



City of St. Augustine Beach Police Department

Application of Employment

2300 A1A South
St. Augustine, FL 32080
Ph: (904) 471-3600 or Contact@sabpd.org

The St. Augustine Beach Police Department is an equal employment opportunity employer.



St. Augustine Beach Police Department

Daniel Carswell, Chief Of Police



2300 A1A South St. Augustine, FL 32080 (904) 471-3600 Fax (904) 471-0737

APPLICATION INSTRUCTIONS & REQUIREMENTS

Applications which are not legible or complete will be considered unacceptable and given no further consideration. All required documents must accompany your **completed, notarized** application. Return the application and attachments to the St. Augustine Beach Police Department, 2300 A1A South, St. Augustine Beach, FL 32080.

Please attach copies of the following documents to your completed application.

1. Birth Certificate
2. Social Security Card
3. High School/GED Diploma
4. Driver's License
5. FDLE Background release form CJSTC 68
6. Official Sealed College Transcripts (if applicable)
7. Documentation of legal name change (ex. Marriage license.)
8. Military DD214 form (if applicable)
9. Police Academy Basic Training or Cross-Over Certification
10. Application Disqualifiers form
11. Request for Military Records - Standard Form 180 (must be completed even if no prior military service)

Contact the St. Augustine Beach Police Department regarding any change in this application such as: residency, phone number of employment (permanent or part-time), name changes, military status, etc.

Please note that a thorough background investigation, including information as to your character, general reputation, personal characteristics and mode of living will be part of your processing. This information is solely for the purpose of evaluating your qualifications for employment within this agency. The submission of this application carries the understanding that you are authorizing this agency to contact any and all available sources for the purpose of obtaining information as to your qualifications.

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Application Disqualifiers

Certification/Education:

- FDLE certification required for Police Officer applicants. All Police Officer applicants must have successfully passed the State of Florida Officers Certification exam.

Driving

- Must have valid Driver's License
- Charged or convicted of DUI within the last 5 years
- Moving violations and any driver's license suspension will be evaluated on a case-by-case basis.

Drug Use Disqualifiers

- Marijuana – within the last 2 years.
- Steroids – within the last 2 years
- Prescription drug abuse – within the last 2 years
- Cocaine – within the last 10 years
- Heroin – Disqualified
- Methamphetamine – Disqualified
- Charged with selling drugs illegally or acting as a middle person in a drug transaction – disqualified

Failure to disclose illegal drug use will result in permanent disqualification

Criminal Convictions/Arrests

- Have been convicted of ANY felony or of a misdemeanor involving perjury or a false statement. Any person who, after July 1, 1981 pleads guilty or Nolo Contendere to or is found guilty of ANY felony or of a misdemeanor involving perjury or false statement, regardless of suspension of sentence or withholding adjudication will not have the application processed (F.S 943.13 (4)).
- Convicted of or pled Nolo Contendere to any charges involving moral turpitude (F.S. 48.021 (2)5).
- Any domestic violence convictions or pleas pursuant to 18 U.S.C.§922 (g)(9).

Military:

- Any discharge other than honorable, uncharacterized, or general with honorable conditions from any of the Armed Forces of the United States.

Tobacco/Nicotine

- The Tobacco/Nicotine use policy of the St. Augustine Beach Police Department (SABPD) is that all members shall not use tobacco in their assigned vehicle, in public while in uniform or on any official SABPD business. Tobacco/nicotine use can include but is not limited to smoking, vaping, and chewing tobacco.

I have read and understand the information above. I am qualified to apply to SABPD after review the following list of disqualifiers.

Print Name: _____

Date: _____

Signature: _____

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EMPLOYMENT APPLICATION

“The City of St. Augustine Beach is an Equal Opportunity Employer. Applicants will not be discriminated against in any aspect of employment based on race, color, religion, sex, age, national origin, disability or marital status”.

VITAL STATISTICS

This information is required to conduct background investigation only. Applications for employment with a government agency are, except for “personal information,” a matter of public record and are not subject to confidentiality.

1. Name _____
Last First Middle Maiden

2. Present Address _____
Street City State Zip

3. Phone _____ Email _____
Home Number Cell Number

4. Place of Birth _____
City State

5. Date of Birth _____ Social Security # _____
mm/dd/yyyy

6. List all other names you have used and include circumstances and time periods under which the names were used. _____

7. Are you a United States citizen? Yes No

If naturalized, please provide _____
Date Place Court Naturalization Number

8. Do you have any relatives working for the City of St. Augustine Beach? Yes No

If yes, Name: _____ Relationship: _____

9. Have you ever worked for or applied to the St. Augustine Beach Police Department? Yes No

If yes, please give the year and position applied for: _____

10. Have you ever applied to any other law enforcement agency? Yes No

If yes, List name of agency and date of application: _____

11. Are you now on any eligibility list? Yes No

If yes, list the agency(s): _____

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EDUCATION RECORD

High School (Last):

Name: _____ City _____ State _____

Dates Attended: From: _____ To: _____

Did you Graduate? Yes No

If no, do you have a general education diploma (G.E.D) or High School equivalency? Yes No

State: _____ Year: _____

College:

Name: _____ City _____ State _____

Dates Attended: From: _____ To: _____ Course of Study: _____

Did you graduate? Yes No If no, how many credits did you complete? _____

College (Postgraduate):

Name: _____ City _____ State _____

Dates Attended: From: _____ To: _____ Course of Study: _____

Did you graduate? Yes No If no, how many credits did you complete? _____

Other Schools or Significant Training (Academy / Trade / Technical / Business)

Name: _____ City _____ State _____

Dates Attended: From: _____ To: _____ Course of Study: _____

Did you graduate? Yes No If no, how many credits did you complete? _____

Other Schools or Significant Training (Academy / Trade / Technical / Business)

Name: _____ City _____ State _____

Dates Attended: From: _____ To: _____ Course of Study: _____

Did you graduate? Yes No If no, how many credits did you complete? _____

Indicate any foreign languages you can speak, read, or write with proficiency? _____

ARREST HISTORY/COURT DATA

1. Have you ever been arrested, charged, received a notice or summons to appear for any criminal violation? Yes No

2. If yes, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. Include juvenile records and records of your arrests which have been sealed or expunged, if any.

Date	Place & Department	Charge	Court & Place	Disposition

3. Have you ever been detained or interviewed by any law enforcement agency for reason (including investigative purpose), or have you ever been the subject of or a suspect in any criminal investigation?

Yes No If yes, explain: _____

4. If yes to any of the above questions, please provide details: _____

5. Has any member of your immediate family ever been convicted of a crime? (Excluding traffic violations) Yes No If yes, list all such matters:

Name	Date & Place of Birth	Relation	Date	Place	Agency	Conviction

6. Have you or your spouse ever been a plaintiff or defendant in a civil court action?

Yes No If yes, give date, court, names of parties, nature of action and final disposition:

DRIVING HISTORY

1. Do you possess a valid Florida Drivers License? Yes No

2. License Number: _____ Expiration date: _____
 Restrictions & Endorsements: _____

3. Have you ever held an operator license in another state? Yes No
 If yes, please provide state(s), name used, and approximate dates license(s) was/were held:

4. List all traffic violations for the past 5 years, excluding parking tickets. If none, so state _____

Date	Place	Agency	Charge	Final Disposition	Details

5. Has your driving privilege ever been canceled _____ suspended _____ revoked _____? If yes, explain fully: _____

RESIDENCES

List chronologically, addresses of all actual places of residence for the past 15 years – including residences while at school and in the military.

Dates		Street Address	City	County	State
Month/Year	Month/Year				
From	To				

MILITARY DATA

1. Have you ever served on active duty in the Armed Forces of the United States?
 Yes No
If yes, highest rank attained in military service: _____

2. Branch of Service _____

3. Dates of Active Duty _____

4. Discharge: Type of _____ Basis for _____
Separation Center _____

5. Member of Reserve: Yes No Ready Standby
Service Branch _____
National Guard: Present _____ Former _____ None _____

6. Was any disciplinary action taken against you in the service? Yes No
If yes, please give: Date _____ Place _____ Nature of Offense _____

Action Taken _____

7. Have you ever served in the Armed Forces of a foreign country? Yes No
If yes, please specify countries and dates: _____

Veteran's Preference: Are you entitled to veteran's preference in employment? Yes No
Are you claiming veteran's preference at this time? Yes No

If you are claiming veteran's preference for this position, you must provide the required documentation at the time this application is submitted

REFERENCES

1. Personal References: **Give at least four (4) references** (NOT relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, or ministers, who have known you well for the past five (5) years.

If retired, give former occupation. **ALL INFORMATION IS REQUIRED.**

Name: Address: City, State, Zip: Email:	Home Phone#: (____) Work Phone#: (____)	Years Known	Occupation: Employer:
Name: Address: City, State, Zip: Email:	Home Phone#: (____) Work Phone#: (____)	Years Known	Occupation: Employer:
Name: Address: City, State, Zip: Email:	Home Phone#: (____) Work Phone#: (____)	Years Known	Occupation: Employer:
Name: Address: City, State, Zip: Email:	Home Phone#: (____) Work Phone#: (____)	Years Known	Occupation: Employer:

EMPLOYMENT HISTORY

1. List chronologically 25 years of employment beginning with present employment, including summer and part-time employment while attending school. If unemployed for a period, set forth dates of unemployment. Use additional sheet if necessary.

1. Employer: _____ Dates of Employment From: _____ To: _____
Month / Year Month / Year

Address: _____
Street City State Zip Area Code/Phone

Number Position Held: _____ Type of Business: _____

Supervisor: _____

Reason for Leaving: _____

Description of Duties: _____

Salary or earnings: Starting: _____ Per _____ Ending: _____ Per _____

2. Employer: _____ Dates of Employment from: _____ To: _____
Month / Year Month / Year

Address: _____
Street City State Zip Area Code/Phone

Number Position Held: _____ Type of Business: _____

Supervisor: _____

Reason for Leaving: _____

Description of Duties: _____

Salary or earnings: Starting: _____ Per _____ Ending: _____ Per _____

3. Employer: _____ Dates of Employment From: _____ To: _____
Month / Year Month / Year

Address: _____
Street City State Zip Area Code/Phone

Number Position Held: _____ Type of Business: _____

Supervisor: _____

Reason for Leaving: _____

Description of Duties: _____

Salary or earnings: Starting: _____ Per _____ Ending: _____ Per _____

4. Employer: _____ Dates of Employment From: _____ To: _____
Month / Year Month / Year

Address: _____
Street City State Zip Area Code/Phone

Number Position Held: _____ Type of Business: _____

Supervisor: _____

Reason for Leaving: _____

Description of Duties: _____

Salary or earnings: Starting: _____ Per _____ Ending: _____ Per _____

5. Employer: _____ Dates of Employment From: _____ To: _____
Month / Year Month / Year

Address: _____
Street City State Zip Area Code/Phone

Number Position Held: _____ Type of Business: _____

Supervisor: _____

Reason for Leaving: _____

Description of Duties: _____

Salary or earnings: Starting: _____ Per _____ Ending: _____ Per _____

6. Employer: _____ Dates of Employment From: _____ To: _____
Month / Year Month / Year

Address: _____
Street City State Zip Area Code/Phone

Number Position Held: _____ Type of Business: _____

Supervisor: _____

Reason for Leaving: _____

Description of Duties: _____

Salary or earnings: Starting: _____ Per _____ Ending: _____ Per _____

2. Have you ever been terminated, asked to resign, received written warning(s) or had any disciplinary action(s) taken against you by any employer or position you have held? Yes No

If yes, please provide details:

3. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? Yes No If yes, please provide name of agency and date of application or service.

4. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employee? Yes No If yes, please provide details:

CREDIT DATA

1. Has your credit record (including spouse) ever been unsatisfactory, or have you ever been refused credit? Yes No If yes, give dates, places, names of creditors and circumstances.

2. Are you or your spouse indebted to anyone? Yes No If yes, list all debts over \$1,000. Include name and address of creditor, amount of debt and account number(s).

3. List all debts that are past due. Include number of payments past due, amount of each payment, account number(s), and location of account.

4. Have you ever filed for bankruptcy? Yes No If yes, give details, including date and court in which filed. _____

PERSONAL INFORMATION

1. Marital Status: Married Divorced Separated Widowed Never Married

2. Spouse's Name and Address (if applicable):

Name

Address

City State Zip Code Telephone #

3. Indicate any type of special license such as pilot, radio operator, etc.; showing licensing authority, where the license was first issued, and date the current license expires:

4. Indicate any special skills you possess and equipment you are familiar with related to law enforcement such as two-way radio communications, Intoxilyzer, speed detection devices, multilingual skills, etc.:

5. Are you now able, with or without accommodation to participate in defensive tactics, firearms, physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description task analysis related to the position for which you applied? Yes No

6. If a test or examination is required during the hiring process for this position, would you need any accommodations? Yes No

Explain what accommodation(s) you would need to perform the above:

7. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? Yes No

If yes, please list:

Name of Club or Society	City and State	Former or Present Member	Position and Activity Description

8. Name of next of kin or other persons to be contacted in case of an emergency:

Name	Relationship	Address	Primary phone	Secondary phone

REFERRAL INFORMATION

If you were recruited by an existing employee, please list their name below.

Referred by: _____

DRUG USE, ALHOCOL AND TABOCCO

Both applicants and members of the St. Augustine Beach Police Department are prohibited, as defined in Florida State Statute Chapter 893, from the use, possession or sale of any illegal drug or substance. This includes the use, possession or sale of any legal prescription drug not prescribed to the applicant or member. Applicants will not be considered for employment for use of any illegal drug or legal drug prescribed to another person. Any applicant may be disqualified regardless of the year limit or have the time limit extended due to extenuating circumstances (frequency of use and/or specific type of illegal or prescribed drug used) at the discretion of the Chief of Police.

1. Do you now, or have you **ever** illegally used, obtained, possessed, supplied, or sold any prescription drug(s), narcotics (morphine, opium, codeine, etc) or controlled substance such as, but not limited to, marijuana, hashish, CBD oil, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature?

Yes No If yes, please complete the following:

Drug: _____

a. Circumstances: _____

b. Number of times used/possessed/supplied/sold: _____

c. First time used/possessed/supplied/sold: _____

d. Last time used/possessed/supplied/sold: _____

e. Additional: _____

Drug: _____

a. Circumstances: _____

b. Number of times used/possessed/supplied/sold: _____

c. First time used/possessed/supplied/sold: _____

d. Last time used/possessed/supplied/sold: _____

e. Additional: _____

Drug: _____

a. Circumstances: _____

b. Number of times used/possessed/supplied/sold: _____

c. First time used/possessed/supplied/sold: _____

d. Last time used/possessed/supplied/sold: _____

e. Additional: _____

Drug: _____

- a. Circumstances: _____
- b. Number of times used/possessed/supplied/sold: _____
- c. First time used/possessed/supplied/sold: _____
- d. Last time used/possessed/supplied/sold: _____
- e. Additional: _____

2. Any other illegal drug not mentioned and/or defined in FSS Chapter 893:

Name(s): _____
How many times used: _____ Date(s) Used: _____
Additional: _____

3. Prescription Drugs prescribed to you within the previous 2 years that could affect work performance:

Name(s): _____
How many times used: _____ Date(s) Used: _____
Circumstances: _____

4. Prescription Drugs used that were prescribed to another person (anytime):

Name(s): _____
How many times used: _____ Date(s) Used: _____
Circumstances: _____

5. Alcohol Consumption: Yes No

How often: _____ Type(s): _____
Date & time last consumed: _____
Have you ever been intoxicated/impaired, how many times (estimate): _____
Date, time and circumstances last intoxicated/impaired: _____

6. Tobacco/Nicotine

Are you a current user of tobacco/nicotine (all forms of tobacco, vape or E-Cigarettes? (Nicotine patches or other smoking cessation drugs or implements): Yes No

Are you a former tobacco user: Yes No If yes, when was the last time you used tobacco/Nicotine (Dates): _____

7. Do you fully understand the SABPD policy on tobacco use outlined on page 3 of the SABPD Application? Yes No

APPLICANT'S CERTIFICATION

I understand that my employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Police Department. I agree to the conditions and certify that all statements made by me on this application are true, correct, and complete, to the best of my knowledge. I further fully understand and consent to a polygraph examination or a voice stress analysis concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, any physical examination, or drug test. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the City of St. Augustine Beach and that it and the information received in response to the background examination are public record.

I understand and agree that my employment will be contingent upon the results of a complete physical including a drug test and that I may be required to take drug tests during the term of my employment with the City of St. Augustine Beach Police Department.

I understand that the use of illegal drugs or alcohol is not permitted during work or duty time, whether paid or unpaid, and in areas, including vehicles, where work is performed by employees.

I understand that my continued employment may be contingent upon the results of my medical or psychological examinations that I may be required to take during the term of my employment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment with the Police Department.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment with the Police Department and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Police Department.

I agree to the rules, regulations, and orders of the St. Augustine Beach Police Department and acknowledge that these rules, regulations, and order may be changed, interpreted, withdrawn, or added to by the Police Department, at its discretion, at any time, and without any prior notice to me.

Signature of the applicant

Date

AFFIDAVIT

State of _____

County of _____

Before me personally appeared _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20_____. My commission

Expires on _____, 20_____

Notary Public

Personally known _____ -or- Produced Identification

Type of Identification Produced _____

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Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



CJSTC 58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME: _____
DATE OF BIRTH: _____
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: _____

ADDRESS: _____

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release 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 or Regional Criminal Justice Selection Center in fulfilling official responsibilities, 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:

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. **Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.**

Applicant's Signature _____
Date

Applicant's Address

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____

day of _____, year _____, By _____

Signature of Notary Public – State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced _____



Florida Department of Law Enforcement

AFFIDAVIT OF APPLICANT

Incorporated by Reference in Rule 11B-27.002(1)(f), F.A.C.



CJSTC 68

Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses

Last Four Digits of Applicant's Social Security Number: _____

Applicant's Legal Name: _____
Last First MI

Employing agency: _____

Use this form to verify your compliance with the employment requirements of Section 943.13, F.S. I fully understand that to qualify for employment as a law enforcement, correctional, or correctional probation officer, I shall comply with the following provisions of Section 943.13, F.S.:

- Be at least 18 years of age... Be a citizen of the United States... Be a high school graduate or equivalent... Not have been convicted of any felony... shall not be eligible for employment... Have been fingerprinted... Have passed a physical examination... Be of good moral character... Have not received a dishonorable discharge...

True False NA In addition, I attest to the following statements: Each statement shall be checked "True" "False" or "NA"

Table with 3 columns (True, False, NA) and 11 rows of statements for attestation.

NOTICE: This document shall constitute as an official statement within the purview of Section 837.06, F.S., and is subject to verification by the employing agency and the Criminal Justice Standards and Training Commission.

PLEASE READ CAREFULLY BEFORE SIGNING. You must complete the remainder of this affidavit in the presence of a notary public. Upon witnessing your signing of this affidavit, a notary public shall complete the notary block by entering the same date the affidavit is signed.

12. _____ Applicant's Signature 13. _____ Date Signed

14. OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of Physical Presence OR Online Notarization this _____

day of _____, year _____, By _____

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced

*NOTE: Private Correctional facilities must submit original and shall forward the completed affidavit stapled to the Registration of Employment, Affidavit of Compliance Form CJSTC-60 to FDLE, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. General Information. The Standard Form 180, Request Pertaining to Military Records (SF180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available". Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF180 for record locations and facility addresses.

Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next-of-kin using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>.

2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR). Personnel records of military members who were discharged, retired, or died in service **LESS THAN 62 YEARS AGO** and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STRs of persons on active duty are generally kept at the local servicing clinic. After the last day of active duty, STRs should be requested from the appropriate address on page 2 of the SF 180. (See item 3, Archival Records, if the military member was discharged, retired or died in service more than 62 years ago.)

a. **Release of information:** Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations, the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. The authorization signature of the service member or the member's legal guardian is needed in Section III of the SF180. Others requesting information from military personnel records and/or STRs must have the release authorization in Section III of the SF 180 signed by the member or legal guardian. If the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, the surviving next-of-kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the general public. The next-of-kin may be any of the following: unremarried surviving spouse, father, mother, son, daughter, sister, or brother. Requesters **MUST provide proof of death, such as a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death, funeral director's signed statement of death, or verdict of coroner's jury.**

b. **Fees for records:** There is no charge for most services provided to service members or next-of-kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances, service fees cannot be determined in advance. If your request involves a service fee, you will receive an invoice with your records.

3. Archival Records. Personnel records of military members who were discharged, retired, or died in service **62 OR MORE YEARS AGO** have been transferred to the legal custody of NARA and are referred to as "archival records".

a. **Release of Information:** Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next-of-kin is not required. In order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and may preclude the release of some information.

b. **Fees for Archival Records:** Access to archival records are granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). If a fee applies to the photocopies of documents in the requested record, you will receive an invoice. Photocopies will be sent after payment is made. For more information see <http://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html>.

4. Where reply may be sent. The reply may be sent to the service member or any other address designated by the service member or other authorized requester. If the designated address is NOT registered to the addressee by the U.S. Postal Service (USPS), provide BOTH the addressee's name AND "in care of" (c/o) the name of the person to whom the address is registered on the NAME line in Section III, item 3, on page 1 of the SF 180. The COMPLETE address must be provided, INCLUDING any apartment/suite/unit/lot/space/etc. number.

5. Definitions and abbreviations. DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health, and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

6. Service completed before World War I. National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (ISSD), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS TO THE APPROPRIATE ADDRESS LISTED ON PAGE 2 OF THE SF 180.**

REQUEST PERTAINING TO MILITARY RECORDS

Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>
To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH
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5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE						
b. RESERVE						
c. STATE NATIONAL GUARD						

6. IS THIS PERSON DECEASED? NO YES - **MUST** provide Date of Death if veteran is deceased: _____

7. DID THIS PERSON **RETIRE** FROM MILITARY SERVICE? NO YES

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

DD Form 214 or equivalent. Year(s) in which form(s) issued to veteran: _____

This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or other persons or organizations, if authorized in Section III, below. **An UNDELETED DD214 is ordinarily required to determine eligibility for benefits.** If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost.

An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: I want a **DELETED** copy.

Medical Records Includes Service Treatment Records, Health (outpatient) and Dental Records. **IF HOSPITALIZED (inpatient) the FACILITY NAME and DATE (month and year) for EACH admission MUST be provided:** _____

Other (Specify): _____

2. **PURPOSE:** (Providing information about the purpose of the request is **strictly voluntary**; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

- Benefits (explain)
 Employment
 VA Loan Programs
 Medical
 Genealogy
 Correction
 Personal
 Other (explain)

Explain here: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER NAME:** _____

2. I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above.

I am the VETERAN'S LEGAL GUARDIAN (**MUST submit copy of Court Appointment**) or AUTHORIZED REPRESENTATIVE (**MUST submit copy of Authorization Letter or Power of Attorney**)

I am the DECEASED VETERAN'S NEXT-OF-KIN (**MUST submit Proof of Death. See item 2a on instruction sheet.**)

OTHER

(Relationship to deceased veteran)

(Specify type of Other)

3. **SEND INFORMATION/DOCUMENTS TO:**
(Please print or type. See item 4 on accompanying instructions.)

4. **AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct and that I authorize the release of the requested information.** (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

Name _____

Street _____ Apt. _____

City _____ State _____ Zip Code _____

* This form is available at <http://www.archives.gov/veterans/military-service-records/standard-form-180.html> on the National Archives and Records Administration (NARA) web site. *

Signature Required - Do not print _____ Date _____

Daytime phone _____ Fax Number _____

Email address _____

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER		
		Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired 10/1/2004 – 12/31/2013	1	11
	Discharged, deceased, or retired on or after 1/1/2014	1	13
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, IRR, Retired Reserve in non-pay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	2	13
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired 4/1/1998 – 9/30/2006	14	11
	Discharged, deceased, or retired 10/1/2006 – 9/30/2013	3	11
	Discharged, deceased, or retired on or after 10/1/2013	3	14
	Active, Reserve, Individual Ready Reserve or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1895	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired 1/1/1999 – 12/31/2013	4	11
	Discharged, deceased, or retired on or after 1/1/2014	4	8
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	
	Discharged, deceased, or retired 10/16/1992 – 9/30/2002	14	11
	Discharged, deceased, or retired (including TDRL) 10/1/2002 – 12/31/2013	7	11
	Discharged, deceased, or retired (including TDRL) on or after 1/1/2014	7	9
	Current Soldier (Active, Reserve (including Individual Ready Reserve) or National Guard)	7	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired 1/1/1995 – 12/31/2013	10	11
	Discharged, deceased, or retired on or after 1/1/2014	10	8
Active, Reserve, or TDRL	10		
PHS	Public Health Service - Commissioned Corps officers only	12	

ADDRESS LIST OF CUSTODIANS and SELF-SERVICE WEBSITES (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	Air Force Personnel Center HQ AFPC/DPSIRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Research Services (RDT1R) 700 Pennsylvania Avenue NW Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center ATTN: Release of Information P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center Records Management Branch (DPTSC) 18420 E. Silver Creek Avenue Building 390 MS 68 Buckley AFB, CO 80011	7	US Army Human Resources Command's web page: https://www.hrc.army.mil/TAGD/Accessing%20or%20Requesting%20Your%20Official%20Military%20Personnel%20File%20Documents or 1-888-ARMYHRC (1-888-276-9472)	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, Personnel Service Center (BOPS-C-MR) MS7200 US Coast Guard 2703 Martin Luther King Jr Ave SE Washington, DC 20593-7200 MR_CustomerService@uscg.mil	8	Navy Medicine Records Activity (NMRA) BUMED Detachment St. Louis 4300 Goodfellow Boulevard, Building 103 St. Louis, MO 63120	13	AF STR Processing Center ATTN: Release of Information 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217
4	Headquarters U.S. Marine Corps Manpower Management Records & Performance (MMRP-10) 2008 Elliot Road Quantico, VA 22134-5030	9	AMEDD Record Processing Center 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217	14	National Personnel Records Center (Military Personnel Records) 1 Archives Drive St. Louis, MO 63138-1002 eVetRecs: http://www.archives.gov/veterans/military-service-records/
5	Marine Forces Reserve 2000 Opelousas Avenue New Orleans, LA 70146-5400	10	Navy Personnel Command (PERS-313) 5720 Integrity Drive Millington, TN 38055-3120		