



**City of Sunny Isles Beach  
Employment Application Documentation**

Human Resources Department  
18070 Collins Avenue, Sunny Isles Beach, FL 33160  
(305) 792-1708 Phone (305) 792-1643 Fax

Human Resources Date Stamp:

Name: \_\_\_\_\_ Position Applying for: \_\_\_\_\_

Thank you for expressing an interest in working with the City of Sunny Isles Beach. The following information is provided to assist you in the employment application process:

- Job postings are available on the city's website: [www.sibfl.net](http://www.sibfl.net). Please read the job posting in its entirety and apply only for those jobs for which you meet the minimum qualifications.
- Under Florida law, employment applications are open for public inspection.

**THE FOLLOWING COPIES OF DOCUMENTS AND INFORMATION MUST BE SUBMITTED AT TIME OF APPLICATION IN ORDER FOR YOUR APPLICATION TO BE PROCESSED. DOCUMENTS CAN BE UPLOADED WITH YOUR ONLINE APPLICATION.**

**DOCUMENTS REQUIRED BY ALL APPLICANTS:** *Please check boxes below to indicate attached items.*

- HIGH SCHOOL DIPLOMA or CERTIFICATE OF EQUIVALENT EDUCATION or CERTIFIED COLLEGE TRANSCRIPTS
- CITY OF SUNNY ISLES BEACH VETERAN'S PREFERENCE CLAIM FORM *(if applicable)*
- DD214 MILITARY RELEASE FORM *(if applicable)*
- CERTIFIED COPY OF DEPARTMENT OF MOTOR VEHICLE DRIVER'S LICENSE HISTORY (7 YEARS). *(if job posting states Florida Driver's License required)*
- PROOF OF ANY LICENSES AND/OR CERTIFICATIONS REQUIRED BY POSITION
- APPLICANT CONSENT AND AUTHORIZATIONS FORM *(required)*
- EMPLOYMENT INQUIRY RELEASE FORM *(required)*
- JOB APPLICANT CONSENT TO DRUG TESTING FORM *(required)*
- NOTIFICATION OF SOCIAL SECURITY NUMBER USAGE FORM *(required)*
- PARENT/GUARDIAN AUTHORIZATION FOR FINGERPRINTING/BACKGROUND OF MINOR CHILD *(required for applicants under the age of 18)*
- LABORCHEX FORM *(required)*
- SOFTECH DISCLOSURE AND RELEASE FORM *(required)*

**ADDITIONAL DOCUMENTS REQUIRED BY POLICE OFFICER APPLICANTS:**

*Please check boxes below to indicate attached items.*

- ALL DOCUMENTS LISTED IN PRIOR SECTION
- PROOF OF FLORIDA DEPARTMENT OF LAW ENFORCEMENT (FDLE) CERTIFICATION
- PROOF OF SUCCESSFUL COMPLETION OF TEST FOR ADULT BASIC EDUCATION (T.A.B.E.) *(Applicants with an Associate's Degree or higher are exempt from the T.A.B.E. test only.)*
- PROOF OF SUCCESSFUL COMPLETION OF PHYSICAL AGILITY TEST *(test results must be from 6 months prior to application date and must be from an FDLE approved testing center)*
- PROOF OF SUCCESSFUL COMPLETION OF SWIM TEST *(test results must be from an FDLE approved testing center)*











**City of Sunny Isles Beach**  
**Parental/Guardian Consent for Employment of Minor Child**  
 Human Resources Department, 18070 Collins Avenue, Sunny Isles Beach, FL 33160  
 (305) 792-1708 Phone (305) 792-1643 Fax

*If Applicant is under 18, parental/legal guardian consent is required for the Applicant's employment with the City of Sunny Isles Beach or for participation in the Volunteer Program.*

**Dear Parent/Legal Guardian,**

Your minor child \_\_\_\_\_ is applying for a volunteer or employment position with the City of Sunny Isles Beach. Part of the employment/volunteer screening process includes background checks and pre-employment medical and drug testing. Additionally, volunteers and employees are required to sign and adhere to various employment-related City policies and procedures.

Background checks are processed through the Florida Department of Law Enforcement (FDLE) Volunteer & Employee Criminal History Systems (VECHS) at no cost to you. Please note that employment and/or volunteer appointment is conditioned upon the successful completion of the employment screening process.

At this time, we are requesting your authorization to have your minor child processed through our employment process, which includes the following:

**Screenings & Background Checks**

1. Pre-Employment Medical and Drug Testing Screenings
2. FDLE VECHS Fingerprinting (Criminal Background Check)

**City Policies and Consent Forms to be executed**

1. Applicant Consent and Authorization
2. Employment Inquiry Release
3. Job Applicant/Employee Consent to Drug Testing
4. Drug-Free Workplace Police Summary and Acknowledgement
5. Social Security Number Collection
6. Computer Networking and Electronic Mail/Internet Use Policy
7. Sexual and Other Harassment Policy
8. Public Employees Oath of Office
9. Affidavit of Good Moral Character
10. Compensatory Policy
11. Workers Compensation Medical Management Agreement Acknowledgement

**Consent to Treatment.** I authorize such physician or medical staff as the City may designate to carry out any minor medical treatment deemed necessary, or to take the Applicant to the emergency room of the nearest hospital for treatment, if necessary.

**Participation In Voluntary Program.** I hereby give my consent for my child or the child under my legal guardianship to participate in the City of Sunny Isles Beach Volunteer Program. I acknowledge that my child or the child under my legal guardianship is not entitled to any City Compensation or fringe benefit for this activity

**By signing below as parent/legal guardian, you are agreeing to the Terms and Conditions; Release and Indemnification Agreement; Consent to Treatment; Participation in Voluntary Program; and Employment Screening (Background and Fingerprinting) sections contained and set forth in this application.**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

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

\_\_\_\_\_  
**Printed Name of Parent/Legal Guardian**

\_\_\_\_\_  
**Telephone Number**

# INVESTIGATION AUTHORIZATION (RELEASE) & BACKGROUND SCREENING ORDER FORM

Under the applicable provisions of the federal Fair Credit Reporting Act (FCRA), notice is hereby given that a consumer report or investigative consumer report may be requested and completed, which may include information pertaining to your employment history, educational accomplishments, criminal record, driving record, credit history (only when permitted by law and where it is related to the duties and responsibilities of the position sought), character, general reputation, and personal characteristics. This report may also include information pertaining to a commercial driver's license and commercial driving work history which, under provisions of the United States Department of Transportation, can include inquiries into drug and alcohol testing and as referenced in FMCSRs Parts 382.413 and 391.23. An investigation into your workers' compensation and/or industrial accident background may also be conducted according to the provisions of the Americans with Disabilities Act (ADA) and other federal, state, and local laws, and can be requested only after a conditional job offer has been made. This entire report will be used for employment purposes only, and will be processed by LABORCHEX Companies, an employment background screening service, located at 2506 Lakeland Drive #200, Jackson, MS 39232, 800-880-0366 (www.laborchex.com). LABORCHEX conducts business according to all applicable federal and state laws. LABORCHEX agrees to use its best and most precise efforts to furnish its clients (a "client" is defined as a business, company, or organization which contracts with LABORCHEX to provide employment background screening services to them) with accurate, current, complete, and reliable information based on such information as it is reasonably available and obtained via applicable public records sources and/or information services utilized by LABORCHEX. Sources also include contact by phone, FAX, U.S. Mail, and electronic mail of an applicant's previous employers, education officials, government agencies, and other individuals/entities who can provide accurate verification and confirmation of the applicant's background.

**PRIVACY NOTE:** LABORCHEX does not distribute details of employment applications or results to anyone other than the client that requested the background investigation. Information provided by applicants is held by LABORCHEX in strict confidence according to all federal laws.

You are further advised that LABORCHEX does not counsel its clients regarding their hiring policies and procedures. LABORCHEX will not have any knowledge as to why you have been offered a position or the reasons why you were denied employment. Under the provisions of the FCRA, you have the right to dispute information provided in a report and, after providing proper identification, you can request a copy of such report(s) from LABORCHEX, including details about the sources of information. Such information will be provided to you at no cost. The company, business, or organization at which you applied for a job must also provide a copy of the report to you, if you request it from them.

**I, the undersigned, have read and fully understand the above notice. I hereby authorize LABORCHEX to investigate my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics, and information pertaining to a commercial driver's license and commercial driving work history, including inquiries into drug and alcohol testing and use, as well as workers' compensation information (as according to federal guidelines stated above). I authorize LABORCHEX to verify the facts stated by me on the attached/forwarded application and/or resume. I understand that this release will be valid for my entire period of employment.**

**Note: I understand that if I am a resident of CA, MA, ME, MN, NJ, NY, OK, and WA I can obtain a copy of the completed consumer report from LABORCHEX by checking this box { }, which will also include a document called "A Summary of Your Rights Under the Fair Credit Reporting Act (FCRA)." Please be sure to provide your full mailing address below.**

Print Name: \_\_\_\_\_  
Last First Middle Initial Maiden Name

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

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

(DOB and SSN used only for identification purposes to ensure accuracy of reports)

Driver's License Number #: \_\_\_\_\_ State: \_\_\_\_\_

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

## **BELOW IS FOR COMPANY USE ONLY**

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

### **CHECK SCREENINGS REQUIRED FOR THIS APPLICANT**

- |   |  |
|---|--|
| _____ Previous Employment Verification                    | _____ Driving Record Check                                   |
| _____ D.O.T. (Special Screening for Commercial Drivers)   | _____ Workers' Compensation*                                 |
| _____ Education Verification                              | _____ Employment Credit Report*                              |
| _____ Professional/Personal References                    |  |
| _____ Professional License & Credential Check             |  |
| _____ Official Education Transcripts                      |  |
| _____ CRIMINAL RECORD CHECKS (list jurisdictions below)   |  |
| _____ CrimeChexPLUS Multi-State Criminal Index Check      |  |
| _____ List Criminal Record Jurisdictions To Be Checked:   | _____ National Address Search & Social Security # Validation |
| _____ Nationwide Federal Violations Criminal Record Check |  |

**NOTE: If you are not using the website to place orders, please include the completed job application (along with a copy of the this signed release) in your FAX or Email to LABORCHEX.**

**\*When permitted by state law.**

Signature of Official Authorizing Investigation: \_\_\_\_\_

## DISCLOSURE AND RELEASE

In connection with my application for employment including contract for services with City of Sunny Isles Beach investigative reports will be ordered. These reports may include the following types of information: driving records, ID Verification, Social Security authentication, drug testing, PSP, criminal records and other possible important information in order to validate the status of my possible or continued employment.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request to the consumer reporting agency: Softech International, Inc., 13501 S.W. 128<sup>th</sup> Street, Suite 111, telephone (888) 318-7979 upon proper identification, to request the nature and substance of all information in its files on me at the time of my request.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security No.

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

\_\_\_\_\_  
Driver's License No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
State of Driver's License

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