FOR OFFICE USE ONLY
Received by: _____
Date Received: _____

CITY OF HIALEAH

HUMAN RESOURCES DEPARTMENT
501 Palm Avenue, Hialeah, Florida 33010
Job Hotline: 305-883-8057
Telephone: 305-883-8050
Website: www.hialeahfl.gov

EMPLOYMENT APPLICATION

CERTIFIED POLICE OFFICER

The City of Hialeah is an equal opportunity/drug free employer and does not discriminate on the basis of an individual's race, ethnicity, sex, condition related to sex (pregnancy), color, religion, national origin, age, disability, marital status, familial status, citizenship, intending citizenship status and/or sexual orientation. Please note that under Florida law, employment applications are open for public inspection. You must be a U.S. Citizen or alien resident lawfully authorized to work in the U.S. to be considered for employment with the City of Hialeah. The City of Hialeah will provide reasonable accommodations, due to any disability, for all applicants and employees. To request this material in accessible format, sign language interpreters, information on access for persons with disabilities, and/or any accommodation to review any document or participate in any City sponsored proceeding, please contact 305-883-5820, five days in advance, to initiate your request. TTY users may also call 711 (Florida Relay Service). Please let us know if you require any special accommodations before any test and/or interview.

INSTRUCTIONS: Answer all questions. Do not leave any item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false or misleading statements may be cause for rejection of the application and/or termination of employment. *Copies of Education Documents, Current Professional Licenses or Certificates, Birth Certificate or Proof of Citizenship, Proof of Authority to Work in the United States (if applicable), Photo Identification and Social Security Card must be submitted with your Employment Application.*

DATE OF APPLICATION	POSITION YOU ARE APPLYING FOR: CERTIFIED POLICE OFFICER

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER

HOME TELEPHONE	WORK TELEPHONE	CELLULAR TELEPHONE	E-MAIL

Are you at least 19 years of age? ☐ Yes ☐ No	Are you a U.S. citizen? ☐ Yes ☐ No	If no, are you authorized by U.S. Citizenship and Immigration Services to work in the U.S.? ☐ Yes ☐ No Alien # A: _____

Please account for all of your residence(s) for the past five (5) years. *Attach additional sheets as needed.*

PRESENT ADDRESS	City	State	Zip Code
How long have you lived at this address? _____ years _____ months			

PREVIOUS ADDRESS	City	State	Zip Code
How long did you live at this address? _____ years _____ months			

PREVIOUS ADDRESS	City	State	Zip Code
How long did you live at this address? _____ years _____ months			

Are you a current / previous City of Hialeah employee?

Current: ☐ Yes ☐ No Previous: ☐ Yes ☐ No	Year of Separation	Reason for Separation	Classification / Department

Are you related to any City of Hialeah employee(s)? ☐ **Yes** ☐ **No**

Employee's Name	Title	Relationship	Department / Division
Employee's Name	Title	Relationship	Department / Division

DRIVER LICENSE INFORMATION

Driver License Number:	State Issued:	Date Issued:	Expiration Date:	Safe Driver? ☐ Yes ☐ No

Restrictions: _____

Endorsements: _____

Class A: ____ Class B: ____ Class C: ____ Class D: ____ Class E: ____ (Regular)

Has your license ever been suspended? ☐ Yes ☐ No Has your license ever been revoked? ☐ Yes ☐ No
Has your license ever been revoked? ☐ Yes ☐ No

If yes, please provide dates and explain:

_____

EDUCATION

School Name and Address (City and State)	Dates Attended	Credit hours earned	Did you graduate? Yes / No	Degree Received	Major Field of Study
High School:					
Higher Education:					
Other:					

Current Professional Licenses or Certificates and Issuing Agency	Date Issued	Date of Expiration

REFERENCES: List three personal references (non-relatives)			
NAME	ADDRESS	TELEPHONE	YEARS KNOWN

CRIMINAL COURT PROCEEDINGS

Have you ever been found guilty of, had adjudication withheld, or pled no contest to any violation of law?
☐ **Yes** ☐ **No** **If yes, please give details below.**

Date: _____

Agency:_____

Offense/Charge:_____

☐ Felony ☐ Misdemeanor

Outcome:_____

Note: A conviction does not automatically mean you cannot be employed by the City of Hialeah. The nature of the offense, how long ago it occurred, etc. are given consideration. *Attach additional sheets as needed.*

CIVIL COURT PROCEEDINGS

Have you ever been sued in a civil court for intentional tort [assault, battery, theft]? ☐ **Yes** ☐ **No**
If yes, please give details below, including the nature of the case and the disposition of the action.

_____

_____

PLEASE ELABORATE ON HOW YOUR TRAINING AND EXPERIENCE RELATES TO THE POSITION FOR WHICH YOU ARE APPLYING:

_____

_____

_____

_____

_____

_____

_____

_____

_____

EMPLOYMENT HISTORY

List all jobs held in the last ten (10) years (resume may be submitted, however will not be accepted in lieu of this section being fully completed). Include military service, periods of unemployment, part-time, temporary, seasonal, voluntary jobs (that may demonstrate the skills that pertain to the position for which you have applied), and all gaps in 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 first. Use additional sheets if necessary.

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

Name of Employer		**Job Title**	**Name of Supervisor**
Street Address		**City, State, Zip Code**	**Telephone Number**
Hours Per Week	**Current/Ending Salary** **Per**	**From Date** / /	**To Date** / /
Why did you leave?			
Description of Duties			

Name of Employer		**Job Title**	**Name of Supervisor**
Street Address		**City, State, Zip Code**	**Telephone Number**
Hours Per Week	**Current/Ending Salary** **Per**	**From Date** / /	**To Date** / /
Why did you leave?			
Description of Duties			

Name of Employer		**Job Title**	**Name of Supervisor**
Street Address		**City, State, Zip Code**	**Telephone Number**
Hours Per Week	**Current/Ending Salary** **Per**	**From Date** / /	**To Date** / /
Why did you leave?			
Description of Duties			

Name of Employer		**Job Title**	**Name of Supervisor**
Street Address		**City, State, Zip Code**	**Telephone Number**
Hours Per Week	**Current/Ending Salary** **Per**	**From Date** / /	**To Date** / /
Why did you leave?			
Description of Duties			

My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatements of fact may result in disqualification or dismissal. I understand that it is my responsibility to keep my address and telephone number(s) updated with the Human Resources Department. If I cannot be contacted, I may forfeit my eligibility for employment.

SIGNATURE	**DATE**

AUTHORIZATION AND RELEASE OF BACKGROUND INVESTIGATION

I hereby **CONSENT** the City of Hialeah, or Representative bearing this release or a copy thereof, to obtain any information or records from persons, corporations, agencies, associations, institutions or organizations as may be relevant and necessary to determine my fitness and suitability for employment consideration with the City of Hialeah.

Such information and records may include, but are not limited to, those pertaining to abilities, affiliations, character, credit and finances, education, employment, family, insurance, judicial and law enforcement records, memberships, military, and motor vehicle operation and traffic history.

I hereby **AUTHORIZE** and direct you to release such information and records upon request to bearer. This authorization is executed with full knowledge and understanding that:

1. Records and information disclosed shall be for official evaluation of my employment application by the City of Hialeah and are used as selection criteria **ONLY** where related to performance of the job for which I have applied.

2. The City of Hialeah will take measures to protect the aforementioned information and records against unauthorized disclosure.

3. Certain non-exempt portions of the background investigation process may be made available for inspection by third parties pursuant to the public records and other laws.

4. The City of Hialeah can and may investigate the information and records mentioned above at any point in my employment with the City of Hialeah, as a part of a disciplinary investigation; to confirm that I meet the minimum requirements of the position I am in; for the purposes of conducting an updated background investigation when being considered for a change in my employment status/classification; or as deemed necessary by the City of Hialeah for any legitimate purposes.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

City of Hialeah
Human Resources Department
501 Palm Avenue, 3rd Floor
Hialeah, FL 33010

I hereby **RELEASE** the custodian of such records, including the City of Hialeah and aforementioned persons, corporations, agencies, associations, institutions, organizations, and their employees, agents and representatives, both individually and collectively, from any and all liability for damages by me, my heirs, family, or associates resulting from lawful compliance or any attempts at lawful compliance with this authorization, except for any damages resulting from knowingly providing false or misleading information or records about me.

Florida Statutes §**768.095**, 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 or 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.

Last Name	**First Name**	**Middle Initial**	**Social Security Number**

SIGNATURE	**DATE**

VETERANS' PREFERENCE

Completion of the Veterans' Preference Claim section is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act.

A Veteran is "a person who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions, notwithstanding any action by the United States Department of Veterans Affairs on individuals discharged or released with other than honorable discharges. To receive benefits as a wartime veteran, a veteran must have served in a campaign or expedition for which a campaign badge has been authorized or a veteran must have served during one of the following periods of wartime service:" (1.01(14)F.S.)

a. Spanish-American War: April 21, 1898 – July 4, 1902, including the Philippine Insurrection and the Boxer Rebellion;
b. Mexican Border Period: May 9, 1916 – April 5, 1917, in the case of a veteran who during such period served in Mexico, on the borders thereof, or in the waters adjacent thereto;
c. World War I: April 6, 1917 – November 11, 1918; extended to April 1, 1920, for those veterans who served in Russia; also extended through July 1, 1921, for those veterans who served after November 11, 1918 and before July 2, 1921, provided such veterans had at least 1 day of service between April 5, 1917 and November 12, 1918;
d. World War II: December 7, 1941 – December 31, 1946;
e. Korean Conflict: June 27, 1950 – January 31, 1955;
f. Vietnam Era: February 28, 1961 – May 7, 1975;
g. Persian Gulf War: August 2, 1990 – January 2, 1992;
h. Operation Enduring Freedom: October 7, 2001, and ending on the date thereafter prescribed by presidential proclamation or by law; and/or
i. Operation Iraqi Freedom: March 19, 2003, and ending on the date thereafter prescribed by presidential proclamation or by law.

Listed below are the five Veteran's Preference categories:

1. Disabled veterans who have served on active duty in any branch of the Armed Forces and who (a) have a presently existing service-connected disability that is compensable under public laws administered by the U.S. Department of Veterans' Affair; or (b) are receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the U.S. Department of Veterans' Affairs and/or Department of Defense.

2. The spouse of any person (a) who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment; or (b) who is missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.

3. A veteran of any war who has served at least one day or more during a wartime era and who was discharged or separated there from under honorable conditions from the Armed Forces. Active-duty for training is not allowable. A veteran who served honorably but who has **not** met the criteria for the award of a campaign or expeditionary medal for service in Operation Enduring Freedom or Operation Iraqi Freedom, qualifies for preference in appointment effective July 1, 2007.

4. The unremarried widow or widower of a veteran who died of a service-connected disability.

5. A veteran who has served in qualifying campaign or expedition for which a campaign badge or expeditionary medal has been authorized; including any Armed Forces Expeditionary Medal or Global War on Terrorism Expeditionary Medal.

NOTE: Effective July 1, 2007, preference eligibility no longer expires upon appointment of the eligible person to a position with the state or any political subdivision in the state. Persons who were previously ineligible for preference because they held or are currently holding a job with a public employer may now be eligible to use their veterans' preference again with all employers covered by law. Current City employees may claim Veterans' Preference in an employment/promotional process **only** if an employee has left the City to perform qualifying military service, separated with an honorable discharge, returned to the City after that military service, and this is the first employment/promotional process they are participating in since their return.

In order to be eligible, you must be a resident of the State of Florida. Applicants must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Retired military personnel are eligible. If any applicant claiming Veterans' Preference for a vacant position is not selected for the position, they may file a complaint with the Florida Department of Veterans' Affairs, Post Office Box 31003, St. Petersburg, Florida 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employer or within three months of the date the application is filed with the employer if no notice is given.

VETERANS' PREFERENCE CLAIM

DO YOU WISH TO CLAIM VETERANS' PREFERENCE? ☐ **Yes*** ☐ **No** **Are you a resident of the State of Florida?** ☐ **Yes** ☐ **No**

*If "Yes", it is your responsibility to submit documentation (DD Form 214 (Member-4) or a letter from the Florida Department of Veterans' Affairs or Department of defense indicating service-connected disability, substantiating your claim at the time of application.

If eligible, which Veterans' Preference category are you claiming? 1-☐ 2-☐ 3-☐ 4-☐ 5-☐

Branch of service:_____ **Date of entry:**_____

Date of discharge:_____ **Type of discharge:**_____

CERTIFICATION: I hereby certify that all statements made on this form are true to the best of my knowledge. I realize that should an investigation disclose any misrepresentation, I may be subject to dismissal or disqualification. I understand that my Veterans' Preference status may be subject to change in the event that information is obtained that affects my preference determination.

Signature:_____ Date:_____

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

The following information is being gathered by the City of Hialeah for research 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 that this information will not be used to evaluate your application and will be kept confidential.

JOB/POSITION APPLIED FOR:_____

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

GENDER: ☐ Male ☐ Female

Race/Ethnic Categories

What is your race? ***Mark one or more races*** *to indicate what you consider yourself to be.*

☐ American Indian or Alaskan native – Print name of enrolled or principal tribe _____
☐ Asian
☐ African-American/Black
☐ Hawaiian or Pacific Islander
☐ White
☐ Other – Print Race: _____

Are you Spanish/ Hispanic/ Latino? *Mark the "**No**" box if **not** Spanish /Hispanic /Latino.*

☐ No
☐ Yes

How did you learn of this position?

☐ Ad in newspaper _____
☐ Ad in trade journal _____
☐ Ad on radio _____
☐ Completed interest form and received notification
☐ Job Hotline
☐ City bulletin board/walk-in
☐ Friend/City Employee
☐ Internet _____
☐ Job Fair _____
☐ Agency Referral _____
☐ Other _____

CITY OF HIALEAH

NOTIFICATION OF SOCIAL SECURITY NUMBER COLLECTION AND USAGE

In compliance with Florida Statutes §119.071(5), the City of Hialeah Human Resources Department collects and uses your Social Security number only for the following purposes in performance of the City's duties and responsibilities.

Your Social Security number is used for legitimate employment business purposes in compliance with:

- Completing an Employment Application/Packet;
- Completing and processing Federal I-9 (Employment Eligibility Verification Form);
- Completing and processing Federal W4, W2 and 1099 (tax forms);
- Completing and processing Federal Social Security taxes;
- Completing and processing Quarterly Unemployment Reports;
- Completing and processing Federal and State Employee and Educational Reports;
- Completing and processing Direct Deposit transactions;
- Completing and processing group health, life and dental coverage enrollment;
- Completing and processing Supplemental Insurance Deduction Reports;
- Completing and processing Workers' Compensation Claims;
- Completing the employee's background screening and validating the employee's educational credentials;
- Completing and processing Retirement Contribution Reports;
- Processing retirement benefits;
- Processing employee benefits;
- Any other reason that is determined imperative for the performance of the City's duties and responsibilities, as prescribed by law; and/or
- Any other reason specifically authorized by law to do so.

NOTIFICATION

Providing a Social Security number is a condition of employment at the City of Hialeah.

The City may disclose Social Security numbers to another agency or governmental entity if such disclosure is necessary for the receiving agency or entity to perform its duties and responsibilities.

The City may not deny a commercial entity engaged in the performance of a commercial activity access to Social Security numbers, provided the Social Security numbers will be used only in the performance of a commercial activity, and provided the commercial entity makes a written request for the Social Security numbers.

THIS PAGE IS FOR YOUR INFORMATION ONLY.
IT DOES NOT HAVE TO BE SUBMITTED AS PART OF YOUR APPLICATION, AND CAN BE REMOVED BY YOU PRIOR TO APPLYING FOR A POSITION.
PPLYING FOR A POSITION.