



MIAMI-DADE SCHOOLS POLICE DEPARTMENT  
PRE-APPLICATION PACKET INSTRUCTION SHEET



THIS APPLICATION PACKET CONTAINS THE FOLLOWING

- ① Police Officer Job Announcement
- ② Miami-Dade County Public Schools Application for Employment, Non-Instructional
- ③ Miami-Dade County Public Schools Restricted Personal Data Form
- ④ Personal History Questionnaire
- ⑤ Applicant Pre-Screening Questionnaire
- ⑥ Employment Eligibility Verification Forms
- ⑦ IRS W-4 Form
- ⑧ Social Security Work History Request Form# SSA-7050-F4
- ⑨ SSA-Office Locations
- ⑩

All applicants must make appropriate arrangements to take and pass the Physical Ability Test at Miami-Dade College or Broward College prior to submitting application.

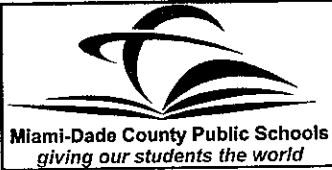
DOCUMENTATION REQUIRED

In order to comply with the requirement procedures in the selection and employment process with the Miami-Dade Schools Police Department and be scheduled for an orientation session, you must begin by completing and providing all required documents. Failure to provide completed required documentation prior to orientation will disqualify you from continuing any further in the orientation session and selection process. Please submit original documentation signed, dated (and/or notarized as required) and copies, to be verified, to include the following:

- ✓ PHYSICAL ABILITY TEST PASSING SCORES (ORIGINAL WITH COPIES)
- ✓ 3 LETTERS OF RECOMMENDATION (ORIGINAL WITH COPIES)  
(2 PERSONAL, 1 PAST OR PRESENT EMPLOYER)
- ✓ BIRTH CERTIFICATE AND/OR NATURALIZATION VERIFICATION (ORIGINAL WITH COPIES)
- ✓ MARRIAGE CERTIFICATE (IF APPLICABLE) (ORIGINAL WITH COPIES)
- ✓ DIVORCE DECREE (IF APPLICABLE) (ORIGINAL WITH COPIES)
- ✓ HIGH SCHOOL DIPLOMA OR EQUIVALENT (ORIGINAL WITH COPIES)
- ✓ FLORIDA DRIVER LICENSE (ORIGINAL WITH COPIES)
- ✓ SOCIAL SECURITY CARD (ORIGINAL WITH COPIES)
- ✓ LAW ENFORCEMENT CERTIFICATE (CERTIFIED OFFICERS ONLY) (ORIGINAL WITH COPIES)
- ✓ 2 PASSPORT PHOTOS (ORIGINALS)
- ✓ FORM DD214 OR CURRENT MILITARY ID (IF APPLICABLE) (ORIGINAL WITH COPIES)
- ✓ THE COMPLETED PERSONAL HISTORY QUESTIONNAIRE,
- ✓ DETAILED WORK HISTORY STATEMENT FOR THE PAST 10 YEARS AT A COST OF \$35.00. (SEE DIRECTORY OF LOCAL SOCIAL SECURITY OFFICES PROVIDED)
- ✓ CURRENT DHSMV DRIVER HISTORY REPORT (WITH IN 30 DAYS) FROM COURT HOUSE

COMPLETED APPLICATIONS MUST BE SUBMITTED IN PERSON AT 6100 NW 2<sup>ND</sup> AVENUE, MIAMI, FLORIDA 33127 MONDAY THROUGH FRIDAY BETWEEN THE HOURS OF 8:00 AM TO 4:00 PM

VALID PHOTO IDENTIFICATION REQUIRED WHEN SUBMITTING APPLICATION



**MIAMI-DADE COUNTY PUBLIC SCHOOLS**  
**OFFICE OF HUMAN RESOURCES**  
 1500 Biscayne Boulevard  
 Miami, Florida 33132

**RESTRICTED PERSONAL DATA**

**INSTRUCTIONS: Please type or print.**

NAME (LAST)		(FIRST)	(MIDDLE)	SOCIAL SECURITY NO.
ADDRESS			(CITY)	(STATE) (ZIP) TELEPHONE NO.
DATE OF BIRTH (MM/DD/YYYY)	(PLACE OF BIRTH (CITY, STATE, COUNTRY))			GENDER

POSITION DESIRED: \_\_\_\_\_

**Please be advised that your fingerprints shall be used by the Florida Department of Law Enforcement and the Federal Bureau of Investigation (FBI) to check for a criminal history. The omission, partial disclosure, or falsification of any criminal information, misdemeanor or felony information is a cause for dismissal from employment or disqualification from consideration for employment. Employment offers, if any, are conditional until the results of the fingerprint process have been finalized.**

- Yes  No  Are criminal charges other than minor traffic violations currently pending against you? (DUI is not a minor traffic violation.)
- Yes  No  Have you ever pled guilty to a criminal offense?
- Yes  No  Have you ever been convicted in a criminal proceeding?
- Yes  No  Have you ever been fined as a result of criminal action?
- Yes  No  Have you ever pled "no contest" and/or nolo contendere in a criminal proceeding?
- Yes  No  Have you ever been placed on probation for a criminal offense?
- Yes  No  Have you ever had "adjudication withheld" (withholding of guilt or innocence by a judge) in a criminal proceeding?
- Yes  No  Have you ever failed to appear in court and thereby forfeited bond in a criminal proceeding?
- Yes  No  Have you ever had a criminal court proceeding record sealed or expunged?
- Yes  No  Have you ever participated in any type of pre-trial intervention/diversion program?
- Yes  No  Have you ever been imprisoned or jailed?
- Yes  No  Have you or your attorney ever negotiated with a prosecutor to have charges reduced/dissmised or not prosecuted?
- Yes  No  Have you ever been told by a lawyer or judge that you need not disclose a criminal proceeding filed against you?

**If you answered YES to any of the above questions, you must provide an original/certified copy of the arrest form and the final court disposition(s) for each charge (attach a list, as necessary) attached to this form.**

City Where Arrested/Charged	State	Date of Arrest(s)/Charge(s)	Charge(s)	Disposition(s)

**10. FOR APPLICATION FOR NON-INSTRUCTIONAL POSITION**

I am aware and understand that Miami-Dade County Public Schools adheres to numerous policies and procedures which would include but are not limited to:

- Fingerprinting of all employees upon application and employment (Board Rule 6Gx13-4C-1.021 and Florida Statute 1012.32)
- Equal Opportunity Employment and Assignment Board Rule 6Gx13-4A-1.01
- Miami-Dade County Public Schools Drug-Free Work Place Policy
- Drug Screening Requirement
- Tobacco-Free Work Place Policy

• I declare that if I am employed by the School Board of Miami-Dade County, Florida, and am a recipient of public funds as such an employee, I do hereby solemnly swear or affirm that I will support the Constitution of the United States of America and the State of Florida.

• I agree that any omissions or false statements anywhere in this application will constitute reason for dismissal. I also understand that unless this application is completed in detail, it will not be considered.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**RETURN COMPLETED APPLICATION TO:**

**MIAMI-DADE COUNTY PUBLIC SCHOOLS  
OFFICE OF HUMAN RESOURCES  
DIVISION OF NON-INSTRUCTIONAL STAFFING  
1500 BISCAYNE BOULEVARD, SUITE 140  
MIAMI, FLORIDA 33132**

**RACE/ETHNIC INFORMATION (CHECK ONE ONLY)**

(See definitions below)

WHITE  
 BLACK, NON-HISPANIC

HISPANIC  
 ASIAN/PACIFIC ISLANDER

AMERICAN INDIAN/ALASKAN NATIVE

In order to comply with federal guidelines, accurate information must be maintained on each employee and student as regards to GENDER and RACIAL/ETHNIC classification.

**RACIAL/ETHNIC CATEGORY DEFINITION**

White (Not of Hispanic Origin)	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
Black (Not of Hispanic Origin)	A person having origins in any of the Black racial groups of Africa.
Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
Asian or Pacific Islander	A person having origins in any of the original peoples of Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
American Indian/Alaskan Native	A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

**TEACHER/CERTIFICATED APPLICANTS**

- Yes  No  Have you ever had a teaching certificate revoked, suspended, or on probationary status? If yes, in what state and when?  
State: \_\_\_\_\_ When: \_\_\_\_\_
- Yes  No  Have you ever had sanctions placed on your teaching certificate for any reason?
- Yes  No  Have you ever been denied a teaching certificate anywhere?
- Yes  No  Have disciplinary proceedings ever been filed anywhere against your teaching certificate?
- Yes  No  Have you ever been dismissed or suggested/recommended to resign from employment?

If yes, explain circumstances and include name and address of employer(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you eligible for Veterans' Preference?  Yes  No

If yes, please note that it is your responsibility to request from, and submit to our office, Veterans' Preference forms and all required proof of eligibility.

Permission is hereby given to any agency of the government of the United States of America, and/or any other agency, person, firm or corporation holding records considered confidential to furnish the Miami-Dade Schools Police all information desired involving me in any way, upon request. Such records, I understand, may include reasons for termination of employment, reason for discharge from military service, criminal history, on the job performance, educational records, and any other information which may not otherwise be obtained without prior agreement. Included in this grant of authority is my permission to former employers and other persons acquainted with me or in possession of information concerning me, to supply such information to the Miami-Dade Schools Police.

I certify that the above entries are true, complete, and correct to the best of my knowledge and are made in good faith. I understand that any omission and/or false statement on this form may result in immediate dismissal from employment.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*Do not write below this line (for office use only).*

**PLEASE RETURN THIS FORM TO:**

Name: \_\_\_\_\_

W. Loc#: \_\_\_\_\_ Room #: \_\_\_\_\_

**APPROVED**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**NOT APPROVED**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



# JOB ANNOUNCEMENT

IN THE  
MIAMI-DADE SCHOOLS POLICE DEPARTMENT



NOTICE

## POLICE OFFICER

APPLICATION DEADLINE DATE/TIME: UNTIL ALL POSITIONS FILLED

Certified - \$35,873 - \$58,259

### DESCRIPTION

This is highly responsible law enforcement work. Under general direction police officers are responsible for the protection of School Board property, staff, students and any persons attending activities on Miami-Dade County Public Schools owned, leased or controlled property. Employees in this class are engaged in various law enforcement activities, or serving in various capacities in specialized crime prevention and investigative functions. Responsibilities include preparing reports, patrolling and physical plant protection, investigating crimes and alleged criminal activities, making arrests, and testifying in court.

### ELIGIBILITY REQUIREMENTS

1. Be at least 21 years of age.
2. Be a citizen of the United States.
3. Be a high school graduate or equivalent
4. 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 no contest 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 sentence or withholding of adjudication.
5. Never have received a dishonorable discharge from any of the Armed Forces of the United States.
6. Have been fingerprinted by the employing agency with prints processed by the FDLE and the FBI.
7. Have passed a Commission approved Basic Abilities Test, after January 1, 2002.
8. Have good moral character.
9. Completed an Affidavit of Applicant form CJSTC-68.
10. Successfully passed a background investigation, to include drug testing.
11. Successfully completed the Florida Basic Recruit Training Program for the respective discipline, or equivalent.

**Application Process: All candidates must submit all required documentation to:**

**Administrative Division  
Miami-Dade Schools Police Department  
6100 N.W. 2<sup>nd</sup> Avenue  
Miami, Florida 33127  
Office Hours: Monday – Friday, 8:00 am – 4:00 pm**

## Employment Eligibility Verification

### INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1 - Employee.** All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Preparer/Translator Certification.** The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

**Section 2 - Employer.** For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record:** 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

**Section 3 - Updating and Reverification.** Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:

- examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
- record the document title, document number and expiration date (if any) in Block C, and
- complete the signature block.

**Photocopying and Retaining Form I-9.** A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

**For more detailed information, you may refer to the Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U.S. Citizenship and Immigration Services (USCIS) office.**

**Privacy Act Notice.** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

**Reporting Burden.** We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529. OMB No. 1615-0047.

**NOTE:** This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

**EMPLOYERS MUST RETAIN COMPLETED FORM I-9  
PLEASE DO NOT MAIL COMPLETED FORM I-9 TO ICE OR USCIS**

# Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</b></p>	<p>I attest, under penalty of perjury, that I am (check one of the following):</p> <p><input type="checkbox"/> A citizen or national of the United States</p> <p><input type="checkbox"/> A Lawful Permanent Resident (Alien #) A _____</p> <p><input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____</p>
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Employee's Signature	Date (month/day/year)
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**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): _____	

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

## LISTS OF ACCEPTABLE DOCUMENTS

LIST A	LIST B	LIST C
<b>Documents that Establish Both Identity and Employment Eligibility</b>	<b>Documents that Establish Identity</b>	<b>Documents that Establish Employment Eligibility</b>
	<b>OR</b>	
<ol style="list-style-type: none"> <li>1. U.S. Passport (unexpired or expired)</li> <li>2. Certificate of U.S. Citizenship (<i>Form N-560 or N-561</i>)</li> <li>3. Certificate of Naturalization (<i>Form N-550 or N-570</i>)</li> <li>4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>Form I-94</i> indicating unexpired employment authorization</li> <li>5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>Form I-151 or I-551</i>)</li> <li>6. Unexpired Temporary Resident Card (<i>Form I-688</i>)</li> <li>7. Unexpired Employment Authorization Card (<i>Form I-688A</i>)</li> <li>8. Unexpired Reentry Permit (<i>Form I-327</i>)</li> <li>9. Unexpired Refugee Travel Document (<i>Form I-571</i>)</li> <li>10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (<i>Form I-688B</i>)</li> </ol>	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="padding-left: 20px;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>)</li> <li>2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>)</li> <li>3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (<i>Form I-197</i>)</li> <li>6. ID Card for use of Resident Citizen in the United States (<i>Form I-179</i>)</li> <li>7. Unexpired employment authorization document issued by DHS (<i>other than those listed under List A</i>)</li> </ol>
	<b>AND</b>	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**

# Form W-4 (2009)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

**A** Enter "1" for yourself if no one else can claim you as a dependent. **A** \_\_\_\_\_

**B** Enter "1" if: **B** \_\_\_\_\_

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

**C** Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** \_\_\_\_\_

**D** Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D** \_\_\_\_\_

**E** Enter "1" if you will file as head of household on your tax return (see conditions under **Head of household** above) **E** \_\_\_\_\_

**F** Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit **F** \_\_\_\_\_

(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

**G** **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. **G** \_\_\_\_\_

- If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.
- If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children.

**H** Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) **H** \_\_\_\_\_

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2009</span>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction

- 1 Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ \_\_\_\_\_
- 2 Enter: 

{	\$11,400 if married filing jointly or qualifying widow(er) \$ 8,350 if head of household \$ 5,700 if single or married filing separately	}	. . . . .	2 \$ _____
---	--	---	-----------	------------
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) 4 \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2009 nonwage income (such as dividends or interest) 6 \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction 8 \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 \_\_\_\_\_
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 \_\_\_\_\_

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 \_\_\_\_\_
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than "3." 2 \_\_\_\_\_
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 \_\_\_\_\_

**Note.** If line 1 is *less than* line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 \_\_\_\_\_
- 5 Enter the number from line 1 of this worksheet 5 \_\_\_\_\_
- 6 **Subtract** line 5 from line 4 6 \_\_\_\_\_
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ \_\_\_\_\_
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ \_\_\_\_\_
- 9 Divide line 8 by the number of pay periods remaining in 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly				All Others			
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

# Social Security Administration



Toll Free Information: 1-800-772-1213

Local Social Security Offices in Miami-Dade County

All Office Hours are MONDAY - FRIDAY: 08:30 AM - 03:30 PM

## **HIALEAH**

5348 W 16 AVENUE  
HIALEAH, FL 33012

OFFICE IS LOCATED IN A SMALL SHOPPING CENTER BEHIND LA CARRETA  
RESTAURANT

## **MIAMI**

GROUND FLOOR  
1251 NW 36TH STREET  
MIAMI, FL 33142

THE OFFICE IS LOCATED ONE BLOCK WEST OF THE ALLAPATTAH METRORAIL  
STATION

## **NORTH MIAMI**

LINCOLN SQ OFC CTR  
18475 NW 2ND AVE  
MIAMI, FL 33169

LINCOLN SQUARE BLDG NEAR CORNER OF 441 & 183 ST BETWEEN CHEVRON ST N  
& CABLE OFFICE, ON EAST SIDE OF 441. 18475 IS NOT SHOWN ON BLDG

## **SWEETWATER**

11401 W FLAGLER  
MIAMI, FL 33174

IF USING PALMETTO EXPWY-- EXIT FLAGLER ST AND GO WEST TO 114 AVE. IF  
USING TURNPIKE -- EXIT SW 8 ST, GO EAST TO SW 109 AVE, THEN PROCEED  
NORTH TO WEST FLAGLER ST AND GO WEST TO 114 AVENUE. WE ARE LOCATED  
ON THE NORTHWEST CORNER OF WEST FLAGLER ST AND 114 AVENUE

## **SOUTH DADE**

CR-1  
10700 CARIBBEAN BLVD  
MIAMI, FL 33189

OFFICE IS LOCATED NEXT TO CUTLER RIDGE MALL-TURNPIKE EXIT 11 MAJOR  
INTERSECTION - US1 & FLORIDA TURNPIKE ON CARIBBEAN BOULEVARD



6. EMPLOYMENT RECORD - List most recent employment first.					
POSITION	DATES		FIRM/ORGANIZATION	ADDRESS OF EMPLOYER	TOTAL EMPLOYMENT YEARS
	FROM	TO			
	03/21/03				

7. EDUCATION				
NAME OF SCHOOL AND LOCATION	DATES ATTENDED		LAST GRADE COMPLETED	MAJOR SUBJECTS
	FROM	TO		

8. List machines, equipment and other duties which you have had either training and/or experience.					
EQUIPMENT AND/OR DUTIES	TRAINING	EXPERIENCE	EQUIPMENT AND OR DUTIES	TRAINING	EXPERIENCE

9. PERSONAL REFERENCES				
NAME AND TITLE	STREET ADDRESS			TELEPHONE (AREA CODE) NUMBER
	CITY	STATE	ZIP	

**10. FOR APPLICATION FOR NON-INSTRUCTIONAL POSITION**

**I am aware and understand that Miami-Dade County Public Schools adheres to numerous policies and procedures which would include but are not limited to:**

- Fingerprinting of all employees upon application and employment (Board Rule 6Gx13-4C-1.021 and Florida Statute 1012.32)
- Equal Opportunity Employment and Assignment Board Rule 6Gx13-4A-1.01
- Miami-Dade County Public Schools Drug-Free Work Place Policy
- Drug Screening Requirement
- Tobacco-Free Work Place Policy

• I declare that if I am employed by the School Board of Miami-Dade County, Florida, and am a recipient of public funds as such an employee, I do hereby solemnly swear or affirm that I will support the Constitution of the United States of America and the State of Florida.

• I agree that any omissions or false statements anywhere in this application will constitute reason for dismissal. I also understand that unless this application is completed in detail, it will not be considered.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**RETURN COMPLETED APPLICATION TO:**

**MIAMI-DADE COUNTY PUBLIC SCHOOLS  
OFFICE OF HUMAN RESOURCES  
DIVISION OF NON-INSTRUCTIONAL STAFFING  
1500 BISCAYNE BOULEVARD, SUITE 140  
MIAMI, FLORIDA 33132**



**MIAMI-DADE COUNTY PUBLIC SCHOOLS**

OFFICE OF HUMAN RESOURCES

1500 Biscayne Boulevard

Miami, Florida 33132

**RESTRICTED PERSONAL DATA**

**INSTRUCTIONS: Please type or print.**

NAME (LAST)		(FIRST)	(MIDDLE)	SOCIAL SECURITY NO.
ADDRESS			(CITY)	(STATE)
			(ZIP)	TELEPHONE NO.
DATE OF BIRTH (MM/DD/YYYY)	(PLACE OF BIRTH (CITY, STATE, COUNTRY))			GENDER

POSITION DESIRED: \_\_\_\_\_

**Please be advised that your fingerprints shall be used by the Florida Department of Law Enforcement and the Federal Bureau of Investigation (FBI) to check for a criminal history. The omission, partial disclosure, or falsification of any criminal information, misdemeanor or felony information is a cause for dismissal from employment or disqualification from consideration for employment. Employment offers, if any, are conditional until the results of the fingerprint process have been finalized.**

- Yes  No  Are criminal charges other than minor traffic violations currently pending against you? (DUI is not a minor traffic violation.)
- Yes  No  Have you ever pled guilty to a criminal offense?
- Yes  No  Have you ever been convicted in a criminal proceeding?
- Yes  No  Have you ever been fined as a result of criminal action?
- Yes  No  Have you ever pled "no contest" and/or nolo contendere in a criminal proceeding?
- Yes  No  Have you ever been placed on probation for a criminal offense?
- Yes  No  Have you ever had "adjudication withheld" (withholding of guilt or innocence by a judge) in a criminal proceeding?
- Yes  No  Have you ever failed to appear in court and thereby forfeited bond in a criminal proceeding?
- Yes  No  Have you ever had a criminal court proceeding record sealed or expunged?
- Yes  No  Have you ever participated in any type of pre-trial intervention/diversion program?
- Yes  No  Have you ever been imprisoned or jailed?
- Yes  No  Have you or your attorney ever negotiated with a prosecutor to have charges reduced/dismissed or not prosecuted?
- Yes  No  Have you ever been told by a lawyer or judge that you need not disclose a criminal proceeding filed against you?

**If you answered YES to any of the above questions, you must provide an original/certified copy of the arrest form and the final court disposition(s) for each charge (attach a list, as necessary) attached to this form.**

City Where Arrested/Charged	State	Date of Arrest(s)/Charge(s)	Charge(s)	Disposition(s)

**RACE/ETHNIC INFORMATION (CHECK ONE ONLY)**

(See definitions below)

WHITE  
 BLACK, NON-HISPANIC

HISPANIC  
 ASIAN/PACIFIC ISLANDER

AMERICAN INDIAN/ALASKAN NATIVE

In order to comply with federal guidelines, accurate information must be maintained on each employee and student as regards to GENDER and RACIAL/ETHNIC classification.

**RACIAL/ETHNIC CATEGORY DEFINITION**

White (Not of Hispanic Origin)	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
Black (Not of Hispanic Origin)	A person having origins in any of the Black racial groups of Africa.
Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
Asian or Pacific Islander	A person having origins in any of the original peoples of Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
American Indian/Alaskan Native	A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

**TEACHER/CERTIFICATED APPLICANTS**

Yes  No  Have you ever had a teaching certificate revoked, suspended, or on probationary status? If yes, in what state and when?

State: \_\_\_\_\_ When: \_\_\_\_\_

Yes  No  Have you ever had sanctions placed on your teaching certificate for any reason?

Yes  No  Have you ever been denied a teaching certificate anywhere?

Yes  No  Have disciplinary proceedings ever been filed anywhere against your teaching certificate?

Yes  No  Have you ever been dismissed or suggested/recommended to resign from employment?

If yes, explain circumstances and include name and address of employer(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you eligible for Veterans' Preference?  Yes  No

If yes, please note that it is your responsibility to request from, and submit to our office, Veterans' Preference forms and all required proof of eligibility.

Permission is hereby given to any agency of the government of the United States of America, and/or any other agency, person, firm or corporation holding records considered confidential to furnish the Miami-Dade Schools Police all information desired involving me in any way, upon request. Such records, I understand, may include reasons for termination of employment, reason for discharge from military service, criminal history, on the job performance, educational records, and any other information which may not otherwise be obtained without prior agreement. Included in this grant of authority is my permission to former employers and other persons acquainted with me or in possession of information concerning me, to supply such information to the Miami-Dade Schools Police.

I certify that the above entries are true, complete, and correct to the best of my knowledge and are made in good faith. I understand that any omission and/or false statement on this form may result in immediate dismissal from employment.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*Do not write below this line (for office use only).*

**PLEASE RETURN THIS FORM TO:**

Name: \_\_\_\_\_

W. Loc#: \_\_\_\_\_ Room #: \_\_\_\_\_

**APPROVED**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**NOT APPROVED**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



Florida Department of Law Enforcement

**AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)**



**CJSTC 58**

Incorporated by Reference in Rule 11B-27.0022(2)(b), F.A.C.

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records  
**APPLICANT'S NAME:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_  
**SOCIAL SECURITY NUMBER (Optional):** \_\_\_\_\_

**EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION:** Miami-Dade Schools Police Department

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. 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 photocopy 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 photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to: Miami-Dade Schools Police Department, 6100 NW 2<sup>nd</sup> Ave, Miami, FL 33127 Attn: Background Unit

768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former employees states: An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.

*Pursuant to Sections 943.13 (4), (5), and (7), 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**

**AFFIDAVIT**

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

Before me personally appeared \_\_\_\_\_ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this \_\_\_\_\_ day of, \_\_\_\_\_ 20\_\_\_\_ My Commission expires  
On \_\_\_\_\_, 20\_\_\_\_. Personally Known \_\_\_\_\_ - or -Produced

Identification \_\_\_\_\_ Notary Public: \_\_\_\_\_

Type of identification produced: \_\_\_\_\_



# PERSONAL HISTORY QUESTIONNAIRE

MIAMI-DADE SCHOOLS POLICE DEPARTMENT  
MIAMI-DADE COUNTY, FLORIDA

POSITION APPLIED FOR \_\_\_\_\_

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

\_\_\_\_\_  
STREET ADDRESS APARTMENT NO.

\_\_\_\_\_  
CITY COUNTY STATE ZIP CODE

\_\_\_\_\_  
RESIDENCE TELEPHONE (ARE CODE)

\_\_\_\_\_  
BUSINESS TELEPHONE (ARE CODE)

\_\_\_\_\_  
BEEPER

\_\_\_\_\_  
CELL PHONE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER STATE

\_\_\_\_\_  
DATE OF BIRTH (Month-Day-Year)

Miami-Dade County School Board will use information concerning ethnicity, sex, age and disability for affirmative action purposes only, consistent with and pursuant to its obligation under federal law.

### RACE/ETHNICITY

WHITE (Non-Hispanic) \_\_\_\_\_

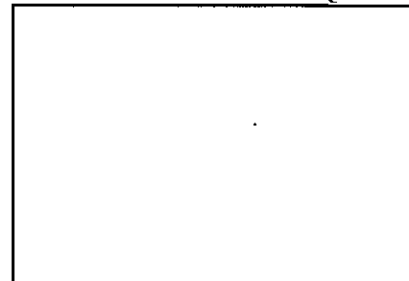
BLACK (Non-Hispanic) \_\_\_\_\_

HISPANIC \_\_\_\_\_

OTHER \_\_\_\_\_

- Certified Police Officer
- Certified Corrections Officer
- Non-Certified Applicant

### MANDATORY PHOTO REQUIRED



LANGUAGES SPOKEN	HIGHEST EDUCATION ATTAINED
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

BACKGROUND INVESTIGATOR: \_\_\_\_\_

**NOTICE:**

PLEASE READ AND FOLLOW THESE INSTRUCTIONS EXACTLY. YOUR ABILITY TO COMPLETE THIS DOCUMENT AS REQUESTED WILL BE EVALUATED AND USED AS ONE BASIS FOR EMPLOYMENT DECISIONS. THIS DOCUMENT, WHEN COMPLETED, WILL BE USED BY THE MIAMI-DADE SCHOOLS POLICE DEPARTMENT AS AN INVESTIGATIVE AID. RETENTION OF THIS PERSONAL DATA WILL REMAIN IN THE INVESTIGATIVE FILES OF THE PERSONNEL DEVELOPMENT SECTION, MIAMI-DADE SCHOOLS POLICE DEPARTMENT.

**INSTRUCTIONS:**

1. HAND PRINT CLEARLY, IN BLACK INK AND IN YOUR OWN HANDWRITING.
2. ANSWER EVERY QUESTION. IF A QUESTION DOES NOT APPLY TO YOU, SO STATE WITH N/A.
3. ANY UNANSWERED, INCOMPLETE OR OMITTED QUESTIONS MAY RESULT IN REJECTION OF YOUR APPLICATION OR DISMISSAL.
4. IF THE SPACE AVAILABLE IS INSUFFICIENT, USE A SEPARATE SHEET OF 8 1/2 X 11 PAPER AND PRECEDE EACH ANSWER WITH THE NUMBER OF THE REFERENCED BLOCK.
5. DO NOT MISSTATE OR OMIT ANY MATERIAL FACT SINCE THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT.
6. ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY. DO NOT MAKE EXAGGERATED, FALSE OR MISLEADING STATEMENTS AS THEY MAY CAUSE YOUR REJECTION OR DISMISSAL.
7. EACH AND EVERY QUESTION HAS A PURPOSE. DO NOT FAIL TO ANSWER EACH QUESTION COMPLETELY, EVEN IF YOU FEEL IT IS "NOT IMPORTANT."

"I HAVE READ AND I UNDERSTAND ALL THE ABOVE INSTRUCTIONS. I ALSO UNDERSTAND THAT I MAY BE ASKED TO TAKE A POLYGRAPH (LIE DETECTOR) EXAMINATION TO DETERMINE THE AUTHENTICITY OF THE INFORMATION PROVIDED IN THIS QUESTIONNAIRE."

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

.....

The following types of information are examples of what will be collected; employment and educational histories, military, insurance, credit and financial information, motor vehicle, and police records, information about your abilities, family, character, lifestyle, and organization memberships. Information will be obtained by letter, by telephone, and by personal interview with both primary and secondary sources. This information is used as one basis for employment decisions.

MIAMI-DADE SCHOOLS POLICE DEPARTMENT  
MIAMI-DADE COUNTY, FLORIDA

**PERSONAL HISTORY QUESTIONNAIRE**

1. LAST NAME			FIRST NAME			MIDDLE NAME			2. MALE		FEMALE	
									<input type="checkbox"/>		<input type="checkbox"/>	
3. Alias(es), Nickname, Maiden Name, or other changes in name (Include official document(s) concerning any changes in name)												
4. Race/Ethnicity. Check appropriate box. <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Asian American <input type="checkbox"/> Hispanic <input type="checkbox"/> Black (Non-Hispanic) <input type="checkbox"/> American Indian <input type="checkbox"/> Other												
5. U.S. Citizen		NATIVE		Naturalized Certificate No.		If derived, parent Certificate No.		Date, Place and Court				
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>										
6. Height		Weight		Color of Eyes		Color of Hair		Scars, tattoos, and/or distinguishing marks				
7. Date of Birth (Month, Day, Year)			Place of Birth (City, County, State)			(Include photostatic copy of birth certificate)						
						8. Present residence address			Street or RFD		City or Post Office	
										State		Zip
9. With whom do you reside?												
10. Marital Status: SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> ENGAGED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/>												
11. If married, are you living with your spouse? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, state reasons _____												

12A. NAME OF FIANCEE (if applicable)

Name \_\_\_\_\_ Employer \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_

12B. GIRL/BOY FRIEND ("STEADY")

Name \_\_\_\_\_ Employer \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_

13. Include a photostatic copy of marriage certificate, separation and/or divorce decree. (If applicable)

14. Information concerning marriages: (List all marriages)

Date Married	Where performed	Spouse's Name (Wife's maiden name)	Date of Birth	Social Security Number

15. Name and address of spouse(s) if divorced or separated.

Name	Address (Street, City, State)	Phone No. (Area Code)

16. If ever separated, annulled, or divorced, indicate below the following information:

Separated, annulled or decreed by law	Date of order or decree	By Whom - Where Issued (Court and State)
a.		
b.		
Offending party as decreed by law	Reason	
a.		
b.		

17. List all your children, stepchildren and adopted children, and give the following information.

NAME	BIRTH		RESIDENCE		
	Date	Place	Address	With Whom	Supported By

18. Are you now supporting all children born to you, adopted by you and stepchildren? Yes  No   
 If not, give details: \_\_\_\_\_

19. Other dependents. If you claim income tax exemptions for support of dependents other than your spouse and children, provide the following information:

NAME	ADDRESS (Street, City, State)	RELATIONSHIP	Percent of Support Provided

20. FAMILY

a. List in the order given, showing relationship, parents, guardians, stepparents, parents-in-law, brothers and sisters, even though deceased. Include any others you have resided with or with whom a close relationship existed or exists:

RELATIONSHIP	NAME	PRESENT ADDRESS (if living)	PHONE	BIRTHDATE	OCCUPATION
FATHER					
MOTHER (Maiden)					

b. List all residences for the past TEN years, beginning with your present address. List the name, address and phone number of present and prior landlords, if applicable.

MONTH/YEAR MONTH/YEAR

From \_\_\_\_\_ To \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_ Phone \_\_\_\_\_

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

MONTH/YEAR

MONTH/YEAR

From \_\_\_\_\_ To \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_ Phone \_\_\_\_\_

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

MONTH/YEAR

MONTH/YEAR

From \_\_\_\_\_ To \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_ Phone \_\_\_\_\_

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

MONTH/YEAR

MONTH/YEAR

From \_\_\_\_\_ To \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_ Phone \_\_\_\_\_

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

MONTH/YEAR

MONTH/YEAR

From \_\_\_\_\_ To \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_ Phone \_\_\_\_\_

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

To:

MONTH/YEAR

MONTH/YEAR

From \_\_\_\_\_ To \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_ Phone \_\_\_\_\_

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



24. MILITARY:

- a. Have you ever served in the United States military or Coast Guard, including R.O.T.C.? Yes  No   
(If yes, INCLUDE A PHOTOSTATIC COPY OF DD 214)
- b. Branch of Service \_\_\_\_\_ Unit or Ship \_\_\_\_\_
- c. What is your service number? \_\_\_\_\_
- d. Highest rank held: \_\_\_\_\_
- e. How many periods of active military service have you had? \_\_\_\_\_
- f. List all medals and decorations awarded to you as a member of the armed forces \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- g. What is the type of your discharge? Be exact:  
Honorable  Dishonorable  General  Honorable Conditions  Other: \_\_\_\_\_
- h. Give date and location of entrance to active duty: \_\_\_\_\_
- i. Give date and location of discharge: \_\_\_\_\_
- j. If you have had no military service, give reasons: \_\_\_\_\_
- k. Give period or periods of active military service:  
From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_
- l. Are you now or were you ever on active or inactive duty of any branch of the United States Reserve Forces? Yes  No   
State which: Active  or Inactive
- m. Are you now or were you ever a member of the National Guard? Yes  No   
State \_\_\_\_\_ Regiment \_\_\_\_\_ Unit \_\_\_\_\_ Rank \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Type of Discharge \_\_\_\_\_
- n. What is your present draft classification? \_\_\_\_\_  
Date of classification? \_\_\_\_\_ Selective Service Number: \_\_\_\_\_  
Draft board number and location \_\_\_\_\_
- o. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action while a member of the armed forces? Yes  No   
If yes, explain below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- p. List any disciplinary action taken against you in the National Guard or other reserve unit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- q. List any other information pertaining to military not requested above. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. EMPLOYMENT:

- a. What is your occupation or calling? \_\_\_\_\_
- b. Are you now or have you ever been engaged in any business as an owner, partner, or corporate member? Yes  No   
 If yes, give details \_\_\_\_\_
- c. Were you ever discharged, terminated, fired or forced to resign because of misconduct or unsatisfactory service for other than medical reasons (except military)? Yes  No  If yes, explain, giving name and address of employer, approximate date, and reasons in each case:  
 \_\_\_\_\_
- d. Have your employers always treated you fairly? Yes  No  If not explain:  
 \_\_\_\_\_
- e. Do you object to wearing a uniform? Yes  No
- f. Do you object to working nights? Yes  No
- g. Have you had experience with shift work? Yes  No
- h. Have you ever received unemployment insurance or other Federal, State or local benefits or assistance? Yes  No

TYPE OF ASSISTANCE	LOCAL OFFICE	ADDRESS	FOR HOW LONG?

i. List all jobs you have held in the last TEN years. Place your present or most recent job FIRST. If you need more space, you may include additional sheets. Include military service in proper time sequence and also all periods of unemployment. List all part-time, temporary, seasonal and voluntary jobs. If you were self-employed, provide copies of tax returns.

FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER

FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER

FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE			NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?			NAME OF CO-WORKER

FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)	DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER
FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)	DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER
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SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
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SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
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SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER
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SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER
FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)	DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER
FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)	DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER
FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)	DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER
FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)	DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER
FROM	NAME OF EMPLOYER	PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)	DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER



i. List all vehicles you currently own or operate:

YEAR	MAKE	MODEL	COLOR	TAG NUMBER	OWN	
					Yes	No

27. MOTOR VEHICLE INSURANCE:

a. Do you presently have automobile liability insurance? Yes  No

If no, give details: \_\_\_\_\_

b. If you presently have automobile insurance, list the following information:

Name of Company	Policy Number	Name of Agent	Address	Phone Number

List the dates of coverages: FROM \_\_\_\_\_ TO \_\_\_\_\_

c. If you have been insured by this company for less than three years, list the previous insurance company:

Name of Company	Policy Number	Name of Agent	Address	Phone Number

List the dates of coverages: FROM \_\_\_\_\_ TO \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

d. List your present policy coverage \_\_\_\_\_

e. Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance? Yes  No

If yes, give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

28. ARREST, DETENTION, AND LITIGATION: (Show all arrests including juvenile delinquent and traffic arrests)

a. Have you ever been arrested or detained by ANY law enforcement agency? Yes  No  Provide police and court records, if available. (Include any arrest in which the records were expunged or sealed in accordance with FSS 943.058.)

CRIME CHARGED \_\_\_\_\_ Police Agency \_\_\_\_\_  
 Date \_\_\_\_\_ Disposition of Case \_\_\_\_\_

b. Have you ever been placed on probation? Yes  No  If yes, give details \_\_\_\_\_

c. Have you ever been required to pay a fine? Yes  No  If yes, give details \_\_\_\_\_

d. Have you ever been reported as a missing person or as a runaway? Yes  No  If the answer is yes, give complete details, including police jurisdiction, date and outcome \_\_\_\_\_

e. If you have been fingerprinted by a law enforcement agency for any reason, give details below. Your answers will be checked with the F.B.I. and other agencies.

Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_  
 Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_  
 Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_  
 Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_

f. Have you ever been advised of your Miranda rights? If yes, give complete details

\_\_\_\_\_  
\_\_\_\_\_

g. Have you ever been the subject of a police investigation? If yes, give details including police department and date

\_\_\_\_\_  
\_\_\_\_\_

h. Have you ever had a polygraph examination? If yes, list date, examiners name, location and purpose for each examination

\_\_\_\_\_  
\_\_\_\_\_

i. Has any member of your immediate family ever been arrested or convicted of a criminal offense? Yes  No  If yes, give particulars below:

NAME	RELATIONSHIP	OFFENSE	WHERE ARRESTED	DATE

j. Have you or any members of your immediate family ever been a victim of a crime? Yes  No  If yes, give particulars below:

\_\_\_\_\_  
\_\_\_\_\_

k. Do you know of anyone who is an enemy or who might try to harm you in any way? Yes  No  If yes, give details below:

\_\_\_\_\_  
\_\_\_\_\_

l. Have you or your spouse ever sued anyone (civil court plaintiff)? Yes  No  If yes, give details below and provide copies.

\_\_\_\_\_  
\_\_\_\_\_

m. Have you or your spouse ever been sued by anyone (civil court defendant)? Yes  No  If yes, give details below and provide copies.

\_\_\_\_\_  
\_\_\_\_\_

29. FINANCIAL INFORMATION:

a. Is your life insured? Yes  No  NAME OF COMPANY \_\_\_\_\_

Value or amount \_\_\_\_\_ Address \_\_\_\_\_

b. Do you have a savings account? Yes  No  Account Number \_\_\_\_\_ Amount \_\_\_\_\_

Name of Bank \_\_\_\_\_ City & State \_\_\_\_\_

c. Do you have a checking account? Yes  No  Account Number \_\_\_\_\_ Amount \_\_\_\_\_

Name of Bank \_\_\_\_\_ City & State \_\_\_\_\_

d. Do you have any investments (Include all stocks, bonds, etc.)? Yes  No

Amount invested \_\_\_\_\_ Company \_\_\_\_\_ City & State \_\_\_\_\_

e. Do you own or are you buying your own home? Yes  No

Amount invested \_\_\_\_\_ Company \_\_\_\_\_ City & State \_\_\_\_\_

Present Mortgage balance \_\_\_\_\_ Monthly mortgage payment \_\_\_\_\_

Insurance Coverage \_\_\_\_\_ Company \_\_\_\_\_ City & State \_\_\_\_\_

f. Do you own or are you buying other real estate? Yes  No

Type of real estate \_\_\_\_\_ Amount Invested \_\_\_\_\_

Bank or Company \_\_\_\_\_ City & State \_\_\_\_\_

g. Do you own or are you buying an automobile? Yes  No

Amount Invested \_\_\_\_\_ Amount Owing \_\_\_\_\_ Monthly Payments \_\_\_\_\_

Name of Bank or Company \_\_\_\_\_

City & State \_\_\_\_\_ Make of Auto \_\_\_\_\_ Year \_\_\_\_\_ Tag No. \_\_\_\_\_

h. What income other than salary do you have at the present time?

\_\_\_\_\_  
\_\_\_\_\_

i. List spouse's occupation, place of employment and salary.

\_\_\_\_\_  
\_\_\_\_\_

j. List firms from which you have or have had charge accounts. List firms from whom you have borrowed money for any purpose.

Name of Firm \_\_\_\_\_ Type of Business \_\_\_\_\_  
Street Address \_\_\_\_\_ Date Closed \_\_\_\_\_ Amount Owed \_\_\_\_\_  
Original Amount Owed \_\_\_\_\_ Purpose \_\_\_\_\_

Name of Firm \_\_\_\_\_ Type of Business \_\_\_\_\_  
Street Address \_\_\_\_\_ Date Closed \_\_\_\_\_ Amount Owed \_\_\_\_\_  
Original Amount Owed \_\_\_\_\_ Purpose \_\_\_\_\_

Name of Firm \_\_\_\_\_ Type of Business \_\_\_\_\_  
Street Address \_\_\_\_\_ Date Closed \_\_\_\_\_ Amount Owed \_\_\_\_\_  
Original Amount Owed \_\_\_\_\_ Purpose \_\_\_\_\_

Name of Firm \_\_\_\_\_ Type of Business \_\_\_\_\_  
Street Address \_\_\_\_\_ Date Closed \_\_\_\_\_ Amount Owed \_\_\_\_\_  
Original Amount Owed \_\_\_\_\_ Purpose \_\_\_\_\_

Name of Firm \_\_\_\_\_ Type of Business \_\_\_\_\_  
Street Address \_\_\_\_\_ Date Closed \_\_\_\_\_ Amount Owed \_\_\_\_\_  
Original Amount Owed \_\_\_\_\_ Purpose \_\_\_\_\_

Name of Firm \_\_\_\_\_ Type of Business \_\_\_\_\_  
Street Address \_\_\_\_\_ Date Closed \_\_\_\_\_ Amount Owed \_\_\_\_\_  
Original Amount Owed \_\_\_\_\_ Purpose \_\_\_\_\_

Name of Firm \_\_\_\_\_ Type of Business \_\_\_\_\_  
Street Address \_\_\_\_\_ Date Closed \_\_\_\_\_ Amount Owed \_\_\_\_\_  
Original Amount Owed \_\_\_\_\_ Purpose \_\_\_\_\_

k. What is your total indebtedness at the present time? \_\_\_\_\_

l. Have your creditors treated you fairly? Yes  No  If not, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

m. Have you ever had accounts placed in the hands of a collection agency? Yes  No  If yes, give details:

\_\_\_\_\_  
\_\_\_\_\_

n. Have you ever filed for bankruptcy? Yes  No  If yes, give details below, including date and court filed:

\_\_\_\_\_  
\_\_\_\_\_

30. CONTROLLED SUBSTANCE USE:

a. Have you ever possessed, smoked or ingested by any means, marijuana without legal authorization? Yes  No  If yes, how many times and when was the last time you used marijuana (explain the circumstances)?

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b. Have you ever possessed, injected, inhaled, swallowed or ingested by any other means, any illegal drugs without legal authorization? Yes  No  If yes, how many times and when was the last time you used any illegal drugs (explain the circumstances)?

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31. CHARACTER REFERENCES: (Do not include relatives, former employers, or persons living outside the United States or its Territories). List only character references who have definite knowledge of your qualifications for the position for which you are applying. Do not repeat the names of supervisors. List 8 character references.

a.	NAME OF CHARACTER REFERENCE	Years Known	ADDRESS (Street, City, State, Zip Code)	PHONE NUMBER	
				Business	Residence

b. Are you acquainted with any members of the Miami-Dade Schools Police Department? If so, whom:

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32. PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS:

a.	NAME, ADDRESS AND PHONE NO.	TYPE (Social, Fraternal, Unions, Professional, Academic, Etc....)	Office or Position Held	MEMBERSHIP	
				From	To

b. SUBVERSIVE ORGANIZATIONS:

Yes No

1. Are you now or have you ever been a member of the Communist Party U.S.A. or any Communist organization(s) anywhere?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you now or have you ever been a member of a Fascist organization?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you now or have you ever been affiliated or associated with any organization of the type described above, as an agent, official, or employees?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you now associating with, or have you associated with individuals, including relatives, who you know or have reason to believe are or have been members of any of the organizations identified above?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been engaged in any of the following activities of any organization of the type described above: Contribution(s) to, attendance at or participation in any organizations, social, or other activities of said organizations or of any projects sponsored by them; the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced, or published, by them or any of their agents or instrumentalities?	<input type="checkbox"/>	<input type="checkbox"/>

If YES to any of the answers above, describe the circumstances. Attach sheets for a full detailed statement. If associated with any of these organizations, specify nature and extent of associations with each, including office or position held. Also include dates, places and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organizations with which they were or are affiliated.



35. REMARKS (Any comments you think are important)

Lined area for writing remarks.

36. The following is to be executed PRIOR to submission:

I hereby swear or affirm that there are no misrepresentations or omissions in or falsifications of the above statements and answers to questions. I am aware that should investigation disclose such misrepresentations, falsifications or omissions, my application will be rejected and I will be disqualified from applying in the future for any position in the service of the Miami-Dade Schools Police Department, or, if after my acceptance for employment, subsequent investigation should disclose misrepresentations, falsifications, or omissions, it will be just cause for immediate dismissal.

Date \_\_\_\_\_

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

Subscribed and sworn to before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
(Name of Affiant)

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_  
(Check One)

Type of Identification Produced: \_\_\_\_\_

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

\_\_\_\_\_  
Notary Public, Print Name

My Commission expires \_\_\_\_\_, 20\_\_\_\_

(TO BE COMPLETED BY POLICE OFFICER APPLICANTS *ONLY*)

**EMPLOYMENT WAIVER**

Date \_\_\_\_\_

I, \_\_\_\_\_, thoroughly understand that I am being considered for employment as a Police Officer, and must successfully complete a Background Investigation and Assessment Interview; and after a conditional offer of employment, a Polygraph, and a Psychological Evaluation and Medical Examination. I understand that should unfavorable information be developed, I will be denied employment.

I am seeking employment on the basis that I know that no unfavorable information will be developed by the Miami-Dade Schools Police Department with the exception of what I have indicated on my application and has been explained by me in detail during the interview process.

I understand that the Miami-Dade Schools Police Department has no funds available to reimburse any expenses I may incur in seeking this position. I recognize that the time required to process and select police officer applicants is lengthy and time consuming. No promises or commitments are expected as to a time when a hiring decision and/or actual hiring will take place.

I understand that certain non-exempt portions of the Background Investigation, Psychological Evaluation and Medical Examination may become available for inspection by the public pursuant to the public records law. I understand and agree to the contents of this statement.

Signature \_\_\_\_\_



6. EMPLOYMENT RECORD - List most recent employment first.					
POSITION	DATES		FIRM/ORGANIZATION	ADDRESS OF EMPLOYER	TOTAL EMPLOYMENT YEARS
	FROM	TO			
	03/21/03				

7. EDUCATION				
NAME OF SCHOOL AND LOCATION	DATES ATTENDED		LAST GRADE COMPLETED	MAJOR SUBJECTS
	FROM	TO		

8. List machines, equipment and other duties which you have had either training and/or experience.					
EQUIPMENT AND/OR DUTIES	TRAINING	EXPERIENCE	EQUIPMENT AND OR DUTIES	TRAINING	EXPERIENCE

9. PERSONAL REFERENCES				
NAME AND TITLE	STREET ADDRESS			TELEPHONE (AREA CODE) NUMBER
	CITY	STATE	ZIP	