



City of South Miami  
Police Department



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## PRELIMINARY HISTORY QUESTIONNAIRE POLICE OFFICER, RESERVE POLICE OFFICER AND COMMUNICATIONS OFFICER

Please complete the Preliminary History Questionnaire and attach this document to your City of South Miami application. The purpose of the Preliminary History Questionnaire is to determine whether or not you meet the **MINIMUM** hiring standards of the South Miami Police Department.

The information you are required to provide in this document must be true, accurate, complete, and without omission of any kind. It is **YOUR** responsibility to do so, and you must realize that failure to do so, **for any reason** will result in your immediate suspension from the selection/hiring process.

As always, thank you for your interest in working at the South Miami Police Department. If you have any questions regarding the hiring process, please call (305) 663-6359 and ask to speak to SGT. Robert Bukens or contact us via e-mail [rbukens@southmiamifl.gov](mailto:rbukens@southmiamifl.gov)

**BY INITIALING EACH PAGE ON THE BOTTOM RIGHT CORNER, YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THE LISTED DISQUALIFIERS. YOUR INITIALS ALSO DEMONSTRATE YOUR THOROUGH REVIEW OF ALL ENTRIES MADE ON EACH PAGE OF THE PRELIMINARY PERSONAL HISTORY QUESTIONNAIRE.**

NOTE: Job applications, résumés, and pre- and post-job offer questionnaires must be made available for public inspection upon request and cannot be kept confidential. Only information that meets the specifications and provisions of Florida Statute Chapter 119 will be released.

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**ATTENTION ALL APPLICANTS!**

**BEFORE YOU COMPLETE THIS QUESTIONNAIRE, PLEASE BE ADVISED, YOU MAY BE DISQUALIFIED FROM THE PROCESS IF IT IS LEARNED YOU HAVE OMITTED ANY INFORMATION OR YOU WERE DISHONEST WITH YOUR ENTRIES.**

Please mark which position you are applying for.

- POLICE OFFICER
- RESERVE POLICE OFFICER
- COMMUNICATIONS OFFICER

Those applying to the position of Police Officer, Reserve Police Officer or Communications Officer will automatically be disqualified for the following:

- Omissions concerning previous employment
- Failed City of South Miami Investigation, Oral Board Interview Polygraph or Psychological Exam within the past year
- Must not have excessive traffic citations within three (3) years of application
- Felony convictions
- Dishonorable Military Discharge
- Use of marijuana within three (3) years of the date of this application
- Steroid usage within five (5) years of the date of this application

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Preliminary History Questionnaire  
For Police Officer  
And Communications Officer  
South Miami Police Department

Date: \_\_\_/\_\_\_/\_\_\_

I. **Current Personal Data**

A. Full Name: \_\_\_\_\_  
(last) (first) (middle)

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

B. Social Security Number: \_\_\_\_\_

C. Have you ever had your name changed? Yes  No

If yes: Previous Name(s) \_\_\_\_\_

Date of Change \_\_\_/\_\_\_/\_\_\_ Location of Change: \_\_\_\_\_

D. Have you ever previously applied to the South Miami Police Department?

Yes  No

If yes, which position \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

II. **Citizenship Data**

A. Are you a U.S. Citizen? Yes  No

B. Did you obtain U.S. citizenship by naturalization? Yes  No  N/A

C. N/A  Naturalization Date: \_\_\_/\_\_\_/\_\_\_ Location: \_\_\_\_\_

Number: \_\_\_\_\_

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III. **Law Enforcement Education/Experience**

A.  N/A What is the name of the Law Enforcement Academy that you attended?

Address \_\_\_\_\_

Certification Received: Yes  No  Certification # \_\_\_\_\_

B. If you have Law Enforcement experience, have you ever been or are currently under an internal investigations? Yes  No   
If yes, list the employer and each incident, date and outcome

Employer	Incident	Date	Outcome

C. N/A  If not presently working as a Law Enforcement Officer, date last worked as a certified Law Enforcement Officer. \_\_\_/\_\_\_/\_\_\_ State \_\_\_\_\_

D. N/A  How long have you been a "Full -time" Law Enforcement Officer (Full -time Military Police experience also counts.) Years \_\_\_\_\_  
Months \_\_\_\_\_

E. Have you ever applied to another Law Enforcement Agency? Yes  No   
**If yes, please list ALL agencies below.**

1. Agency Name: \_\_\_\_\_  
Address \_\_\_\_\_  
Date Applied: \_\_\_/\_\_\_/\_\_\_  
Status of Application \_\_\_\_\_

2. Agency Name: \_\_\_\_\_  
Address \_\_\_\_\_  
Date Applied: \_\_\_/\_\_\_/\_\_\_  
Status of Application \_\_\_\_\_

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3. Agency Name: \_\_\_\_\_  
Address \_\_\_\_\_  
Date Applied: \_\_/\_\_/\_\_  
Status of Application \_\_\_\_\_

4. Agency Name: \_\_\_\_\_  
Address \_\_\_\_\_  
Date Applied: \_\_/\_\_/\_\_  
Status of Application \_\_\_\_\_

- **Attach additional sheets if necessary**

F. If you have not attended a Law Enforcement Academy, are you requesting sponsorship? Yes  No  N/A

**IV. Driving History**

A. Florida driver's license number \_\_\_\_\_

B. Have you ever had a driver's license in any state other than the state of Florida?  
Yes  No  If yes, give the state, driver's license number and date of expiration  
and submit a 7 -year driving history from each state.

State	Driver's License Number	Date of Expiration
_____	_____	__/__/__
_____	_____	__/__/__
_____	_____	__/__/__

C. Have you ever been given a traffic citation and/or paid a fine for ANY traffic violation  
Yes  No

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List **ALL** moving and non-moving traffic citations, (i.e. speeding, running a red light, red light camera, expired registration, no insurance, etc.) that you have received in the past **10 years**, starting with the most recent. (A report from the Department of Highway Safety might not give you all tickets you have received, that information can be purged out of their system, do not rely on that report.)

Date issued:	Type of violation:
Issuing Agency:	Disposition:

Date issued:	Type of violation:
Issuing Agency:	Disposition:

Date issued:	Type of violation:
Issuing Agency:	Disposition:

Date issued:	Type of violation:
Issuing Agency:	Disposition:

Date issued:	Type of violation:
Issuing Agency:	Disposition:

Date issued:	Type of violation:
Issuing Agency:	Disposition:

Date issued:	Type of violation:
Issuing Agency:	Disposition:

Date issued:	Type of violation:
Issuing Agency:	Disposition:

Date issued:	Type of violation:
Issuing Agency:	Disposition:

- Attach additional sheets if necessary

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- D. Has your driver's license ever been suspended or revoked? Yes  No   
If yes, for what reason(s)? \_\_\_\_\_  
Length of suspension(s) \_\_\_\_\_  
Date reinstated \_\_\_\_\_

**V. Military Experience**

- A. Have you ever been in the United States Armed Forces? Yes  No   
If yes, Branch of Service \_\_\_\_\_  
Dates of Service \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

- B. While in the military, were you ever reprimanded, convicted or adjudicated guilty of any offense under the Uniform Code of Military Justice? Yes  No  N/A   
If yes, explain in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- C. Did you receive an honorable discharge from your military service?  
Yes  No  N/A   
If no, what type of discharge did you receive? \_\_\_\_\_

**A copy of your DD214- Member 4 Copy (with characterization of discharge) for each tour of duty MUST be provided along with other required documentation**

- If you are male between ages of 18 and 26, have you registered for the draft?  
Yes  No  N/A

**VI Personal Character Background**

- A. Do you currently or have you ever used tobacco products within a one year period prior to this questionnaire? Yes  No

**SPECIAL NOTE:** If yes, please know you will be required to quit prior to hire.

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B. With respect to illegal drugs, including but not limited to marijuana, hashish, speed, cocaine, heroin, ecstasy, mushrooms, PCP, LSD, steroids, crack, etc., and prescription drugs not prescribed to you or used in the manner in which they were prescribed:

Have you ever used, possessed or experimented with illegal drugs, including but not limited to those listed above? Yes  No

Have you ever purchased illegal drugs, including but not limited to those listed above? Yes  No

Have you ever sold (as defined in criminal statutes) illegal drugs, including but not limited to those listed above? Yes  No

If you answered "YES" to any of the above, list the drug, the frequency of use, sale, purchase and/or possession of each drug. **Please list the month and year of the first and last time used, sold, purchased and /or possessed. If the frequency, month and year are not listed, your application will not be processed.**

Drug Type:	Date of Use:	Frequency of Use:
Drug Type:	Date of Use:	Frequency of Use:
Drug Type:	Date of Use:	Frequency of Use:
Drug Type:	Date of Use:	Frequency of Use:
Drug Type:	Date of Use:	Frequency of Use:
Drug Type:	Date of Use:	Frequency of Use:
Drug Type:	Date of Use:	Frequency of Use:

- Attach additional sheets if necessary



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C. When was the last time anyone used illegal drugs/illegal controlled substances in your presence, included but not limited to those listed above?

N/A  \_\_\_\_\_

What was the illegal drug and under what circumstances did you see the illegal drug used? N/A  \_\_\_\_\_

D. Have you ever committed a crime, **WHETHER ARRESTED OR NOT**, which would constitute a felony or first-degree misdemeanor? **If "YES", explain below and provide all related documents, (i.e.) police reports, arrest affidavits, court dispositions)**

Offense:	Date:	Circumstances:
Offense:	Date:	Circumstances:
Offense:	Date:	Circumstances:

- **Attach additional sheets if necessary**

F. Have you ever had a criminal record or an arrest record sealed or expunged?

Yes  No  If "Yes", list date \_\_\_/\_\_\_/\_\_\_

Location (City, State): \_\_\_\_\_

**SPECIAL NOTE:** Criminal records sealed under Florida Statutes, as well as most states' laws, may be available for inspection by a Criminal Justice Agency for the purpose of employment.

G. Have you ever been under investigation by the South Miami Police Department or any other law enforcement agency: Yes  No

If "Yes" what agency and explain in detail: \_\_\_\_\_

\_\_\_\_\_

H. Have you ever been listed as a defendant or plaintiff in a civil suit? Yes  No

If "YES" what agency and explain in detail: \_\_\_\_\_

\_\_\_\_\_

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- I. As part of your background investigation, South Miami Police Department will check your credit history with a credit bureau, what do you think your report will reflect? Excellent  Fair  Poor  Why? \_\_\_\_\_

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- J. Are there any other incidents in your life not mentioned herein which may reflect your suitability for this job or which might require further explanation? Yes  No   
If "YES", please explain: \_\_\_\_\_

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**Should you fail to meet the minimum standards required by the South Miami Police Department, you will be immediately discontinued from our hiring process.**

For our information, how were you made aware of the Police Officer/Communications Officer position?

- Acquaintance/Officer
- Internet/Website
- Other