, personality, and other qualities.

✓ Name: Anthony Edmands Race: W Sex: M Date of Birth/Age: [REDACTED]
Home Phone: [REDACTED] Work Phone: (407) 935-0200 Cell: [REDACTED]
Address [REDACTED] Zip: [REDACTED]
Occupation: Nursing Home Administrator Years Known: 12 years
Business Address: 221 Park Place Blvd, Kissimmee, FL Zip: 34741

m Name: Jake Elder Race: W Sex: M Date of Birth/Age: [REDACTED]
Home Phone: [REDACTED] Work Phone: (386) 734-8003 Cell: NA
Address [REDACTED] Zip: [REDACTED]
Occupation: Robot Operator Years Known: 5 years
Business Address: 1915 N. Woodland Blvd, Deland FL Zip: 32724

✓ Name: Riley Jeffcoat Race: W Sex: M Date of Birth/Age: [REDACTED]
Home Phone: [REDACTED] Work Phone: (386) 789-4515 ext. 157 Cell: NA
Address [REDACTED] Zip: [REDACTED]
Occupation: Athletic Director Years Known: 11 years
Business Address: 875 E Ikeam Blvd, Deltona, FL Zip: 32725

✓ Name: John Pironti Race: W Sex: M Date of Birth/Age: [REDACTED]
Home Phone: [REDACTED] Work Phone: (407) 996-7504 Cell: NA
Address [REDACTED] Zip: [REDACTED]
Occupation: Graphic Designer/Network Administrator Years Known: 10
Business Address: 4502 35th Street, Orlando FL Zip: 32811

✓ Name: Michael Walters Race: W Sex: M Date of Birth/Age: [REDACTED]
Home Phone: [REDACTED] Work Phone: (407) 805-0775 Cell: NA
Address [REDACTED] Zip: [REDACTED]
Occupation: Retail Manager Years Known: 12
Business Address: 1201 International Parkway, Lake Mary FL Zip: 32746

QUESTIONNAIRE CRIMINAL HISTORY

If you answer yes to any of the below questions, list question number and details on the reverse side starting at the bottom of the page.

- | | YES | NO | |
|-----|--------------------------|-------------------------------------|--|
| 42. | ☐ | ☒ | Have you ever been arrested or detained by ANY law enforcement agency? |
| 43. | ☐ | ☒ | Have you ever been placed on probation? |
| 44. | ☐ | ☒ | Have you ever been required to pay a fine? |
| 45. | ☐ | ☒ | Have you ever been reported as a missing person? |
| 46. | ☐ | ☒ | Have you ever been fingerprinted by a law enforcement agency? |
| 47. | ☐ | ☒ | Have you ever been questioned as a suspect for any crime? |
| 48. | ☐ | ☒ | Have you ever been advised of your MIRANDA RIGHTS? |
| 49. | ☐ | ☒ | Have you ever been the subject of a police investigation? |
| 50. | ☐ | ☒ | Have you ever had a polygraph examination? |
| 51. | ☐ | ☒ | Has any member of your family ever been arrested or convicted of a criminal offense? |
| 52. | ☐ | ☒ | Have you or any member of your family ever been the victim of a crime? |
| 53. | ☐ | ☒ | Do you know of anyone who is an enemy or who might try to harm you in any way? |
| 54. | ☐ | ☒ | Have you or your spouse ever sued anyone? |
| 55. | ☐ | ☒ | Have you or your spouse ever been sued by anyone? |
| 56. | ☐ | ☒ | Are you currently involved in any civil litigation (lawsuits) of any kind? |
| 57. | ☐ | ☒ | Have you ever had any records sealed or expunged? |

CRIMINAL HISTORY

List below any and all arrests, or police detention:

DATE	LOCATION OCCURRED	OFFENSE	PENALTY/DISPOSITION
N/A	N/A	N/A	N/A

QUESTIONNAIRE DRIVING HISTORY

If you answer yes to any of the below questions, list question number and details on the reverse side starting at the bottom of the page.

- | | YES | NO | |
|-----|--------------------------|-------------------------------------|---|
| 58. | ☐ | ☒ | Have you ever been refused a driver's license by any State? |
| 59. | ☐ | ☒ | Has your driver's license ever been revoked or suspended? |
| 60. | ☐ | ☒ | Was your driver's license ever restored? |
| 61. | ☐ | ☒ | Have you ever received a traffic citation? (List on next page) |
| 62. | ☐ | ☒ | Have you ever been involved in a motor vehicle accident?
(List on next page) |
| 63. | ☐ | ☒ | Have you ever had any accident while operating an emergency
vehicle? (List on next page) |
| 64. | ☐ | ☒ | Do you have any traffic citations which you failed to pay?
(List on next page) |
| 65. | ☐ | ☒ | Do you have any parking tickets you failed to pay?
(List on next page) |
| 66. | ☐ | ☒ | Have you ever had automobile insurance withdrawn or
revoked, or have you ever been refused automobile insurance? |
| 67. | ☐ | ☒ | Have you ever been charged with driving a motor vehicle while
under the influence of an alcoholic beverage, chemical substance,
or controlled substance? |
| 68. | ☐ | ☒ | Have you ever refused to submit to a breath, blood, or urine
test to determine the influence of alcoholic beverages, chemical
substance, or controlled substance? |
| 69. | ☐ | ☒ | Have you ever been licensed to drive in another state? |

DRIVING HISTORY

List below all traffic citations and parking tickets you have ever received:

DATE	LOCATION OCCURRED	VIOLATION TYPE	PENALTY/DISPOSITION
NA	NA	NA	NA

ACCIDENTS

List all accidents in which you have been involved:

DATE	LOCATION OCCURRED	INJURY OR DEATH	WHOSE FAULT
NA	NA	NA	NA

MILITARY HISTORY

If you answer yes to any of the below questions, list question number and details on the reverse side starting at the bottom of the page. In this section, Armed Forces is defined as any military, paramilitary or Coast Guard organization of any nation, including R.O.T.C.; or any Reserve component thereof; or any National Guard component.

- | | YES | NO | |
|-----|-------------------------------------|-------------------------------------|---|
| 70. | ☐ | ☒ | Have you ever served in a military or naval organization or the United States, including R.O.T.C.? |
| 71. | ☐ | ☒ | Have you ever served in the Armed Forces of another country? |
| 72. | ☐ | ☒ | Are you now, or have you ever been a member of the National Guard of any State? |
| 73. | ☐ | ☒ | Were you ever tried, punished, reprimanded, or reduced in rank for any infraction, rule, or regulation while in the Armed Forces? |
| 74. | ☐ | ☒ | Has your separation or discharge ever been changed? |
| 75. | ☐ | ☒ | While in the Armed Forces, did you ever receive any medals, awards, or decorations? |
| 76. | ☐ | ☒ | Are you on active duty at this time? |
| 77. | ☐ | ☒ | Did you ever file any disability claims with the Veterans' Administration? |
| 78. | ☐ | ☒ | Have you received information from the Selective Service System indicating that you may be inducted into the Armed Forces in the near future? |
| 79. | ☐ | ☒ | Have you ever asked for or received a deferment from military service? If so why? |
| 80. | ☐ | ☒ | Were you ever employed by the Government of any foreign nation? |
| 81. | ☒ | ☐ | Are you registered with the Selective Service System?
If so, date and location registered: <u>5/15/1997</u>
Current Selective Service classification number: <u>EMPLOYEE/SPOUSE/CHILD</u> |
| 82. | ☐ | ☒ | If you served in the service, have you received other than an honorable discharge? |
| 83. | ☐ | ☒ | In what branch of the Armed Forces did you serve? _____
Your highest rank? <u>NA</u> Service # <u>NA</u> |
| 84. | ☐ | ☒ | What was your organizational unit(s)? <u>NA</u> |
| 85. | ☐ | ☒ | How many periods of active service have you had? _____ |

11) I registered with the Selective Service in 1947 at a post office. I believe it was in the Deltona Post Office but I am not positive. I have a new proof of registration card being mailed to me. I do not know if that will help determine my original registration location.

QUESTIONNAIRE EMPLOYMENT HISTORY

If you answer yes to any of the below listed questions, list question number and details on the reverse side starting at the bottom of the page.

- | | YES | NO | |
|------|-------------------------------------|-------------------------------------|--|
| 86. | ☐ | ☒ | Do you object to your present employer being contacted? |
| 87. | ☐ | ☒ | Were you ever discharged, terminated, fired or forced to resign? |
| 88. | ☐ | ☒ | Have you ever been suspended by any employer? |
| 89. | ☐ | ☒ | Have you ever had your pay garnished by your employer? |
| 90. | ☐ | ☒ | Have you ever been sued by an employer? |
| 91. | ☐ | ☒ | Has an employer ever taken disciplinary action against you? |
| 92. | ☐ | ☒ | Do you object to wearing an uniform? |
| 93. | ☐ | ☒ | Do you object to working nights, weekends, or holidays? |
| 94. | ☐ | ☒ | Do you object to working shift work? |
| 95. | ☒ | ☐ | Have you ever had experience with shift work? |
| 96. | ☐ | ☒ | Have you ever received unemployment insurance or other Federal, State or local benefits or assistance? |
| 97. | ☐ | ☒ | Do you require any special equipment to perform the job for which you applied? |
| 98. | ☐ | ☒ | Have you ever received worker's compensation? |
| 99. | ☒ | ☐ | Have you ever been injured while employed? |
| 100. | ☐ | ☒ | Do you have any disabilities resulting from past employment? |

9) I cut my hand while moving broken glass candles.

PII_SSN_FINANCIAL

15) While working for Walgreens our work schedules change on a weekly basis. Often there are set days in which you will not work, but the times during the days you do work can vary greatly

TEN YEAR EMPLOYMENT HISTORY

FROM DATE	NAME OF EMPLOYER	PART TIME	FULL TIME	JOB TITLE
7/24/98	Walgreens		☒	Photo Technician
TO DATE	STREET ADDRESS	PHONE #	DESCRIPTION OF DUTIES	
Still there	1925 Providence Blvd.	(386) 789-0070	Cash handling, stocking, developing pictures	
SALARY BEGIN	CITY, STATE	ZIP CODE	NAME OF SUPERVISOR	
\$5.15	Deeronta, FL	32725	Shelia Robinson	
SALARY END	WHY DID YOU LEAVE?	NAME AND ADDRESS OF CO-WORKER		
\$7.90	Still there	Richard Wharton [REDACTED]		

FROM DATE	NAME OF EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE #	DESCRIPTION OF DUTIES	
SALARY BEGIN	CITY, STATE	ZIP CODE	NAME OF SUPERVISOR	
SALARY END	WHY DID YOU LEAVE?	NAME AND ADDRESS OF CO-WORKER		

FROM DATE	NAME OF EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE #	DESCRIPTION OF DUTIES	
SALARY BEGIN	CITY, STATE	ZIP CODE	NAME OF SUPERVISOR	
SALARY END	WHY DID YOU LEAVE?	NAME AND ADDRESS OF CO-WORKER		

CREDIT HISTORY

If you answer yes to any of the below listed questions, list the number and details on the reverse side starting at the bottom of the page.

- | | YES | NO | |
|------|-----|-------------------------------------|---|
| 101. | ___ | ☒ | Have you ever been refused credit? |
| 102. | ___ | ☒ | Have you ever been refused a surety bond? |
| 103. | ___ | ☒ | Do you anticipate any income other than from the City of Orange City? |
| 104. | ___ | ☒ | Do you have any investments (stocks, bonds, etc.)? |
| 105. | ___ | ☒ | Do you own a home? |
| 106. | ___ | ☒ | Do you own an automobile? |
| 107. | ___ | ☒ | Do you have any overdue bills? |
| 108. | ___ | ☒ | Have you ever been a party to any civil action (lawsuit)? |
| 109. | ___ | ☒ | Have you ever had any accounts placed in the hands of a collection agency? |
| 110. | ___ | ☒ | Have you ever filed for bankruptcy? |
| 111. | ___ | ☒ | Do you pay child support? If so, how much? \$ <u>NA</u> / _____
Court: <u>NA</u> Case Number: <u>NA</u>
Date of last payment: <u>NA</u> |
| 112. | | | How much money do you owe at this time? [REDACTED] |
| 113. | | | Do you have a checking account? If so, give bank and account number. |

PII_SSN_FINANCIAL [REDACTED]

CREDIT HISTORY

List firms from which you have, or have had charge accounts. List firms from whom you have borrowed money for any purpose.

Name of Firm NA Type of Business NA
Street Address NA Date Closed NA Amount Owed NA
Original Amount Owed NA Purpose NA

Name of Firm _____ Type of Business _____
Street Address _____ Date Closed _____ Amount Owed _____
Original Amount Owed _____ Purpose _____

Name of Firm _____ Type of Business _____
Street Address _____ Date Closed _____ Amount Owed _____
Original Amount Owed _____ Purpose _____

Name of Firm _____ Type of Business _____
Street Address _____ Date Closed _____ Amount Owed _____
Original Amount Owed _____ Purpose _____

Name of Firm _____ Type of Business _____
Street Address _____ Date Closed _____ Amount Owed _____
Original Amount Owed _____ Purpose _____

Name of Firm _____ Type of Business _____
Street Address _____ Date Closed _____ Amount Owed _____
Original Amount Owed _____ Purpose _____

Name of Firm _____ Type of Business _____
Street Address _____ Date Closed _____ Amount Owed _____
Original Amount Owed _____ Purpose _____

Have you ever had any problems in the below listed areas? If so, list the question number and details on the reverse side starting at the bottom of the page.

YES		NO		YES		NO	
114.		Head Injury	136.		Sensitivity to dust		
115.		Back Trouble or pain	137.		Other allergies		
116.		Any defect of bones or	138.		Frequent colds		
		joints including ampu-	139.		Cancer or malignancy		
		tions, dislocations,	140.		Tumor, growth or cyst		
		broken bones	141.		Any complications		
117.		Stiffness			from childhood diseases		
118.		Rheumatism/arthritis	142.		Polio		
119.		Stiff or locked knee	143.		Rheumatic Fever		
120.		Ankle Injury	144.		Heart trouble, including		
121.		Eye Injury, surgery,			circulatory problems		
		disease	145.		High/low blood pressure		
122.		Glasses/contact lenses	146.		Varicose Veins		
123.		Hearing problems	147.		Pernicious anemia,		
124.		Hearing Aid		MED_GENERAL	leukemia, or other		
125.		Headaches			blood disorder or ailment		
126.		Mental illness/nervous	148.		Hepatitis, jaundice, or		
		breakdown			other liver ailment		
127.		Alcohol/drug addiction	149.		Diabetes, blood or sugar		
128.		Fainting/dizzy spells			in urine		
129.	MED_GENERAL	Epilepsy or seizures	150.		Ulcers/stomach trouble		
130.		Nervous system disorder	151.		Colitis		
131.		Tuberculosis/other lung	152.		Gall Bladder trouble		
		disorder	153.		Kidney/bladder trouble		
132.		Shortness of breath	154.		Piles or Hemorrhoids		
133.		Asthma	155.		Rupture or hernia		
134.		Bronchitis	156.		Mononucleosis		
135.		Poison oak or ivy	157.		Venereal disease		
158.		Have you ever been a patient (committed or voluntary) in a mental hospital or other treatment center?					
159.		Have you ever had or been advised to have an operation of any type?					
160.		Have you any other illness, injury, or physical condition not named above, other than a childhood disease or minor illness?					
161.		Have you had any injury within the past five years which caused you to lose time from work?					

MED_GENERAL

**QUESTIONNAIRE
MEDICAL**

If you answer yes to the below listed questions, list the question number and details on a separate sheet of paper.

- | YES | NO |
|------|---|
| 162. | Have you ever been denied employment or insurance for medical reasons? |
| 163. | Have you ever been deferred from military service for medical, emotional, or health reasons? |
| 164. | Have you ever received or applied for pension or compensation for a disability or injury? |
| 165. | Are you presently under a doctor's care for any condition? |
| 166. | Have you ever taken medication the last twelve months for any reason? |
| 167. | Do you have, have you ever had, or are you considered to have, any physical or emotional limitations? |
| 168. | Have you ever filed a worker's compensation claim due to injury or disability? |
| 169. | Have you ever had an X-Ray of your lungs or chest for tuberculosis? |
| 170. | Have you ever been instructed to wear eye glasses or contact lenses? |
| 171. | Do you wear glasses or contact lenses? |
| 172. | Has your weight changed in the last year? |
| 173. | Have you been treated for illness or injury by a doctor within the past five years? |
| 174. | Do you drink alcoholic beverages? |
| 175. | Do you smoke? |
| 176. | Have you ever tried or experimented with marijuana? |
| 177. | Have you ever tried or experimented with any other illegal drugs, hashish, opiates, pills, etc.? |
| 178. | Have you ever attempted to commit suicide? |
| 179. | Do you have any condition which would affect your ability to do the job you are applying for? |

MED_GENERAL



Questionnaire Medical

MED_GENERAL

QUESTIONNAIRE LOYALTY

If you answer yes to any of the below listed questions, list the question number and give details on a separate sheet of paper.

The term subversive organization, as used here, means any group or organization which supports, follows, or sympathizes with the principles of Communism or any other subversive doctrine; or advocates the overthrow of the United States Government.

- | | YES | NO | |
|------|--------------------------|-------------------------------------|--|
| 180. | ☐ | ☒ | Have you ever, by word of mouth or in writing advocated, advised, or taught the doctrine that the government of the United States of America, or any other states or political subdivision thereof, should be overthrown by force, violence or other unlawful means in anyway? |
| 181. | ☐ | ☒ | Do you belong to a religious sect, or hold any belief which would prevent you from vowing allegiance to the flag and Constitution of the United States of America or from taking a life in carrying out your duties when such action is lawful and necessary? |
| 182. | ☐ | ☒ | Have you ever participated in any parade, picket line, delegation, or demonstration sponsored by any subversive organization? |
| 183. | ☐ | ☒ | Have you ever been a member of or attended any school, camp, class, or forum sponsored by any subversive organization? |
| 184. | ☐ | ☒ | Have you ever signed or solicited others to sign any petition sponsored or issued by any subversive organization, or any petition which as its sole purpose, the aiding and abetting of any person, cause, or program connected with any subversive organization? |
| 185. | ☐ | ☒ | Do you have any belief or loyalty which would place you in conflict with the law, or the position for which you are applying? |

ORGANIZATION HISTORY

List all clubs, societies, civic and fraternal organizations of which you are a member of with which you have been affiliated. You need not answer if your answer would indicate the RACIAL, ETHNIC, RELIGIOUS, OR SEXUAL COMPOSITION OF THE MEMBERSHIP.

NAME OF ORGANIZATION	DATE OF INITIAL MEMBERSHIP	ACTIVE YES NO
NA	NA	NA

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I HEREBY AUTHORIZE THE Orange City Police Department and its authorized representatives bearing this release, or a copy thereof, within one year of the date hereon, to obtain any information in your files pertaining to my employment, military, credit, education, achievement, attendance, athletic, personal history, disciplinary, medical, and credit records. I hereby direct you to release such information upon request of the bearer or sender of this instrument. This release is executed with the full knowledge and understanding that the information is for the official use of the Orange City Police Department to evaluate my fitness for employment by that Agency. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, business establishment including its officers, employees, or 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 attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis with the understanding that such is not required by law or regulation. I have been advised that the Orange City Police Department will utilize this number only to facilitate the location of employment, military, credit, residence, and educational records concerning me in connection with this application. Should there be a question as to the validity of this release, you may contact me as indicated below.

Jordan P. Herzog 12/15/03
SIGNATURE/DATE

SWORN TO AND SUBSCRIBED before me,

Jordan Patrick Herzog
PRINT FULL NAME

this 15 day of December, 2003.

PII_SSN_FINANCIAL
SOCIAL SECURITY NUMBER

Patricia H. Baskoff
NOTARY PUBLIC, STATE OF FLORIDA

EMPLOYEE/SPOUSE/CHILD_PII_PROTEC
CURRENT ADDRESS

My commission expires: 12/29/2003

EMPLOYEE/SPOUSE/CHILD_PII_P

EMPLOYEE/SPOUSE/CHILD_PII_
TELEPHONE NUMBER



Patricia H. Baskoff
MY COMMISSION # CC896333 EXPIRES
December 29, 2003
BONDED THRU TROY FAIN INSURANCE, INC.

POLYGRAPH EXAMINATION

Are you willing to take a polygraph examination to verify information in this application and all other information supplied by you to the Orange City Police Department?

Yes (☒) No (☐) If no, state reason(s):

AFFIRMATION

I HEREBY SWEAR OR AFFIRM that this application contains no misrepresentations or falsifications, omissions, or concealment of material fact, and that information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this application are subject to later investigation. I am further aware that should any investigation disclose any such misrepresentation, falsification, omission or concealment of material fact, my application may be rejected and my name removed from any eligibility list; and if already appointed, I may be dismissed. I also understand that failure to comply with or complete any portion of the testing, examination, or other application process for employment may result in my application being rejected and my name removed from any eligibility list; and if already appointed, I may be dismissed. I further understand that nothing in this application constitutes a promise or commitment, nor has any other promise or commitment been made to me as to a time when hiring will take place, when a decision on hiring will take place, or whether I will even be hired.

I HEREBY UNDERSTAND that certain portions of the background investigation, psychological examination and physical examination may become available for inspection by the public pursuant to Chapter 119, Florida Statutes. I understand and consent to the contents of this statement.

Jordan P. Herzog
SIGNATURE OF APPLICANT

Jordan Patrick Herzog
PRINT FULL NAME

SWORN TO AND SUBSCRIBED before me this 15 day of December, 2003.

MY COMMISSION EXPIRES 12/29/2003.

Patricia H. Baskoff
NOTARY PUBLIC
STATE OF FLORIDA



Patricia H. Baskoff
MY COMMISSION # CC896333 EXPIRES
December 29, 2003
BONDED THRU TROY FAIR INSURANCE, INC.

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	3, 6
EMPLOYEE/SPOUSE/CHILD_PII_PROTECTED	119.071(4) PII_PROTECTED_EMPLOYEE	1, 5- 25, 3
MED_GENERAL	401.30(4) Medical records and treatment info	32-3
PII_SSN_FINANCIAL	119.071(5) SSN, bank account numbers, credit card data	1, 5, 28, 3 39