



**APPLICATION FOR EMPLOYMENT
CITY OF NORTH MIAMI
PERSONNEL ADMINISTRATION DEPARTMENT
776 N.E. 125 Street
North Miami, FL 33161
(305) 895-9866
JOBLINE: (305) 895-9860
TTY (305) 893-7936
AA/EOE**

FOR OFFICE USE ONLY
RECEIVED BY: _____
DATE: ____/____/____
CC: _____

TYPE OR PRINT CLEARLY IN INK. The application must be filled out accurately and completely. If an item does not apply, write N/A (not applicable) on the line. Resume should be used as a supplement only and not as a substitute for completing the required employment information. All statements are subject to verification. Exaggerated, false or misleading statements are cause for rejection. Submit any required or applicable documents, certificates and commendations to assist with evaluation of qualifications at time of application. Incomplete applications will not be processed.

NAME	LAST NAME	FIRST NAME	MAIDEN AND MIDDLE NAME
E-MAIL ADDRESS: _____			
You will be notified of application status (tests, interviews, results) via e-mail. If your e-mail address changes, you must notify Personnel Administration immediately.			
PRESENT ADDRESS			
Street/Apartment Number _____			
City _____ State _____ Zip Code _____			
PREVIOUS ADDRESS (if Present Address is less than 1 year)			
Street/Apartment Number _____			
City _____ State _____ Zip Code _____			
MAILING ADDRESS (if different than Present Address)			
P.O. Box/Street _____			
City _____ State _____ Zip Code _____			
HOME TELEPHONE NUMBER		OTHER TELEPHONE NUMBER	
Area Code _____ Number _____		Area Code _____ Number _____	

If you are claiming North Miami residence preference, you must submit a copy of your driver's license, lease or a utility bill with your name and the Present Address indicated above at time of application. Addresses are verified to confirm they fall within North Miami city limits. It is your responsibility to give the Personnel Administration Department written notification if you change your present address, mailing address or telephone number.

Are you a U.S. citizen or authorized by U.S. Citizenship & Immigration Services to work in the U.S.? Yes No

VETERAN'S PREFERENCE

According to Florida Statutes, you may be eligible for preference in employment if you are a wartime veteran with an honorable discharge, a veteran who served in a campaign or expedition for which a qualifying campaign badge has been authorized: AFEM or Global War on Terrorism Expeditionary medal, the unmarried widow of a veteran, a service connected disabled veteran, or the spouse of a disabled veteran, and are a **Florida resident. POINTS WILL BE AWARDED ONLY IF SUPPORTING DOCUMENTATION IS PROVIDED AT THE TIME OF APPLICATION.**

Acceptable documentation is a DD-214 and a current disability award letter from the US Dept. of Veteran Affairs (if claiming status as disabled veteran). You must also complete the City's Veteran's Employment Preference Form (available in the Personnel Administration Department).

Did you serve in the Armed Forces? Yes No
Do you claim Veteran's Preference? Yes No

Is your discharge honorable? Yes No
Are you retired from the military? Yes No

REQUEST FOR ACCOMMODATION

If you require assistance with pre-employment testing due to a disability, please notify our staff at time of application.

EMPLOYMENT RECORD

List all jobs held in the last **TEN** years, including self-employment. 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. Be specific – all or part of your evaluation may depend on the information you provide. If additional space is needed, please complete a **supplementary experience sheet**. Record temporary or part-time work experience as such. Explain any gaps in employment (ex. attending school, unemployed, etc.)

This section must be completed. If you submit a resume, it does not substitute for this section. Incomplete applications will not be considered.

(1) Present or Most Recent Job					
From		To		Total Time	
Month	Year	Month	Year	Years	Months

Employer: _____

Address: Street _____

City _____ State: _____ Zip Code: _____

Telephone: Area Code _____ Number _____

Job Title: _____

Full Time Part Time

Supervisor's Name: _____ and Title: _____

Hours worked per week _____

Reason for Leaving: _____

Starting Salary \$ _____ per _____

Are you still working for this employer? Yes No

Ending Salary \$ _____ per _____

May we contact this employer regarding your record of employment? Yes No

Specific Duties and Responsibilities: _____

(2) Previous Job					
From		To		Total Time	
Month	Year	Month	Year	Years	Months

Employer: _____

Address: Street _____

City _____ State: _____ Zip Code: _____

Telephone: Area Code _____ Number _____

Job Title: _____

Full Time Part Time

Supervisor's Name: _____ and Title: _____

Hours worked per week _____

Reason for Leaving: _____

Starting Salary \$ _____ per _____

Are you still working for this employer? Yes No

Ending Salary \$ _____ per _____

May we contact this employer regarding your record of employment? Yes No

Specific Duties and Responsibilities: _____

(3) Previous Job					
From		To		Total Time	
Month	Year	Month	Year	Years	Months

Employer: _____

Address: Street _____

City _____ State: _____ Zip Code: _____

Telephone: Area Code _____ Number _____

Job Title: _____

Full Time Part Time

Supervisor's Name: _____ and Title: _____

Hours worked per week _____

Reason for Leaving: _____

Starting Salary \$ _____ per _____

Are you still working for this employer? Yes No

Ending Salary \$ _____ per _____

May we contact this employer regarding your record of employment? Yes No

Specific Duties and Responsibilities: _____

IF MORE SPACE REQUIRED, USE AN EMPLOYMENT RECORD SUPPLEMENTARY EXPERIENCE SHEET WHICH MAY BE OBTAINED FROM THE PERSONNEL ADMINISTRATION DEPARTMENT

EDUCATION AND SPECIAL TRAINING

Do you have a high school diploma or GED? Yes No

Name of High School _____ Location _____
(City, State)

LIST COLLEGES AND UNIVERSITIES ATTENDED:

Name and Location	Dates Attended	Did you Graduate?	Major/Minor	Credits Earned	Type of Degree or Certificate Received AA/BS/MS
	From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			

LIST SPECIAL TRAINING (BUSINESS, TRADE, VOCATIONAL, ARMED FORCES SCHOOLS, ETC.) :

Name and Location	Dates Attended	Total Months Completed	Courses Taken or Certificate Received
	From: _____ To: _____		
	From: _____ To: _____		
	From: _____ To: _____		

LIST ANY OFFICE AND/OR CONSTRUCTION EQUIPMENT APPLICABLE TO THIS POSITION WHICH YOU OPERATE SKILLFULLY (indicate type and model):

LIST ANY COMPUTER PROGRAMS AND/OR EQUIPMENT YOU OPERATE SKILLFULLY:

INDICATE ANY KNOWLEDGE, SKILLS AND ABILITIES PERTINENT TO THIS POSITION WHICH HAVE NOT BEEN COVERED IN OTHER SECTIONS:

INDICATE LANGUAGES YOU SPEAK, READ AND/OR WRITE:

	<u>SPEAK</u>	<u>READ</u>	<u>WRITE</u>
ENGLISH	_____	_____	_____
SPANISH	_____	_____	_____
CREOLE	_____	_____	_____
OTHER (Specify)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHARACTER REFERENCES

List two (2) responsible persons who are in a position to vouch for your character. **FORMER EMPLOYERS AND RELATIVES ARE NOT ACCEPTABLE AS REFERENCES.**

(1) _____
Name Occupation Years Known

Address, City, State ()
Telephone Number

(2) _____
Name Occupation Years Known

Address, City, State ()
Telephone Number

EXEMPTION FROM RELEASE OF INFORMATION UNDER PUBLIC RECORDS LAW

Florida Statute 119.07 provides certain exemptions from public inspection of records for active and former law enforcement personnel (including correctional and correctional probation officers); DCFS (formerly HRS) investigative staff; certified firefighters; code enforcement officers; Supreme Court justices; district, appeal, circuit and county court judges; district and assistant district attorneys; statewide and assistant statewide prosecutors AND the spouses and children of any of the aforementioned. Do you qualify for this exemption? Yes No

If yes, please indicate reason for exemption: _____

CRIMINAL CONVICTIONS

Have you ever been convicted, pled Nolo Contendere (no contest), pled guilty, or had adjudication withheld for any violation of the law, other than minor traffic offenses? Yes No

If yes, give details and disposition:

<u>Date</u>	<u>Court</u>	<u>Location (City, State)</u>	<u>Offense</u>	<u>Disposition of Case</u>
_____	_____	_____	_____	_____

NOTE: A conviction does not mean you cannot be employed by the City. The nature of the offense, length of time that has passed, relationship to the job, etc. is given consideration. If you need additional space, please use a separate sheet of paper. Sign and date each additional sheet and submit with application.

PERSONAL DATA

Have you ever been employed by the City of North Miami? Yes No

If yes, please indicate dates and department: From ___/___/___ To: ___/___/___ Department: _____

Are you related to any employee of the City of North Miami or is any City employee a member of your household? Yes No

If yes, give name, relationship and employing department:

<u>Name</u>	<u>Relationship</u>	<u>Department</u>
_____	_____	_____

CERTIFICATION BY APPLICANT – WAIVER OF CONFIDENTIALITY

IMPORTANT: Employment is subject to verification of an applicant’s background. Persons selected for employment must (1) present a valid social security card, (2) take a Loyalty Oath as per Florida Statute 876.05, and (3) subsequent to an offer of employment, pass a medical examination by a physician. The medical examination may include testing for current use of drugs and/or controlled substances. If traces of drugs or controlled substances are present in a candidate’s urine and have NOT been obtained or taken as directed by a valid prescription, the candidate WILL NOT be given further consideration under the present announcement for this classification. As a part of the employment process, Federal law requires applicants to provide documents proving their identity and right to work in the United States.

COLLECTION & USE OF SOCIAL SECURITY NUMBER: In compliance with FS § 119.071(5)(3), the City acknowledges that Social Security Numbers are highly confidential and legally protected data and is committed to protecting the privacy and legal rights of its applicants/employees. Your Social Security Number will be collected and may be used for any of the following purposes: investigation of potential City employees during the pre-employment phase such as for background investigations, including but not limited to: consumer credit, criminal record, and driving history checks; drug testing administration; confidential medical documentation; City Group Benefits; Pension and Workers’ Comp; payroll processing; as a tax identifier; and for use in identification of City Employees for any purpose allowed under law not limited by protection under state or federal privacy laws. The City may disclose Social Security Numbers to another agency or governmental entity if it is necessary for the receiving agency or governmental agency to perform its duties and responsibilities. Disclosure statements will be provided whenever a Social Security Number is requested or used for any purpose not noted in this statement.

APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the City of North Miami is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time. Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide urine which may be tested for recent use of drugs and/or controlled substances. Further, I release the City, its officers, agents and employees from any liability whatsoever in connection with such a medical examination or the use of the test results therefrom.

Date

Signature of Applicant

Date

Signature of Parent or Guardian (if Applicant under 18 years of age)

CITY OF NORTH MIAMI

**EQUAL EMPLOYMENT OPPORTUNITY/
AFFIRMATIVE ACTION SURVEY**

TO ALL APPLICANTS: The following information is being gathered by the City of North Miami for research, affirmative action, and federal EEO reporting requirements. If you choose not to answer any of the items, you will not be subject to adverse treatment; however, we urge you to do so and assure you this information will not be used to evaluate your application and will be kept confidential.

JOB/POSITION(S) APPLIED FOR: _____

DATE OF BIRTH (Month/Day/Year): _____

SEX: Male
 Female

RACE/ETHNIC CATEGORIES (Check One)

- | | |
|---|--|
| <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> American Indian or Alaskan native |
| <input type="checkbox"/> White (not of Hispanic origin) | |

ACCOMMODATIONS

Do you require any accommodation in order to take a written examination due to physical or mental disability? Yes No If yes, MUST explain? _____

Do you require any accommodation in order to properly perform the essential functions of the job for which you are applying? Yes No If yes, MUST explain? _____

HOW DID YOU LEARN OF THIS POSITION

- | | |
|--|--|
| <input type="checkbox"/> Ad in Miami Herald | <input type="checkbox"/> Job Information Line |
| <input type="checkbox"/> Ad in Miami Times | <input type="checkbox"/> City bulletin board/walk-in |
| <input type="checkbox"/> Ad in New Times | <input type="checkbox"/> City website |
| <input type="checkbox"/> Ad in other newspaper _____ | <input type="checkbox"/> Other website _____ |
| <input type="checkbox"/> City Employee | <input type="checkbox"/> Job Fair |

Print Name _____

Signature _____ Date _____



COLLECTION & USE OF SOCIAL SECURITY NUMBER: In compliance with FS § 119.071(5)(3), the City acknowledges that Social Security Numbers are highly confidential and legally protected data and is committed to protecting the privacy and legal rights of its applicants/employees. Your Social Security Number will be collected and may be used for any of the following purposes: investigation of potential City employees during the pre-employment phase such as for background investigations, including but not limited to: consumer credit, criminal record, and driving history checks; drug testing administration; confidential medical documentation; City Group Benefits; Pension and Workers' Comp; payroll processing; as a tax identifier; and for use in identification of City Employees for any purpose allowed under law not limited by protection under state or federal privacy laws. The City may disclose Social Security Numbers to another agency or governmental entity if it is necessary for the receiving agency or governmental agency to perform its duties and responsibilities. Disclosure statements will be provided whenever a Social Security Number is requested or used for any purpose not noted in this statement.

I acknowledge that I have received a copy of the above statement.

Print Name of Applicant: _____

Signature of Applicant: _____

Date: _____

PERSONNEL ADMINISTRATION COPY

10/07



COLLECTION & USE OF SOCIAL SECURITY NUMBER: In compliance with FS § 119.071(5)(3), the City acknowledges that Social Security Numbers are highly confidential and legally protected data and is committed to protecting the privacy and legal rights of its applicants/employees. Your Social Security Number will be collected and may be used for any of the following purposes: investigation of potential City employees during the pre-employment phase such as for background investigations, including but not limited to: consumer credit, criminal record, and driving history checks; drug testing administration; confidential medical documentation; City Group Benefits; Pension and Workers' Comp; payroll processing; as a tax identifier; and for use in identification of City Employees for any purpose allowed under law not limited by protection under state or federal privacy laws. The City may disclose Social Security Numbers to another agency or governmental entity if it is necessary for the receiving agency or governmental agency to perform its duties and responsibilities. Disclosure statements will be provided whenever a Social Security Number is requested or used for any purpose not noted in this statement.

I acknowledge that I have received a copy of the above statement.

Print Name of Applicant: _____

Signature of Applicant: _____

Date: _____

APPLICANT COPY

10/07

**NOTICE TO APPLICANT OR EMPLOYEE OF INTENT
TO OBTAIN AN INVESTIGATIVE CONSUMER REPORT**

Dear Applicant or Employee:

In connection with your application for employment, the City of North Miami would like to obtain certain background information concerning you, which is contained in an investigative consumer report. An investigative consumer report may contain information regarding your creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, and/or criminal background. This information may be gathered from personal interviews with your neighbors, friends and/or associates, e.g., former employers.

Before we obtain an investigative consumer report, you must authorize such procurement in writing. You have the right to decline this authorization. However, if you are an applicant and decline authorization, we will not consider you for employment. If you are a current employee, we may consider employment action if you decline.

We intend to ask your former employer(s) the following questions concerning you:

- What were the dates of your former employment?
- What position(s) did you hold?
- Were you ever demoted or otherwise disciplined? If so, what were the circumstances?
- Did you perform your job in a satisfactory manner?
- Under what circumstances did you leave?
- Would you rehire the individual?

Please read the attached release carefully before signing. Additionally, please note that the release authorizes us to obtain an investigative consumer report now and at any other time during your employment if you are hired.





RELEASE TO OBTAIN AN INVESTIGATIVE CONSUMER REPORT

I have read the "Notice to Applicant or Employee". I understand that I have the right to decline authorization for the City of North Miami to obtain an investigative consumer report concerning me.

I understand that the investigative consumer report may contain information concerning my: creditworthiness, credit standing, general reputation, personal characteristics and mode of living, and/or criminal background. I also understand that this information may be gathered from former employers, personal interviews with my neighbors, friends, and/or associates.

As disclosed in the "Notice to Applicant or Employee", I understand the nature and scope of the investigation that is going to be made into my background.

Understanding these rights,

_____ I authorize the City of North Miami to obtain an investigative consumer report concerning me.

_____ I do not authorize the City of North Miami to obtain an investigative consumer report concerning me.

NAME (Please print): _____

SIGNATURE: _____

DATE: _____

Sworn to and subscribed before me this ____ day of _____, 20____.

NOTARY PUBLIC, STATE OF FLORIDA

Print Name of Notary Public Certification #

_____ Personally known to me or
_____ Produced Identification:

(Type of Identification Produced)

CITY OF NORTH MIAMI

APPLICATION STATUS

Position applied for: _____ Date: _____

Name (Last) _____ (First) _____

Last 4 digits of Social Security Number: XXX - XX- _____

You will be notified of application status by e-mail. Please advise if your e-mail address changes.

e-mail address: _____

Mailing Address: _____

FOR PERSONNEL ADMIN USE ONLY
NOTIFICATION TO APPLICANT

Eligible Date Notified: _____ Status/Notification of Exams/Results/Comments
w/Date/Initials

Ineligible Date Notified: _____ Grade: _____ V R included

Education

Experience

Supervisory Experience

No CDL

Written Test DNQ DNR

Performance Test DNQ DNR

Typing Test DNQ DNR

Oral Panel Interview DNQ DNR

Other _____

Withdrew

Rank on List _____

ATS: _____





Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)



CJSTC 58

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

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

AFFIDAVIT

STATE OF COUNTY OF The forgoing instrument was acknowledged before me this date

By: who is personally known

or who has produced identification. Type of identification:

Notary's Signature Print, type, or stamp Commissioned Name of Notary

Notary Seal: Upon witnessing the applicant signing of this affidavit, the notary public shall complete the notary block.