

EMPLOYMENT APPLICATION
BROWARD COUNTY SHERIFF'S DEPARTMENT
 PO Box 9507, Fort Lauderdale, FL 33310

"AN EQUAL OPPORTUNITY EMPLOYER"

INSTRUCTIONS: This application must be filled out accurately and completely. All statements are subject to investigation. Exaggerated, false or misleading statements are cause for rejection. PLEASE PRINT CLEARLY or type all information. If an item does not apply, insert N/A (not applicable).

1. POSITION APPLIED FOR: <u>DEPUTY SHERIFF</u>	2. TODAY'S DATE <u>16 APRIL 1984</u>
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3. LAST NAME <u>SWOPE</u>	FIRST NAME <u>RICK</u>	MIDDLE NAME <u>ANTHONY</u>
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4. SOCIAL SECURITY NUMBER [REDACTED]	6. CURRENT VALID DRIVER'S LICENSE INFORMATION NUMBER: <u>S-100-738-027-381</u> STATE: <u>MICHIGAN</u> EXPIRATION DATE: <u>1986</u>
5. HOME TELEPHONE NUMBER [REDACTED]	

7. PRESENT HOME ADDRESS [REDACTED]	LENGTH OF TIME AT PRESENT ADDRESS <u>3 yrs</u>
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7a. PREVIOUS ADDRESS [REDACTED]	LENGTH OF TIME AT PREVIOUS ADDRESS <u>1 yr</u>
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8. EDUCATION:

Highest grade completed _____

High School Diploma (Check): Yes No If yes, date received 6 74
Month Year

Equivalency - GED (Check): Yes No If yes, date received _____
Month Year

Name of last GRADE SCHOOL or HIGH SCHOOL attended BEDFORD HIGH SCHOOL

List Special Training (Business, Trade, Vocational, Armed Forces Schools, etc. below:

Name & Location of School, Training Center, etc.	Dates Attended				Total Months Completed	Courses or Subject Taken	Certificates Given
	From		To				
	Mo.	Yr.	Mo.	Yr.			
<u>FOOT GORDON, GEORGIA</u>	<u>9</u>	<u>74</u>	<u>11</u>	<u>74</u>	<u>2</u>	<u>MILITARY POLICE</u>	<u>AWARDED MILITARY P</u>

List Colleges and University Attended Below:

Name & Location of College or University	Dates Attended				Credit Hours		Major/Minor Field of Study	Type of Degree
	From		To		Sem.	Qtr.		
	Mo.	Yr.	Mo.	Yr.				
<u>KANSAS STATE UNIVERSITY MANHATTAN, KANSAS</u>	<u>7</u>	<u>76</u>	<u>7</u>	<u>77</u>	<u>3</u>		<u>CRIMINAL LAW</u>	
<u>MONROE COUNTY COLLEGE MONROE, MICHIGAN</u>	<u>9</u>	<u>77</u>	<u>8</u>	<u>83</u>	<u>50 Hrs</u>		<u>PRE-LAW</u>	
<u>UNIVERSITY OF TOLEDO TOLEDO, OHIO</u>	<u>8</u>	<u>83</u>	<u>PRESENT</u>		<u>3</u>		<u>CRIMINAL LAW</u>	

9. EMPLOYMENT RECORD - List all jobs held in the last ten years. Major changes in duties or job titles with the same employer should be listed as separate jobs. Start with your present or most recent position and work back. If additional space is needed, please use continuation sheet. Periods of unemployment should be listed separately in Section 10.

May we contact your present employer regarding your record of employment?

Yes No

NOTE: We may contact previous employers to verify your descriptions of past duties.

Present or Most Recent Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.
1	79			5	3

Hours per week 40
 Starting Salary \$ 7.97 per Hour
 Last Salary \$ 11.96 per Hour

Specific Duties: ROAD PATROL DUTIES
TRAFFIC ENFORCEMENT, ETC.

Employer: MONROE POLICE DEPT
 Address: 100 E. SECOND ST, MONROE MICH
 Telephone No. 313-243-7500 / 7503
 Your Job Title: PATROLMAN
 Supervisor's Name and Title: CHIEF DALVIN ARNOLD

Reason for Leaving Position: DEPT HAS APPROX 47-50 OFFICERS, CURRENTLY WE ARE 3 SHORT. LITTLE ADVANCEMENT ON DEPT OF THIS SIZE ALSO WANT TO MOVE TO FLORIDA, AND WOULD LIKE TO GET ON A BIGGER, MORE ADVANCED DEPT.

Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.
8	77	12	78	1	4

Hours per week 40
 Starting Salary \$ 9600.00 per YEAR
 Last Salary \$ 10,200 per YEAR

Specific Duties: AM NOT EXACTLY POSITIVE AS TO SALARY
DRIVE FORK LIFT, DRIVE AND LOAD TRUCKS, PUT PAPER INTO BALES.

Employer: UNION CAMP CORPORATION
 Address: 1220 E. ELM AVE, MONROE MICH
 Telephone No. 313-241-7700
 Your Job Title: BALER / LABORER
 Supervisor's Name and Title: BILL HENSLEY FOREMAN

Reason for Leaving Position: WENT TO POLICE DEPT.

Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.
7	74	7	77	3	0

Hours per week 40-60
 Starting Salary \$ 364.00 per MONTH
 Last Salary \$ 585.00 per MONTH

Specific Duties: MILITARY POLICE DUTIES
ADMINISTRATIVE SERGEANT AT STAFF LEVEL.

Employer: U.S. ARMY
 Address: FOOT RILEY, KANSAS
 Telephone No. _____
 Your Job Title: SERGEANT
 Supervisor's Name and Title: CAPTAIN EWELL OWEN

Reason for Leaving Position: EXPIRATION OF TERM OF SERVICE

Previous Job					
From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.

Hours per week _____
 Starting Salary \$ _____ per _____
 Last Salary \$ _____ per _____

Specific Duties: _____

Employer: _____
 Address: _____
 Telephone No. _____
 Your Job Title: _____
 Supervisor's Name and Title: _____

Reason for Leaving Position: _____

10. LIST ANY VOLUNTEER WORK AND ALL PERIODS OF UNEMPLOYMENT

From		To		Description of Activities or Volunteer Work
Mo.	Yr.	Mo.	Yr.	

11. SPECIAL QUALIFICATIONS AND SKILLS

Special skills you possess and machines and equipment you can use. (For example, short wave radio, multilith, comptometer, key punch, transcribing machine, etc.) AM EFFICIENT ON A MANUAL + ELECTRIC TYPEWRITER. AM A CERTIFIED RADAR OPERATOR (MR-7)

Active professional, technical, occupational licenses or certificates and registrations you now hold.

CERTIFIED IN RADAR (MR-7) CERTIFICATES: SEARCH + SEIZURE, SELF DEFENSE LAWS OF MISSISSIPPI

Membership(s) in professional, job related organizations.

FRATERNAL ORDER OF POLICE

Awards, commendations, or other recognition received for outstanding achievement in school, military service, your work or civic duties.

U.S. ARMY - CERTIFICATE OF ACHIEVEMENT (3 AWARDS) SOLDIER OF THE MONTH GOOD CONDUCT MEDAL, NATIONAL DEFENSE SERVICE MEDAL

Typing (approximate words per minute) 52

Shorthand ---

12. MILITARY SERVICE

Have you ever been a member of the Armed Services? If yes, please indicate type of discharge: Honorable Dishonorable Other

Date of discharge: 7 14 77
Month, Day, Year

NOTE: ATTACH COPY OF DD214 SEPARATION PAPERS

13. Have you ever been employed by any other law enforcement agency? If yes, give Department, position and dates.

YES MONROE POLICE DEPT - CURRENTLY EMPLOYED

14. Do you have or have you had any physical handicap, illness, limitation, or other disability which should be considered? If yes, give details.

NO

15. Have you ever received, applied for, or do you intend to apply for workmen's compensation for existing or past disability? If yes, give details.

NO

16. Have you ever been arrested or convicted of any violation of the law other than a non-criminal traffic infraction? If yes, state the court, nature of the offense, disposition of case and date:

NO

Note: An arrest or conviction does not automatically mean you cannot be appointed. What you were charged with, and how long ago, are important.

AFFIDAVIT FOR CERTIFICATIC

Name: RICK A. SWOPE

Address: [REDACTED]

Current or last prior employment (title, supervisor): ARNOLD
CHIEF OF POLICE - MONROE POLICE DEPT

Next prior employment (title, supervisor): BILL HENSLEY - FOREMAN
UNION CAMP CORPORATION - MONROE

All prior law enforcement employment: CURRENT - MONROE POLICE
DEPT JAN 2 1979 TO PRESENT

Two personal references: JAMES FICK 100 E 2ND ST, MONROE LAH
JAMES THOMAS 8967 WOODSIDE, TEMPERANCE LAH

1. Have you ever been a defendant in a court martial (excluding proceedings leading to nonjudicial punishment)?
Yes / No
2. Has a judgement ever been issued against you?
Yes / No
3. Have you ever declared bankruptcy?
Yes / No
4. Have you ever been arrested or charged with a crime?
Yes / No
5. Have you ever been found guilty or pled guilty or no contest to a crime?
Yes / No
6. Have you ever been refused a surety bond, or turned down for employment that required a surety bond?
Yes / No
7. Have you ever been involuntarily terminated from employment or asked to resign?
Yes / No
8. Have you ever been addicted to or hospitalized for the use of alcohol or drugs?
Yes / No
9. Have you ever had a certificate, license, or privilege revoked or suspended under state, federal or other law?
Yes / No

AFFIDAVIT FOR CERTIFICATION
(page 2)

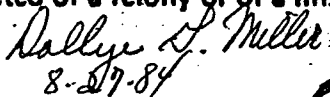
I swear or affirm that I am a citizen of the United States, by birth or naturalization, that I have never been convicted of a felony or a misdemeanor involving moral turpitude*, that I have a valid high school diploma or its equivalent, that my discharge (if any) from the Armed Forces was under honorable conditions, that I am of good moral character, that I have read all of the information contained in this affidavit and my employment application and it is correct, and that all other information I will furnish in conjunction with my application is true and correct.



(Signature of Applicant)

(Any such language as will make this a notarized affidavit.)

I certify that I have made a thorough background investigation of this applicant, including any answer of "yes" to questions 1 through 9 and attached are written explanations for those answers. I certify that to the best of my knowledge the applicant is physically qualified to perform duties as a law enforcement officer and has passed a physical examination, has a high school diploma or its equivalent, has been discharged from the Armed Forces only under honorable circumstances. I certify that I have contacted each law enforcement agency at which the applicant has been employed and each of the references listed. I am satisfied that the applicant is of good moral character. I certify the applicant has never been convicted of a felony or of a misdemeanor involving moral turpitude.*


8-27-84

Notary Public, State of Florida

My Commission Expires Dec. 14, 1985

Bonded Thru Froy-Fain Insurance, Inc.


(Signature of representative of employing agency)

*For purposes of this application, a finding of guilt or a plea of guilty or no contest after October 1, 1980, is the equivalent of a conviction, even if sentence is suspended or adjudication of guilt withheld.

NOTE: If the applicant has never been previously certified then the following documentation should accompany the application. If the applicant has been out of service for more than one (1) year then only the physical and processed fingerprints need accompany the application.

- Copy of birth certificate or certificate of naturalization;
- Proof of name change, if applicable;
- Proof of high school graduation or equivalency;
- Proof of discharge from military indicating release under no less than honorable conditions;
- Check here for no prior military service;
- Processed fingerprints cleared by both FDLE and FBI by name and classification;
- Proof of physical examination by Florida licensed physician.

SPECIFIC AUTHORITY - Sections 943.10(3), 943.12(9), F.S.

LAW IMPLEMENTED - Sections 943.13, 943.14, F.S.

HISTORY - New 1-13-81.



STATE OF FLORIDA
Department of Administration
 Division of Retirement
PERSONAL HISTORY RECORD

TYPE OR PRINT

FRS Batch Number Effective Date Action Plan Certificate Number Position Data

USE ONLY

TO BE COMPLETED BY EMPLOYEE

SOCIAL SECURITY NUMBER MO DAY YEAR m SEX M
 DATE OF BIRTH M OR F

SWOPE RICK A.
 LAST (NAME) FIRST MIDDLE INITIAL

(PRIOR NAME) FIRST MIDDLE INITIAL

Enter earliest year of employment with a governmental agency participating in the Florida Retirement System. _____

TAPE COPY OF SOCIAL SECURITY CARD HERE

DESIGNATION OF BENEFICIARIES

Complete either sequentially or jointly section.

<input checked="" type="checkbox"/> Sequentially (In Order Named) Benefits will be paid to first named beneficiary. If deceased, benefits will be paid to second named beneficiary. If both are deceased, benefits will be paid to third named beneficiary. <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; text-align: center;">Primary Beneficiary</td> <td style="width: 30%; text-align: center;">Relation</td> </tr> </table> <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; text-align: center;">First Contingent Beneficiary</td> <td style="width: 30%; text-align: center;">Relation</td> </tr> <tr> <td style="text-align: center;"><i>EQUAL SHARES</i></td> <td></td> </tr> </table> <div style="background-color: black; height: 15px; width: 100%; margin-bottom: 5px;"></div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; text-align: center;">Second Contingent Beneficiary</td> <td style="width: 30%; text-align: center;">Relation</td> </tr> </table>	Primary Beneficiary	Relation	First Contingent Beneficiary	Relation	<i>EQUAL SHARES</i>		Second Contingent Beneficiary	Relation	<input type="checkbox"/> Jointly Benefits shall be divided and payable as indicated below (percentages should total 100). <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; text-align: center;">Primary Beneficiary</td> <td style="width: 15%; text-align: center;">Relation</td> <td style="width: 15%; text-align: center;">%</td> </tr> <tr> <td style="width: 70%; text-align: center;">Primary Beneficiary</td> <td style="width: 15%; text-align: center;">Relation</td> <td style="width: 15%; text-align: center;">%</td> </tr> <tr> <td style="width: 70%; text-align: center;">Primary Beneficiary</td> <td style="width: 15%; text-align: center;">Relation</td> <td style="width: 15%; text-align: center;">%</td> </tr> </table>	Primary Beneficiary	Relation	%	Primary Beneficiary	Relation	%	Primary Beneficiary	Relation	%
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<i>EQUAL SHARES</i>																		
Second Contingent Beneficiary	Relation																	
Primary Beneficiary	Relation	%																
Primary Beneficiary	Relation	%																
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IF THE ABOVE DOES NOT MEET YOUR NEEDS, ATTACH A SIGNED AND DATED LISTING OF YOUR DESIGNATED BENEFICIARIES.

Debra Lane 8-27-84
 Employee's Signature Date

This Enrollment Form Establishes a Retirement Account for Each Member Enrolled in a Retirement Plan and *Must Be Received Before Payroll Data Can be Posted.*

TO BE COMPLETED BY EMPLOYER

<u>Howard Sheriff's Office</u>	<u>Deputy Sheriff</u>	<u>16</u>	<u>006</u>	<u>8 / 27 / 84</u>
Name of Employing Agency	Position Title of Employee	County (state agency use 00)	Agency	Mo Day Year Date of This Employment
State Class Code				
PLAN				
<input type="checkbox"/> FRS	<input checked="" type="checkbox"/> FRS Special Risk	<input type="checkbox"/> FRS Elected State Officer Class	<input type="checkbox"/> MA SS Only	<input type="checkbox"/> OTHER State Retirement Plan
REASON FOR SUBMITTING THIS FORM				
<input checked="" type="checkbox"/> ENROLLMENT				
<input type="checkbox"/> NAME CHANGE				
<input type="checkbox"/> OTHER				

NICK NAVARR
SHERIFF
BROWARD COUNTY
P.O. BOX 9507
FORT LAUDERDALE, FLORIDA 33310

DATE: April 15, 1985
MEMO TO: All Personnel
FROM: Gary G. Morton, Commander
Personnel Division *SSM*
SUBJECT: Group Insurance Classification

Please complete the following in order for the Personnel Division to update your file for accuracy of medical insurance classification:

Name: Swope, Rick A. SS# [REDACTED]

Marital Status: MARRIED

Spouse: [REDACTED] Date of Birth [REDACTED]

Dependent Children:

<u>Name</u>	<u>Date of Birth</u>
<u>[REDACTED]</u>	<u>[REDACTED]</u>
<u>[REDACTED]</u>	<u>[REDACTED]</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

ANY FUTURE CHANGES IN STATUS SUCH AS MARRIAGE, DIVORCE, BIRTH, CHANGES OF BENEFICIARY, ADDRESS ETC. MUST BE REPORTED TO THE PERSONNEL DIVISION IN A TIMELY MANNER IN ORDER FOR OUR RECORDS TO REMAIN ACCURATE.

NAME Ricic Swope DATE 6/28/82 CODE _____

ADDRESS _____

TEL. NO. _____ OCCUPATION _____

AGE _____ SEX _____ HT. _____ WT. _____ B.P. _____

PHYSICIAN _____

HISTORY _____

DIGITALIS _____ QUINIDINE _____ OTHER _____ PAT. POS. _____

AURIC. RATE _____ P WAVES _____ Q-T INT. _____

VENT. RATE _____ P-R INT. _____ S-T SEG. _____

RHYTHM _____ Q-R-S INT. _____ T WAVES _____

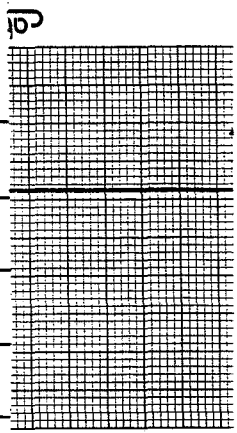
ELEC. AXIS _____

FINDINGS: _____

REMARKS: _____

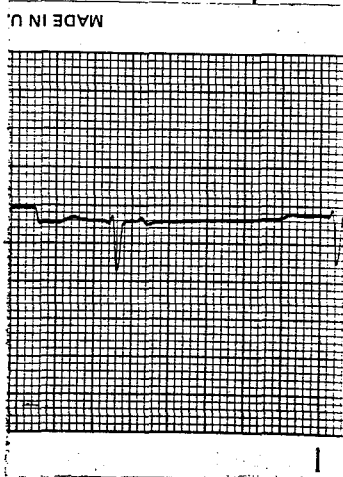
WNL

R. ul. Co 11/29/80

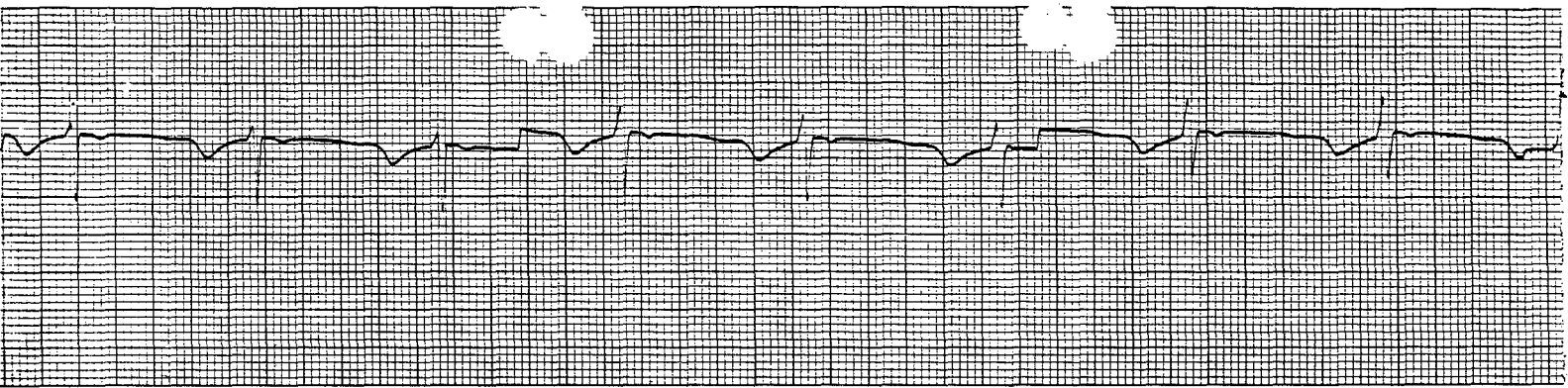


PATIENT

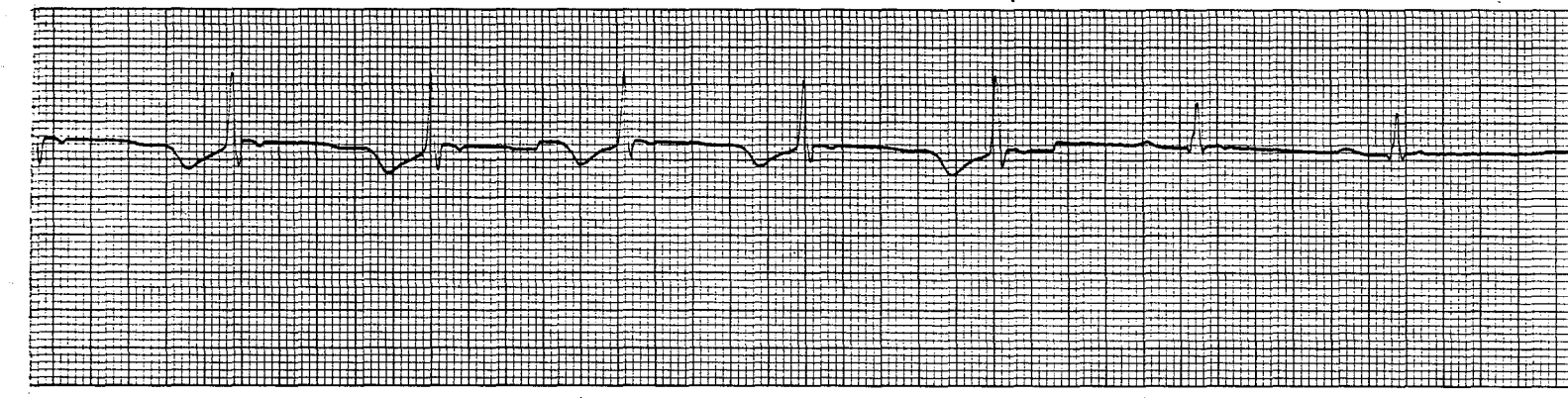
ECG



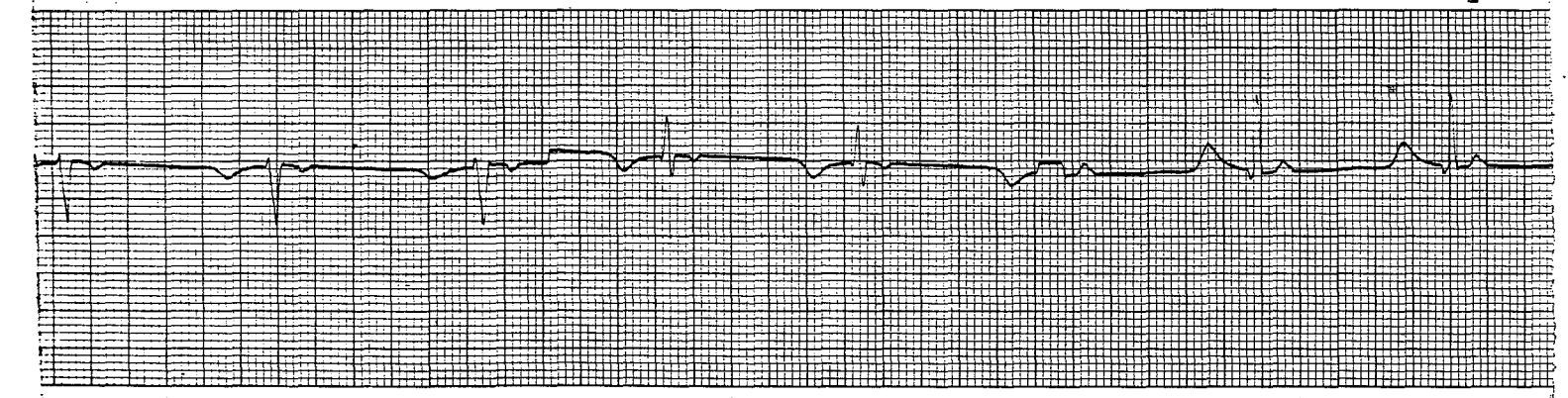
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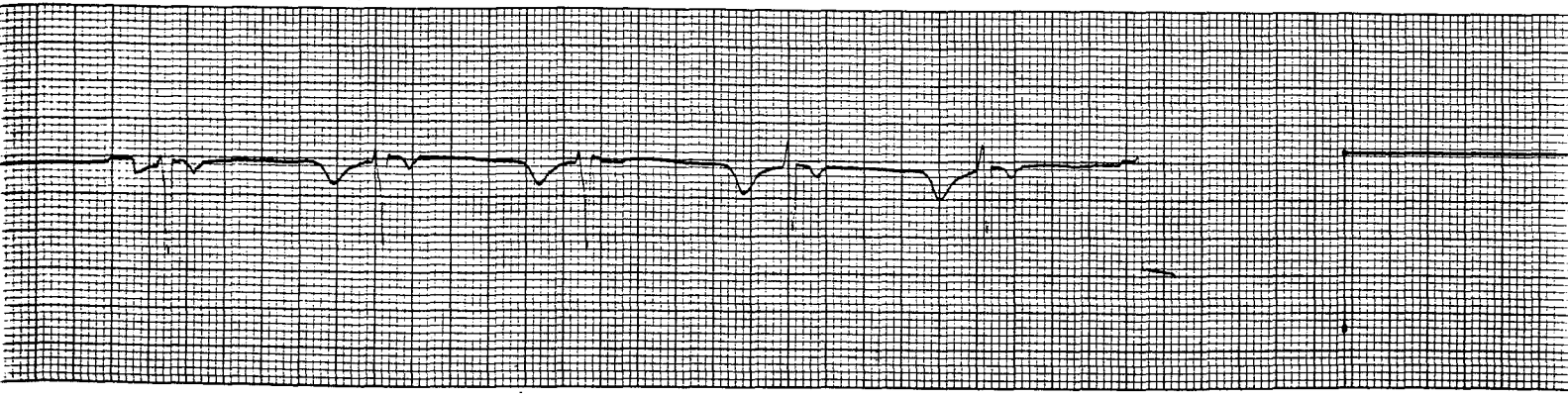
V4 V5 V6
REORDER NO. 295172
MADE IN U.S.A.



V1 V2 V3



3 aVR aVL
REORDER NO. 295172



1 2

ADMISSION DATA

Date 6-28-84 Social security # [REDACTED]

NAME RICK A SWOPE

County [REDACTED]

Address 4 [REDACTED] Telephone [REDACTED]

Birthdate [REDACTED] Place of birth [REDACTED] b/m [REDACTED] Religion CATHOLIC

Level of education 14 yrs Read/write/language -

Marital Status S M W D Sep (Circle one)

Notify in emergency [REDACTED]

To notify [REDACTED]
Name - Relationship

Health insurance: Type PENSION & GROUP SERVICES State MICH # 167

Family Physician DR DEL ROSARIO

Past hospitalizations OVERNIGHT - POSSIBLE CONCUSSION 1981

Past surgery VASECTOMY

Major injuries/accidents [REDACTED]

Head injury w/loss of consciousness JAN 81 - CAR ACCIDENT

Allergies - Last Tetanus 1981

Presently taking medications NO

List type [REDACTED]

Have you ever attempted suicide NO When [REDACTED] Do you presently contemplate

committing suicide? NO

Street drugs NO Type - Quantity Smoker NO Etoh NO

Previous incarcerations: Prison NO Date [REDACTED]

LABORATORY TESTS

	Date & Initial	Results
MONAVAC/TINE		
VDRL		
SMA-12		
CBC		
U/A		

Inmate's Signature _____

Examiner's Signature _____

Witness _____
(if intake physical refused)