



# CITY OF MIAMI GARDENS

Human Resources  
 1515 N.W. 167 Street, Bldg. 5-200  
 Miami Gardens, Florida 33169  
 Phone: (305) 622-8030  
 Fax: (305) 622-8265  
[www.miamigardens-fl.gov](http://www.miamigardens-fl.gov)

HR Use Only	
Q	
DNQ	
Veterans' Preference Points	_____
Hire Date	_____

The City of Miami Gardens is an equal employment and drug free employer. We do not discriminate on the basis of age, race, disability, marital status, national origin, religion, gender, or sexual orientation. The City will provide reasonable accommodations in the employment process for any disabled applicant. Please inform us of any special accommodations needed prior to testing and interviews.

## APPLICATION FOR EMPLOYMENT

**INSTRUCTIONS:** Please print or type all information. This application must be filled out accurately and completely. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Applications and any additional information or documents you wish to submit may be sent to the Human Resources Department via fax or U.S. mail or delivered in person. All materials submitted become the property of the City and will not be returned.

<b>1. POSITION APPLYING FOR:</b> (One Per Application)			
Minimum Salary Expected: \$		If hired, when can you start?	
<b>2. NAME:</b> (Last)		(First)	(Middle)
<b>3. ADDRESS:</b> (Street & Apt./Unit/P.O. Box)			
(City)		(State)	(Zip Code)
<b>4. HOME PHONE:</b>		<b>CELL PHONE:</b>	<b>WORK/OTHER PHONE:</b>
<b>5. EMPLOYMENT ELIGIBILITY:</b>			
Are you a United States Citizen? Yes		No	If not, are you eligible for employment in the United States? Yes
		No	No
<b>6. PERSONAL DATA:</b>			
Are you at least 18 years of age? Yes			
No			
Have you complied with the Federal Service Registration Act (Draft Registration) requirement? N/A			
Yes			
No			
Have you worked for the City of Miami Gardens before? Yes			
No			
If yes, Department:			
Dates of Employment:		Name, if different than above:	
Do any of your relatives work for the City of Miami Gardens? Yes			
No			
If yes, give name, relationship and department			
relative(s) work for:			
Driver License Number	Expiration Date	State	Class or Type
Has your license ever been suspended or revoked? Yes			
No			
If yes, please provide dates and explain:			
<b>7. BACKGROUND INFORMATION:</b> A Yes or No answer is required for <b>both</b> questions below. "Yes" responses do not necessarily disqualify an applicant from consideration and will be evaluated on a case by case basis.			
(a) Have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), or had adjudication withheld in a criminal offense other than a minor traffic violation; or are there any criminal charges now pending against you? Yes			
No			
If yes, list date, place and disposition of case(s):			
(b) Have you ever been a defendant in a civil action based on a claim by the plaintiff of an intentional wrong or injury on another person (including but not limited to assault, battery, false imprisonment, negligent or intentional infliction of distress, trespass, etc.)? Yes			
No			
If yes, state the nature of the injury claimed, and the current status/disposition of the claim, action, or lawsuit.			

8. Education		Name of School and Location	
High School or GED		Check last year completed	
		9 10 11 12 GED Diploma received? Yes No	
College or University		Number of Years Completed _____	
		Degree Awarded? Yes No	
		Major:	
Graduate School		Number of Years Completed _____	
		Degree Awarded? Yes No	
		Major:	
Business, Vocational, Technical or Military		Number of Years Completed _____	
		Certification Received? Yes No	
		Type of Certification:	
<b>9. Other Education, Training Volunteer or Relevant Experience</b>		List any other education, training, volunteer work or other relevant experience.	
<b>10. Skills, Licenses, Certifications</b>		List any skills, licenses, professional registrations or certifications pertinent to this position which have not been covered in other sections.	
Typing speed		Professional memberships	
Awards, commendations, or other recognition		Certifications	
Language (speak, read, write)		Licenses	
Equipment (skillfully operate, if applicable)		Other	
Computer software/hardware			
<b>11. EMPLOYMENT HISTORY:</b> List most recent employer FIRST. If applicable, represent at least 10 years of employment. Please account for periods of non-employment greater than 90 days. Include service in U.S. Armed Forces and any self employment. <b>“See Resume” is not acceptable for this section.</b> If additional space is needed, attach a separate sheet.			
<b>From</b>	<b>To</b>	Employer Name:	Employer Telephone #
Mo. Yr.	Mo. Yr.		
Full Time	Part Time	Address:	
Starting Salary	Ending Salary	Your Title:	
Supervisor Name & Title		May we contact for reference: Yes No	
		Comments:	
Specific Duties			
Number of Employees Supervised (if applicable)		Reason for Leaving:	

<b>From</b>	<b>To</b>	Employer Name:	Employer Telephone #
Mo. Yr.	Mo. Yr.		
Full Time	Part Time	Address:	
Starting Salary	Ending Salary	Your Title:	
Supervisor Name & Title		May we contact for reference: Yes No Comments:	
Specific Duties			
Number of Employees Supervised (if applicable)		Reason for Leaving:	

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<b>From</b>	<b>To</b>	Employer Name:	Employer Telephone #
Mo. Yr.	Mo. Yr.		
Full Time	Part Time	Address:	
Starting Salary	Ending Salary	Your Title:	
Supervisor Name & Title		May we contact for reference: Yes No Comments:	
Specific Duties			
Number of Employees Supervised (if applicable)		Reason for Leaving:	

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<b>From</b>	<b>To</b>	Employer Name:	Employer Telephone #
Mo. Yr.	Mo. Yr.		
Full Time	Part Time	Address:	
Starting Salary	Ending Salary	Your Title:	
Supervisor Name & Title		May we contact for reference: Yes No Comments:	
Specific Duties			
Number of Employees Supervised (if applicable)		Reason for Leaving:	

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<b>From</b>	<b>To</b>	Employer Name:	Employer Telephone #
Mo. Yr.	Mo. Yr.		
Full Time	Part Time	Address:	
Starting Salary	Ending Salary	Your Title:	
Supervisor Name & Title		May we contact for reference: Yes No Comments:	
Specific Duties			
Number of Employees Supervised (if applicable)		Reason for Leaving:	

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

Name	Address	Telephone Number(s)	Years Known

**VETERANS' PREFERENCE**

Applicants wishing to assert Veterans' Preference must complete the Application for Veterans' Preference and turn it in to the Human Resources Department with a copy of a DD214 form or equivalent certification from the U.S. Department of Veterans Affairs, **at the time employment application is submitted.**

Are you asserting Veterans' Preference? Yes No

**EXEMPTION FROM PUBLIC RECORDS LAW**

Florida Statute 119.07 provides certain exemptions from public inspection of records for active and former law enforcement personnel, correctional and correctional probation officers, Department of Children and Family Services or Department of Health investigative personnel, Department of Revenue or local government revenue collection and enforcement or child support enforcement personnel, certified firefighters, Justices of Supreme Court, district court of appeal judges, circuit court judges, county judges, current or former state and U.S. attorneys, assistant U.S. and state attorneys, statewide prosecutors or assistant statewide prosecutors, current or former judges of U.S. Courts of Appeal, district and magistrate judges, code enforcement officers, current or former human resources, labor relations, or employee relations directors, assistant directors, managers, or assistant managers of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties, current or former guardians ad litem and the spouses and children of any of the aforementioned.

Do you qualify for this exemption? Yes No If yes, exempt position held:

**APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION**  
(PLEASE READ CAREFULLY BEFORE SIGNING)

I hereby certify that all of the information provided in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment or job availability. I further understand that, should an offer of employment be extended by the City of Miami Gardens or accepted that such employment is at will and does not create a contractual obligation upon the City of Miami Gardens to continue to employ me in the future.

I understand that if offered a position with the City of Miami Gardens, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. Additional tests, as deemed necessary by the City, may be required as a condition of employment. These may include, but are not limited to, Polygraph test – for public safety personnel or personnel required to handle money; psychological profile – law enforcement personnel; driver license and credit checks. I understand that unsatisfactory results from; refusal to cooperate with; or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

By signing this application, I hereby authorize verification of my background and conviction record and authorize any and all schools, employers, references, courts and any others who have information about me to provide such information to the City of Miami Gardens and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

Persons selected for employment must take a Loyalty Oath as per Florida Statute 876.05 and establish identity and employment eligibility under the Immigration Reform and Control Act 1986.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE



## CITY OF MIAMI GARDENS EQUAL EMPLOYMENT DATA SHEET

FOR STATISTICAL USE ONLY

Your **voluntary** completion of this form will assist the City of Miami Gardens in compiling required information for Equal Employment Opportunity (EEO). This data will not be kept with the application form, nor used in the decision to hire. The City of Miami Gardens is an equal employment and drug free employer. We do not discriminate on the basis of age, race, disability, marital status, national origin, religion, gender, or sexual orientation. Please complete this data sheet and return with your employment application.

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

Position Applied For: _____	Date of Application: _____
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### ETHNIC DATA: (Check Only One)

**White** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East

**Black** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa

**Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race

**Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands

**American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition

### GENDER DATA:

**F** (Female)

**M** (Male)

### HOW DID YOU LEARN ABOUT THE VACANCY FOR WHICH YOU ARE APPLYING? (Check Only One)

City Web Site	Community Outreach Agency	State Unemployment Office
City Human Resources Dept.	Job Fair	Professional Journal (Name):
City Employee	Radio Announcement (Station):	High School/College (Name):
Friend (not a City employee)	Newspaper (Name):	Source other than those listed: