



RESPECT INTEGRITY

TEAMWORK EXCELLENCE

## HSPA Application

Lakeland Police Department

General Services Section, 219 N Massachusetts Ave, Lakeland, FL 33801

Phone: (863) 834-6995 Fax: (863) 834-6978

Website: [www.LakelandPD.com](http://www.LakelandPD.com)

A background investigation is required for applicants seeking a position at the Lakeland Police Department High School Police Academy. The information you provide on this questionnaire will be closely examined to ensure accuracy. An applicant, who, at any time during the application process, demonstrates dishonesty, untruthfulness, withholds requested information (omissions), or makes false statements may be disqualified and unable to participate in the program. Please ensure all responses you provide are accurate. If a question does not apply to you, please state "N/A." If you need further explanation to better understand the questions on the application, please do not hesitate to ask a member of the LPD General Services Section or an LPD School Resource Officer.

## Personal History

Name: \_\_\_\_\_  
Last First Middle

List below all other aliases, maiden names, or nicknames you have used during your lifetime.

Full Name (last, first, middle)	Dates Used	Reason/Circumstance

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month/Day/Year City County State Country

Height (ft., in.): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone (Cell): \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Driver's License: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_  
Number State Expiration Date



▪ RESPECT

▪ INTEGRITY

▪ TEAMWORK

▪ EXCELLENCE

**Please list your parent or legal guardian's information below.**

Father

Step Father

Mother

Step Mother

Legal Guardian

**Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street City State Zip

**Phone (Cell):** \_\_\_\_\_ **Phone (Work):** \_\_\_\_\_

Father

Step Father

Mother

Step Mother

Legal Guardian

**Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street City State Zip

**Phone (Cell):** \_\_\_\_\_ **Phone (Work):** \_\_\_\_\_

\_\_\_\_\_

**Please list below the information for the person we should contact in the event of an emergency.**

**Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street City State Zip

**Phone (Cell):** \_\_\_\_\_ **Phone (Work):** \_\_\_\_\_

**Please list below any medical conditions or allergies that we should be aware of.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



▪ RESPECT

▪ INTEGRITY

▪ TEAMWORK

▪ EXCELLENCE

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

### Employment History

Have you ever worked for an employer? Yes \_\_\_ No \_\_\_ If yes, explain below:

Employer	Dates	Position

Have you ever been terminated from an employer? Yes \_\_\_ No \_\_\_ If yes, explain below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been disciplined by an employer, including but not limited to verbal reprimands, warnings, written reprimands, suspensions, etc.? Yes \_\_\_ No \_\_\_ If yes, explain below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



▪ RESPECT

▪ INTEGRITY

▪ TEAMWORK

▪ EXCELLENCE

## Education History

### Elementary School

Name of School	Dates of Attendance

### Middle School

Name of School	Dates of Attendance

### High School

Name of School	Dates of Attendance

### College or University

Name of School	Dates of Attendance

### Athletics or Volunteer Service

Type	Dates	General Description of Activities



▪ RESPECT ▪ INTEGRITY

▪ TEAMWORK ▪ EXCELLENCE

Have you ever been in trouble at school to include in-school suspensions, out-of-school suspensions, expulsions, behavior problems, tardiness, etc.? Yes \_\_\_ No \_\_\_ If yes, explain below:

School	Date	Type of Discipline

If you answered yes to the question above, please explain the circumstances involving the reason you received such discipline. Otherwise answer "N/A."

---

---

---

---

---

---

---

What is your current Grade Point Average (GPA)? If unknown, do you currently maintain at least a 2.0 GPA or "C" average in all classes? If you answer No, list below what classes you are failing.

---

---

---

---

---

---

---

---



▪ RESPECT

▪ INTEGRITY

▪ TEAMWORK

▪ EXCELLENCE

## Background Information

Have you ever been a member of, or, ever applied to any Police Explorer Post?

Yes \_\_\_ No \_\_\_

If yes, explain below:

---

---

---

Have you ever been stopped, questioned, detained, or warned by a law enforcement officer or deputy? If you answer "yes," please provide details regarding the incident(s), when it occurred, where it occurred, and what the result was.

Yes \_\_\_ No \_\_\_

If yes, explain below:

---

---

---

---

---

---

Have you ever been arrested, issued a Notice to Appear, charged with a crime, or been the defendant in a criminal case, whether juvenile or adult?

Yes \_\_\_ No \_\_\_

If yes, explain below:

---

---

---

---

---

---

Have you ever sold an illegal drug, including marijuana, or been involved in a drug transaction, including but not limited to being a lookout, transporting drugs for someone else, packaging drugs for sale, etc.?

Yes \_\_\_ No \_\_\_

If yes, explain below:

---

---

---

---



▪ RESPECT ▪ INTEGRITY

▪ TEAMWORK ▪ EXCELLENCE

Have you ever used, possessed, experimented with, or tried any illegal drug listed below?

Substance	Yes	No	Number of Times Used	Last Time Used
Marijuana (Weed-Pot-THC)				
Alcohol (Under-Age)				
Synthetics (K2, Spice, Bath Salts)				
Speed/Amphetamines				
Barbiturates (Downers)				
Hashish/Hash oil				
Oxycodone (Oxy, Oxycotton)				
Quaaludes (Ludes)				
LSD/Acid				
Meth (Ice)				
Crank				
PCP (Angel Dust)				
Cocaine				
Heroin				
Magic Mushrooms (Tea)				
Ecstasy (Molly, MDMA, X)				
Steroids (Illegal use)				
Inhalants (Glue, Gasoline, Whippets, Dusters)				
Other:				
Other:				
Other:				

Have you ever committed a crime that went undetected by law enforcement? If you answer yes, explain what crime you committed, when, and why. Yes \_\_\_ No \_\_\_ If yes, explain below:

---



---



---

Please provide a list of all social media accounts you have and include the username for each account.

Social Media Platform (Facebook, Instagram, Etc.)	Username



RESPECT INTEGRITY

TEAMWORK EXCELLENCE

To: Authorized Representative of Any Employer, Organization, Institution or Repository of Records

APPLICANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_

AGENCY REQUESTING BACKGROUND INFORMATION: \_\_\_\_\_ Lakeland Police Department

ADDRESS: \_\_\_\_\_ 219 N. Massachusetts Ave., Lakeland, FL 33801

Having made application in volunteer as a Lakeland Police Department High School Academy Recruit, I hereby authorize for one year, from the date of execution hereof, any authorized representative of the Lakeland Police Department to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

**Lakeland Police Department, General Services Section, Human Resources Unit, 219 N. Massachusetts Ave. Lakeland, FL 33801**

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: "An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760." (Florida Statutes)

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Applicant's Address

**AFFIDAVIT**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ The forgoing instrument was acknowledged before me this date \_\_\_\_\_

By: \_\_\_\_\_ who is personally known \_\_\_\_\_

or who has produced identification. Type of identification: \_\_\_\_\_

\_\_\_\_\_  
Notary's Signature Print, type, or stamp Commissioned Name of Notary

Notary Seal: \_\_\_\_\_





▪ RESPECT

▪ INTEGRITY

▪ TEAMWORK

▪ EXCELLENCE

## WAIVER OF LIABILITY

In consideration of the covenants herein contained, I hereby give my approval to participate in a voluntary program. I assume all risks and hazards of personal injury or property damage incidental to such participation including any risk or hazard in transportation to and from activities. I hereby waive, release, absolve, and agree to hold harmless and indemnify the City of Lakeland, and/or its employees for any claim arising out of any injury originating from participation in any activity associated directly or indirectly with the program, **INCLUDING THE CITY'S NEGLIGENCE AND NEGLIGENT SUPERVISION** and understand that any loss or medical costs resulting from any such personal injury will be borne by the undersigned. I also acknowledge the fact that this program involves physical exertion and one's presence in hazardous areas that may result in injury.

Please understand that this is strictly a volunteer experience in which no work can be performed. This is will be observation only, opportunity to ask questions, and to see what a day in the life of various areas within law enforcement are like.

I hereby give permission for and understand that I will participating in a volunteer program and no work will be performed.

Student:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Parent/Guardian:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date