

City of Miami Black Police Precinct and Courthouse Museum, Inc.
480 NW 11th Street
Miami, Florida 33136

APPLICATION FOR EMPLOYMENT

Notes: (1) Complete all applicable areas. Shaded areas enclosed by bold lines are for office use only.
 (2) False statements may cause rejection of the application or if employed, termination of employment.
 (3) Application must be completed and signed on back page or it will be rejected.

IDENTIFICATION

| | | | |
|---------------------|-----------------|------------------|---------------------------------|
| Social Security No: | Job Title: | | |
| First Name: | Middle Initial: | Last Name: | Former Surname (If Applicable): |
| Address: | City: | State: | Zip Code: |
| Home Phone: | Cellular Phone: | Emergency Phone: | Emergency Name / Contact: |

MILITARY

FOR OFFICE USE ONLY: Veteran Yes No **Veteran's Preference Code** _____ **Initials** _____

0 = Not eligible for veteran's preference 4 = Disabled veteran's preference status pending but eligible for **NON**-disabled veteran's preference

1 = Eligible for disabled veteran's preference - 30% or more 5 = Disabled veteran's preference status pending; Not otherwise eligible for veteran's preference

2 = Eligible for disabled veteran's preference - Less than 30%

3 = Eligible for non-disabled veteran's preferences 6 = Veteran's preferences status pending

FOR APPLICANT'S USE: PLEASE COMPLETE THOROUGHLY

YOU MUST SHOW AN ORIGINAL DD-214 AND OTHER RELEVANT DOCUMENTS CONCERNING ELIGIBILITY FOR VETERAN'S PREFERENCES. POINTS WILL BE AWARDED ONLY IF YOU SUBMIT, WITH YOUR APPLICATION, AN ORIGINAL DD-214 AND / OR PROOF OF A SERVICE-CONNECTED DISABILITY THAT IS LESS THAN ONE YEAR OLD.

IF YOU ARE CLAIMING DISABLED VETERAN'S PREFERENCES, PLEASE INDICATE PERCENTAGE OF DISABILITY: _____%

| | |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Have you served in the military on active duty during wartime? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you the spouse of a disabled veteran or MIA or the unmarried widow(er) of a veteran whose death was service connected? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you received veteran's preference in the State of Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

LAW ENFORCEMENT FLAG/PUBLIC RECORDS

Florida Statute 119.07 provides certain exemptions from public inspection of records for active and former law enforcement personnel; correctional and correctional probation officers; certified firefighters; Justice of Supreme Court, district court of appeal judges and county court judges; current or former state attorneys, assistant state attorneys, statewide prosecutors or assistant statewide attorneys; code inspectors and code enforcement officers. Do you, your spouse or parents(s) fall into one of the aforementioned categories?

Yes No

OFFICE USE:

Code:

CONVICTION

| | | |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | A conviction does not automatically disqualify you from employment. The nature of the offense, how long ago it occurred, relationship to this job, etc., are taken into consideration. | |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

| NATURE OF OFFENSE(S) | NAME & LOCATION OF COURT | DATE OF CONVICTION(S) |
|----------------------|--------------------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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PERSONAL DATA

Are you a citizen of the U.S.A.? Yes No
 If "No" do you have current authorization to work in the United States? Yes No Type _____ If you are not a U.S. citizen, a copy of your authorization to work issued by the U.S. Immigration & Naturalization Service must be submitted prior to appointment.

| | | | | |
|-------------------------------------------------------------------|--------------------|---------------------|--------|------------------|
| Date of Birth: _____ / _____ / _____ mo. day year | Driver License No: | Year of Expiration: | State: | Type of License: |
|-------------------------------------------------------------------|--------------------|---------------------|--------|------------------|

EDUCATION

| | Location: | Dates Attended | #Credits Earned | Degree Awarded | Major |
|---------------------|-----------|----------------|-----------------|----------------|-------|
| College/University: | | | | | |
| Other: | | | | | |
| Other: | | | | | |
| Other: | | | | | |

EMPLOYMENT HISTORY

Please list your work experience starting with your present or most recent employer, in as much detail as possible. If you have held various positions with the same employer, make a separate entry for each position held so that your application may be accurately evaluated. Please account for any periods of non-employment greater than 3 months. **Resumes may not be substituted for application forms.** NOTE: Previous employers may be contacted to verify information provided.

| | | | | | |
|------------------------------------|----------------|-------------------------|------------------------------------------------------------------------------|---------------------|-------------------|
| Employer (Name of Firm or Agency): | | | Dates Employed: From: ____/____/____ To: ____/____/____ mo. year mo. year | | |
| Mailing Address of Employer: | | Phone Number: | | Starting Salary: \$ | Ending Salary: \$ |
| Job Code/Title: | Hrs. Per Week: | No. Persons Supervised: | Reason for Leaving: | | |
| Supervisor's Name/Title: | | | Full-Time: | Part-Time: | |
| Employer (Name of Firm or Agency): | | | Dates Employed: From: ____/____/____ To: ____/____/____ mo. year mo. year | | |
| Mailing Address of Employer: | | Phone Number: | | Starting Salary: \$ | Ending Salary: \$ |
| Job Code/Title: | Hrs. Per Week: | No. Persons Supervised: | Reason for Leaving: | | |
| Supervisor's Name/Title: | | | Full-Time: | Part-Time: | |
| Employer (Name of Firm or Agency): | | | Dates Employed: From: ____/____/____ To: ____/____/____ mo. year mo. year | | |
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| Job Code/Title: | Hrs. Per Week: | No. Persons Supervised: | Reason for Leaving: | | |
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EMPLOYMENT HISTORY (cont.)

| | | | |
|------------------------------------|----------------|---------------------------------------------------------------------------------------|----------------------|
| Employer (Name of Firm or Agency): | | Dates Employed: From: ___/___/___ To: ___/___/___ <small>mo. year mo. year</small> | |
| Mailing Address of Employer: | Phone Number: | Starting Salary: \$ | Ending Salary: \$ |
| Job Code/Title: | Hrs. Per Week: | No. Persons Supervised: | Reason for Leaving: |
| Supervisor's Name/Title: | | Full-Time: | Part-Time: |
| Employer (Name of Firm or Agency): | | Dates Employed: From: ___/___/___ To: ___/___/___ <small>mo. year mo. year</small> | |
| Mailing Address of Employer: | Phone Number: | Starting Salary: \$ | Ending Salary: \$ |
| Job Code/Title: | Hrs. Per Week: | No. Persons Supervised: | Reason for Leaving: |
| Supervisor's Name/Title: | | Full-Time: | Part-Time: |

CERTIFICATE OF APPLICATION (PLEASE READ CAREFULLY BEFORE SIGNING)

I hereby certify that all the statements made in this application are true and correct. I understand that I must demonstrate that I meet the minimum requirements of the job, and further understand that any exaggerated or false statement(s) or omission of requested information may be cause for my application to be rejected; or, if I have been employed may be cause for my termination. By signing this application, I agree to authorize the use of any information in this application to verify my statements, and I authorize all past employers, past educators and references to release any and all information concerning my previous employment and educational records. By signing this document I authorize verification of my background and conviction record, and I understand that in order for the City of Miami Black Police Precinct and Courthouse Museum, Inc. to comply with the Immigration Reform Act 1986, any job offered to me is conditional upon my ability to establish identity and employment eligibility under such Act.

SIGNATURE OF APPLICANT

DATE