



# City of Coral Gables

## Supplemental Packet Checklist

**SUBMISSION DATE:** \_\_\_\_\_

**APPLICANT NAME:** \_\_\_\_\_

**APPLYING FOR:**  CERTIFIED POLICE OFFICER **OR**  NON-CERTIFIED POLICE OFFICER

**How did you learn of our position:**

- City Website
- Walk-In
- Internet Source: \_\_\_\_\_
- City Employee (Name & Employee Number): \_\_\_\_\_
- Other: \_\_\_\_\_

### FOR OFFICE USE ONLY

**Supplemental Packet Checklist:**

- 1) FDLE 68 - Affidavit of Applicant
- 2) FDLE 58 - Authority for Release of Information (2 originals required)
- 3) Criminal Records Disclosure
- 4) Waiver of Consumer
- 5) Attestment of Military Services
- 6) Notification of Social Security Number Collection and Usage
- 7) Notice for Police Recruit Candidates (3-year commitment)
  
- 8) Color copy of Driver's License
- 9) Color copy of Social Security Card
- 10) Copy of Birth Certificate or Passport (Proof of Citizenship)
- 11) Copy of College Diploma(s) (If no college, copy of High School Diploma)

**Certified Officers Only:**

- Police Academy Training Certificate
- FDLE Exam Results

\_\_\_\_\_  
DATE

\_\_\_\_\_  
REVIEWED BY / SIGNATURE



Florida Department of Law Enforcement

AFFIDAVIT OF APPLICANT

Incorporated by Reference in Rule 11B-27.002(1)(f), F.A.C.



CJSTC 68

Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses

Last Four Digits of Applicant's Social Security Number: \_\_\_\_\_

Applicant's Legal Name: \_\_\_\_\_ Last First MI

Employing agency: \_\_\_\_\_

Use this form to verify your compliance with the employment requirements of Section 943.13, F.S. I fully understand that to qualify for employment as a law enforcement, correctional, or correctional probation officer, I shall comply with the following provisions of Section 943.13, F.S.:

- Be at least 18 years of age... Be a citizen of the United States... Be a high school graduate or equivalent... Not have been convicted of any felony... shall not be eligible for employment... Have been fingerprinted... Have passed a physical examination... Be of good moral character... Have not received a dishonorable discharge...

True False NA In addition, I attest to the following statements: Each statement shall be checked "True" "False" or "NA" 1. I completed my employment application... 2. I provided documentation of proof of my qualifications... 3. I meet the qualifications as specified above... 4. I had a criminal record sealed or expunged... 5. I am under investigation by a local, state, or federal agency... 6. I separated or resigned from a previous criminal justice employment... 7. I am currently serving in good standing in the U.S. Military... 8. I previously served in the U.S. Military... 9. I received a dishonorable discharge from my previous U.S. Military service... 10. I am currently certified as a Florida criminal justice officer... 11. I authorize the employing agency listed above to apply for my certification...

NOTICE: This document shall constitute as an official statement within the purview of Section 837.06, F.S., and is subject to verification by the employing agency and the Criminal Justice Standards and Training Commission. Any intentional omission when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify the officer for employment as an officer.

PLEASE READ CAREFULLY BEFORE SIGNING. You must complete the remainder of this affidavit in the presence of a notary public. Upon witnessing your signing of this affidavit, a notary public shall complete the notary block by entering the same date the affidavit is signed. I hereby certify that to the best of my knowledge and belief, the information that I've entered on this form is true.

12. \_\_\_\_\_ Applicant's Signature 13. \_\_\_\_\_ Date Signed

14. OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of Physical Presence OR Online Notarization this \_\_\_\_\_

day of \_\_\_\_\_, year \_\_\_\_\_, By \_\_\_\_\_

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced

\*NOTE: Private Correctional facilities must submit original and shall forward the completed affidavit stapled to the Registration of Employment, Affidavit of Compliance Form CJSTC-60 to FDLE, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

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

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF COUNTY OF

Sworn to (or affirmed) and subscribed before me by means of Physical Presence OR Online Notarization this

day of, year, By

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

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

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF COUNTY OF

Sworn to (or affirmed) and subscribed before me by means of Physical Presence OR Online Notarization this

day of, year, By

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced



# City of Coral Gables

## Criminal Records Disclosure Requirement

If you have expunged or Court sealed records, the following Florida State Statute applies to your application with the City of Coral Gables for the position of Reserve Police Officer.

Sections 943.0585 and 943.059, Florida Statutes, state that a person who is the subject of a criminal history record that is expunged under Section 943.0585 or that is sealed under 943.059, or that is expunged or sealed under any other provisions of law, including former Sections 893.14, 901.33 and 943.058, "may lawfully deny or fail to acknowledge the events covered by the sealed record, **except when the subject of the record...(i)s a candidate for employment with a criminal justice agency.**" Fla. Stat. § 943.059 (4) (a) (1) (West Supp. 1994) (emphasis added). **See also** Fla. Stat. § 943.0585 (4) (a) (1) (dealing with expunged records).

Based upon the above-cited statutes, the law requires that you, as an applicant for employment with a criminal justice agency (such as the Coral Gables Police Department), must not deny or fail to acknowledge the events in any expunged or sealed criminal records.

A denial or failure to acknowledge the events in any expunged or sealed records will result in disqualification, termination, or criminal charges.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (Print)

STATE OF \_\_\_\_\_ (COUNTY OF \_\_\_\_\_)

The foregoing instrument was executed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally known by me (or who has produced \_\_\_\_\_ as identification) and who took an oath.

\_\_\_\_\_  
Notary Public  
State of \_\_\_\_\_ at Large

\_\_\_\_\_  
Name of Notary (Type or Print)



# City of Coral Gables

## Waiver of Consumer Report Records Written Disclosure

The Federal Fair Credit Reporting Act (FCRA) allows employers to obtain consumer credit report information for employment purpose, including hiring and promotion decisions, where the consumer has given written permission, Sections 604 (a)(3)(B) and 604 (b).

Permission is hereby given to **The City of Coral Gables Police Department** to obtain consumer credit re-port information.

I understand that if any adverse action is to be taken based on the consumer report, a copy of the report and a summary of the consumer rights will be provided to me.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip Code

STATE OF \_\_\_\_\_ (COUNTY OF \_\_\_\_\_)

The foregoing instrument was executed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally known by me (or who has produced \_\_\_\_\_ as identification) and who took an oath.

\_\_\_\_\_  
Notary Public  
State of \_\_\_\_\_ at Large

\_\_\_\_\_  
Name of Notary (Type or Print)



# City of Coral Gables

## Attestment of Military Service

I, \_\_\_\_\_, do attest that I **have never served** in the Armed Forces of the United States.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, do attest that I **have served** in the Armed Forces of the United States.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_ (COUNTY OF \_\_\_\_\_)

The foregoing instrument was executed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally known by me (or who has produced \_\_\_\_\_ as identification) and who took an oath.

\_\_\_\_\_  
Notary Public  
State of \_\_\_\_\_ at Large

\_\_\_\_\_  
Name of Notary (Type or Print)

CITY OF CORAL GABLES



NOTIFICATION OF SOCIAL SECURITY NUMBER  
COLLECTION AND USAGE

In compliance with Florida Statutes §119.071(5), the City of Coral Gables 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/Package;
- 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 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 Coral Gables.

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.

\_\_\_\_\_  
Employee/Applicant Name (Print)

\_\_\_\_\_  
Employee/Applicant Signature

\_\_\_\_\_  
Date





The City of Coral Gables

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## NOTICE TO POLICE RECRUIT CANDIDATES

### IMPORTANT NOTICE TO POLICE RECRUITS

A copy of the **Agreement for Reimbursement of Hiring and Training Expenses** and the **Agreement for Temporary Employment as a Police Recruit** is found at the end of this packet for your review. Police recruits should read and become familiar with the contents of these agreements and the possible financial impact of the agreement should you fail to complete the three (3) year employment period as specified in the agreement. Prior to being hired you will be required to sign these document. If you have any questions regarding this documents, please seek legal counsel.

I have reviewed the agreements and understand that they must be executed upon being hired as a police recruit.

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PRINT NAME

---

SIGNATURE

---

DATE



## The City of Coral Gables

# AGREEMENT FOR REIMBURSEMENT OF HIRING AND TRAINING EXPENSES

WHEREAS, the City of Coral Gables will incur substantial expenses in the process of training the undersigned Applicant to be a commissioned and competent Police Officer; and

WHEREAS, these training expenses can only be recovered through the services of the Applicant with the Coral Gables Police Department after completion of training; and

WHEREAS, the City of Coral Gables will suffer substantial damages if the undersigned Applicant should leave the Coral Gables Police Department at any time between the signing of this Agreement and thirty-six months (156 weeks) from state certification of the Applicant as a police officer;

NOW, THEREFORE, it is hereby agreed between the City of Coral Gables and the undersigned Applicant as follows:

### 1. REIMBURSEMENT OBLIGATION

I, \_\_\_\_\_, hereafter "the Applicant" in consideration of the agreement by the City of Coral Gables, hereinafter "the City," to provide me with formal police training through the Miami Police College to be followed upon successful completion thereof by a period of field training under the supervision of experienced Coral Gables Police Officers, do hereby agree that in the event my employment with the City ceases due to any cause other than "termination" as defined below, at any time between the signing of this Agreement and thirty-six months (156 weeks) from state certification of me as a Police Officer, I will reimburse the City of Coral Gables for all expenses incurred in connection with the hiring and training, as provided in paragraph 3 below. Note: Any absence from work due to illness, non-duty related injury or other cause for a period greater than two (2) weeks shall be excluded from the period of service for which credit will be given.

### 2. DEFINITION OF "TERMINATION"

Termination, as used in this Agreement, shall mean any discontinuance of the Applicant's employment initiated by the City except for discontinuance caused by disability (as confirmed by physicians selected by the Department).

### 3. EXPENSES INCURRED FOR REIMBURSEMENT OBLIGATION

It is agreed that the expenses which the City will incur in connection with the Applicant's reimbursement obligation, shall consist of all amounts expended or incurred by the City in hiring and training the Applicant through field training with the City, including but not limited to the following:

- (a) Expenses for background investigation and other entrance check expenses;
- (b) Pre-employment testing, including psychological evaluation, drug testing, polygraph examination, physical and medical examination;
- (c) Police academy tuition and training, plus any other expenses paid, including cost of uniforms and equipment.
- (d) Expenses for providing field training, including equipment and materials plus Assignment Pay paid to the Field Training Officer during the entire period of time the Applicant is in the first four (4) phases of field training.
- (e) Interest on unpaid balance and Attorney Fees and Court costs if collection action becomes necessary.

4. TERMS OF REPAYMENT

If the applicant leaves the employment of the City prior to twenty-four (24) months from his/her date of being certified by the state as a law enforcement officer, he/she shall reimburse the City one hundred percent (100%) of the hiring and training expenses. If the applicants leaves the employment of the City between twenty-four (24) months and thirty-six (36) months of being certified by the state as a law enforcement officer, he/she shall reimburse the City fifty percent (50%) of the hiring and training expenses. The reimbursement obligation shall be made by the Applicant within six (6) months of cessation of employment in monthly installments of no less than one sixth of the total reimbursement obligation, plus interest, commencing on the first day of the month following the month during which cessation of employment occurs, and payable on or before the first of each month thereafter. The Applicant agrees that in the event of his/her failure to make any payment required pursuant to the agreement in a timely manner, the total amount of the reimbursement obligation then remaining unpaid shall immediately become due and payable. The Applicant further agrees that in the event the City of Coral Gables incurs court costs, attorney's fees or other costs of collection in an effort to collect any delinquent sums owing pursuant to this agreement, the Applicant will pay such expenses in addition to the portion of the reimbursement obligation then due.

- 5. The City of Coral Gables is not obligated to provide training to the Applicant by the Applicant's execution of this agreement. The commencement of actually providing police academy training for the Applicant by the City of Coral Gables is the City's acceptance of this agreement.
- 6. For informational purposes: The amount of the reimbursement obligation may be in excess of \$10,000. Please note this is an *estimated amount*, actual costs may be less or more depending on individual circumstances. Please familiarize yourself with the agreement prior to signing.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Human Resources Director, City of Coral Gables

\_\_\_\_\_  
Signature of Applicant

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

THE FOREGOING INSTRUMENT was acknowledged before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_ by \_\_\_\_\_,  
who is personally known to me or who has produced \_\_\_\_\_  
as identification and who did take an oath.

\_\_\_\_\_  
Notary Public

(SEAL)

\_\_\_\_\_  
Commission Number



AGREEMENT FOR TEMPORARY EMPLOYMENT AS A POLICE RECRUIT

DATE: \_\_\_\_\_

I, \_\_\_\_\_, do hereby accept temporary employment as a Police Recruit with the City of Coral Gables/Coral Gables Police Department under the terms and conditions, policies, procedures, administrative rules and regulations as promulgated by the Police Department and the City of Coral Gables.

I further understand that my initial appointment is dependent upon the following:

- 1. Successfully passing all pre-employment testing;
2. Successfully passing the State of Florida police officer certification examination;
3. Immediately notifying the Coral Gables Police Department, in writing the results of the certification examination;
4. Presenting the original proof of passing of the certification examination immediately following receipt of same.

I understand that if I do not successfully meet all requirements, I will be subject to termination. I also understand that certified police officer salary will be paid only after the City of Coral Gables receives written verification of a passing score on all sections of the state certification examination for police officer.

Under no circumstances shall the City of Coral Gables be obligated in any manner to continue to retain the Applicant for the term described above. The Applicant's continued service shall be at the will of the City of Coral Gables.

I, as the Applicant for the position of Police Cadet for the City of Coral Gables, Florida hereby certify that I have read this agreement and that I find it to be fair and reasonable and agree to be fully bound by its terms in the event that I am accepted for this position.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Human Resources Director, City of Coral Gables

Signature of Applicant

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

THE FOREGOING INSTRUMENT was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did take an oath.

Notary Public

(SEAL)

Commission Number