



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 Area Code _____ Number _____ | | OTHER TELEPHONE 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



Investigative Consumer Reports Release Form

This is to notify you that in connection with your application for employment, we may procure a consumer report on you as part of the process. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act. Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you, and the report may cover information including but not limited to credit reports, criminal history reports, any and all public records info, driving records, education and licensing verification, personal reference verification, federal and state blocked party information, medical profession sanctions, and social security number verification. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. By signing below, I hereby authorize the City of North Miami and the agencies used by the City, the release of, and/or permission to obtain and review credit report information from credit reporting agencies and/or their vendors. I additionally authorize all entities having information about me, including present and former employers, criminal justice agencies, departments of motor vehicles, schools, and credit reporting agencies, to release such information to the below indicated party, as the Requestor of the information, or to any firm retained to conduct such investigations, with all to be treated as the end user of such information. Without exception this authorization shall supersede and retract any prior request or previous agreement to the contrary. Copies of this authorization, which show my signature, have been executed by me to be as valid as the original release signed by me. I further release the Requestor, the companies named above, and the agencies used by this Requestor, and the employees thereof, named or unnamed, from all liability or claims of any kind, resulting from the obtaining of, or the furnishing of, information contained in the consumer credit report or other reports.

This release and authorization shall remain valid and in effect during the application process and the term of your employment. We reserve the right to run subsequent consumer reports and/or investigative consumer reports on an as-needed basis.

Date _____

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

Authorized Signature _____

NOTARY PUBLIC, STATE OF FLORIDA

Applicant Name: _____

Print Name of Notary Public

Address: _____

- Personally known to me or
- Produced Identification:

City/State/ZIP: _____

Date of Birth: _____

Type of Identification Produced

SS# _____

Drivers License# _____

A summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or right to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny you application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
 - **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer-reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free disclosure if:
 - a person has taken adverse action against you because of information in your credit report:
 - you are the victim of identity theft and place a fraud alert in your file:
 - you are on public assistance:
 - you are unemployed but expect to apply for employment within 60 days.
 In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
 - **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
 - **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
 - **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
 - **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
 - **Access to your file is limited.** A consumer report agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with valid need for access.
 - **You must give your consent for the reports to be provided to employers.** A consumer reporting agency may not give our information about you to your employer, or a potential employer, without written consent give to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
 - **You may limit “prescreened” offers of a credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
 - **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
 - **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.
- States may enforce the FCRA, and many states have their own consumer reporting laws. In come cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

| TYPE OF BUSINESS | CONTACT |
|---|--|
| Consumer reporting agencies, creditors and others not listed below | Federal Trade Commission Bureau of Consumer Protection – FCRA Washington, DC 20580 * 202-326-3650 |
| National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name) | Office of the Comptroller of the Currently Compliance Management – Mail Stop 6-6 Washington, DC 20219 * 800-613-6743 |
| Federal Reserve System member banks (except national banks and federal banks and federal branches/agencies of foreign banks) | Federal Reserve Board Division of Consumer and Community Affairs Washington, DC 20551 * 202-452-3693 |
| Savings association and federally chartered savings banks (word “Federal or initials “F.S.B.” appear in federal institution’s name) | Office of Thrift Supervision Consumer Programs Washington, DC 20552 * 800-842-6929 |
| Federal credit union (words “Federal Credit Union” appear in institution’s name) | National Credit Union Administrtrtion 1775 Duke Street Alexandria, VA 22314 * 703-518-6360 |
| Banks that are state-chartered, or are not Federal Reserve System members | Federal Deposit Insurance Corporation Division of Compliance and Community Affairs Washington, DC 20429 * 800-934-FDIC |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission | Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306 |
| Activities subject to the Packers and Stockyards Act, 1921 | Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 * 202-720-7051 |



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.

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: _____

