



MIAMI-DADE COUNTY HEARING OFFICER APPLICATION

Please type or print

1. Check One: Mr/Mrs/Ms Initial Appointment ( ) Last Name Re-Appointment ( ) First Name MI

2. Date of Birth 3. Social Security Number

4. Driver's License Number

5. MIAMI-DADE COUNTY RESIDENCY Are you currently a resident of Miami-Dade County? Yes ( ) No ( ) If Yes, since what date?

6. RESIDENCE Address City State Zip Telephone Beeper/Cellular Fax #

7. EMPLOYMENT Employer's Name: Address City State Zip Telephone Fax #

8. OCCUPATION

9. EDUCATION

A. HIGH SCHOOL: YEAR GRADUATED: (Name and Location)

B. LIST ALL POST SECONDARY EDUCATION INSTITUTIONS ATTENDED: Name and Location Dates Attended Certificates/Degrees Received

(Attach additional sheets if necessary)

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10. **LICENSES AND CERTIFICATIONS**

**Have you previously held or do you hold an occupational or professional license or certificate?** Yes ( ) No ( )

**If yes, please provide copies and complete the information below. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:**

License/ Certificate	Issuing Authority	Original Issue Date	Expiration Date	Disciplinary Action/Date

(Attach additional sheets or explanation if necessary)

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11. **COMMUNITY INVOLVEMENT**

**Please list any business, professional, occupational, civic, fraternal organizations or boards of which you have been or are currently a member, or in which you are now active:**

Name	Type of Organization	Dates Active

(Attach additional sheets if necessary)

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12. **CRIMINAL BACKGROUND** (Miami-Dade County will conduct a criminal background check)

**Have you ever been convicted of a felony:** Yes ( ) No ( )

**If yes, give details:**

Date	Place	Nature	Disposition

**If yes, have your civil rights been restored?** Yes ( ) No ( )

(Attach a court certified copy of the dispositions.  
Attach additional sheets or explanation if necessary)

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13. **CODE ENFORCEMENT FINES**  
Do you presently have any unpaid code enforcement fines which are not under appeal?  
Yes ( ) No ( )

If yes, give details:

Date Issued Issuing Entity/Department

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For any of the above, are you on a payment plan and, if so, are you current? \_\_\_\_\_

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14. **MONEY OWED AND PAST DUE TO ANY GOVERNMENTAL ENTITY**  
Do you presently owe Miami-Dade County or any other governmental entity money for any reason? (I.e. taxes, loans, fees, liens, judgments, etc.) Yes ( ) No ( )

If yes, give details:

Nature Entity/Department Owed Past Due Amount

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For any of the above, are you on a payment plan and, if so, are your current? \_\_\_\_\_

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15. **ARE YOU CURRENTLY AN ELECTED OR APPOINTED OFFICIAL, OR AN EMPLOYEE OF MIAMI-DADE COUNTY?** Yes ( ) No ( )

If yes, please explain:

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16. **WERE YOU EMPLOYED BY MIAMI-DADE COUNTY WITHIN THE PAST TWO (2) YEARS?** Yes ( ) No ( )

If yes, describe position and date of separation:

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**The following questions are optional and will be used for statistical purposes ONLY**

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17. RACE – (Check appropriate answer) ( ) White (Non-Hispanic) ( ) Hispanic  
( ) Black ( ) Other (describe) \_\_\_\_\_

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18. NATIONAL ORIGIN – (Check appropriate answer)  
( ) U.S. ( ) Other (describe) \_\_\_\_\_

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19. LANGUAGES SPOKEN – (Check appropriate answer)  
( ) English ( ) Other (describe) \_\_\_\_\_

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20. GENDER – (Check appropriate answer) ( ) Male ( ) Female

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**APPLICANT'S SIGNATURE**

I, \_\_\_\_\_, under penalties of perjury, declare that I have read the foregoing application and verify that the facts stated in it are true. I agree to be bound by the Miami-Dade County Code of Ethics Ordinance and will adhere to the requirements and rules contained in Chapter 8CC of the Miami-Dade County Code and the minutes of the Hearing Officer Review Board.

\_\_\_\_\_  
(Signature)

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

**IT IS YOUR OBLIGATION TO NOTIFY THE CLERK OF THE COURTS OF ANY MATERIAL CHANGE PERTAINING TO THE INFORMATION IN THIS APPLICATION**

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**STATE OF FLORIDA  
County of Miami-Dade**

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_, ( ) who is personally known to me, or ( ) who has produced identification of \_\_\_\_\_, and who did not take an oath.

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

\_\_\_\_\_  
Print, type, or stamp name of Notary Public

My Commission expires:

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Mail completed application to:

Miami-Dade County  
Clerk of the Court  
Code Enforcement Division  
111 NW 1 Street, Suite 1750  
Miami, Florida 33128  
Telephone: (305) 375-3467