



# City of Miami APPLICATION FOR EMPLOYMENT

Department of Human Resources/444 SW 2nd Ave., Suite 129/Miami, Florida 33130  
Employment Office (305) 416-2170/Job Hotline (305) 416-2050/Website: www.ci.miami.fl.us

- NOTES:** (1) Complete all applicable areas in blue or black ink. Shaded areas enclosed by bold lines are for office use only.  
 (2) Under Florida law, employment applications are open for public inspection.  
 (3) False statements may cause rejection of the application or if employed, termination of employment.  
 (4) Application must be completed and signed on back page or it will be rejected.

**THIS BOX FOR OFFICE USE ONLY:**

Application #:

**IDENTIFICATION**

|                                   |                        |                        |                         |                         |                                 |
|-----------------------------------|------------------------|------------------------|-------------------------|-------------------------|---------------------------------|
| Social Security No:               |                        | Job Code/Title:<br>( ) |                         |                         |                                 |
| First Name:                       |                        | Middle Init.:          | Last Name:              |                         | Former Surname (If Applicable): |
| Address (Street Number and Name): |                        |                        | City:                   | State:                  | Zip Code:                       |
| Home Phone:<br>( )                | Business Phone:<br>( ) |                        | Emergency Phone:<br>( ) | 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 <b>NON</b> -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% | 6 = Veteran's preference status pending                                                                     |
| 3 = Eligible for non-disabled veteran's preference             |                                                                                                             |

**FOR APPLICANT'S USE: PLEASE COMPLETE THOROUGHLY**

YOU MUST SHOW AN ORIGINAL DD-214 AND OTHER RELEVANT DOCUMENTS CONCERNING ELIGIBILITY FOR VETERAN'S PREFERENCE. 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 PREFERENCE, PLEASE INDICATE PERCENTAGE OF DISABILITY: \_\_\_\_\_%

|                                                                                                                             |                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Have you served in the military on active duty during wartime?<br><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?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you received veteran's preference in the state of Florida?<br><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; Justices 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 parent(s) fall into one of the aforementioned categories?

YES     NO

**OFFICE USE:**

**CONVICTION**

Code:

Have you ever been convicted of a crime?     YES     NO    A conviction does not automatically disqualify you from employment with the City of Miami. 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) |
|----------------------|--------------------------|-----------------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Application #: \_\_\_\_\_

**PERSONAL DATA**

Are you a citizen of the U.S.A.?  YES  NO Some City jobs require citizenship.  
 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: _____<br><small>mo. day year</small> | Driver License Number: _____ | Year of Expiration: _____ | State: _____ | Type of License: _____ |
|-----------------------------------------------------|------------------------------|---------------------------|--------------|------------------------|

Are you presently employed by the City of Miami?  YES  NO Have you ever worked for the City of Miami?  YES  NO

If yes, please state:  
 Last date of employment: \_\_\_\_\_ Last department employed: \_\_\_\_\_

Do you have any relative(s), either by blood or by marriage who is/are employed by the City of Miami?  YES  NO  
 Relatives include: father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother or half sister.

| Name: | Relation to You: | Department Employed: |
|-------|------------------|----------------------|
|       |                  |                      |
|       |                  |                      |
|       |                  |                      |
|       |                  |                      |

**EDUCATION**

| Foreign degrees must be accompanied by transcript evaluations performed by American colleges or universities or approved credential evaluation services. | Dates Attended                              | #Credits Earned | Degree Awarded | Major |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------|----------------|-------|
| High School: _____                                                                                                                                       | Location: _____<br>FROM: _____<br>TO: _____ |                 |                |       |
| College/University: _____                                                                                                                                | Location: _____<br>FROM: _____<br>TO: _____ |                 |                |       |
| Other: _____                                                                                                                                             | Location: _____<br>FROM: _____<br>TO: _____ |                 |                |       |
| Other: _____                                                                                                                                             | Location: _____<br>FROM: _____<br>TO: _____ |                 |                |       |
| Other: _____                                                                                                                                             | Location: _____<br>FROM: _____<br>TO: _____ |                 |                |       |

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

Duties:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Application #:

**EMPLOYMENT HISTORY (cont.)**

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

Duties:

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

Duties:

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

Duties:

Application #:

**EMPLOYMENT HISTORY (cont.)**

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

Duties:

**REFERENCES: List three (3) personal references who are not relatives or former employers.**

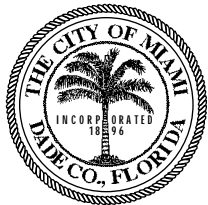
| NAME AND OCCUPATION | ADDRESS | TELEPHONE NO. | YRS. KNOWN |
|---------------------|---------|---------------|------------|
|                     | _____   |               |            |
|                     | _____   |               |            |
|                     | _____   |               |            |

**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 to comply with the Immigration Reform and Control 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



The City of Miami is an equal opportunity employer.



**City of Miami**  
**AFFIRMATIVE ACTION DATA SHEET**  
 FOR STATISTICAL USE ONLY

Your voluntary completion of this form will assist the City in compiling required information for Equal Employment Opportunity (EEO). This data will not be kept with the application form, nor used in the decision to hire. Please complete and return with your employment application.

|                       |                      |
|-----------------------|----------------------|
| Name:                 | Social Security No:  |
| Position Applied For: | Date of Application: |

|                                                                                                                                                                                                                                                                                                    |                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <b>ETHNIC DATA</b><br><input type="checkbox"/> - W (White, not of Hispanic Origin) <input type="checkbox"/> - A (Asian/Pacific Islander)<br><input type="checkbox"/> - B (Black, not of Hispanic Origin) <input type="checkbox"/> - I (American Indian)<br><input type="checkbox"/> - H (Hispanic) | <b>GENDER DATA</b><br><input type="checkbox"/> - F (Female)<br><input type="checkbox"/> - M (Male) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

|                                        |                                |                                          |
|----------------------------------------|--------------------------------|------------------------------------------|
| <b>THIS BOX FOR OFFICIAL USE ONLY:</b> | National Origin Code Assigned: | <input style="width: 80%;" type="text"/> |
|----------------------------------------|--------------------------------|------------------------------------------|

Please indicate your Country of birth:

**HOW WERE YOU INFORMED ABOUT THE VACANCY FOR WHICH YOU ARE APPLYING? (Check Only One)**

|                                                                                                                                                                           |                                                                                                  |                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. <input type="checkbox"/> Community Agency<br>B. <input type="checkbox"/> Internet Site:<br>_____                                                                       | F. <input type="checkbox"/> Notification Card<br>G. <input type="checkbox"/> Newspaper:<br>_____ | J. <input type="checkbox"/> Job Fair<br>K. <input type="checkbox"/> Friend (not a City of Miami employee)<br>L. <input type="checkbox"/> Professional Journal<br>M. <input type="checkbox"/> Source other than those listed above:<br>_____ |
| C. <input type="checkbox"/> City Employment Office/Job Hotline<br>D. <input type="checkbox"/> Other City Department<br>E. <input type="checkbox"/> City of Miami Employee | H. <input type="checkbox"/> High School/College:<br>_____                                        |                                                                                                                                                                                                                                             |
|                                                                                                                                                                           | I. <input type="checkbox"/> Radio Announcement (Station):<br>_____                               |                                                                                                                                                                                                                                             |

|                                      |                         |                                          |
|--------------------------------------|-------------------------|------------------------------------------|
| <b>THIS BOX FOR OFFICE USE ONLY:</b> | Referral Code Assigned: | <input style="width: 80%;" type="text"/> |
|--------------------------------------|-------------------------|------------------------------------------|

Do you need any accommodation in order to take a City examination, due to a physical or mental disability/condition?     YES     NO

If yes, please describe the type of accommodation needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you need any accommodation in order to properly perform the essential functions of the job for which you are applying?     YES     NO

If yes, please describe the type of accommodation needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_