



**CITY OF CORAL GABLES**

**POLICE SUPPLEMENTAL PACKET**

**DATE OF APPLICATION:** \_\_\_\_\_

**TO PROSPECTIVE APPLICANTS:**

WE ARE PLEASED THAT YOU ARE INTERESTED IN EMPLOYMENT WITH THE CITY OF CORAL GABLES POLICE DEPARTMENT. WE HOPE THAT YOU ARE SUCCESSFUL IN OUR SELECTION PROCESS AND WILL BECOME PART OF THE TEAM.

WE ARE IN THE PROCESS OF GATHERING STATISTICAL DATA REGARDING OUR RECRUITMENT EFFORTS. THEREFORE, WE ARE REQUESTING THAT YOU COMPLETE THE SURVEY BELOW. AFTER YOU HAVE FINISHED THE SURVEY, PLEASE PROCEED TO THE REST OF THE APPLICATION BY FOLLOWING THE CHECKLIST.

TO RECEIVE CONSIDERATION FOR EMPLOYMENT WITH THE CORAL GABLES POLICE DEPARTMENT, A FULLY COMPLETED APPLICATION PACKET MUST BE SUBMITTED WITH THE CHECKLIST TO THE HUMAN RESOURCES DEPARTMENT AT 2801 SALZEDO STREET, 2<sup>ND</sup> FLOOR, CORAL GABLES, FL. 33134. OFFICE HOURS: 8:00 A.M. TO 4:30 P.M., MONDAY THROUGH FRIDAY, EXCLUDING OBSERVED HOLIDAYS. UNDER NO CIRCUMSTANCES WILL ANY APPLICATIONS BE ACCEPTED AT ANY OTHER LOCATION. OUT OF TOWN APPLICANTS MAY MAIL THE PACKAGE. ALL APPLICANTS WILL ONLY BE GIVEN THIRTY DAYS FROM THE DATE THE APPLICATION IS RECEIVED BY THE HUMAN RESOURCES DEPARTMENT TO CORRECT ANY DEFICIENCIES OR OMISSIONS. APPLICANTS WILL BE DISQUALIFIED IF THEY FAIL TO COMPLY.

PLEASE BE ADVISED THAT THE CITY OF CORAL GABLES POLICE DEPARTMENT HAS A STRICT POLICY REGARDING PAST AND PRESENT DRUG USAGE FOR ALL APPLICANTS FOR EMPLOYMENT. APPLICANTS MUST NOT HAVE USED ANY ILLEGAL SUBSTANCES, INCLUDING PRESCRIPTION DRUGS WITHOUT A PRESCRIPTION, WITH THE EXCEPTION OF EXPERIMENTAL MARIJUANA USAGE. APPLICANTS SEEKING EMPLOYMENT WITHIN THE CITY OF CORAL GABLES POLICE DEPARTMENT NOT MEETING THESE STANDARDS WILL BE DISQUALIFIED FROM EMPLOYMENT.

<b>1. LAST NAME:</b>	<b>FIRST NAME:</b>	<b>MIDDLE NAME:</b>	<b>2. MALE</b>	<b>FEMALE</b>
			<input type="checkbox"/>	<input type="checkbox"/>
<b>3. RACE:</b>				
<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> UNKNOWN				
<input type="checkbox"/> IF YOU ARE OF HISPANIC DESCENT, PLEASE CHECK HERE, IN ADDITION TO ONE OF THE OPTIONS ABOVE.				
<b>4. HOW DID YOU LEARN OF OUR POSITION?</b>				
<input type="checkbox"/> NEWSPAPER AD (NAME OF NEWSPAPER): _____				
<input type="checkbox"/> BULLETIN OR ANNOUNCEMENT		<input type="checkbox"/> WALK-IN		
<input type="checkbox"/> CITY WEBSITE		<input type="checkbox"/> INTERNET SOURCE: _____		
<input type="checkbox"/> CITY EMPLOYEE (NAME & EMP. NUMBER): _____				
<input type="checkbox"/> OTHER: _____				

**Human Resources Department**  
2801 Salzedo Street, 2<sup>nd</sup> Floor • Coral Gables, FL 33134  
Telephone: 305-460-5523 • Website: [www.coralgables.com](http://www.coralgables.com)

*AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER  
DRUG FREE WORKPLACE*



## The City of Coral Gables

Human Resources Department  
2801 SALZEDO STREET - SUITE 200  
CORAL GABLES, FLORIDA 33134

### **NOTICE OF APPLICATION PROCESS, APPLICATION DURATION AND REAPPLICATION PROCESS**

#### **THE APPLICATION PROCESS INVOLVES THE FOLLOWING AREAS:**

- The Adult Basic Education Test (T.A.B.E.) – Level A.
- The Florida Basic Abilities Test (F.B.A.T.)
- Physical Agility Test (P.A.T.)
- Criminal History Investigation
- Driver License Check (In State/Out of State)
- D.H.S.M.V. Verification
- Local Area Background Investigation
- Out of State Area Background Investigation
- Credit History Check
- Military Records Verification
- F.D.L.E. Certification Check
- Station Photograph/Fingerprints
- F.D.L.E. Fingerprint Check
- FBI Fingerprint Check
- Employer Check
- Character Reference Check
- Neighborhood Check
- Recommendation Letter Verification
- Discrepancy interview
- Conditional Job Offer
- Polygraph Examination
- Anabolic Steroid Test Based on Polygraph Results
- Suitability Profile
- Medical Examination
- Urine/Toxicology
- F.D.L.E. Certification re-check
- Family Members and Associates Check
- Final Discrepancy Check
- Oral Interview

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Applicants must pass each section of the selection process to the satisfaction of the Coral Gables Police Department and the City of Coral Gables. Applicant will be given an initial opportunity to take the T.A.B.E., F.B.A.T. and Physical Agility Tests. There will be only one retest given for failed tests (T.A.B.E., F.B.A.T. and Physical Agility during the same application process. All retests will be scheduled at the discretion of the Coral Gables Police Department. Applicants must submit in writing their request to take any retest. An applicant may be required to retake any portion of the examination process or the post conditional job offer process should discrepancies arise indicating such action be in the best interest of the Coral Gables Police Department.

Any applicants for the position of Police Officer who does not pass any part of the selection process, and is disqualified, may reapply at the next regular application phase.

*AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER  
DRUG FREE WORKPLACE*

P.O. BOX 141549

CORAL GABLES, FLORIDA 33114-1549

PHONE (305) 460-5523



## The City of Coral Gables

### Police Department

2801 SALZEDO STREET  
CORAL GABLES, FLORIDA 33134  
PHONE (305) 442-1600

### CORAL GABLES POLICE MISSION

"TO PROVIDE POLICE SERVICES WITH  
HONOR AND EXCELLENCE IN PARTNERSHIP  
WITH THE PEOPLE WE SERVE"

## **POLYGRAPH QUESTIONS ARE DERIVED FROM THE FOLLOWING AREAS:**

- General medical, physical and psychological
- Education
- Degrees, certificates and licenses
- Employment history to include prior work performance and reason for leaving
- Active or past litigation involving applicant
- Past criminal conduct to include juvenile years
- Undetected criminal activity
- Personal finance status
- Gambling habits
- Use of illegal substances to include prescriptions
- Selling of illegal substances
- Alcohol use
- Involvement in economic crimes
- Theft from employers
- Theft in general
- Military history
- Marital status to include domestic violence
- Citizenship
- Subversive or terrorist activities
- Driving history
- Truthfulness on all application documents
- Prior police career

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P.O. Box 141549 CORAL GABLES, FLORIDA 33134-1549





## **CITY OF CORAL GABLES**

### **CERTIFIED AND NON-CERTIFIED POLICE APPLICANT CHECKLIST**

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

Applications will only be accepted if all required documents listed below are submitted, with this checklist, to the Human Resources Department, Personnel Division, 2801 Salzedo Street, 2<sup>nd</sup> Floor, Coral Gables, FL 33134, **within twenty (20) days of receipt of the employment application.** Office hours: 8:00 a.m. to 4:30 p.m., Monday through Friday. Out of town applicants may mail the package. Applicants will only be given **ten (10)** days from the date the package is received by the Human Resources Department to correct any deficiencies or omissions. Applicants will be disqualified if they fail to comply. **NO EXCEPTIONS. Under no circumstances will any applications be accepted at any other location or if they are incomplete.**

ITEM #	ITEM	DESCRIPTION	RECEIVED
1	Online Police Officer Application Questionnaire	<b>Required.</b> Complete at <a href="http://www.coralgables.com">www.coralgables.com</a> . Use the "Apply" link found in the job advertisement.	
2	Birth Certificate	<b>Required.</b> Must submit a copy of Birth Certificate. If foreign birth certificate, must provide translation paperwork from a certified translation company. Present original for verification and provide a copy.	
3	U.S. Passport	If applicable. Present original for verification and provide a copy.	
4	Verification of Naturalization	If applicable. Original Proof of Citizenship, and must submit a copy.	
5	FDLE 68 Affidavit of Applicant.	<b>Required.</b> Must be <b><u>notarized</u></b> and returned with the appropriate boxes checked.	
6	FDLE 58 Authority for Release of information	<b>Required.</b> Must be <b><u>notarized</u></b> and all five (5) forms must be completed.	
7	Waiver of Consumer Report Records	<b>Required by State Law.</b>	
8	Criminal Records Disclosure	<b>Required by State Law. Must be <u>notarized.</u></b>	
9	High School Diploma or Equivalent (GED)	<b>Required.</b> Submit a photocopy, present original for verification.	
10	Certified College Transcripts (minimum of 54 college credits)	<b>Required. <u>Original transcripts only - No photocopies accepted.</u></b> Provide transcripts from each institution attended for any courses where college credits were received.	

11	Attestment of Military Service	<b>Required.</b> Must be <b>notarized</b> .	
12	Honorable Discharge DD-214 Form	If applicable, submit copy. If claiming Veteran's Preference must submit original.	
13	Legal Name Change Documentation	If applicable. Proof of original, submit a copy. <i>(This includes marriage, divorce or civil name changes).</i>	
14	Minimum Standards Training Certificate	<b>Required</b> only if prior Basic Law Enforcement Training/Experience.	
15	State Certificate of Compliance	<b>Required</b> , if applicable. Include a copy of BLE curriculum, stating hours.	
16	Social Security Administration Consent for Release of Information.	<b>Required.</b>	
17	Social Security Card	<b>Required.</b> Present original, provide one photocopy. In compliance with Florida Statutes § 119.071(5), the City of Coral Gables Human Resources Department collects and uses your Social Security number <u>only</u> for legitimate employment business purposes.	
18	Driver's License	<b>Required.</b> Present original, provide one photocopy.	
19	Neighborhood List	<b>Required.</b> Must provide names, addresses and telephone numbers of at least five to six neighbors.	
20	Nine (9) Letters of Recommendation	<b>Required during final stages of the background process.</b> Must provide 3 letters from supervisors, 3 letters from coworkers/personal references, and 3 letters from subordinates (if applicable). Must include address, telephone number and original signatures. <b><u>Must be current and signed originals.</u></b> <b><u>No Photocopies accepted.</u></b>	
21.	Vision Acuity Exam Form	<b>Required.</b> Must be completed by an Optometrist/Ophthalmologist. Must be current and an original. <b><u>Photocopy not accepted.</u></b> <b>Binocular and monocular vision of 20/100 uncorrected and 20/30 or better corrected.</b>	
22	TABE Test Results Non-Certified Only	<b>Required.</b> Must take and pass TABE test. A passing score is 12.0 or better in all categories. <b>***If you possess a Bachelor's Degree, you will receive a wavier excluding you from the TABE test***</b>	
23	FBAT/CJBAT Results	<b>Required.</b> Must take test through Miami-Dade Community College with a passing score.	
24	PAT Results Physical Agility Test	<b>Required.</b> Must take and pass test through Miami Police College.	
25	Resume	<b>Required.</b> Please attach to online application prior to submission.	

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Date and Time

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HRD 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

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 19 years of age.
Be a citizen of the United States.
Be a high school graduate or equivalent.
Not have been convicted of any felony or of a misdemeanor involving perjury or false statement.
Have been fingerprinted by the employing agency.
Have passed a physical examination by a licensed medical specialist approved in Rule 11B-27.002(1)(d), F.A.C..
Be of good moral character.
Have not received a dishonorable discharge from the U.S. Military.

True False NA In addition, I attest to the following statements: Each statement shall be checked "True" "False" or "NA"

Table with 3 columns (True, False, NA) and 11 rows of statements for attestation.

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.

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.

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 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 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 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**

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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 \_\_\_\_\_

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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

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AGENCY REQUESTING BACKGROUND INFORMATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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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.

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

Applicant's Address \_\_\_\_\_

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

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_

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Florida Department of Law Enforcement

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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 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 \_\_\_\_\_



The City of Coral Gables

Human Resources Department
2801 SALZEDO STREET - SUITE 200
CORAL GABLES, FLORIDA 33134

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 report 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 Name of Notary (Type or Print)
State of at Large



# The City of Coral Gables

Human Resources Department  
2801 SALZEDO STREET - SUITE 200  
CORAL GABLES, FLORIDA 33134

## 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 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's Signature

\_\_\_\_\_  
Date

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

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)



The City of Coral Gables

Human Resources Department
2801 SALZEDO STREET - SUITE 200
CORAL GABLES, FLORIDA 33134

ATTESTMENT OF MILITARY SERVICE

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

Applicant's Signature

Date

2) 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 \_\_\_\_\_ for
identification) and who did/did not take an oath.

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

Commission Expires

# INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

**1. General Information.** The Standard Form 180, Request Pertaining to Military Records (SF180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available". Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF180 for record locations and facility addresses.

Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next-of-kin using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>.

**2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR).** Personnel records of military members who were discharged, retired, or died in service **LESS THAN 62 YEARS AGO** and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STRs of persons on active duty are generally kept at the local servicing clinic. After the last day of active duty, STRs should be requested from the appropriate address on page 2 of the SF 180. (See item 3, Archival Records, if the military member was discharged, retired or died in service more than 62 years ago.)

a. Release of information: Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations, the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. The authorization signature of the service member or the member's legal guardian is needed in Section III of the SF180. Others requesting information from military personnel records and/or STRs must have the release authorization in Section III of the SF 180 signed by the member or legal guardian. If the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, the surviving next-of-kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the general public. The next-of-kin may be any of the following: unremarried surviving spouse, father, mother, son, daughter, sister, or brother. Requesters **MUST provide proof of death, such as a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death, funeral director's signed statement of death, or verdict of coroner's jury.**

b. Fees for records: There is no charge for most services provided to service members or next-of-kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances, service fees cannot be determined in advance. If your request involves a service fee, you will receive an invoice with your records.

**3. Archival Records.** Personnel records of military members who were discharged, retired, or died in service **62 OR MORE YEARS AGO** have been transferred to the legal custody of NARA and are referred to as "archival records".

a. Release of Information: Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next-of-kin is not required. In order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and may preclude the release of some information.

b. Fees for Archival Records: Access to archival records are granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). If a fee applies to the photocopies of documents in the requested record, you will receive an invoice. Photocopies will be sent after payment is made. For more information see <http://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html>.

**4. Where reply may be sent.** The reply may be sent to the service member or any other address designated by the service member or other authorized requester. If the designated address is NOT registered to the addressee by the U.S. Postal Service (USPS), provide BOTH the addressee's name AND "in care of" (c/o) the name of the person to whom the address is registered on the NAME line in Section III, item 3, on page 1 of the SF 180. The COMPLETE address must be provided, INCLUDING any apartment/suite/unit/lot/space/etc. number.

**5. Definitions and abbreviations.** DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health, and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

**6. Service completed before World War I.** National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from [inquire@nara.gov](mailto:inquire@nara.gov) or write to the Code 6 address on page 2 of the SF 180.

## PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

## PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (ISSD), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS TO THE APPROPRIATE ADDRESS LISTED ON PAGE 2 OF THE SF 180.**

# REQUEST PERTAINING TO MILITARY RECORDS

Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>  
To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

## SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH
--	----------------------	------------------	-------------------

5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE						
b. RESERVE						
c. STATE NATIONAL GUARD						

6. IS THIS PERSON DECEASED?  NO  YES - *MUST* provide Date of Death if veteran is deceased: \_\_\_\_\_

7. DID THIS PERSON RETIRE FROM MILITARY SERVICE?  NO  YES

## SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

**DD Form 214 or equivalent.** Year(s) in which form(s) issued to veteran: \_\_\_\_\_  
This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or other persons or organizations, if authorized in Section III, below. **An UNDELETED DD214 is ordinarily required to determine eligibility for benefits.** If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost.  
*An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box:*  I want a **DELETED** copy.

**Medical Records** Includes Service Treatment Records, Health (outpatient) and Dental Records. *IF HOSPITALIZED (inpatient) the FACILITY NAME and DATE (month and year) for EACH admission MUST be provided:* \_\_\_\_\_

**Other** (Specify): \_\_\_\_\_

2. **PURPOSE:** (Providing information about the purpose of the request is **strictly voluntary**; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

Benefits (explain)  Employment  VA Loan Programs  Medical  Genealogy  Correction  Personal  Other (explain)

Explain here: \_\_\_\_\_

## SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER NAME:** \_\_\_\_\_

2.  I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above.  I am the VETERAN'S LEGAL GUARDIAN (*MUST submit copy of Court Appointment*) or AUTHORIZED REPRESENTATIVE (*MUST submit copy of Authorization Letter or Power of Attorney*)

I am the DECEASED VETERAN'S NEXT-OF-KIN (*MUST submit Proof of Death. See item 2a on instruction sheet.*)  OTHER

\_\_\_\_\_  
(Relationship to deceased veteran) (Specify type of Other)

3. **SEND INFORMATION/DOCUMENTS TO:**  
(Please print or type. See item 4 on accompanying instructions.)

Name \_\_\_\_\_

Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. **AUTHORIZATION SIGNATURE:** I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

Signature Required - Do not print \_\_\_\_\_ Date \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Daytime phone Fax Number

Email address \_\_\_\_\_

\* This form is available at <http://www.archives.gov/veterans-military-service-records/standard-form-180.pdf> on the National Archives and Records Administration (NARA) web site. \*

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER		
		Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired 10/1/2004 – 12/31/2013	1	11
	Discharged, deceased, or retired on or after 1/1/2014	1	13
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, IRR, Retired Reserve in non-pay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	2	13
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired 4/1/1998 – 9/30/2006	14	11
	Discharged, deceased, or retired 10/1/2006 – 9/30/2013	3	11
	Discharged, deceased, or retired on or after 10/1/2013	3	14
	Active, Reserve, Individual Ready Reserve or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1895	6	
	Discharged, deceased, or retired 1/1/1895 – 12/31/1904	15	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired 1/1/1999 – 12/31/2013	4	11
	Discharged, deceased, or retired on or after 1/1/2014	4	8
	Individual Ready Reserve	5	
ARMY	Active, Selected Marine Corps Reserve, TDRL	4	
	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	
	Discharged, deceased, or retired 10/16/1992 – 9/30/2002	14	11
	Discharged, deceased, or retired (including TDRL) 10/1/2002 – 12/31/2013	7	11
	Discharged, deceased, or retired (including TDRL) on or after 1/1/2014	7	9
NAVY	Current Soldier (Active, Reserve (including Individual Ready Reserve) or National Guard)	7	
	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired 1/1/1995 – 12/31/2013	10	11
	Discharged, deceased, or retired on or after 1/1/2014	10	8
PHS	Public Health Service - Commissioned Corps officers only	10	
		12	

**ADDRESS LIST OF CUSTODIANS and SELF-SERVICE WEBSITES (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form**

1	Air Force Personnel Center HQ AFPC/DPSIRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Research Services (RDT1R) 700 Pennsylvania Avenue NW Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center ATTN: Release of Information P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center Records Management Branch (DPTSC) 18420 E. Silver Creek Avenue Building 390 MS 68 Buckley AFB, CO 80011	7	US Army Human Resources Command's web page: <a href="https://www.hrc.army.mil/TAGD/Accessing%20or%20Requesting%20Your%20Official%20Military%20Personnel%20File%20Documents">https://www.hrc.army.mil/TAGD/Accessing%20or%20Requesting%20Your%20Official%20Military%20Personnel%20File%20Documents</a> or 1-888-ARMYHRC (1-888-276-9472)	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, Personnel Service Center (BOPS-C-MR) MS7200 US Coast Guard 2703 Martin Luther King Jr Ave SE Washington, DC 20593-7200 <a href="mailto:MR_CustomerService@uscg.mil">MR_CustomerService@uscg.mil</a>	8	Navy Medicine Records Activity (NMRA) BUMED Detachment St. Louis 4300 Goodfellow Boulevard, Building 103 St. Louis, MO 63120	13	AF STR Processing Center ATTN: Release of Information 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217
4	Headquarters U.S. Marine Corps Manpower Management Records & Performance (MMRP-10) 2008 Elliot Road Quantico, VA 22134-5030	9	AMEDD Record Processing Center 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217	14	National Personnel Records Center (Military Personnel Records) 1 Archives Drive St. Louis, MO 63138-1002  eVetRecs: <a href="http://www.archives.gov/veterans/military-service-records/">http://www.archives.gov/veterans/military-service-records/</a>
5	Marine Forces Reserve 2000 Opelousas Avenue New Orleans, LA 70146-5400	10	Navy Personnel Command (PERS-313) 5720 Integrity Drive Millington, TN 38055-3120	15	National Archives at St. Louis P.O. Box 38757 St. Louis, MO 63138

**Instructions for Using this Form**

Complete this form only if you want us to give information or records about you, a minor, or a legally incompetent adult, to an individual or group (for example, a doctor or an insurance company). If you are the natural or adoptive parent or legal guardian, acting on behalf of a minor child, you may complete this form to release only the minor's non-medical records. We may charge a fee for providing information unrelated to the administration of a program under the Social Security Act.

**NOTE:** Do not use this form to:

- Request the release of medical records on behalf of a minor child. Instead, visit your local Social Security office or call our toll-free number, 1-800-772-1213 (TTY-1-800-325-0778), or
- Request detailed information about your earnings or employment history. Instead, complete and mail form SSA-7050-F4. You can obtain form SSA-7050-F4 from your local Social Security office or online at [www.ssa.gov/online/ssa-7050.pdf](http://www.ssa.gov/online/ssa-7050.pdf).

**How to Complete this Form**

We will not honor this form unless all required fields are completed. An asterisk (\*) indicates a required field. Also, we will not honor blanket requests for "any and all records" or the "entire file." You must specify the information you are requesting and you must sign and date this form. We may charge a fee to release information for non-program purposes.

- Fill in your name, date of birth, and social security number or the name, date of birth, and social security number of the person to whom the requested information pertains.
- Fill in the name and address of the person or organization where you want us to send the requested information.
- Specify the reason you want us to release the information.
- Check the box next to the type(s) of information you want us to release including the date ranges, where applicable.
- You, the parent or the legal guardian acting on behalf of a minor child or legally incompetent adult, must sign and date this form and provide a daytime phone number.
- If you are not the individual to whom the requested information pertains, state your relationship to that person. We may require proof of relationship.

**PRIVACY ACT STATEMENT**

Section 205(a) of the Social Security Act, as amended, authorizes us to collect the information requested on this form. We will use the information you provide to respond to your request for access to the records we maintain about you or to process your request to release your records to a third party. You do not have to provide the requested information. Your response is voluntary; however, we cannot honor your request to release information or records about you to another person or organization without your consent. We rarely use the information provided on this form for any purpose other than to respond to requests for SSA records information. However, the Privacy Act (5 U.S.C. § 552a(b)) permits us to disclose the information you provide on this form in accordance with approved routine uses, which include but are not limited to the following:

1. To enable an agency or third party to assist Social Security in establishing rights to Social Security benefits and or coverage;
2. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level;
3. To comply with Federal laws requiring the disclosure of the information from our records; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our records with those of other Federal, State, or local government agencies. We use information from these matching programs to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of incorrect payments or overpayments under these programs. Additional information regarding this form, routine uses of information, and other Social Security programs is available on our Internet website, [www.socialsecurity.gov](http://www.socialsecurity.gov), or at your local Social Security office.

**PAPERWORK REDUCTION ACT STATEMENT**

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also listed under U.S. Government agencies in your telephone directory or you may call 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. *Send only comments relating to our time estimate to this address, not the completed form.*

## REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

1. Provide your name as it appears on your most recent Social Security card or the name of the individual whose earnings you are requesting.

First Name:                      Middle Initial:

Last Name:

Social Security Number (SSN)    -   -     One SSN per request

Date of Birth:   /   /     Date of Death:   /   /

Other Name(s) Used  
(Include Maiden Name)

2. What kind of earnings information do you need? (Choose ONE of the following types of earnings or SSA must return this request.)

**Itemized Statement of Earnings \$136**

(Includes the names and addresses of employers)

If you check this box, tell us why you need this information below.

Verification of my employment history and earnings.

Year(s) Requested:     to

Year(s) Requested:     to

Check this box if you want the earnings information **CERTIFIED** for an additional \$56.00 fee.

**Certified Yearly Totals of Earnings \$56**

(Does not include the names and addresses of employers) Yearly earnings totals are FREE to the public if you do not require certification. To obtain FREE yearly totals of earnings, visit our website at [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount).

Year(s) Requested:     to

Year(s) Requested:     to

3. If you would like this information sent to someone else, please fill in the information below.

I authorize the Social Security Administration to release the earnings information to:

Name Coral Gables Police Department c/o Police Department Personnel Selection Unit

Address 2801 Salzedo Street State FL

City Coral Gables ZIP Code 33134

4. I am the individual to whom the record pertains (or a person authorized to sign on behalf of that individual). I understand that any false representation to knowingly and willfully obtain information from Social Security records is punishable by a fine of not more than \$5,000 or one year in prison.

Signature AND Printed Name of Individual or Legal Guardian

SSA must receive this form within 120 days from the date signed

Date:   /   /

Relationship (if applicable, you must attach proof) Self

Daytime Phone:

Address State

City ZIP Code

Witnesses must sign this form ONLY if the above signature is by marked (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of Witness <p style="text-align: center; font-size: 1.5em;">N/A</p>	2. Signature of Witness <p style="text-align: center; font-size: 1.5em;">N/A</p>
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Address (Number and Street, City, State and ZIP Code) <p style="text-align: center; font-size: 1.5em;">N/A</p>	Address (Number and Street, City, State and ZIP Code) <p style="text-align: center; font-size: 1.5em;">N/A</p>
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Social Security Administration  
**Consent for Release of Information**

Form Approved  
OMB No. 0960-0566

You must complete all required fields. We will not honor your request unless all required fields are completed. (*\*signifies a required field*).

TO: Social Security Administration

**\*My Full Name**

**\*My Date of Birth  
(MM/DD/YYYY)**

**\*My Social Security Number**

I authorize the Social Security Administration to release information or records about me to:

**\*NAME OF PERSON OR ORGANIZATION:**

CORAL GABLES POLICE DEPARTMENT c/o

POLICE DEPARTMENT PERSONNEL SELECTION UNIT

**\*ADDRESS OF PERSON OR ORGANIZATION:**

2801 Salzedo Street

CORAL GABLES, FL

**\*I want this information released because:** Verification of my employers and earnings history.  
We may charge a fee to release information for non-program purposes.

**\*Please release the following information selected from the list below:**

You must specify the records you are requesting by checking at least one box. We will not honor a request for "any and all records" or "my entire file." Also, we will not disclose records unless you include the applicable date ranges where requested.

1.  Social Security Number
2.  Current monthly Social Security benefit amount
3.  Current monthly Supplemental Security Income payment amount
4.  My benefit or payment amounts from date \_\_\_\_\_ to date \_\_\_\_\_
5.  My Medicare entitlement from date \_\_\_\_\_ to date \_\_\_\_\_
6.  Medical records from my claims folder(s) from date \_\_\_\_\_ to date \_\_\_\_\_  
If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.
7.  Complete medical records from my claims folder(s)
8.  Other record(s) from my file (you must specify the records you are requesting, e.g., doctor report, application, determination or questionnaire)

Itemized Statement of Earnings; Complete Historical Data

I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 16.41(d)(2004)) that I have examined all the information on this form, and any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeks or obtain access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.

**\*Signature:** \_\_\_\_\_ **\*Date:** \_\_\_\_\_

**\*Address:** \_\_\_\_\_

**Relationship (if not the subject of the record):** SELF **\*Daytime Phone:** \_\_\_\_\_

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of witness N/A	2. Signature of witness N/A
Address(Number and street, City, State, and Zip Code) N/A	Address(Number and street, City, State, and Zip Code) N/A

# 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.

The written request must (1) be verified as provided in Fla. Stat. § 92.525; (2) be legibly signed by an authorized officer, employee, or agent of the commercial entity; (3) contain the commercial entity's name, business mailing and location addresses, and business telephone number; and (4) contain a statement of the specific purposes for which it needs the social security numbers and how the social security numbers will be used in the performance of a commercial activity. Commercial activity includes verification of the accuracy of personal information received identifying and preventing fraud; use in matching, verifying, or retrieving information; and use in research activities. It **does not** include the display or bulk sale of social security numbers to the public or the distribution of such numbers to any customer that is not identifiable by the commercial entity.

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

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Employee/Applicant Name (Print)

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Employee/Applicant Signature

---

Date



# Sample Format Reference Letter

**Company Letter Head, or provide  
the information below**

Name of Reference:  
Address:  
City/State:  
Zip Code:  
Telephone Number:

Date:

Chief of Police  
City of Coral Gables Police Department  
2801 Salzedo Street  
Coral Gables, FL 33134

RE: \_\_\_\_\_  
Applicant name

Dear Chief:

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Sincerely,  
(Must be signed in ink)

\_\_\_\_\_  
Print Name, title (if applicable)



# The City of Coral Gables

Human Resources Department  
2801 SALZEDO STREET - SUITE 200  
CORAL GABLES, FLORIDA 33134

## VISION ACUITY EXAM FORM

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Tec's Name (Print): \_\_\_\_\_

Doctor's Name (Print): \_\_\_\_\_

### VISION TEST

<u>Uncorrected</u>	<u><i>Far Vision</i></u>	<u>Corrected</u>
B _____	B _____	_____
R _____	R _____	_____
L _____	L _____	_____

<u>Uncorrected</u>	<u><i>Near Vision</i></u>	<u>Corrected</u>
B _____	B _____	_____
R _____	R _____	_____
L _____	L _____	_____

If vision corrected, method of correction:  Lasik  Contact Lenses  Eye Glasses

### *Color Vision*

No. of plates missed \_\_\_\_\_ ISHIHARA'S TEST

Does Applicant see in color?  YES  NO

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
License #

\_\_\_\_\_  
Office Phone Number

\_\_\_\_\_  
Office Address



The City of Coral Gables

**THE FOLLOWING SECTION IS TO BE  
COMPLETED BY  
NON-CERTIFIED APPLICANTS ONLY**



The City of Coral Gables

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## NOTICE TO POLICE RECRUIT CANDIDATES

### IMPORTANT NOTICE TO POLICE RECRUITS

PLEASE READ AND BECOME FAMILIAR WITH THE CONTENTS OF THE ATTACHED REIMBURSEMENT AGREEMENT FORM AND THE POSSIBLE FINANCIAL IMPACT OF THIS AGREEMENT SHOULD YOU FAIL TO COMPLETE THE TWO YEAR EMPLOYMENT PERIOD AS SPECIFIED IN THE AGREEMENT. THESE ARE IMPORTANT DOCUMENTS THAT WILL BECOME PART OF YOUR PERSONNEL FILE IF YOU ARE SELECTED FOR EMPLOYMENT WITH THE CORAL GABLES POLICE DEPARTMENT. PRIOR TO BEING HIRED YOU WILL BE REQUIRED TO SIGN THESE DOCUMENTS. PLEASE REVIEW THESE DOCUMENTS CAREFULLY PRIOR TO SIGNING.

IF YOU HAVE ANY QUESTIONS REGARDING THESE DOCUMENTS, PLEASE SEEK LEGAL COUNSEL.

*Please sign and date below as acknowledgement of receipt of the attached reimbursement agreement forms and return the signed copy to the Human Resources Department.*

\_\_\_\_\_  
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 twenty-four months (104 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 twenty-four months (104 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

Complete payment of 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



The City of Coral Gables

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## PAYBACK AGREEMENT

Date

Name

Address

City/State/Zip

Dear \_\_\_\_\_,

I hope you are doing well in your new job and adjusting to your new surroundings. As you are aware, due to your separation from the City before the 24-month agreement period you owe the City a pro-rated portion of your cadet training expenses. The amount owed to the City is \$\_\_\_\_\_. This amount may be paid in a lump sum or in monthly installments of \$\_\_\_\_\_ over the next 24 months, beginning on \_\_\_\_\_. Attached, please find a breakdown of expenses for your review. Please make the checks payable to the City of Coral Gables and forward the checks to the following address. If you have any questions regarding your reimbursement, please contact our Finance Director, Diana Gomez at (305) 460-5275.

City of Coral Gables  
Finance Department  
405 Biltmore Way  
Coral Gables, Florida 33134

I want to wish you much luck and success in your future career endeavors. It has truly been a pleasure having you as a member of the Coral Gables Police Department even though for just a short time.

If I can be of any service to you in the future, please do not hesitate to contact me.

Sincerely,

Elsa Jaramillo-Velez, Esq.  
Human Resources Director

C: Diana Gomez, Finance Director



REIMBURSEMENT OBLIGATION WORKSHEET

EMPLOYEE NAME: \_\_\_\_\_

CERTIFICATION DATE: \_\_\_\_\_ TERMINATION DATE: \_\_\_\_\_

- A. Background Investigation: \$ \_\_\_\_\_
B. Pre-employment Testing: \$ \_\_\_\_\_
C. Tuition and Training: \$ \_\_\_\_\_
D. Uniforms and Equipment: \$ \_\_\_\_\_
E. FTO Phase Payments: \$ \_\_\_\_\_
Subtotal \$ \_\_\_\_\_ x \_\_\_\_\_ /6 = \$ \_\_\_\_\_
F. \*Attorney/Court Costs: \$ \_\_\_\_\_
G. Interest Fees: \$ \_\_\_\_\_
Less Amount Withheld \$ \_\_\_\_\_ Specify: \_\_\_\_\_
Total Amount Due: \$ \_\_\_\_\_

Monthly Obligation (1/6th): \$ \_\_\_\_\_ First payment due: \_\_\_\_\_

Send Payment to: City of Coral Gables, 405 Biltmore Way, Coral Gables, FL 33134, Attn: Finance Director

EXPENSES INCURRED FOR REIMBURSEMENT OBLIGATION:
(a) Expenses for background investigation and other entrance check expenses;
(b) Including psychological evaluation, drug testing, polygraph examination, physical and medical examinations;
(c) Police academy tuition & training; plus any other expenses paid;
(d) Uniform and equipment;
(e) 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;
(f) \*Attorney Fees, court costs (These fees will be added to the total due if collection action becomes necessary)
(g) Interest on the unpaid balance.
Complete payment of 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, 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.

PREPARED BY: \_\_\_\_\_

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

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_