



**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**

## 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.

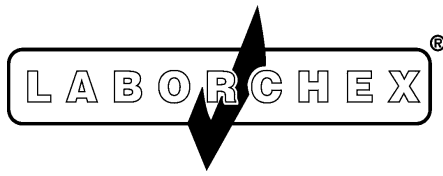
\_\_\_\_\_  
Applicant's Signature

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

\_\_\_\_\_  
Date

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

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



**ORDER TRANSMITTAL SHEET**

EMAIL TO: orders@laborchex.com

Please complete this form and submit it with any order that is emailed to us for processing. **The Authorization signed by the applicant (or current employee) should accompany this sheet.**

**CLIENT NAME:** City of Sunny Isles Beach

I warrant that I have been fully authorized by the Client named above to submit this background investigation request and make the certifications herein. In placing this order on behalf of Client, I hereby certify to Laborchex that (1) the requested consumer report is being ordered solely for employment purposes and for no other purpose; (2) the information obtained will not be used in violation of any federal or state equal opportunity law or regulation; (3) prior to ordering or causing the report to be ordered Client: (i) has made a clear and conspicuous disclosure in writing to the consumer/applicant, in a document that consists solely of the disclosure, that a consumer report may be obtained for employment purposes; and (ii) has obtained the consumer/applicant's written authorization to obtain the report. Client further certifies to Laborchex that prior to taking any adverse action based in whole or in part on the report, Client will provide the following to the consumer/applicant: (a) a copy of the consumer report; (b) a copy of the document named a "Summary of Your Rights Under the Fair Credit Reporting Act" previously provided to Client by Laborchex, and (c) a Pre-Adverse Action notification (a letter that notifies Consumer that you may take adverse action based on the report, and are providing him/her a sufficient amount of time before taking adverse action to dispute any information contained in the Consumer Report, prior to your final adverse action decision). Client also certifies that, in the event an investigative consumer report is being ordered, the Client has made the additional disclosure that the consumer has the right upon written request to Client to be informed whether an investigative consumer report was requested and given information as to the nature and scope of the investigation requested. Client also certifies that, in the event a worker's compensation history report is being ordered, in compliance with the Americans with Disabilities Act, the Client has already made a contingent offer of employment, and is investigating worker's compensation history solely to determine that the consumer is not being hired for a position or assigned a job function that could aggravate a previous injury.

I understand that submitting this request without the authorization of Client and without complying with the aforementioned legal requirements is a violation of federal law that can result in irreparable damages to both Client and to Laborchex, Inc. I agree not to sell, disseminate, or otherwise distribute in whole or in part, any information provided by Laborchex, Inc. to any third party. I will order, receive and use information provided by Laborchex, Inc. solely as an end user, and shall not request or use information obtained from Laborchex, Inc. for purposes not permitted by law. The laws and regulations governing fair practices include, but are not limited to, the Fair Credit Reporting Act (FCRA), and it states' analogues and statutes; the Americans with Disabilities Act (ADA) and it states' analogues and statutes; and Drivers Privacy Protection Act (DPPA) and its states' analogues and statutes; and Title VII of the Civil Rights Act of 1964.

CLIENT SIGNATURE BY: \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE: \_\_\_\_\_

=====

APPLICANT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ \*\* DOB: \_\_\_\_\_

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

DRIVER'S LICENSE #: \_\_\_\_\_ STATE OF ISSUANCE: \_\_\_\_\_

**CHECK SCREENINGS REQUIRED FOR THIS APPLICANT**

- |  |  |
|--|--|
| _____ Previous Employment Verification*                            | _____ Driving Record Check                                   |
| _____ D.O.T. _____ (Special Screening for Commercial Drivers)*     | _____ Workers' Compensation* (x)                             |
| _____ Education Verification*                                      | _____ Employment Credit Report* (x)                          |
| _____ 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 Here: _____ | _____ National Address Search & Social Security # Validation |
| _____ Nationwide Federal Violations Criminal Record Check          |  |

**\* For these levels of screening, please include the completed job application in this transmittal. \*\*Date of birth is being requested for identification purposes only in obtaining accurate retrieval of records and will not be used for discriminatory purposes. (x) When permitted by state law.**



## DISCLOSURE STATEMENT

### PURSUANT TO FAIR CREDIT REPORTING ACT (FCRA)

By this document City of Sunny Isles Beach discloses to you that a consumer report regarding your credit history, criminal history and other background information and/or an investigative consumer report containing information as to your character general reputation, personal characteristics and/or mode of living may be obtained from consumer reporting agencies, personal interviews or other sources in connection with your application for employment or any time during your employment (including independent contractor assignments, as applicable). The information obtained shall be used solely for the purpose of evaluating you for employment, promotion, reassignment, or retention as an employee or independent contractor.

All terms are used as defined in the FCRA, 15 U.S.C. § 1681 et seq.

### AUTHORIZATION TO PROCURE A CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT

I HEREBY authorize City of Sunny Isles Beach or those authorized by them to procure consumer reports and/or investigative consumer reports on me in connection with my application for employment or any time during my employment, which shall be used solely for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee or as an independent contractor. I understand that reports may include information about my prior employment, D.O.T. commercial driver experience as outlined in Parts 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations (FMCSRs), driving records, military record, education, credit worthiness and history, character, general reputation, criminal record, and mode of living, residency, general reputation, personal characteristics, performance, experience, reasons for termination of past employment and other qualities pertinent to my qualifications for employment.

I understand that this information may be obtained through a variety of sources, including, but not limited to, public records, educational institutions, financial institutions, credit bureaus, consumer reporting agencies, and personal interviews with my current and former employers, friends, neighbors and associates. I understand that upon written request to SIB Human Resources dept., I will be informed whether an investigative consumer report was requested and given information as to the nature and scope of the investigation requested. I understand that upon written request to SIB Human Resources dept., a copy of this Authorization will be provided to me.

\_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Print Name:

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

CALIFORNIA, MINNESOTA AND OKLAHOMA RESIDENTS ONLY:

I wish to receive a free copy of any Consumer Report and/or Investigative Consumer Report concerning me that is requested.



## City of Sunny Isles Beach Employee Confidentiality Agreement

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

During the course of your employment with the City of Sunny Isles Beach, you may have access to sensitive and/or personal information regarding our employees, residents, and/or companies we do business with. Such information should be treated in a confidential manner and should not be part of any public or private conversation, including online social media websites. With respect to these records and information, and all other confidential and proprietary City information and records, the employee has read, understands, and agrees to the following:

1. I acknowledge the sensitivity and/or confidentiality of all employee information and records and other confidential and proprietary City information and records. This information will not be revealed to or distributed to or discussed with anyone other than my supervisor and appropriate City officials.
2. I will not attempt to alter, change, modify, add, or delete employee record information or City documents unless specifically instructed to do so by supervisor or appropriate City official.
3. Personal or identifying information about City employees (such as name, address, telephone, number, performance reviews, and salaries) will not be released to unauthorized individuals or agencies.
4. I will access only information specified and authorized by my supervisor or appropriate City official. Access to information should be through normal departmental procedures for obtaining specific access to the information in written documents, computer files, records, or other City information.
5. I understand that information acquired during the course of my work assignments may not be utilized for personal gain or benefit.
6. All procedures, creative work, written documents, records, etc. are created and documented according to City policies and procedures. These materials are considered City property and are not for public disclosure or use.

I understand that misuse of personal information or data obtained through my employment is a violation of this agreement and grounds for immediate disciplinary action, up to and including termination, and may also be subject to legal action.

### Employee:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Witness:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Florida Retirement System (FRS) - Certification Form

This form is not an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with enrollment instructions.

Name \_\_\_\_\_ SSN (last 4 digits) \_\_\_\_\_

Agency Name \_\_\_\_\_

Previous or Current FRS Employer \_\_\_\_\_

**Complete Section I if you have never been a member of a State of Florida administered retirement plan.  
Complete Section II if you are a current or previous member AND Section III if not retired OR Section IV if retired.**

I. I have **never** been a member of a State of Florida administered retirement plan.

**STOP HERE**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

II. I was or currently am a member of the following State of Florida administered retirement plan (**also complete Section III or IV**)<sup>1</sup>

- FRS Pension Plan (incl. DROP)     FRS Investment Plan     State University System Optional Retirement Program (SUSORP)  
 State Community College System Optional Retirement Program (SCCSORP)     Senior Management Service Optional Annuity Program (SMSOAP)  
 Other

III. I am **not retired** from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7<sup>th</sup> through the 12<sup>th</sup> calendar months after I retired or after my DROP termination date, I **must repay** all unauthorized benefits received (see Section IV for details), or, if in the Investment Plan, terminate my employment. **My employer may also be liable for repaying any unauthorized benefits I received.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

IV. I am **retired** from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, SCCSORP, SMSOAP, or other plan was \_\_\_\_\_.

**Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SCCSORP, and SMSOAP are eligible for renewed membership in the Investment Plan, SUSORP, or SCCSORP.**

**I understand that as a Pension Plan retiree:**

- a. If I am employed by an FRS-participating employer in **any type of position**<sup>2</sup> during the **first 6 calendar months** after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**,<sup>3</sup> and I must reapply for retirement in order to receive future benefits.
- b. If I am reemployed by an FRS-participating employer at any time during the 7<sup>th</sup> through the 12<sup>th</sup> calendar months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended<sup>4</sup> and any unauthorized benefits received must be repaid.<sup>3</sup> **My employer may also be liable for repaying any unauthorized benefits I received.**

**I understand that as an Investment Plan, SUSORP, SCCSORP, or SMSOAP retiree:**

- a. If I am employed by an FRS-participating employer in **any type of position**<sup>2</sup> during the **first 6 calendar months** after I retired, I **must repay**<sup>3</sup> any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- b. If I am reemployed by an FRS-participating employer at any time during the 7<sup>th</sup> through the 12<sup>th</sup> calendar months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.<sup>4</sup>

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan, including DROP (does not include a withdrawal of employee contributions), or
2. You have taken any distribution (including a roll-over) from the FRS Investment Plan, or other state administered retirement programs offered by state universities (SUSORP), state community colleges (SCCSORP), state government for senior managers (SMSOAP), or local governments for senior managers.

<sup>1</sup>If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-participating employment. You may have a one-time 2<sup>nd</sup> Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

<sup>2</sup>Positions include OPS, temporary, seasonal, substitute teachers, adjunct professors, part-time, full-time, regularly established, etc.

<sup>3</sup>Florida law requires a return of all unauthorized Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to unauthorized SUSORP, SCCSORP, or other state-administered plan distributions – contact that plan's administrator for details.

<sup>4</sup>There is one exception to the restrictions on reemployment limitations after retirement. If you are a retired law enforcement officer, you may only be reemployed as a school resource officer by an FRS-covered employer during the 7<sup>th</sup> through 12<sup>th</sup> calendar months after your retirement date or after your DROP termination date and receive both your salary and retirement benefits.