



City of Coral Gables

Police Supplemental Packet

SUBMISSION DATE: _____

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

1. LAST NAME:	FIRST NAME:	MIDDLE NAME:	2. MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
3. RACE: <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.				
4. HOW DID YOU LEARN OF OUR POSITION: <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: _____				



City of Coral Gables

Supplemental Packet Checklist

SUBMISSION DATE: _____

APPLICANT NAME: _____

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

Instructions: Complete the police supplemental packet according to the instructions provided. Remember to write the date of the Physical Agility Test in the appropriate box. Supplemental packets must be mailed to the City of Coral Gables Human Resources Department at 2151 Salzedo Street, Coral Gables, FL 33134. At this time, only mailed submissions are accepted.

Important Notes:

- Supplemental Packets must be printed single-sided.
- Type legibly in black or blue ink.
- Submitting an incomplete packet may result in disqualification.
- Applicant is responsible for exam fees.

	Item	Description	Office Use Only
1.	FDLE 68 - Affidavit of Applicant (Page 6)	Required. Must be Notarized.	
2.	FDLE 58 - Authority for Release of Info (Pages 7 and 8)	Required. Must be Notarized. Submit 2 originals.	
3.	Criminal Records Disclosure (Page 9)	Required. Must be Notarized.	
4.	Waiver of Consumer (Page 10)	Required. Must be Notarized.	
5.	Attestment of Military Services (Page 11)	Required. Must be Notarized. All applicants must attest to either serving or never serving in the U.S. military.	
6.	Request Pertaining to Military Records (Page 12)	Only Required for Applicants who have served in the military.	
7.	Notification of Social Security Number Collection and Usage (Page 13)	Required.	
8.	Notice for Police Recruit Candidates (Page 14)	Only Required for Non-Certified Applicants.	

Item		Description	Office Use Only
9.	Vision Acuity (Page 15)	<ul style="list-style-type: none"> • Required. • Submit the enclosed <i>Vision Acuity Exam form</i> completed by the optometrist or ophthalmologist of your choice. • The exam must have been conducted in the last 3 months. • Applicant is responsible for the exam fee. • To meet the vision requirements: <ul style="list-style-type: none"> ➤ The applicant's uncorrected vision for each eye must be 20/100 or better. 20/100 or better means that the denominator must be 100 or less such as 20/80, 20/60, 20/40, and 20/20. ➤ The applicant must have color vision. 	
10.	Honorable Discharge DD214 – Long Form	Only for Military Veterans. Submit a Black & White Copy.	
11.	Birth Certificate	Required. Submit a Color Copy. If birth certificate is in another language, the applicant must include translation paperwork which has been prepared by a certified translation company or notary.	
12.	Driver's License	Required. Submit a Color Copy.	
13.	Social Security Card	Required. Submit a Color Copy.	
14.	Proof of Citizenship	Only Required for Applicants born outside the U.S. Submit a Color Copy of the Naturalization Certificate.	
15.	High School Diploma or GED	Required. Submit a Black & White Copy. If high school diploma is unable to be located, submit high school transcripts which may be obtained from the appropriate school district.	
16.	College Transcripts	<ul style="list-style-type: none"> • Applicants must possess at least one of the following: <ul style="list-style-type: none"> ➤ A minimum of 54 college credits recognized by the U.S. Department of Education. ➤ Three (3) years of prior full-time continuous military service. ➤ Three (3) years of prior full-time continuous service as a sworn police officer. ➤ Combination of college credits and acceptable service. For more details refer to the document titled "Police Officer Applicant Minimum Requirements." • If the applicant has earned college credits, attach certified sealed transcripts for every college attended. • Electronic transcripts are not accepted. • If foreign education, the applicant must submit credential equivalency documents. 	

17.	Test of Adult Education (TABE)	<ul style="list-style-type: none"> • Only Required for Non-Certified Applicants. • Candidates who possess a Bachelor’s degree are exempt from taking the TABE exam. • Non-Certified applicants without a Bachelor’s degree must submit test results showing scale scores in the following ranges: <ul style="list-style-type: none"> ➢ Reading Section = 617 to 800 ➢ Language Section = 631 to 716 ➢ There is no minimum score for the Math section. • The TABE is offered at Miami-Dade and Broward College. • Applicants are responsible for exam fee. 	
18.	Criminal Justice Basic Abilities Test (CJBAT)	<ul style="list-style-type: none"> • Only Required for Non-Certified Applicants. • Veterans and candidates who hold an Associate’s degree or higher (from an accredited college) are exempt from the CJBAT. A veteran is defined as being honorably discharged from military service. • Applicants who are not exempt from the CJBAT must submit a copy of the passing test results. <ul style="list-style-type: none"> ➢ Applicant is responsible for the exam fee. ➢ The CJBAT is valid for four (4) years and must be valid upon starting a police academy. If the test will expire in less than 6 months, it is recommended that a new test be taken. 	
19.	Physical Agility Test (PAT)	<p>Required.</p> <p>Non-Certified Applicants:</p> <ul style="list-style-type: none"> • The PAT must be taken at The City of Miami Police College. No other test location is accepted. • To register email 29296@miami-police.org • The PAT test is only offered once a month. • The test may be retaken only three (3) times in a year. • The test is valid for 6 months. • Applicant is responsible for the exam fee. • A test guide is attached to the back of the supplemental packet for your review. We also recommend that you view the video on YouTube titled Miami Police Physical Agility Test 1920 2. • Write your test date on the line below. The date of your test is needed to retrieve your test results: <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> <p>Certified Applicants:</p> <ul style="list-style-type: none"> • Submit passing PAT test results. • Certified applicants may take the PAT at any Florida police academy, training facility, or public safety institute. • The test is valid for 6 months. 	

20	Minimum Standard Training Certificate	<p>Only for Certified Applicants. Submit a copy of the police academy training certificate.</p>	
21.	Florida Department of Law Enforcement Exam	<p>Only for Certified Applicants. Submit a copy of the passing test result.</p> <p>Out-of-State Certified Police Applicants: The cost of the Equivalency of Training (EOT) course and the Florida Law Enforcement state exam is the applicant's responsibility. In addition, the applicant must pass the state exam within 90 days of receiving a Conditional Offer Letter of Employment. If the applicant passes the background process and is hired by the City, the police department will reimburse the applicant the cost of the EOT course and state exam.</p>	

FOR OFFICE USE ONLY

REVIEWED / DATE AND TIME

REVIEWED BY / SIGNATURE

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 for correctional officer or 19 years of age for all others.
- 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. Any person who, after July 1, 1981, pleads guilty or nolo contendere to or is found guilty of a felony or of a misdemeanor involving perjury or a false statement shall not be eligible for employment or appointment as an officer, notwithstanding suspension of a sentence or withholding of adjudication.
- 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"
<input type="checkbox"/>	<input type="checkbox"/>		1. I completed my employment application and it is true and correct, and all other information I furnished in conjunction with my application is true and correct.
<input type="checkbox"/>	<input type="checkbox"/>		2. I provided documentation of proof of my qualifications to the above listed employing agency.
<input type="checkbox"/>	<input type="checkbox"/>		3. I meet the qualifications as specified above.
<input type="checkbox"/>	<input type="checkbox"/>		4. I had a criminal record sealed or expunged.
<input type="checkbox"/>	<input type="checkbox"/>		5. I am under investigation by a local, state, or federal agency or entity for criminal, civil, or administrative wrongdoing to the best of my knowledge and belief.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. I separated or resigned from a previous criminal justice employment while under investigation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. I am currently serving in good standing in the U.S. Military.
<input type="checkbox"/>	<input type="checkbox"/>		8. I previously served in the U.S. Military.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. I received a dishonorable discharge from my previous U.S. Military service.
<input type="checkbox"/>	<input type="checkbox"/>		10. I am currently certified as a Florida criminal justice officer in the following area(s): Please check the appropriate box(es). <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Correctional Probation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. I authorize the employing agency listed above to apply for my certification. Please check the appropriate box(es). <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Correctional Probation

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. _____ 13. _____
Applicant's Signature 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)

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*)

OTHER

(Relationship to deceased veteran)

(Specify type of Other)

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

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.)

Name _____

Street _____ Apt. _____

City _____ State _____ Zip Code _____

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.html> on the National Archives and Records Administration (NARA) web site. *

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.

Employee/Applicant Name (Print)

Employee/Applicant Signature

Date



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.

PRINT NAME

SIGNATURE

DATE



City of Coral Gables

Vision Acuity Exam Form

Applicant's Name: _____ Age: _____ Date: _____

Tec's Name (Print): _____

Doctor's Name (Print): _____

VISION TEST

Far Vision

Uncorrected

B _____

R _____

L _____

Corrected

B _____

R _____

L _____

Near Vision

Uncorrected

B _____

R _____

L _____

Corrected

B _____

R _____

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



City of Coral Gables

NON-CERTIFIED APPLICANTS ONLY

The documents in this section only apply to
Non-Certified Police applicants and are
only for review.



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