The City of Homestead Police Department

is currently accepting applications for

Certified

Reserve Police Officers

ONLY at this time.

Note:

- **Candidates must pay for their own pre-employment testing** (Polygraph $65, Psychological $250, Physical Exam & Drug Test $280 - $300).
- **The City will only provide uniforms.**
- **Candidates must pass all pre-employment tests.**
- **Funds for pre-employment tests are non-refundable.**
- **We will accept prior Polygraph and Psychological tests if they are less than 12 month old.**
- **Previous physical exams will not be accepted.**

Application deadline: February 10, 2012

Name of Applicant: _____
Last *First*

Homestead Police Department

Police Officer Application Instructions

This application form may be completed by typewriter or legibly printed in black or blue ink.

Fill out this application completely and accurately. All statements in this application are subject to verification. Any applicant intentionally giving false information or intentionally omitting information will be subject to disqualification.

If a question does not apply to you, write N/A (Not Applicable). If the space provided is inadequate, document the additional information on a separate sheet of paper (8-1/2 x11) indicate the question to which you are responding and write your name on the top right corner. More than one answer may be included per sheet.

Attach a copy of the following documents with your application:

- ☐ BIRTH CERTIFICATE
- ☐ PROOF OF U.S. CITIZENSHIP
- ☐ HIGH SCHOOL SEALED TRANSCRIPT OR GED CERTIFICATE
- ☐ CERTIFICATE OF BASIC RECRUIT MILITARY TRAINING (IF APPLICABLE)
- ☐ ACCEPTABLE SCORE ON CERTIFICATION EXAM (IF APPLICABLE)
- ☐ COPY OF UNIVERSITY DIPLOMA(s) OR COLLEGE TRANSCRIPTS
- ☐ DD-214, MILITARY DISCHARGE PAPERS
- ☐ MARRIAGE LICENSE
- ☐ DIVORCE DECREE (IF DIVORCED)
- ☐ DRIVERS LICENSE
- ☐ SOCIAL SECURITY CARD
- ☐ 2"x2" PHOTO OR LARGER IF POSSIBLE (Please write your name on the back)

Notes: Fingerprints will be taken at the Internal Affairs Office at Homestead Police Department when requested

*** *All addresses or locations must include street number, city, state and zip code.*

This application must be signed in front of a notary, who must complete the notary statement. Notaries are available in City Hall. Do not remove this sheet from the application.

Once complete, submit application to:
City of Homestead, HR Department
790 N. Homestead Blvd. Homestead, Florida 33030
305-224-4460

HOMESTEAD POLICE DEPARTMENT
Application Form

790 North Homestead Boulevard
Homestead, Florida 33030

☐ Certified Police Officer ☐ Non-Certified Police Officer ☐ Reserve Police Officer

When using a separate sheet to complete your answers, write your last name and first name on the top right corner of each sheet.

I. PERSONAL

1. Last Name	First	Full Middle Name

2. Date of Birth (MM/DD/YYYY)	Place of Birth – City	State	County	Country

Current Weight	Current Height	U.S Citizen.	Natural Born
Lb.	Ft. In.	☐ Yes ☐ No	Naturalized ☐

If naturalized citizen, by virtue of:	Naturalized Certificate No.
Self ☐ Parent ☐ Spouse ☐	

5. Have you ever legally changed your name? ☐ Yes ☐ No If you responded "Yes", please complete (c) & (d) below:.

a) Previous Name:	b) Date of change:	c) Location of change:

d) Reason for change:

6. Drivers License Type	Drivers License No	State Issue	Expiration Date
☐ Commercial Driver License (CDL) ☐ Operator Class E			

7. Present Home Address:	City	State	Zip Code

8. Home Phone No.	Cellular Phone No.	Business Phone No.

How long have you resided at your present address:	Email address (if any):
Years Months	

10. Chronologically list all previous places of residence since leaving elementary school. (If additional space is needed use a separate sheet)

From		To		Address	City	State	Zip Code
Mo	Yr	Mo	Yr	(Street, City, State and Zip Code)			

11. Have you even been declined for insurance: ☐ Yes ☐ No

12. (a) Have you ever used any narcotic drug, barbiturates, amphetamines, marijuana, or any hallucinogenic drugs?
☐ Yes ☐ No

(b) Have you ever tried, used, or experimented with any of the following illicitly obtained drugs, or have you acquired them by someone other than a licensed physician:

☐ Yes ☐ No (If you answer "Yes" – Check the drug you referred to)

☐ Amphetamines ☐ Barbiturates ☐ Cocaine ☐ DMT ☐ Glue Sniffing ☐ LSD
☐ Mescaline ☐ Psilocybin ☐ Opium ☐ Other _____

13. Do you ever drink alcoholic beverages? ☐ Yes ☐ No How often:

14. List all clubs, societies, civic, or fraternal organizations to which you are or have been a member

Name of Organization	Still active	Date of Initial Membership
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

15. If it became necessary in the course of your police duties to lawfully take a human life, would you have any reluctance to do so because of religious or other beliefs?

☐ Yes ☐ No (If you answer "Yes" please provide all details on a separate sheet)

II. MARRIAGE:

(Present Marital Status – Applies only to those applicants who are presently married)

16. Spouse's Last Name	First	Full Middle Name
17. Spouse's Maiden Name:	First	Full Middle Name

18. Date of Marriage (MM/DD/YYYY)	Location of Marriage (City, County & State)	Are you presently living with your spouse? ☐ Yes ☐ No

19. Have you and your spouse ever separated because of marital difficulties? ☐ Yes ☐ No

(If you answer "Yes" please provide all details on a separate sheet)

20. Is your spouse in favor of you becoming a law enforcement officer? ☐ Yes ☐ No

(If you answer "No" please provide all details on a separate sheet)

III. DIVORCES, ANNULMENTS, WIDOWED:

(Previous marital status –If needed, use separate sheet to provide information about additional divorce(s) or annulment(s))

21. Former Spouse's Last Name	First	Middle

22. Former Spouse's Mailing Address	City	State	Zip Code

23. City and state where the former marriage was performed (Mailing Address)	City	State	Zip Code

24. Date of Marriage (MM/DD/YYYY)	Reason for dissolution of the marriage ☐ Divorced ☐ Annulment ☐ Widowed

25. Grounds for divorce or annulment:

26. Who instituted suit:

27. Title and location of court issuing divorce or annulment

28. Date divorce/Annulment was granted: (MM/DD/YYYY)	Docket No.

29. Are there any children by this former marriage? ☐ Yes ☐ No	Indicate number of children:
30. Are you responsible for child support payments? ☐ Yes ☐ No	If "Yes" indicate how much: ☐ Weekly ☐ Monthly

31. Are you responsible for paying alimony? ☐ Yes ☐ No

32. If you are responsible for making child payments or paying alimony, has legal action ever been taken against you for either failing to make payments or delaying payments? ☐ Yes ☐ No

33. Have you ever been named co-respondent in a divorce action? ☐ Yes ☐ No

IV. DIVORCES, ANNULMENTS, WIDOWED:

(Previous marital status of applicant's present spouse – Use separate sheet of paper to provide information about additional divorces or annulment.)

34. Name of Former Spouse Last Name	First	Middle

35. Complete mailing address	City	State	Zip Code
36. Mailing address where former marriage was performed	City	State	Zip Code

37. Date of former marriage (MM/DD/YYYY)	Reason for dissolution of the marriage ☐ Divorced ☐ Annulment ☐ Widowed

38. Grounds for divorce or annulment:

39. Who instituted suit:

40. Title and location of court issuing divorce or annulment:	Location
41. Divorce was granted on (MM/DD/YYYY)	Docket No.
42. Are there any children by this former marriage? ☐ Yes ☐ No	Indicate number of children

V. RECORD OF PARENTHOOD:

43. List every child born to you**

Date of Birth	Place of Birth	(Include Last Name Name of Child	Mother/Father of Child	Child Supported by Whom	With whom does Child Reside?

** Indicate if deceased

44. Have you ever been involved as a defendant in paternity proceedings or accused of causing the pregnancy of any female not your wife?

☐ Yes ☐ No (If you answer "Yes" please provide all details on a separate sheet)

VI. EDUCATIONAL BACKGROUND:

45. List all schools and colleges you have attended. All addresses/locations must include street, city, state and zip code.

Years From - To	School	Location (Include Street, City, State and Zip Code)	Graduate No of Credits/Degree Awarded/ Major
From: To:	High School		
From: To:			
From: To:	College/University		
From: To:			
From: To:	Other		
From: To:			

46. *While in school were you ever suspended or expelled?* ☐ *Yes* ☐ *No*

47. *What subjects were most difficult for you?* _____

_____

48. *What subjects did you like best?*

_____

_____

VII. MILITARY

49. *Have you ever served in a military organization of the United States?* ☐ *Yes* ☐ *No*

50. *If "Yes", give periods of active military service and other data requested*

From: _____ *To* _____ *Branch of Service:* _____

Serial No. _____ *Rank:* _____

Type of discharge received: _____

Reason for discharge: _____

_____

51. *If "Yes", give periods of active military service and other data requested*

From: _____ *To* _____ *Branch of Service:* _____

Serial No. _____ *Rank:* _____

Type of discharge received: _____

Reason for discharge: _____

_____

52. *If "Yes", give periods of active military service and other data requested*

From: _____ *To* _____ *Branch of Service:* _____

Serial No. _____ *Rank:* _____

Type of discharge received: _____

Reason for discharge: _____

_____

53. *If "Yes", give periods of active military service and other data requested*

From: _____ *To* _____ *Branch of Service:* _____

Serial No. _____ *Rank:* _____

Type of discharge received: _____

Reason for discharge _____

_____

54. *Were you ever been tried, punished, reprimanded, or reduced in rank for any infraction of military rules and regulations*

☐ *Yes* ☐ *No* *If "Yes", indicate on a separate sheet of paper:*

1) date(s) *2) charge(s)* *3) type of court martial or other disciplinary proceedings, and* *4) disposition of charge(s)*

55. *Has your discharge or separation ever been corrected or changed?* ☐ *Yes* ☐ *No* *If "Yes" indicate below:*

Changed from _____

To: _____ *Authority:* _____

VIII. RESERVE AND/OR NATIONAL GUARD RECORD

56. *Are you now or were you ever an active member of any branch of the United States Reserves or State National Guard?*

☐ *Yes* ☐ *No*

57. *If "Yes" indicate whether it was United States Reserve Force or State National Guard along with other date requested.*

Branch of Service: _____ *From:* _____ *To:* _____

Unit: _____ *Present or last rank:* _____

Type of Discharge: _____

Mailing address of Unit: _____

58. *If "Yes" indicate whether it was United States Reserve Force or State National Guard along with other date requested.*

Branch of Service: _____ *From:* _____ *To:* _____

Unit: _____ *Present or last rank:* _____

Type of Discharge: _____

Mailing address of Unit: _____

59. *If "Yes" indicate whether it was United States Reserve Force or State National Guard along with other date requested.*

Branch of Service: _____ *From:* _____ *To:* _____

Unit: _____ *Present or last rank:* _____

Type of Discharge: _____

Mailing address of Unit: _____

60. *If "Yes" indicate whether it was United States Reserve Force or State National Guard along with other date requested.*

Branch of Service: _____ *From:* _____ *To:* _____

Unit: _____ *Present or last rank:* _____

Type of Discharge: _____

Mailing address of Unit: _____

61. *If "Yes" indicate whether it was United States Reserve Force or State National Guard along with other date requested.*

Branch of Service: _____ *From:* _____ *To:* _____

Unit: _____ *Present or last rank:* _____

Type of Discharge: _____

Mailing address of Unit: _____

62. *While serving with the Reserves or National Guard, were you ever tried, punished, reprimanded, or reduced in rank for any infraction of military rules and regulations*

☐ *Yes* ☐ *No* *If "Yes", indicate or a separate sheet of paper:*

1) Date(s) *2) Charge(s)* *3) Type of court martial or other disciplinary proceedings, and*
4) Disposition of charge(s)

63. *Has your discharge or separation ever been corrected or changed?* ☐ *Yes* ☐ *No*

If "Yes" indicate below: Changed from _____

To: _____ *Authority:* _____

IX. FOREIGN MILITARY LEAVE:

64. *Have you ever served in a military organization of any foreign government?* ☐ *Yes* ☐ *No*

If "Yes" indicate the Country: _____ *Date of Entry:* _____

Type of Discharge: _____

X. SELECTIVE SERVICE

65. *What is your present Selective Service classification?* _____

_____

Selective Service Board Number: _____

Selective Service Board Address: _____

_____

Selective Service Number: _____

66. *Please indicate all draft classifications you have ever had in addition to your present status*

_____

67. *Have you ever asked for or received a deferment from military service?* ☐ *Yes* ☐ *No*

68. *Have you ever received any information from your Selective Service Board that would indicate that you will be inducted into the service in the near future?* ☐ *Yes* ☐ *No*

If "Yes", give details on a separate sheet

XI. EMPLOYMENT/UNEMPLOYMENT RECORD:

69. *List all employment, including part time jobs and period of unemployment over 20 days.*

(All addresses/locations must include street, city, state and zip code)

From - To Month/Year	Name and Mailing Address of Employer or Unemployment Office where Benefits were Filed	Position Held	Reason for Leaving
From: To:			
From: To:			
From: To:			
From: To:			

Record of employment (Con't)

From: *To:*			
From: *To:*			
From: *To:*			
From: *To:*			
From: *To:*			
From: *To:*			

70. If any of the employers you have listed are relatives, indicate which ones. (This include relatives through marriage)

_____

_____

_____

_____

_____

71. Were you ever discharged or forced to resign because of misconduct, or unsatisfactory service? ☐ *Yes* ☐ *No*

If "Yes" list those employers who either (1) Disciplined you (2) Discharged you (3) Requested you to resign

Employers Name	*Date*	*Name of Supervisor*

72. Do you object to your present employer being contacted? ☐ *Yes* ☐ *No*

73. Have you ever applied for a position with any law enforcement agency? ☐ *Yes* ☐ *No*

If "yes" indicate on a separate sheet:

1) Police Department to which you applied for 2) date which you applied 3) whether you were rejected or accepted

4) if rejected, the reason for rejection 5) if accepted, why you refused employment

74. Has any license or permit (exclude drivers license or learners permit) issued by any city, county, state, or federal agency ever been denied you or to any corporation or partnership in which you were an officer, director, or partner?

☐ *Yes* ☐ *No* *If "Yes" Name City/State:*

75. *Has any such license or permit ever been revoked?* ☐ *Yes* ☐ *No*

76. *Have you ever been a member of any labor union?.* ☐ *Yes* ☐ *No* *If "Yes", indicate the union and dates of membership*

Union Name: _____

Dates of Membership: _____

77. *How many days have you called out sick in the last five (5) years?* _____

a. *How many times did you call out sick in conjunction to your days off?*

78. *Are you now on any eligibility list?* ☐ *Yes* ☐ *No*

XII. FINANCIAL:HISTORY

79. *List any business with which you have, or have had, charge accounts. List any other institution from which you have borrowed money for any purpose.*

Note: All references to ex-spouse apply only to that period which he/she was married to you. All addresses/locations must have street, city, state and zip code

Name of firm: _____

Type of Business: _____

Mailing Address: _____

Purpose: _____

Has the account been satisfied: ☐ *Yes* ☐ *No*

Name of firm: _____

Type of Business: _____

Mailing Address: _____

Purpose: _____

Has the account been satisfied: ☐ *Yes* ☐ *No*

Name of firm: _____

Type of Business: _____

Mailing Address: _____

Purpose: _____

Has the account been satisfied: ☐ *Yes* ☐ *No*

Name of firm: _____

Type of Business: _____

Mailing Address: _____

Purpose: _____

Has the account been satisfied: ☐ *Yes* ☐ *No*

Name of firm: _____

Type of Business: _____

Mailing Address: _____

Purpose: _____

Has the account been satisfied: ☐ *Yes* ☐ *No*

Note: If additional space is needed, use a separate sheet. If you answer "Yes" to questions 80 - 89, give complete details including dates and location on a separate sheet

80. Have you, your spouse, or ex-spouse ever had your wages attached.	☐ Yes	☐ No
81. Have you, your spouse, or ex-spouse ever been a party to a small claims or other court action?	☐ Yes	☐ No
82. Do you, your spouse, or ex-spouse have any immediate civil action pending against you?	☐ Yes	☐ No
83. Have you, your spouse, or ex-spouse ever had a judgment rendered against you?	☐ Yes	☐ No
84. Have you, your spouse, or ex-spouse ever filed for bankruptcy or been declared bankrupt?	☐ Yes	☐ No
85. Have you ever been refused automobile or had other insurance policy cancelled?	☐ Yes	☐ No
86. Have you ever had an automobile or other insurance policy?	☐ Yes	☐ No
87. Have you ever been refused credit?	☐ Yes	☐ No
88. Have you, your spouse, or ex-spouse ever had any property repossessed?	☐ Yes	☐ No
89. Have you ever been bonded or had a bond refused?	☐ Yes	☐ No

90. If you are selected for employment by the Homestead Police Department, do you anticipate any income other than your Police salary? ☐ Yes ☐ No If "Yes" please indicate _____

_____

91. List saving, checking, postal savings, building and loan, brokerage, and any other account maintained by you and your spouse

Name and Address of Institute	Name in Which Account is Held	Type	Present Balance

92. List all securities, rights, warrants, and warrants stock options owned or controlled by you or your spouse

Description of Securities	Number of Shares	Date of Purchase	Initial Cost	Yearly Income There From

93. *List all real estate holdings or investments entirely or partially owned by you and your spouse*

Description	Location	Date of Purchase	Initial Cost	Amount of Mortgage/Lien	Yearly Income Therein

94. *List all motor vehicles and/or boats presently owned by you or your spouse*

Make	Year	Registration Number	Cost	Date of Purchase

95. *List any business you or your spouse have a financial interest, other than those listed in questions 91 through 94.*

Business	Amount of Interest	Yearly Income	Name and Address of Partners

XIII. CRIMINAL AND JUVENILE RECORD

96. *Have you ever been arrested or detained by any law enforcement officer?* ☐ *Yes* ☐ *No* *If "Yes", indicate on a separate sheet:*

1) Police Agency *2) Charge* *3) Final Disposition* *4) Date* *5) Details of Case*

(This question also includes those instances in which you may have been judged a juvenile delinquent, youthful offender, or wayward minor)

97. *Have you ever been reported as a missing person?* ☐ *Yes* ☐ *No* *If "Yes", indicate on a separate sheet:*

1) Complete details *2) Including jurisdiction dates* *3) Final disposition*

XIV. MOTOR VEHICLE OPERATOR RECORD

98. Has your driver's license ever been revoked or suspended? ☐ Yes ☐ No If "Yes" indicate on a separate sheet:
1) Date 2) State 3) All details

99. Was your license ever restored? ☐ Yes ☐ No

100. Have you ever been involved in a motor vehicle accident? ☐ Yes ☐ No If "Yes" indicate on a separate sheet:
1) Date 2) Location 3) Injuries 4) Charges
5) Final disposition of any police charges or civil liability

101. Have you ever been refused a drivers license by any state? ☐ Yes ☐ No
If "Yes" indicate on a separate sheet: the reason for this refusal

102. Have you ever received a traffic citation (non-parking)? ☐ Yes ☐ No If "Yes" indicate on a separate sheet:
1) City, County, and State 2) Date 3) Charges
4) Name of agency issuing the citation 5) Final disposition

103. Do you currently have any unpaid summonses outstanding against you for any parking violations? ☐ Yes ☐ No
If "Yes" how many and where? _____

_____

XV. FAMILY BACKGROUND

104. List alphabetically by last name first, all members of your immediate family, spouse included, and all members of your spouse's immediate family. Immediate family shall include father, stepfather, mother, stepmother, brothers, sisters, guardians, and/or foster parents. This includes those relatives who are deceased. Use separate sheet if additional space is needed.

ALL ADDRESSES/LOCATIONS MUST HAVE STREET, CITY, STATE & ZIP CODE

Relationship	Surname, First, Middle (**Indicate if deceased)	Address (Indicate if deceased)	Occupation	Date of Birth or Age

105. Has any member of your immediate family or your spouse's immediate family ever been arrested? ☐ Yes ☐ No
If "Yes" indicate on a separate sheet

106. To the best of your knowledge, has any other relative or person residing with you, although not related, ever been arrested?
☐ Yes ☐ No If "Yes" indicate on a separate sheet:

XVI. REFERENCES

107. *Fill in below the names of three persons not related to you and not former employers, who have known you for at least 5 years, all persons to whom you refer may be asked to appraise your character, ability, experience, personality, and other qualities*

Name: _____

Home Address: _____

Years Known _____ Home Phone _____ Cell Phone _____

Business, Occupation or Profession: _____

Name of Business: _____

Business Address: _____

Business Phone# _____

Name: _____

Home Address: _____

Years Known _____ Home Phone _____ Cell Phone _____

Business, Occupation or Profession: _____

Name of Business: _____

Business Address: _____

Business Phone# _____

Name: _____

Home Address: _____

Years Known _____ Home Phone _____ Cell Phone _____

Business, Occupation or Profession: _____

Name of Business: _____

Business Address: _____

Business Phone# _____

XVII. ACQUAINTANCES

108. *Fill in below the names of the two persons not related to you, and not former employer or references who are friends, fellow students, or fellow workers. Names listed should be those persons who have seen you frequently during the past year.*

Name: _____

Address: _____

Home Phone _____ Cell Phone _____

Business Address: _____

Business Phone _____

Occupation: _____

Name: _____

Address: _____

Home Phone _____ Cell Phone _____

Business Address: _____

Business Phone _____

Occupation: _____

109. *In what capacity are the above acquaintances known to you?* _____

_____

_____

_____

110. *Do you presently have:* ☐ *Boy/Girl Friend ("Steady")* ☐ *Fiancée*

Name: _____

Address: _____

Phone# _____

Business Address: _____

Business Phone# _____

Occupation: _____

XVIII. LOYALTY

Instructions:

The words "subversive organization" as used here means any group or organization which supports, follows, or which is in sympathy with the principles of Communism or any other subversive doctrine or is listed by the U.S. Attorney General as subversive.

Answer "Yes" or "No" to each question. If "Yes", give details on a separate sheet.

111. *Have you ever by word of mouth or in writing advocated, advised, or taught the doctrine that the government of the United States of America, or of any state, or of any political subdivision thereof, should be overthrown by force, violence, or any unlawful means.*

☐ *Yes* ☐ *No*

112. *Are you now or have you ever been a member of any subversive organization?*

☐ *Yes* ☐ *No*

113. *Have you ever paid, contributed, collected, or solicited any money or dues to for, or on behalf of any subversive organization*

☐ *Yes* ☐ *No*

114. *Have you ever been connected or affiliated in any manner with or have you ever attended any meetings of any subversive organization*

☐ *Yes* ☐ *No*

115. *Do you belong to a religious sect, or hold any belief which would prevent you from vowing allegiance to the flag and constitution of the United States of America or from taking a life in carrying out your duties when such action is lawful and necessary?*

☐ *Yes* ☐ *No*

116. *Have you ever been a member of or attended any school, camp, or forum sponsored by any subversive organization?*

☐ *Yes* ☐ *No*

120. Have you ever signed or solicited others to sign any petition sponsored or issued by any subversive organization, or any portic which has as its purpose the aiding of any person, cause, or program connected with any subversive organization?

☐ Yes ☐ No

121. To the best of your knowledge, does any member of your family, or your spouse's family, belong to any subversive organizatior

☐ Yes ☐ No If "Yes", indicate on a separate sheet

1) The name of the relative 2) The relationship to you 3) The organization to which he/she is a member

XIX. POLYGRAPH EXAMINATION

122. Are you willing to take a polygraph examination to verify all information supplies in this application and all other information supplied by you to this department?

☐ Yes ☐ No

If "No", state your reason(s)_____

XX. SWIMMING

123. Are you able to swim more than 50 yards? ☐ Yes ☐ No

CITY OF HOMESTEAD
HUMAN RESOURCES

NOTIFICATION OF SOCIAL SECURITY NUMBER COLLECTION AND USAGE

In compliance with Florida Statutes §119.071(5), the City of Homestead 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;

NOTIFICATION

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

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.

I understand the above information and have been given a copy of this document.

Applicant Name (Print)	Applicant Signature	Date

AUTHORIZATION TO RELEASE INFORMATION

I affirm that this application contains no misrepresentations, falsifications omissions, or concealment of material fact, and that information given by me is true and complete to the best of my knowledge and belief. I am aware that any statements made by me on this application are subject to later investigation. I am further aware that should any investigation disclose any such misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and my name removed from the eligible lists. If already appointed, I may be dismissed.

I hereby authorize any Police Officer or authorized representative of the Homestead Police Department bearing this release or copy thereof, within six months of its date, to obtain any information in your files pertaining to my employment records or educational records including, but not limited to, achievement, attendance, personal history and disciplinary records, medical records, and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Homestead Police Department. Consent is granted for the Homestead Police Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I do hereby voluntarily agree to undergo a pre-employment physical examination which will include a urinalysis test for drugs and/or alcohol. I do hereby give my consent to release results of this testing to the City of Homestead to be used as part of my application process for employment.

I hereby release you, as the custodian of such repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, o 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. Should there be any question as to the validity of this release, you may contact me as indicated below. In reference to the Privacy Act, Public Law 93-579.

Signature: _____ **Date:** _____

Full Name (Typed or Print): _____

Current Address: _____

_____ **Phone No.** _____
State **Zip Code**

STATE OF FLORIDA, COUNTY OF _____ **the forgoing instrument was acknowledged before me this** _____**(date) by** _____**, who is personally know to me or who has produced** _____**(type of identification) as identification and who did (did not) take an oath.**

Notary's Signature _____

Notary's Name _____

Notary's Title or Rank _____ _____
(Seal)

Serial Number, if any _____

FDLE
Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION
(Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022(2)(b), 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: _____

SOCIAL SECURITY NUMBER (Optional): _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: _____

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. 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 photocopy 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 photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, 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 _____

Before me personally appeared _____ who says that he/she executed the above instrument of his or 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_____. Personally Known _____ - or -

Produced Identification _____ Notary Public: _____

Type of identification produced: _____