

WEST PALM BEACH POLICE DEPARTMENT



PLEASE NOTE

Prior to submitting your application on-line, please read all attached documents to ensure complete application.

POLICE OFFICER

The West Palm Beach Police Department is an Equal Opportunity Employer.
Veterans' Preference to be requested at the time application is submitted.

Applicants with a disability who require an accommodation within the application/interview process should direct a request in advance to the Department of Human Resources.

REQUIREMENTS FOR POLICE OFFICER APPLICATION

- 1. Complete on-line application profile**
- 2. Complete Part 2 application and upload to
irecruitment account.**
- 3. Upload required documents to irecruitment
account.**
- 4. Complete Ride-a-long waiver and upload to
irecruitment account.**
- 5. Complete FDLE form 58 with notarized
signature and upload to irecruitment account.**
- 6. Apply for Police Officer position.**

POLICE OFFICER REQUIRED DOCUMENTS

NOTE: Please upload COPIES of original documents to your iRecruitment online account if applicable. Please check your IRecruitment account for status updates.

Certified Birth Certificate	Issued by the State, County, or Municipal Authority bearing raised Seal. Note: Hospital records do not meet this requirement.
Naturalized Citizens	Submit your original lien registration card with photograph.
Original Social Security Card	In your full legal name.
Florida Driver's License	In your full legal name. If you held a driver's license in another state in the past 10 years you will be required to attach the driving record from that state.
High School Diploma	High school diploma from an institution recognized by the Florida Department of Education, or GED.
Criminal Justice Training	If you are a current Police Officer in the State of Florida, submit your FDLE certification. If you are not currently a Police Officer in the State of Florida submit your Basic training certificate or comparative compliance certificate from an accredited criminal justice training center and your Florida State exam results. If you are currently enrolled or accepted in a State of Florida Basic Law Recruit academy, submit your enrollment letter.
Physical Agility Test	Successfully complete the Criminal Justice Institute Physical Agility Test from a state accredited facility within one (1) year of application closing date.
Discharge	DD-214 Stating Honorable Discharge
Letter of Good Standing	If in active Reserves and mailed directly from applicants Commanding Officer to West Palm Beach Police Department. ATTN: Staff Services Division

City of West Palm Beach
Human Resources Department

MEDICAL CLEARANCE FORM

APPLICANT NAME _____

Dear Physician:

The purpose of this communication is to inform you of the above named individual's intentions with regard to participation in the pre-employment physical abilities swim test for our agency. We are aware that strenuous physical activity may be inadvisable for some individuals. As such, we request that you indicate whether the above named applicant has any medical condition or disorder that would preclude participation. We emphasize that we are not asking you to assume responsibility for the applicant while participating in this test. We merely want to have as much information as possible when making decisions concerning applicability of testing.

This swim test program will consist of a series of swimming proficiency evaluations. The seven events are: diving from the side of the pool into the water; holding breath under water for 30 seconds; surface dive and recover 5 pound object from bottom of pool; 100 yard non-stop swim; swim 45 feet under water; elementary back stroke for one minute; and tread water for 5 minutes.

Ultimately, the primary goal of this testing is to determine whether the applicant is capable of performing minimum standards.

PHYSICIAN'S STATEMENT

I have examined this applicant and his/her medical history and based upon my evaluation recommend that:



Participation is NOT advisable at this time. (If you advise against participation, please do not disclose the applicant's medical condition on this form)



With a reasonable degree of probability, no medical condition or disorder exists which precludes this applicant from participating in the physical abilities tests as described

Printed/Stamped Name of Physician

Physician Phone Number

Signature of Physician

Date

401 Clematis Street -West Palm Beach, FL 33401
561.494.1000