

A. GENERAL

1. Indicate (by check mark) the source from which you first learned about this position:

() Newspaper: _____

Classified Ad: _____

Feature Article: _____

() Bulletin or Poster _____

(where posted): _____

() Educational Institution

Name: _____

() Bulletin Listing Job Opening or

Scheduled Exam (where obtained):

(X) Other: Captain Larry Murphy

Manatee Co. Sheriff Dept.

() Radio or T.V. Announcement

Station Name: _____

() Professional or Technical

Journal Ad (name of journal):

() State Employment Council Office

location: _____

() Employee (name of dept. where

employed): _____

() Dept. Office (name of dept.):

B. PERSONAL

1. Date: 12-31-94 2. Social Security No.: [REDACTED]

3. Name: Cespedes Clifford John
(Last) (First) (Middle)

4. Present Mailing Address: 4a. Telephone No.: [REDACTED]

Address No. _____ City _____ State _____ Zip _____

5. Permanent Address: 5a. Telephone No.: [REDACTED]

Street No. City State Zip

6. Have you ever worked for the City of Sarasota? NO If so, when?

7. Name and relationship of person to be notified of an emergency:

8. Address: 8a. Telephone No.: [REDACTED]

Street No. City State Zip

9. Have you previously filed an application with the Department of Human Resources?
Yes _____ No X If "Yes", give details: _____

10. Availability for Employment:

- a. If appointed, how soon can you begin work? Immediately, Upon resignation C.P.

- b. State minimum salary you will accept: \$ N/A Per: _____

11. Are you a U.S. Citizen, or National of the United States? Yes X No
- a. Are you an alien lawfully admitted for permanent residence? Yes No X
If "Yes", please give Alien Number A
- b. Are you an alien authorized by the Naturalization and Immigration Service to work in the United States? Yes No X If "Yes", please give details:
Alien Number A or Admission Number A , expiration of employment authorization, if any .
12. Do you have any special abilities, skills or licenses, or do you operate any machinery (other than automobile) with a degree of proficiency? Yes X No
If "Yes", give details: I am Bilingual. I speak Spanish, English and
posses a basic knowledge of Sign Language. I also have certificates in
Basic Traffic Accident Inv., Basic Auto Theft Training, and TN State
Certification in the Intoximeter 3000 for DUI Offense.
13. Licenses: Give the following information about any license, certificate or other authorization to practice a trade or profession. If not currently licensed, check this box ☒.

Name of Trade or Profession:	License No.:	Granted By: (Licensing Agency)	City or State of:
Specialty:	Date License First Issued:	Licensed From: To:	

14. Have you ever been convicted or pleaded no contest to criminal charge either felony or misdemeanor? Yes No X If "Yes", give details:

C. RECORD OF EDUCATION

1. Type of School:

Name and Location of School	Course of Study	Grade Completed	Last Year Attended
High School: West Hempstead	<u>X</u> General Other: <u> </u>	9 10 11 <u>X</u>	19 <u>83</u>
Did You Graduate? Yes <u>X</u> No <u> </u>			
If answer is "No", do you have a high school equivalency diploma or G.E.D. certificate? Yes <u> </u> No <u> </u>	If answer is "Yes", give date of diploma or certificate: <u>4/83</u>		

Colleges, Universities, Jr. Colleges Attended:

Q = Quarter Hours

XS = Semester Hours

Name & Location	Dates Attended		Cr. Hrs. Earned	Q S	Degree & Year	Designated Major/ Minor Subjects Taken
	From	To				
Word of Life Bible, NY	9/83	8/84	65	20	Bible 84	Bible
W.ofLifeSchoolofYouth	9/84	8/85	48	20	Youth Mi	Youth Ministries 1985
Philadelphia Coll. Bible	9/86	5/87	12	12	None	Pastor
Tenn. Temple Univ. TN	8/88	12/88	12	12	None	None

Business, Technical, Military, and Trade Schools Attended:

Name & Location	Dates Attended		Credits Earned	Date of Diploma or Certificate	Designated Major/ Minor Courses Completed
	From	To			

Correspondence Work Completed:

Name & Location	Length of Course		Credits Earned	Designated Major/ Minor Courses Completed
	From	To		

2. Have you had any training in Law Enforcement/Firefighting? Yes X No
 If "Yes", give details: I've completed 760 hrs. of Basic Police Academy Training and graduated in June 1992. I have certificates in the following: NFA's Recognition and Identification of Hazardous Materials, Basic Traffic Accident Inv., Tenn. Bureau Inv. Intoximeter 3000 Operation, Basic Auto Theft Training. I have copy of my entire curriculum if necessary.

3. Have you taken any training under the G.I. Bill of Rights? Yes No X
 If "Yes", give details:

D. EMPLOYMENT

1. List chronologically, starting with the present, all jobs, including military, summer and part-time, for the past ten 10 years. You must account for all time even if you were unemployed or in school.

- A. Name of Company: L & N Seafood Telephone No.: () Closed
Address: Hamilton Place City/State/Zip: Chattanooga, TN 37421
From: (Mo/Yr) 2/91 To: (Mo/Yr) 1/92 Salary: \$ 2.25hr + tips
Job Title: Server/Trainer Specific Duties: Serving Tables, training new servers.
Supervisor's Name: Steve Bunn Title: Manager
Reason for Leaving: Entered the Police Dept.
- B. Name of Company: Subway Sandwich Shop Telephone No.: (615) 899-3460
Address: 5505 Brainerd Road City/State/Zip: Chatt., TN 37411
From: (Mo/Yr) 9/90 To: (Mo/Yr) 2/91 Salary: \$ 5.00 hr
Job Title: Night Clerk Specific Duties: Food prep/Customer server
Money deposit/Secure store at night
Supervisor's Name: Barry Vogelmeir Title: Owner
Reason for Leaving: Went to L & N Seafood to attempt to make more money
- C. Name of Company: Carpet Systems of Chatt. Telephone No.: (615) None
Address: 404 Tunnel Blvd. City/State/Zip: Chatt., TN 37411
From: (Mo/Yr) 6/90 To: (Mo/Yr) 9/90 Salary: \$ 10.00 hr.
Job Title: Owner Specific Duties: Clean Carpets
Supervisor's Name: _____ Title: _____
Reason for Leaving: Gave up business
- D. Name of Company: Tenn. Furniture Industries Telephone No.: () Out of Business
Address: Quintus Loop City/State/Zip: Chatt., TN
From: (Mo/Yr) 2/90 To: (Mo/Yr) 6/90 Salary: \$ 5.00 hr
Job Title: Shipping clerk Specific Duties: Load and Unload Trucks
Supervisor's Name: Mr. Lo Title: Half owner
Reason for Leaving: Was going out of business

- E. Name of Company: River Landing Rest. Telephone No.: (615) Closed
Address: 600 River Street City/State/Zip: Chatt., TN 37405
From: (Mo/Yr) 1/89 To: (Mo/Yr) 2/90 Salary: \$ 2.25 hr + tips
Job Title: Server/Trainer Specific Duties: Serving tables, Training new servers.
Supervisor's Name: T.K. Sullivan Title: Owner
Reason for Leaving: Looking for a job with benefits
- F. Name of Company: Red Food Stores Telephone No.: (615) 493-4083
Address: 1600 E. 23rd Street City/State/Zip: Chattanooga, TN 37404
From: (Mo/Yr) 9/88 To: (Mo/Yr) 12/88 Salary: \$ 4.75 hr.
Job Title: Deli Clerk Specific Duties: Food prep, serving customers
Supervisor's Name: _____ Title: _____
Reason for Leaving: Attempt to get better pay
- G. Name of Company: River Landing Rest. Telephone No.: () Closed
Address: 600 River Street City/State/Zip: Chatt., TN 37405
From: (Mo/Yr) 2/88 To: (Mo/Yr) 9/88 Salary: \$ 2.25 hr. + tips
Job Title: Server Specific Duties: Serving tables
Supervisor's Name: Terry Tolls Title: Owner
Reason for Leaving: School attending did not allow students to serve alcohol.
- H. Name of Company: Noblitt Delivery Services Telephone No.: () Closed
Address: Lovell Field Airport City/State/Zip: Chatt., TN 37421
From: (Mo/Yr) 11/87 To: (Mo/Yr) 2/88 Salary: \$ 5.00 hr.
Job Title: Delivery man Specific Duties: Deliver packages to and from Business
Supervisor's Name: Gary Noblitt Title: Owner
Reason for Leaving: Was going out of business
2. Are you willing to have your present employer contacted in reference to your qualifications? Yes X No _____
- ~~Have you ever filed a claim for Worker's Compensation? Yes _____ No _____~~
~~If "Yes", give details: _____~~

2/85 - 11/87: School of Youth Ministries
2/88 - 2/90: Also worked building Greenhouses

4. Have you ever filed a claim for Sickness Disability Insurance? Yes ☐ No ☐
If "Yes", give details: _____
5. Are any of your friends, relatives or members of your household working for the City of Sarasota? Yes ☐ No ☒ If "Yes", give names and departments: _____
6. Why do you want to change jobs? I do not want to change jobs, I enjoy being a police officer. But I believe that it would be in the best interest of my family to be closer to our families in the Florida area.
7. What is the main reason for making application for employment with the City of Sarasota? I spoke to several Law Enforcement Officers who advised me that the City of Sarasota Police Dept. was one of the better depts. to seek employment.
8. IN YOUR OWN WORDS AND IN YOUR OWN HANDWRITING (PRINTING ACCEPTABLE), USING BLACK INK ONLY, DESCRIBE YOUR INTEREST IN THE TYPE OF WORK APPLIED FOR. (Your comments will be reviewed - ensure you write so the reader can comprehend your comments.)
I'VE BEEN A POLICE OFFICER FOR 3 YRS NOW, AND THE REASON FOR MY CHOSEN PROFESSION OF POLICE OFFICER IS THAT I'VE ALWAYS BEEN A PEOPLE PERSON. BEING A POLICE OFFICER ALLOW ME TO BE ABLE TO HELP MY COMMUNITY. NOT ONLY DO I GET TO ASSIST FELLOW CITIZENS IN MANY DIVERGENT WAYS, BUT I ALSO AM GIVEN THE PRIVILEGE OF PROTECTING THE COMMUNITY AT LARGE BY CATCHING CRIMINALS WHO CHOSE TO BREAK THE LAW AND ENFORCING THE LAWS THAT I'VE SWORN TO UPHOLD. I ALSO DESIRE TO BE A POSITIVE ROLE MODEL FOR THE YOUNG PEOPLE IN THE COMMUNITY, SO THAT THE PUBLIC IMAGE THAT THE MEDIA SO OFTEN PORTRAYS ABOUT POLICE OFFICERS MIGHT BE CHANGED.
My GOALS ARE TO CONTINUE IN THE LAW ENFORCEMENT FIELD AND CONTINUALLY TRY TO IMPROVE THE TRAINING + EXPERIENCE I ALREADY POSSESS. My KNOWLEDGE OF THE SPANISH LANGUAGE AND THE BASIC KNOWLEDGE OF SIGN LANGUAGE ALSO ALLOWS ME TO REACH A BROADER SPECTRUM OF INDIVIDUALS AND FILL A VARIETY OF NEEDS. IT ALSO ALLOWS ME TO ASSIST OTHER AGENCY'S WHO MAY NOT HAVE A SPANISH SPEAKING OFFICER. My DUTIES TO DATE INCLUDE INITIATING ARRESTS, ISSUING CITATIONS, ANSWERING CALLS IN A HIGH VOLUME AREA, WORKING TRAFFIC ACCIDENTS AND SERVING AS ONE OF THE DEPARTMENT'S SPANISH TRANSLATORS. I BASICALLY ENJOY EVERY ASPECT OF THE JOB AND LOOK FORWARD TO SERVING THE CITY OF SARASOTA IN THE NEAR FUTURE.

E. HEALTH HISTORY

1. Give description and location of any birthmarks or tattoos: _____
2. Do you have any defects in hearing or speech? Yes ☐ No ☐
If "Yes", give full details: _____
3. What is your vision without corrective lenses? Left Eye: _____ Right eye: _____
What is your vision with corrective lenses? Left Eye: _____ Right eye: _____
4. Do you have any color blindness? Yes ☐ No ☐
5. Have you had in the past or do you now have any physical defects, disabilities, or health problems? Yes ☐ No ☐ If "Yes", give full details: _____

6. Have you had any serious illness, operations, injuries or surgery? Yes _____ No _____
If "Yes", give full details: _____
7. Have you ever been hospitalized? Yes _____ No _____
If "Yes", give full details: _____
8. Give the name, address and telephone number of your personal or family physician: _____
9. How many days have you lost from work or school due to illness during the past five (5) years? _____ Explain: _____
10. Have you ever changed or been advised to change your occupation or residence because of your health? Yes _____ No _____ If "Yes", give full details: _____
11. Do you use habit-forming drugs? Yes _____ No _____ If "Yes", give full details: _____
12. Have you ever used tranquilizers? Yes _____ No _____ If "Yes", give full details: _____
13. Do you presently use any drugs other than those prescribed by a physician? Yes _____ No _____ If "Yes", give full details: _____
14. Have you ever smoked or used tobacco products? Yes _____ No _____ If "Yes", give full details: _____
15. Do you drink alcoholic beverages? Yes _____ No _____ If "Yes", give the extent of your use: _____
16. Have you ever had a nervous or mental disorder? Yes _____ No _____ If "Yes", give full details: _____
17. Have you ever had psychiatric or psychoanalytic treatment? Yes _____ No _____
If "Yes", give full details: (include dates, locations, physician's name, address and telephone number): _____

18. Have you ever filed claims for or have you received a disability allowance from the Veteran's Administration? Yes ☐ No ☐ If "Yes", give full details: _____

19. Have you ever had any of the following? If "Yes", give full details (include dates, locations, doctor's name):

Asthma:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bone/Joint Disease:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eye Disease:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fainting/Dizzy Spells:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart Trouble:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hernia:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Kidney Disease:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Liver Ailment:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Malignancy:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sinus Trouble:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stomach Ulcer:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Syphilis:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Venereal Disease:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Tuberculosis:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Epilepsy:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pneumonia:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

20. Have you ever injured your back or spine? Yes ☐ No ☐ If "Yes", give full details: _____

21. What operations, diseases or injuries, other than those covered on the preceding page, have you had? _____

22. Do you use any kind of medication? Yes ☐ No ☐ If "Yes", give type of medication and reason: _____

23. Have you ever been treated for problems arising from the use of any kind of medication, habit-forming drugs or tranquilizers? Yes ☐ No ☐ If "Yes", give full details: _____

24. Have you ever failed a physical agility test? Yes ☐ No ☐ If "Yes", give full details: _____

25. Do you have any physical/mental condition which may limit your ability to perform the particular job for which you are applying? Yes ☐ No ☐ If "Yes", give full details: _____

F. MILITARY HISTORY

1. Have you been in the United States Military Service? Yes ☐ No ☒ If "Yes", give details: _____

2. Are you in the National Guard or a member of the Active or Inactive Reserves? Yes ☐ No ☒ If "Yes", give branch, unit, rank, dates and locations: _____

~~Have you ever received a military disability pension? Yes ☐ No ☐ If "Yes", give nature of disability: _____~~

G. AUTOMOBILES

- Your Driver's License Number: [REDACTED] Type: Operators
- State Issued: TN Expiration Date: 12-17-99 Restrictions: None
2. Has your driver's license ever been suspended or revoked? Yes X No
If "Yes", give full details: During my 2nd yr. of college my
license was suspended in NY for a short period of time due to unpaid
speeding tickets; but was quickly reinstated after payments.
3. Have you ever been refused a driver's license by any state? Yes No X
If "Yes", give full details:
4. Have you ever been involved in an accident while operating a motor vehicle?
Yes X No If "Yes", give full details: 1991: WAS REARENDED BY
UNKNOWN ELSE SOME OTHER DRIVER.
1987: Making left hand turn - vision blocked by van - hit other
car - none cited.

H. RESIDENCE HISTORY

List chronologically, in descending order from present, ALL OF YOUR RESIDENCES SINCE YOUR 12TH BIRTHDAY. Include military and school residences.

(Mo./Yr.)	(Mo./Yr.)	Address:	[REDACTED]
From: 12/93	To: Present	City, State & Zip Code:	[REDACTED]
(Mo./Yr.)	(Mo./Yr.)	Address:	[REDACTED]
From: 7/91	To: 11/93	City, State & Zip Code:	[REDACTED]
(Mo./Yr.)	(Mo./Yr.)	Address:	[REDACTED]
From: 4/90	To: 6/91	City, State & Zip Code:	[REDACTED]
(Mo./Yr.)	(Mo./Yr.)	Address:	[REDACTED]
From: 12/88	To: 3/90	City, State & Zip Code:	[REDACTED]
(Mo./Yr.)	(Mo./Yr.)	Address:	[REDACTED]
From: 9/87	To: 11/88	City, State & Zip Code:	[REDACTED]
(Mo./Yr.)	(Mo./Yr.)	Address:	[REDACTED]
From: 9/86	To: 8/87	City, State & Zip Code:	[REDACTED]

(Mo./Yr.) (Mo./Yr.) Address: _____
From: 85 To: 9/86 City, State & Zip Code: _____
(Mo./Yr.) (Mo./Yr.) Address: _____
From: 9/83 To: 9/85 City, State & Zip Code: _____
(Mo./Yr.) (Mo./Yr.) Address: _____
From: 9/68 To: 9/83 City, State & Zip Code: _____
(Mo./Yr.) (Mo./Yr.) Address: _____
From: To: City, State & Zip Code: _____

I. REFERENCES

Give three (3) references (not relatives, former employers, or fellow employees), who are responsible adults of reputable standing in their communities, who have known you well during the past three (3) years.

Full Name: Gary Jared

Address: 3800 Garren Court Chattanooga, TN 37415
(Street No.) (City) (State) (Zip)

Home Phone Number: (615) 877-5006 Business Phone Number: (615) 877-2643

Number of Years Acquainted: 4-5 yrs

2. Full Name: Darrell Davenport

Address: 103 Delray Ave. Chattanooga, TN 37405
(Street No.) (City) (State) (Zip)

Home Phone Number: (615) 877-6204 Business Phone Number: ()

Number of Years Acquainted: 4

3. Full Name: Fred Ferguson

Address: 3426 Hartford Drive Red Bank, TN 37415
(Street No.) (City) (State) (Zip)

Home Phone Number: (615) 877-6706 Business Phone Number: ()

Number of Years Acquainted: 3-4

RELEASE STATEMENTS

I hereby certify that I have answered all inquiries truthfully, and that there are no willful misrepresentations or falsifications of statements and answers to questions contained herein. I am aware that should investigation disclose such misrepresentations or falsifications, my application will be rejected, and I will be disqualified from applying in the future for any position in the service of the City of Sarasota. If employed, I understand that any misrepresentations shall be cause for termination upon discovery thereof.

I do hereby agree to personally assume responsibility for any damages or injury to my person or property in job related and required tests conducted by the City of Sarasota, pursuant to this application.

I hereby give permission to the Director of Human Resources (or his/her designee) to obtain from my former employers, schools, neighbors, acquaintances, personal references and relatives, full and complete information about any ~~illness~~, accidents, ~~health condition~~, ~~consultations~~, job performance or information on any of my personnel records.

In the event of termination of my employment by the City of Sarasota, I authorize the Director of Human Resources (or his/her designee) of the City of Sarasota, in his/her discretion, to supply similar information to any subsequent employer concerning my service with the City of Sarasota.

I understand that my employment is on a trial probationary basis for twelve (12) months, and in accordance with the Rules and Regulations of the City of Sarasota, the probationary period may be extended at the discretion of the City.

I understand that I am obligated, pursuant to the Rules of the City of Sarasota, and of the compensation carrier, to immediately report to my supervisor and/or department head, any accident resulting in injuries or property damage to myself or other persons.



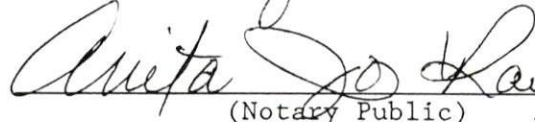
(Signature of Applicant)

12-31-94

(Date)

NOTE: The Fair Credit Reporting Act (Public Law 91-508) requires that we notify you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Sworn to and subscribed before me on this 3 day of Jan, A.D., 1995



(Notary Public)

1-18-96


VOLUNTARY CONSENT TO POLYGRAPH, PSYCHOLOGICAL AND OTHER EXAMINATIONS

I, CLIFFORD J. CESPEDES, Age: 30, of my own free will and without duress, agree, in connection with my employment or continuance of employment by the Sarasota POLICE Department, Sarasota, Florida, to submit to polygraph, psychological, alcohol abuse, controlled substance or drug abuse and other examinations. I further authorize the use of the required polygraph attachments to my person in order that the necessary recordings be made.

I agree that the results of such tests be made known to the Sarasota POLICE Department. I further agree that any request that I submit to a polygraph test is not to be construed as any accusation against me, but is part of normal investigative procedure.

hereby waive and release any and all claims and causes of action of every kind whatsoever against the City of Sarasota, Florida, and their officers and employees, any person, firm or corporation engaged by the Sarasota POLICE Department in connection with the taking of such examinations, or in conducting any investigation concerning my background, which I may now, or in the future, have arising out of, or in connection with, the aforesaid examinations or investigative procedures.

I have carefully read all the foregoing and fully understand its contents.


(Signature of Applicant)

12-31-94
(Date)



SELECTIVE SERVICE SYSTEM

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the release of any and all information contained in Selective Service records concerning me to the individual, agency or organization named below.

THE CITY OF SARASOTA OR DESIGNEE
P.O. BOX 1058
SARASOTA, FL 34230

This authority shall continue for one (1) year unless sooner revoked in writing by the undersigned.

[Signature]
(Signature)
U.S. Alan Park, NY
(Selective Service Number)
12-31-94
(Date)

SUPPLEMENT

For ease of reference, please indicate the number of the question you are answering.

1192 Present City of Chattanooga Police Dept.
3300 Annicola,
Chattanooga, TN 37406
(615) 698-2525
Supv: Capt Bodkin
Lt. Medley
Title: Police Officer
Salary: \$22,800