



MIAMI-DADE COUNTY



CORRECTIONS AND REHABILITATION DEPARTMENT

ORIENTATION INTERVIEW QUESTIONNAIRE

NAME: _____

LATERAL: YES _____

SS#: _____

NO _____

ORIENTATION DATE: _____

1) Do you have an open investigation at this present time? _____

2) Have you ever been rejected for employment by a law enforcement agency? When and how many times? _____

3) Has disciplinary action ever been taken against you? Have you been involved in any grievance procedures? _____

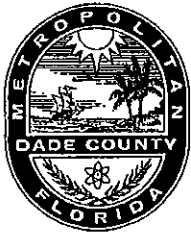
4) Have you used any illegal drugs within the past three (3) years? _____

5) What is the current status of your certification? _____

6) Have you ever been terminated or forced to resign from a job? _____

7) Has a license or certificate issued to you, ever been suspended or revoked? _____

8) Have you ever been disciplined while in the military? _____



**MIAMI-DADE
CORRECTIONS AND REHABILITATION DEPARTMENT
MIAMI-DADE COUNTY, FLORIDA
PERSONNEL BUREAU**



HOURS OF OPERATION

The Miami-Dade Corrections and Rehabilitation Department operates 24 hours, 7 days per week. As such, I acknowledge that my shift assignment and days off will be based on departmental needs. I agree to work weekdays, weekends, and holidays, or any assigned shift such as, but not limited to, day (7:00 a.m. x 3:00 p.m.), afternoon (3:00 p.m. x 11:00 p.m.), midnight (11:00 p.m. x 7:00 a.m.), and/or variable (8:00 a.m. x 5:00 p.m.).

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREED TO COMPLY WITH THE HOURS OF OPERATION AS TERMS AND CONDITIONS OF EMPLOYMENT WITH THE CORRECTIONS AND REHABILITATION DEPARTMENT.

| | | |
|--|------|------------------------------|
| Applicant Name (PLEASE PRINT) | Date | Applicant Signature |
| Witness, Corrections and Rehabilitation Personnel Bureau Staff Member | Date | Investigator Title |



MIAMI-DADE COUNTY



CORRECTIONS AND REHABILITATION DEPARTMENT

AFFIDAVIT OF CRIMINAL HISTORY DISCLOSURE

Have you ever been arrested, received a notice to appear, charged, convicted, pled nolo contendere or plead guilty to any criminal violation (including traffic and juvenile), regardless if the record was sealed, expunged or a pardon was granted. _____ Yes _____ No _____
Initials

Florida State Statute 943.058 (4)(a) **Court Ordered Expunction of Criminal History Records** states in part, when all criminal history records, except for records retained under seal by the Courts or Department of Law Enforcement, have been expunged, the subject of such records may lawfully deny or fail to acknowledge the events covered under expunged or sealed records, except in the following circumstances:

- 1) "When the person who is the subject of the record is a candidate for Employment with a criminal justice agency;"

This exception requires by law that you, as an applicant for employment with a criminal justice agency (such as Miami-Dade Corrections and Rehabilitation Department), must not deny or fail to acknowledge the events in any expunged or sealed record(s).

A denial or failure to acknowledge the events in any expunged or sealed records in this exception will result in rejection based on falsification of your application, or termination and possibly de-certification, if already employed.

I have read and understand all of the above information.

Applicant's Name (please print) : _____

Applicant's Signature: _____ Date: _____



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



**CJSTC
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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 NAME: _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER (Optional): _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: Miami-Dade County Corrections 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

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. **Pursuant to Sections 943.134(2)(a) and (4), 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 Florida

COUNTY OF Miami-Dade

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 _____ 2008 My Commission expires on _____ 20 _____ Personally Known _____ - or -

Produced Identification Florida DL ID Notary Public: _____

Type of identification produced: #: _____



MIAMI-DADE COUNTY

CORRECTIONS AND REHABILITATION DEPARTMENT

ATTESTATION OF NON-SERVICE

I, _____, do hereby attest that I have never been a member of the Armed Forces of the United States and have never received a dishonorable or undesirable discharge from my branch of the military services.

Signed: _____

Date: _____

REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type. If you need more space, use plain paper.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

| | | | |
|---|------------------------|--|---|
| 1. NAME USED DURING SERVICE (last, first, and middle) | 2. SOCIAL SECURITY NO. | 3. DATE OF BIRTH | 4. PLACE OF BIRTH |
| 5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.) | | | |
| BRANCH OF SERVICE | DATES OF SERVICE | | CHECK ONE |
| | DATE ENTERED | DATE RELEASED | OFFICER ENLISTED |
| a. ACTIVE SERVICE | | | SERVICE NUMBER DURING THIS PERIOD (If unknown, write "unknown") |
| b. RESERVE SERVICE | | | |
| c. NATIONAL GUARD | | | |
| 6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES _____ | | 7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES | |

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. **REPORT OF SEPARATION** (DD Form 214 or equivalent). This contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year that a Report of Separation was issued, for which you need a copy.

An UNDELETED Report of Separation is requested for the year(s) _____

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

A DELETED Report of Separation is requested for the year(s) _____

The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

2. **OTHER INFORMATION AND/OR DOCUMENTS REQUESTED** _____

3. **PURPOSE** (Optional - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER IS:**

Military service member or veteran identified in Section I, above
 Next of kin of deceased veteran _____ (relation)

Legal guardian (must submit copy of court appointment)
 Other (specify) _____

2. **SEND INFORMATION/DOCUMENTS TO:**
 (Please print or type. See item 3 on accompanying instructions.)

3. **AUTHORIZATION SIGNATURE REQUIRED** (See item 2 on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Name _____
 Street _____ Apt. _____
 City _____ State _____ Zip Code _____

Signature (Please do not print.) _____
 Date of this request _____ () _____
 Daytime phone _____
 Email address _____



MIAMI-DADE
CORRECTIONS AND REHABILITATION DEPARTMENT

EMPLOYEE APPEARANCE STANDARD

PERSONAL GROOMING

- FACIAL HAIR
- FINGERNAILS
- HAIRSTYLES
- MAKE-UP

JEWELRY

- BRACELETS
- EARRINGS
- NECKWEAR
- NOSE DECORATIONS AND BODY PIERCING
- RINGS
- TATTOOS - Must NOT be visible to external areas, visual capability includes but is not limited to; short sleeve uniforms, outlined neck, face and hands.
- TEETH DECORATIONS

By signing below I acknowledge that I have reviewed, understand and agree to comply with the personal grooming standards of DSOP 6-017.

Applicants Name (Print)

Signature

Date

Witness, Corrections and Rehabilitation

Investigation Specialist I
Title

Date

Comments: _____

