

**EMPLOYMENT BACKGROUND  
INVESTIGATIVE REPORT**



Incorporated by Reference in Rule 11B-27.0002(3)(a)2., F.A.C.

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

1. Name: **Tony, Gregory S,**
2. SSN: [REDACTED]
3. Agency ORI: **FL0062800**
4. Agency Name: **Coral Springs Police Department**
5. Disciplines: **Law Enforcement**
6. **RESULTS**

MANDATORY CHECKS	SATISFACTORY	UNSATISFACTORY	FDLE was contacted
Neighborhood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> VIA ATMS <input type="checkbox"/> Via Telephone  on 08/31/05, 08/31/05 for information on the applicant's previous criminal justice employments or Commission action.
Previous Employment (see last box)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FCIC Record	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NCIC Record	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Local Law Enforcement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Military History	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Controlled Substances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

RECOMMENDED	SATISFACTORY	UNSATISFACTORY	NOT UTILIZED
Job Related Psychological Examination:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polygraph Examination:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. **APPLICANT ADMITS TO:**  Having previously committed an act, which constitutes a felony or misdemeanor even if previously not detected, not arrested or not prosecuted including, but not limited to, theft, possession of illegal drugs, fraud, etc.
8. **CURRENT AND RECENT ILLEGAL USE OF CONTROLLED SUBSTANCE** (indicate type and date last used)
  - Marijuana Early 1990's                       Cocaine \_\_\_\_\_                       Opiates \_\_\_\_\_
  - Designer Drugs \_\_\_\_\_                       Other \_\_\_\_\_                       None \_\_\_\_\_

9. **INVESTIGATIVE FINDINGS.** Please describe any unsatisfactory findings, admitted acts, and other drug use below:  
**SPRAY PAINTING ON WALLS-1990. DRIVING WITH SUSP. D/L-1995-6, BOUNCED CHECK 2005.**

Rule 11B-27.0011, F.A.C., requires applicant's moral character be carefully examined before hiring. If the background investigation establishes that the applicant has a significant history of prior unlawful conduct, the Commission recommends not hiring the applicant.

S. Belous  
Signature and Attestation of Background Investigator

11/14/05  
(Date Signed)

I hereby verify, based on the above factors considered by this agency, that the applicant is of good moral character as required by s.943.13(7), Florida Statutes.

[Signature]  
Signature of Employing Agency Administrator or Designee (Required)

11/14/05  
(Date Signed)

CITY OF **CORAL SPRINGS** FLORIDA  
POLICE DEPARTMENT



**MERITORIOUS POLICE DUTY COMMENDATION**

Presented to

**SERGEANT GREGORY TONY**

for

Case # 15-1662

FOR A PRUDENT AND HEROIC ACT WHEN CONFRONTED BY A SITUATION THAT  
PRESENTED A RISK OF INJURY OR DEATH TO YOURSELF OR OTHERS.

November 30, 2015

Date

Tony Pustizzi  
Chief of Police



D. CONTROL NUMBER <b>0601453691</b>		This information is being furnished to the Internal Revenue Service		OMB NO. 1545-0008		1 WAGES, TIPS, OTHER COMPENSATION <b>12750.00</b>		2 FEDERAL INCOME TAX WITHHELD <b>425.04</b>	
B. EMPLOYER IDENTIFICATION NUMBER [REDACTED]			A. EMPLOYEE'S SOCIAL SECURITY NUMBER [REDACTED]			3 SOCIAL SECURITY WAGES <b>12750.00</b>		4 SOCIAL SECURITY TAX WITHHELD <b>535.50</b>	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE <b>STRAYER COLLEGE INC 2303 DULLES STATION BLVD MS 4A HERNDON VA 20171</b>						5 MEDICARE WAGES AND TIPS <b>12750.00</b>		6 MEDICARE TAX WITHHELD <b>184.88</b>	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME <b>GREGORY S TONY</b>						7 SOCIAL SECURITY TIPS		8 ALLOCATED TIPS	
F. EMPLOYEE'S ADDRESS AND ZIP CODE						9 [REDACTED]		10 DEPENDENT CARE BENEFITS	
15 STATE EMPLOYER'S STATE ID. NO.						16 STATE WAGES, TIPS, ETC.		17 STATE INCOME TAX	
18 LOCAL WAGES, TIPS, ETC.						19 LOCAL INCOME TAX		20 LOCALITY NAME	

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return  
FORM **W-2 Wage and Tax Statement**

**2012**

Dept. of the Treasury - Internal Revenue Service

FOLD AND TEAR ALONG PERFORATION

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Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return  
FORM **W-2 Wage and Tax Statement**

**2012**

Dept. of the Treasury - Internal Revenue Service

1 Wages, tips, other comp. <b>1646.68</b>	2 Federal income tax withheld <b>127.97</b>	3 Social security wages <b>1646.68</b>	4 Social security tax withheld <b>102.09</b>	5 Medicare wages and tips <b>1646.68</b>	6 Medicare tax withheld <b>23.88</b>	d Control number <b>914193 74JFX 0011P8</b>		Employer use only Dept. <b>T</b> Code <b>46011</b>	
e Employer's name, address, and ZIP code <b>UNIVERSITY OF PHOENIX INC 4615 E ELWOOD PHOENIX AZ 85040-1958</b>									
5 Employer's FED ID number [REDACTED]	6 Employer's SSA number [REDACTED]	7 Social security tips		8 Allocated tips		9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a		12b		12c		12d	
14 Other		13 Stat emp./Ret. plan/3rd party sick pay							
ef Employee's name, address and ZIP code <b>GREGORY S TONY</b>									
15 State FL		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	
20 Local income tax		21 Locality name		FL State Reference Copy <b>W-2 Wage and Tax Statement 2009</b> Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008					

CITY OF **CORAL SPRINGS** FLORIDA  
POLICE DEPARTMENT



**ADMINISTRATIVE SERVICE COMMENDATION**

Presented to

**SERGEANT GREGORY TONY**

for

Active Shooter Research

FOR DEVELOPMENT OF A NEW INTERNAL PROCEDURE THAT RESULTED IN  
INCREASED EFFICIENCY AND POTENTIAL COST SAVINGS.

November 30, 2015

Date

A blue ink signature of Tony Pustizzi.

Tony Pustizzi  
Chief of Police

