

PERSONAL HISTORY QUESTIONNAIRE

(Without Criminal History)



**MIAMI-DADE SHERIFF'S OFFICE
MIAMI-DADE COUNTY, FLORIDA**

POSITION APPLIED FOR Other :

LAST NAME		FIRST NAME		MIDDLE NAME	
HOME / RESIDENTIAL ADDRESS				APARTMENT NO.	
CITY	COUNTY	STATE	ZIP CODE		
CELL PHONE (AREA CODE)			BUSINESS TELEPHONE (AREA CODE)		
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER		STATE	
DATE OF BIRTH (MM/DD/YYYY)			EMAIL ADDRESS		

MILITARY APPLICANT

YES OR NO

Miami-Dade Sheriff's Office will use information concerning ethnicity, sex, age and disability for affirmative action purposes only, consistent with and pursuant to its obligation under federal law.

RACE/ETHNICITY

WHITE (Non-Hispanic)	<input type="checkbox"/>
BLACK (Non-Hispanic)	<input type="checkbox"/>
HISPANIC	<input type="checkbox"/>
ASIAN	<input type="checkbox"/>
AMERICAN INDIAN	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

PHOTO

Place Passport Photo Here

M.D.S.O. USE ONLY

PREScreening

ORIENTATION

ASSIGNED



Miami-Dade Sheriff's Office

Internship Application

Name of College/University attending: _____

Address: _____

What is your Major? _____

What is your cumulative Grade Point Average? _____

What degree will you obtain? (AA, BA, Masters, Ph.D.) _____

Are you a Junior or Senior in college? Yes _____ No _____

If no, will you be a Junior or Senior by the time of internship? Yes _____ No _____

In a brief essay, please explain why you are seeking an internship with the Miami-Dade Sheriff's Office? (Please use separate sheet)

Have you ever been arrested and/or convicted of a crime? Yes _____ No _____

If yes, please list charges and explain on a separate sheet of paper.

Please list two references:

Name

Address

Telephone Number

Relationship to Applicant

Name

Address

Telephone Number

Relationship to Applicant

Applicant's
Name (Print): _____

Applicant's
Signature: _____