



The City of Tallahassee offers many exciting jobs. The Parks, Recreation and Neighborhood Affairs, Summer Playground Camp is a great opportunity for the working professional who has summers off, those just starting off in the workforce and all those in between. Summer break is a time for our youth to unwind and have some fun. Our camp staff is encouraged to have fun right along with them. Creative, active, engaged, and individuals with a love for kids will thrive in this position.

As you are filling out the employment package, please be sure to read it thoroughly and complete the entire packet. There are several pages and several questions that seem repetitive, but all are required.

Once you have completed the application you may drop the packet off at 1201 Myers Park Drive in the Special Events office or scan and email it back to [robin.mckay@talgov.com](mailto:robin.mckay@talgov.com)

We look forward to receiving your application!

What to expect next:

1. Your application will be reviewed by the hiring committee. If there are any missing/incomplete pages, we will reach back out to you to complete.
2. In person interviews will be scheduled. If you are out of town then an online interview can be arranged. All eligible applicants will be offered an interview.
3. If you are selected as a potential staff member, you will be required to take a prescreen drug test.
4. Once cleared from the prescreening you will then be scheduled for fingerprinting.
5. Once everything comes back clear... Congratulations! You are now a part of the Playground Camp Crew.
6. You will be required to attend training (typically training occurs the week prior to start of camp).

**Robin McKay, CPRP**  
**Special Events Supervisor**  
City of Tallahassee  
Parks, Recreation & Neighborhood Affairs  
1201 Myers Park Dr.  
Tallahassee, FL 32301  
(w) 850-891-3856  
(c) 850-901-4657



# CITY OF TALLAHASSEE EMPLOYMENT APPLICATION



**CITY OF  
TALLAHASSEE**

**Equal Opportunity Employer  
Equal Access Employer  
Affirmative Action Employer**

## POSITION APPLIED FOR

Requisition No.: \_\_\_\_\_ Position No.: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Application Date: \_\_\_\_\_ Date Avail. to work: \_\_\_\_\_  
Are you a Current City Employee? **YES** ☐ (ID# \_\_\_\_\_) **No** ☐  
Are you a Former City Employee? **YES** ☐ (ID# \_\_\_\_\_) **No** ☐  
Have you previously submitted an application to the City of Tallahassee? **YES** ☐ **No** ☐  
Where did you learn of this vacancy? \_\_\_\_\_

## INSTRUCTIONS

- Complete this application in its entirety. Type or print in ink.
- Specify the requisition number and position number for which you are applying. (**Note: A separate application must be submitted for each vacancy. Photocopies are acceptable.**)
- Sign your name in the Certification Section on page 2. All information submitted is subject to verification.
- Submit your application by mail to:  
DEPARTMENT OF HUMAN RESOURCES  
CITY HALL, MAIL BOX A-14  
TALLAHASSEE, FLORIDA 32301-1731  
or by FAX to: (850) 891-8988  
or hand-deliver to the HR Department location listed above.
- Applications **must** meet the following deadlines in order to be considered:  
**Personally delivered** -- in HR by 5:00 p.m. of the published closing date;  
**Sent via US mail** -- postmarked by published closing date. **Faxed** -- transmission receipt time by midnight of published closing date.

## HOW DO WE CONTACT YOU?

Your Name \_\_\_\_\_

Social Security Nbr (last 4-digits only)\* \_\_\_\_\_ Email address \_\_\_\_\_  
\*The City of Tallahassee collects this information for applicant identification and verification, and will release it only if required by law.

Your Home Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Your Mailing Address (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work, Business or Cell Phone (specify type) \_\_\_\_\_

## CITIZENSHIP / AUTHORIZATION TO WORK

The City of Tallahassee hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

Are you a U.S. citizen or are you legally authorized to work in the U.S.? **YES** ☐ **No** ☐

## EEO REPORTING DATA

The following information is not required. It is requested only for Equal Employment Opportunity record keeping, reporting, and compliance purposes as specified by Title VII of The Civil Rights Act of 1964 as amended.

**SEX:** ☐ Male ☐ Female

**RACE:** (Check one only.) ☐ White ☐ Black ☐ Hispanic ☐ Asian or Pacific Islander ☐ American Indian or Alaskan ☐ Other

## SELECTIVE SERVICE REGISTRATION

If you are a male between the ages of 18 and 26, do you have proof of registration with the Selective Service System, or proof of exemption from such registration? **N/A** ☐ **YES** ☐ **No** ☐

**NOTE:** If "Yes" and you are selected as a finalist for this position, you will be required to show proof of registration or exemption prior to appointment.

## RELATIVES IN CITY EMPLOYMENT

To your knowledge, do you have any relatives working for the City of Tallahassee? **YES** ☐ **No** ☐

If "Yes", Name(s): \_\_\_\_\_ Relationship(s): \_\_\_\_\_ Dept(s) where employed: \_\_\_\_\_  
(Continue list on another sheet, if necessary)

## DRIVER LICENSE INFORMATION

State of Issuance: \_\_\_\_\_ Driver License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Driver License Type (Circle One): A B C D E Endorsement(s) (Circle if applicable): N P H X

## EDUCATION - Circle Highest Grade Completed. You will be asked for more detailed information in the next section.

Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

## FOR HUMAN RESOURCES USE ONLY:

Screened by: \_\_\_\_\_ Date: \_\_\_\_\_ Eligibility: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_ SS#(LAST 4-DIGITS ONLY): \_\_\_\_\_

## HIGH SCHOOL

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Received: ☐ Diploma ☐ Certificate of Completion ☐ GED ☐ None, highest grade completed: \_\_\_\_\_

Your name, if different while attending school: \_\_\_\_\_

## COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		# OF CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

Your name, if different while attending school: \_\_\_\_\_

## OTHER TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED Class Room/Clock	COURSE OF STUDY	Training Complete	
		FROM	TO			Yes	No
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Your name, if different while attending training: \_\_\_\_\_

## KNOWLEDGE / SKILLS/ ABILITIES (KSAs)

List KSAs and/or certifications you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), supervisory or management certifications, etc. \_\_\_\_\_

**CRIMINAL HISTORY INFORMATION - A CRIMINAL HISTORY INFORMATION SCREENING WILL BE CONDUCTED ON THE TOP APPLICANT. IF YOUR ANSWERS TO THE QUESTIONS BELOW DO NOT ACCURATELY AND COMPLETELY REFLECT YOUR CRIMINAL HISTORY, YOU MAY BE ELIMINATED FROM FURTHER CONSIDERATION FOR THE VACANCY.**

*If you are not sure or do not remember what happened in a criminal case(s), contact the appropriate county, state, or federal agency so that you can report accurate information on your criminal history. A "Yes" answer to any question(s) will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense(s) in relation to the duties of the position for which you are applying are considered.*

1. Have you ever been convicted of a felony or a first-degree misdemeanor? YES ☐ NO ☐
2. Have you ever had the adjudication of guilt withheld for a felony or a first-degree misdemeanor? YES ☐ NO ☐

If you answered Yes to one of the above questions and have a conviction or adjudication of guilt withheld, please complete the following information regarding each and every felony and/or first degree misdemeanor:

CHARGE	DATE OF DISPOSITION	COUNTY/ STATE

*Continue list on another sheet, if necessary*

## CERTIFICATION

I understand that any omissions, falsifications, misstatements, or misrepresentations of the information provided by me may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I provide may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of the City government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for City employment are public records except as noted in next section. I certify that to the best of my knowledge and belief that all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith. I further understand that if I am selected to fill a safety-sensitive position, I will be required to successfully pass a pre-employment drug test prior to appointment.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Notify the hiring department directly in advance if, due to a disability, you require special accommodations to participate further in the employment process.

YOUR NAME: \_\_\_\_\_

SS#(LAST 4-DIGITS ONLY): \_\_\_\_\_

**EXEMPTION FROM PUBLIC RECORDS DISCLOSURE**

Are you a current or former law enforcement officer, other covered employee\* or the spouse or child of a covered employee or former employee who is exempt from public records disclosure under §119.07, Florida Statutes? **YES** ☐ **NO** ☐

*\*Other covered jobs include correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement and certain investigators in the Department of Children and Families; human resource, labor relations, or employee relations directors, and their spouses & children; code enforcement officers and their spouses & children. (See §119.07, F.S.)*

**VETERANS' PREFERENCE CLAIM**

**In order to receive Veterans' Preference, documentation substantiating your claim must be furnished with this application\*\*. Check the appropriate block and attach the required documentation if you are claiming Veterans' Preference.**

1. ☐ A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense, **or**
2. ☐ The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, **or**
3. ☐ The unmarried widow or widower of a veteran who died of a service-connected disability, **or**
4. ☐ A veteran awarded a qualifying Campaign or Expeditionary Medal, or who has served on active duty for one day or more during a wartime period for a war listed by Section 1.01 (14), Florida Statutes.

I am a resident of the State of Florida. ☐ Yes ☐ No

*\*\* A DD214 or comparable document that serves as a certificate of release or discharge must be furnished at the time of application. In addition, applicants claiming categories 1, 2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Wartime periods are defined in §1.01.F.S. Under Florida law, preference in appointment shall be given by the City to those persons in categories 1 and 2 and then to those in categories 3 and 4. Veterans' Preference is only available to Florida residents. Refer to [www.floridavets.org/benefits/veteranspref.asp](http://www.floridavets.org/benefits/veteranspref.asp) for more information regarding Veteran's Preference.*

Branch of Service: \_\_\_\_\_ Date of Entry: \_\_\_\_\_ Date of Honorable Discharge: \_\_\_\_\_

*An applicant eligible for Veteran's Preference who believes he or she was not afforded employment preference in accordance with Florida law may file a complaint requesting an investigation with the Department of Veterans' Affairs, P. O. Box 31003, St. Petersburg, FL 32331. A complaint must be filed within 21 calendar days from the date that the notice of hiring decision is received by the applicant or within three calendar months of the date the application is filed with the employer. If no notice is given, it is the responsibility of the preferred applicant to maintain contact with the employer to determine if the position has been filled.*

**PERIODS OF EMPLOYMENT: All employment information must be filled out in this section. Resumes and other attachments will not be accepted in place of filling out this section, but may be submitted as supplemental information.**

Describe your work experience in detail beginning with your PRESENT or most recent job, and describe all periods of employment and periods of unemployment if longer than six months. Be sure to provide complete information regarding each position. IMPORTANT: Indicate supervisory responsibility and number of employees supervised. For the purposes of the City, supervisory responsibility involves having the authority, in the interest of the employer, to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees, or responsibility to direct them or to adjust their grievances, or effectively to recommend such action, where the exercise of such authority requires the use of independent judgment. Eligibility determinations are based on dates of employment, hours worked per week, and description of job duties and responsibilities.

May we contact your current employer? **YES** ☐ **NO** ☐

May we contact your former employer(s)? **YES** ☐ **NO** ☐

**1** Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_

From:    /    /    To:    /    /    Number of Hours Worked Per Week: \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
 Month Day Year Month Day Year

Supervisory Responsibility (see definition above): **YES** ☐ **NO** ☐ Number of employees supervised: \_\_\_\_\_

Your Name if Different During Employment: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**2**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of Hours Worked Per Week: \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
Month Day Year Month Day Year

Supervisory Responsibility (see definition above): **YES** ☐ **NO** ☐ Number of employees supervised: \_\_\_\_\_

Your Name if Different During Employment: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**3**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of Hours Worked Per Week: \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
Month Day Year Month Day Year

Supervisory Responsibility (see definition above): **YES** ☐ **NO** ☐ Number of employees supervised: \_\_\_\_\_

Your Name if Different During Employment: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**4**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of Hours Worked Per Week: \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
Month Day Year Month Day Year

Supervisory Responsibility (see definition above): **YES** ☐ **NO** ☐ Number of employees supervised: \_\_\_\_\_

Your Name if Different During Employment: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



## CITY OF TALLAHASSEE

### **New Employee Ethics Policy Awareness & Acknowledgement**

**Ethics Statement:** As public representatives, we are responsible for applying common sense and sound judgment in our decisions and actions. To establish the highest level of public trust, we shall maintain exemplary standards for personal integrity, truthfulness, and fairness in carrying out our public duties. We shall avoid any appearance of impropriety or conflict of interest in our roles as public servants and in our personal lives. We expect our representatives, agents, consultants, contractors, and vendors to be guided by these principles as well. All employees are required to attend Ethics Training. Also required are Character First (non-supervisory employees), and Character First for Supervisors and Character First II – Leading with Character (supervisors).

**Conflict of Interest: (s. 706.06 C).** No employees may have interests in or engage in business activities and/or incur any obligation which is in substantial conflict with the proper discharge of duties in the public interest.

**Acceptance of Gratuities: (s.706.06 F).** No employee or member of the employee's family may accept gifts or gratuities from lobbyists registered with the Treasurer/Clerk's Office. This list may be found at [Lobbyists-COT](#). No employees or member of the employee's family may accept gifts or gratuities from contractors, vendors and suppliers doing business with the City of Tallahassee, or who are seeking to do business with the City, or an entity that has interests that may be influenced by the employee in his/her job. Staff are finalizing this list and it will be accessible soon via the City's website. Examples of gifts or gratuities include, but are not limited to, free conference registration, lodging, meals, golf trips, or concerts, from such vendors when the vendor's or the employee's interests could influence the recipient employee's official duties. This policy shall not be interpreted to prevent an employee from engaging in a bona fide business transaction for goods and services from a firm doing business with the City when no special privilege or benefit is granted to or sought by the employee because of status as a City employee. This does not apply to situations such as accepting unsolicited promotional goods, such as caps, pens, notepads and calendars. Nothing should be accepted that exceeds a retail value of \$100.

**Use of City Property and City Funds: (s.706.06 H).** Employees are prohibited from using City property, City funds and City memberships outside the scope of their City employment. Employees may not use City funds or a City membership to purchase anything for non-City business, personal use or benefit of any party. Specific exceptions are cited in the referenced section of the Personnel Manual. On occasions where an employee is conducting City business and may incur a non-City business personal expense and it is not feasible for the personal expense to be billed separately from the City business expense, the employee must, within three (3) business days of incurring the non-City personal expense, take action to reimburse the City for the personal non-City business expense.

**Outside Employment: (s. 706.06 I).** No employee shall accept outside employment or engage in any private business if such outside employment or private business interferes or conflicts with the performance of the regular City position. Any employee accepting outside employment shall make arrangements with the outside employer to be relieved from outside duties should the employee be called for work by the City. Any employee accepting such employment shall agree to respond to any

# CITY OF TALLAHASSEE CRIMINAL/DRIVING BACKGROUND SCREENING PACKET

Carefully read the following information before completing your Criminal/Driving Background Screening Packet (BSP). Within this BSP are the forms required for the City of Tallahassee criminal and/or driving background checks. Applicants under 18 years of age **MUST** have a parent/legal guardian sign the Parent/Legal Guardian Acknowledgement & Consent form found on page 2 prior to completing the remainder of the forms.

**All forms should be hand signed as we cannot accept electronic signatures.**

## CONTENTS/APPLICABILITY OF THE BACKGROUND SCREENING PACKET:

### ALL APPLICANTS/EMPLOYEES:

- ☐ **Disclosure Regarding Consumer Reports Under the Fair Credit Reporting Act:** Read, sign, & date.
- ☐ **Authorization to Obtain Consumer Reports Under the Fair Credit Reporting Act:** Read, sign, & date.
- ☐ **City of Tallahassee Background Screening Authorization:** Read, sign, and date
- ☐ **City of Tallahassee Background Screening Information Worksheet:** Review and fill in the requested information completely, sign, and date. Please be sure to provide all **OUT OF STATE** addresses you have lived within the past 7 years. If you are a student listing an out of state address as your primary residence, please provide your local address as your current address.
- ☐ **A Summary of Your Rights Under the Fair Credit Reporting Act:** This document **MUST** be provided to you for informational purposes and is not to be returned to Human Resources & Workforce Development. Carefully read and remove this document from this packet to take with you.

### APPLICANTS UNDER 18 YEARS OF AGE

- ☐ **Parent/Legal Guardian Acknowledgement and Consent:** **MUST** be signed for applicants under 18 years of age prior to the completion of the packet.

### OUT OF STATE APPLICANTS/RESIDENTS

- ☐ **State Disclosure Regarding Background Screenings/State Law Notices:** If you have lived out of the state of Florida within the past 7 years, please carefully read, sign and date. If you have not lived out of the state of Florida within the past 7 years, mark an "X" across the page.
- ☐ **Disclosure Regarding Investigative Consumer Reports Pursuant to California Law/Summary of Rights Under California Civil Code 1786.22:** If you are currently a resident of California, this document **MUST** be provided to you for informational purposes and is not to be returned to Human Resources & Workforce Development. Carefully read and remove this document from this packet to take with you.

## HIRING DEPARTMENTS:

This packet is to be provided to the top candidate for a position, after the interview process has been completed and a conditional offer of employment has been given. Once packet has been completed, review the packet in its entirety to ensure all appropriate information/signatures have been provided and that an "X" has been marked over any page that is not applicable to the candidate.

You **MUST** provide the candidate with the document entitled "A Summary of Your Rights Under the Fair Credit Reporting Act" (pages 8-10) and, if applicable, "Disclosure Regarding Investigative Consumer Reports Pursuant to California Law" (page 7).

Upload this packet and the Screening Request form to the ePAF and forward to HRWD. Keep the originals of the packet in a secure file.

**IF YOU HAVE QUESTIONS REGARDING THE CRIMINAL AND/OR DRIVING BACKGROUND SCREENINGS OR REGARDING THE BACKGROUND SCREENING PROCESS CONTACT THE CITY OF TALLAHASSEE HUMAN RESOURCES & WORKFORCE DEVELOPMENT DEPARTMENT AT 300 SOUTH ADAMS STREET, TALLAHASSEE, FLORIDA 32301, (850) 891-8214.**



such work demand should the employee's City supervisor determine it to be necessary. All employees who sustain injuries while performing outside employment duties are to report them to their immediate supervisor on the next regularly scheduled workday. To prevent City employee employment conflicts of interest, all City employees are required to disclose non-city employment and whether that employment is with a business or public agency which does business with the City or is subject to the regulation of the City. This reporting obligation shall occur annually as part of the policy review requirements.

**Electronic Resources: (s.706.06 K).** All electronic resource and information systems are the property of the City. All information received on, transmitted through, or stored on or through any City equipment is the property of the City, and there is to be no expectation of any privacy of information contained therein. These resources must be used in a lawful, professional and ethical manner. Any use of electronic resources that involves offensive, harassing, discriminatory, or sexually explicit material or content, or any other matters that would in any way bring the City into disrepute, are prohibited and may result in disciplinary action up to and including dismissal.

**Theft or Other Suspected Criminal Activity: (s.706.07 B).** Unauthorized use of city property, funds, goods, resources, or services by a City employee shall be reported to a division director, department director, or the Human Resources and Workforce Development Director.

**Public Records Statement:** The Florida Constitution and Florida Statutes, Chapter 119, specify the right of the public to inspect and copy any record, regardless of physical form, characteristics or means of transmission, that is made or received in connection with the transaction of City business. The City is committed to providing access to these public records as required by law. All City employees are required to preserve and retain public records. As approved by the City Commission, employees are prohibited from transacting City business by private email (i.e. @gmail, @hotmail) or text message over their private device (unless the communication is captured and retained on the City server). In response to requests, all texts and emails shall be provided to the public, excepting information legally exempt or confidential. Employees who do not wish to have personal content made public should not use the City email system or communication devices for such personal communication.

#### **Certification of Receipt**

***By my signature, I certify that I have received and reviewed the New Employee Ethics Policy Awareness & Acknowledgement form, that I understand my responsibilities for adhering to the policies, and that I understand who to contact if I have any questions.***

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

\_\_\_\_\_  
**Employee ID #**

\_\_\_\_\_  
**Signature**

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

**For questions or more information:**

- **Department Director** \_\_\_\_\_
- **Ethics Officer**                      **850.891.8813 or [ethics@talgov.com](mailto:ethics@talgov.com)**
- **Human Resources & Workforce Development**    **850.891.8214**



## **PARENT/LEGAL GUARDIAN ACKNOWLEDGMENT AND CONSENT REGARDING BACKGROUND SCREENING FOR APPLICANTS UNDER 18 YEARS OF AGE**

All persons who are hired for the City of Tallahassee are subject to a pre-employment criminal history screening.  
*This release will be effective for the duration of your employment with the City of Tallahassee.*

### **Criminal History Screening**

It is the policy of the City of Tallahassee to conduct criminal history screenings to identify applicants for employment who are deemed to pose an unreasonable risk to the safety and security of City employees, facilities, programs, and the community, and/or impede the ability of the City to conduct governmental business in an environment of community trust and confidence.

As a condition of employment, a criminal history screening will be conducted for the selected applicant of a position before a final job offer is extended. If there is a criminal history, it will be evaluated against a pre-determined set of criteria relative to the job being applied for.

Applicants, who on the employment application have been found to have provided false information, misstatements, misrepresentation, or omitted material information may be denied employment.

Any applicant under the age of 18 may only be considered for employment with parental or legal guardian consent to the statement below.

**As the parent/legal guardian of the minor applicant listed below, I acknowledge and understand the City of Tallahassee's Criminal History Screening policy and the purposes of these pre-employment checks. Additionally, I acknowledge that in rare cases a Consumer Report may be conducted on the minor listed below and certify that I have read and understand the Disclosures, Authorizations, and the document "A Summary of Rights Under the Fair Credit Reporting Act" contained in this Background Screening Packet. I hereby provide my consent to these background checks for employment purposes on my child/legal dependent listed below.**

Minor Applicant Name: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

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

**DISCLOSURE REGARDING CONSUMER REPORTS  
UNDER THE FAIR CREDIT REPORTING ACT**  
[IMPORTANT- PLEASE READ CAREFULLY BEFORE SIGNING]

As an applicant for employment or an employee with the City of Tallahassee, background screenings will be conducted on you in connection with your employment, including initial employment, reassignment, promotion, and other employment purposes. Pursuant to the Federal Fair Credit Reporting Act ("FCRA"), The City of Tallahassee may obtain information about you from a third-party consumer reporting agency for employment purposes. Therefore, you may be the subject of a consumer report, defined by the FCRA, any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Consumer reports may be obtained at any time after the City of Tallahassee receives authorization from you, including any time during the period of your employment if the City of Tallahassee hires you. These reports may contain information about you relating to your criminal history, credit history, verification of social security number, driving and/or motor vehicle records, current and previous residences, public record, education or employment history, or other background checks. Credit history will only be requested where consistent with applicable law and where such information is substantially related to the duties and responsibilities of the position for which you are applying. The information obtained may be from private and/or public record sources.

These searches may be conducted by Edge Information Management, Incorporated, 1682 W. Hibiscus Blvd., Melbourne, Florida 32901, 1-800-725-3343, [www.edgeinformation.com](http://www.edgeinformation.com) and/or Florida MVR Services, Incorporated, 1391 Timberlane Rd, Tallahassee, FL 32312, (850) 894-8201, [www.flmvr.com](http://www.flmvr.com).

The FCRA gives you specific rights in dealing with consumer reporting agencies. These rights are summarized on "A Summary of Your Rights Under the Fair Credit Reporting Act" which is also being provided to you. You have the right, upon written request made within a reasonable time after receipt of this notice, to request if a consumer report has been run on you, a complete disclosure of the nature and scope of the consumer report requested, the information obtained about you in the consumer report, and a written summary of your rights under the Fair Credit Reporting Act. These requests can be made by contacting the City of Tallahassee Human Resources & Workforce Development Department, 300 South Adams Street, Tallahassee, Florida 32301, (850) 891-8214.

**By signing below, I acknowledge I have read and understand the above "Disclosure Regarding Background Screenings Under the Fair Credit Reporting Act".**

**Print Full Name:** \_\_\_\_\_

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

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

**AUTHORIZATION TO OBTAIN CONSUMER REPORTS  
UNDER THE FAIR CREDIT REPORTING ACT**  
[IMPORTANT- PLEASE READ CAREFULLY BEFORE SIGNING]

By signing below, I hereby authorize the City of Tallahassee to obtain and/or its authorized agents to obtain and furnish to the City of Tallahassee, consumer reports for employment purposes, at any time after receipt of this authorization and throughout my employment with the City of Tallahassee, if applicable. To this end, I hereby authorize, law enforcement agencies, public and private schools, federal, state and local agencies and courts, record/data repositories, credit bureaus, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military, and other individuals and entities contacted by the City of Tallahassee and/or its agents to furnish any and all background information requested for employment purposes by Edge Information Management, Incorporated, 1682 W. Hibiscus Blvd., Melbourne, Florida 32901, 1-800-725-3343, [www.edgeinformation.com](http://www.edgeinformation.com), Florida MVR Services, Incorporated, 1391 Timberlane Rd, Tallahassee, FL 32312, (850) 894-8201, [www.flmvr.com](http://www.flmvr.com) and/or the City of Tallahassee as the Employer.

I understand and authorize that a facsimile (FAX), electronic, or photographic copy of this authorization will be as valid as the original.

**Print Full Name:** \_\_\_\_\_

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

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

**OUT OF STATE APPLICANTS ONLY**  
**DRAW "X" ACROSS PAGE IF YOU ARE FLORIDA RESIDENT**

**STATE DISCLOSURE REGARDING BACKGROUND SCREENINGS**

As an applicant for employment or an employee of the City of Tallahassee, a background screening will be conducted on you as part of the employment process, including initial employment, reassignment, promotion, or other employment-related actions. The City of Tallahassee may obtain information about you from a third-party consumer reporting agency for these employment purposes. Thus, you may be the subject of a consumer report which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information about you relating to your criminal history, verification of social security number, driving and/or motor vehicle records, current and previous residences, public record, education or employment history, or other background checks. The information obtained may be from private and/or public record sources. These searches may be conducted by Edge Information Management, Incorporated, 1682 W. Hibiscus Blvd., Melbourne, Florida 32901, 1-800-725-3343, [www.edgeinformation.com](http://www.edgeinformation.com) and/or Florida MVR Services, Incorporated, 1391 Timberlane Rd, Tallahassee, FL 32312, (850) 894-8201, [www.flmvr.com](http://www.flmvr.com).

I hereby authorize the City of Tallahassee to obtain and/or its authorized agents to obtain and furnish to the City of Tallahassee, consumer reports for employment purposes, at any time after receipt of this authorization and throughout my employment with the City of Tallahassee, if applicable. To this end, I hereby authorize, law enforcement agencies, public and private schools, federal, state and local agencies and courts, record/data repositories, credit bureaus, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military, and other individuals and entities contacted by the City of Tallahassee and/or its agents to furnish any and all background information requested for employment purposes by Edge Information Management, Incorporated, 1682 W. Hibiscus Blvd., Melbourne, Florida 32901, 1-800-725-3343, [www.edgeinformation.com](http://www.edgeinformation.com), Florida MVR Services, Incorporated, 1391 Timberlane Rd, Tallahassee, FL 32312, (850) 894-8201, [www.flmvr.com](http://www.flmvr.com) and/or the City of Tallahassee as the Employer. I understand and authorize that a facsimile (FAX), electronic, or photographic copy of this authorization will be as valid as the original.

<b>STATE LAW NOTICES</b>	
<b><u>CALIFORNIA APPLICANTS:</u></b>	By signing below, you also acknowledge receipt of the DISCLOSURE REGARDING INVESTIGATIVE CONSUMER REPORTS PURSUANT TO CALIFORNIA LAW which includes your SUMMARY OF RIGHTS UNDER CALIFORNIA CIVIL CODE 1786.22.
<b><u>MINNESOTA/OKLAHOMA APPLICANTS:</u></b>	Upon request, you have the right to receive a copy of your consumer report, if one is obtained by the City.
<b><u>NEW YORK APPLICANTS:</u></b>	Upon request, you have the right to know if a consumer report has been requested and if such report was requested, informed of the name and address of the CRA that furnished the report. You also have the right to inspect or order a copy of the consumer report from the consumer reporting agency, if one is obtained by the City.
<b><u>WASHINGTON APPLICANTS:</u></b>	Upon request, you have the right to obtain a complete and accurate disclosure of the nature and scope of an investigation consumer report, if one is obtained by the City. You have the right to request a written summary of your rights and remedies under The Washington Fair Credit Reporting Act.

**To receive documentation specific to California, Maine, New Jersey, New York, Vermont, Washington applicants or more information regarding any other state background checks, contact City of Tallahassee Human Resources & Workforce Development Department, 300 South Adams Street, Tallahassee, Florida 32301, (850) 891-8214.**

- ☐ **California, Minnesota, and Oklahoma Residents Only:** Check this box if you would like to receive a copy of your report, if one is obtained by the City of Tallahassee.

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

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

City of Tallahassee  
Background Screening Authorization

**IMPORTANT- PLEASE READ CAREFULLY BEFORE SIGNING**

Pursuant to Chapter 706.10 of the City of Tallahassee's Personnel Policy, Criminal History Screening will be conducted for the selected applicant for any City of Tallahassee position. Some positions will require a driver history review, as well. In accordance with Chapter 705 of the City's Personnel Policy, a pre-employment drug screening is required for the selected applicant for a Safety-Sensitive position, before a final job offer can be extended. Additional background checks may be conducted, as needed.

**By signing below, I acknowledge and understand the following:**

- My employment/volunteer assignment(s) with the City of Tallahassee is conditional upon a favorable background investigation. Refusal or failure to supply the information required to conduct a background check will likely affect my eligibility for employment/volunteer assignment(s).
- The scope of additional background checks may include, but is not limited to: criminal history, credit history, verification of social security number, driving and/or motor vehicle records, current and previous residences, public record, education or employment history, or other background checks. Credit history will only be requested where consistent with applicable law and where such information is substantially related to the duties and responsibilities of the position for which you are applying.
- Background check information may be obtained through credit bureaus, any or all federal, state, or county courts, court record repositories, departments of motor vehicles record, any criminal justice agency, past or present employers and educational institutions, any governmental entity, business or personal references, and any other public or private record source.
- This authorization will be retained and will remain valid throughout the course of my employment to the extent permitted by law.
- A facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**Additionally, by signing below, I authorize and consent to the following:**

- The City of Tallahassee and its designated agents and representatives to conduct a comprehensive review of my background for employment and/or volunteer purposes.
- Any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to the City of Tallahassee or its agents.
- The complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**This authorization is executed with full knowledge and understanding of the information above. I fully release and hold harmless the City of Tallahassee and any of its officials, employees or agents from any damages resulting from the information being provided.**

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# City of Tallahassee

## Background Screening Information Worksheet

### TO BE COMPLETED BY BOTH INTERNAL AND EXTERNAL CANDIDATES

The information below is being requested to aid the City of Tallahassee in running these checks. By supplying the information below, you are verifying that you have been provided, have carefully read and understand the Disclosure Regarding Consumer Reports Under the Fair Credit Reporting Act (FCRA), the Authorization to Obtain Consumer Reports under the FCRA, the State Disclosure/State Law Notices Regarding Background Screening, and the City of Tallahassee Background Screening Authorization. Additionally, you are verifying that you have received the copy of "A Summary of Your Rights under the FCRA" and the applicable State Law/Rights Summaries. If you have not been provided these documents or have questions regarding these documents, ask the department representative to provide them to you or call Human Resources & Workforce Development at (850) 891-6149.

### BACKGROUND INFORMATION:(PLEASE PRINT)

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
(Legal Last Name) (Legal First Name) (Legal Middle Name)

Other Name(s) Used/Maiden Name(s): \_\_\_\_\_

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

Race: ☐ White ☐ American Indian or Alaskan Native  
☐ Black ☐ Asian or Pacific Islander  
☐ Hispanic ☐ Other

Gender: ☐ Male  
☐ Female

### Driver's License Information

Driver's License Number \_\_\_\_\_ State of Issue: \_\_\_\_\_

Driver's License Type: \_\_\_\_\_ Endorsement(s): \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expires: \_\_\_\_\_

### Contact/Address Information

Mailing Address: \_\_\_\_\_  
(Address) (City/State/Zip)

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Out of State Addresses Lived within last 7 years: (Continue on separate page, if needed)

(Address) \_\_\_\_\_ (City/State/ZIP) \_\_\_\_\_

(Address) \_\_\_\_\_ (City/State/ZIP) \_\_\_\_\_

(Address) \_\_\_\_\_ (City/State/ZIP) \_\_\_\_\_

### IF YOUR ANSWERS TO THE QUESTIONS BELOW DO NOT ACCURATELY AND COMPLETELY REFLECT YOUR CRIMINAL HISTORY, YOU MAY BE ELIMINATED FROM FURTHER CONSIDERATION FOR THE VACANCY

If you are not sure or do not remember what happened in a criminal case(s), contact the appropriate county, state, or federal agency so that you can report accurate information on your criminal history. A "Yes" answer to any question(s) will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense(s) in relation to the duties of the position for which you are applying are considered.

Have you ever been convicted of a felony or a first-degree misdemeanor? ☐ Yes ☐ No

Have you ever had the adjudication of guilt withheld for a felony or a first-degree misdemeanor? ☐ Yes ☐ No

Are you currently employed by the City of Tallahassee? ☐ Yes ☐ No

Have you been employed by the City of Tallahassee within the last 26 weeks (6 months)? ☐ Yes ☐ No

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DISCLOSURE REGARDING INVESTIGATIVE CONSUMER REPORTS  
PURSUANT TO CALIFORNIA LAW**

The City of Tallahassee may obtain an investigative consumer report about you from a third-party an investigative consumer reporting agency ("ICRA") in connection with your employment, including initial employment, reassignment, promotion, or for other employment purposes. California Civil Code section 1786.2 defines the term investigative consumer report as "a consumer report in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through any means." The term does not include a consumer report or other compilation of information that is limited to specific factual information relating to a consumer's credit. The investigative consumer reports may contain information about you relating to your criminal history, verification of social security number, driving and/or motor vehicle records, current and previous residences, public record, education or employment history, or other background checks. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as the term is defined under California law) will be conducted by Edge Information Management, Incorporated, 1682 W. Hibiscus Blvd., Melbourne, Florida 32901, 1-800-725-3343, [www.edgeinformation.com](http://www.edgeinformation.com).

The City of Tallahassee agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- Via certified mail, by requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.



## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.**

The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050

<p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357



**Employment Eligibility Verification**  
**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





**Employment Eligibility Verification**  
**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
<b>List A</b> Identity and Employment Authorization	<b>OR</b>	<b>List B</b> Identity	<b>AND</b>	<b>List C</b> Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Kohn M9</i>	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Special Events Supervisor		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code 32301

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

## DRUG AUTHORIZATION AND CONSENT FORM

I, \_\_\_\_\_, understand that I am being sent for a “Pre-Employment” Drug test with the City of Tallahassee’s Parks, Recreation and Neighborhood Affairs Department on \_\_\_\_\_. In the event that I do not go on this date and there is a discrepancy with the dates for my “Pre-Employment” Drug Test Authorization and Consent Form, I will be *RELEASED* immediately from my duties with the City of Tallahassee.

---

Employee’s Signature

Date

*Rohn MG*

---

Supervisor’s Signature

Date

Revised 3/25/09  
F:\drive\Drug Authorization and Consent Form



**TALLAHASSEE PARKS, RECREATION AND NEIGHBORHOOD AFFAIRS  
EMPLOYMENT FORM**

**APPLICANT COMPLETE THIS PORTION:**

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Int. \_\_\_\_\_ (Preferred Name) \_\_\_\_\_

Birthdate \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Married/Single \_\_\_\_\_ Withholding \_\_\_\_\_

Social Security Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

I, \_\_\_\_\_, have been hired by the Tallahassee Parks and Recreation Department in the capacity of \_\_\_\_\_. I am aware that this is a temporary position which will commence on \_\_\_\_\_ and will terminate on \_\_\_\_\_.

I understand that my duties and responsibilities will be as outlined in the \_\_\_\_\_ manual. I understand further, that I will be paid \$ \_\_\_\_\_ per \_\_\_\_\_.

  
\_\_\_\_\_  
Employee's Official Signature

**IN CASE OF AN EMERGENCY, please notify:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

**SUPERVISOR COMPLETE THIS PORTION:**

Position \_\_\_\_\_ Code #: \_\_\_\_\_ Hours Per Week \_\_\_\_\_

Location \_\_\_\_\_ Employment Date \_\_\_\_\_ Cost Center \_\_\_\_\_

Date Sent For Drug Test: \_\_\_\_\_ Location Sent To: \_\_\_\_\_

  
\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Superintendent's Signature

**TREASURER-CLERK**  
**Retirement Administration**

\_\_\_\_\_ authorizes the City to deduct money owed to the City of  
Tallahassee from one or all of the following retirement funds:

- Pension
- MAP-401(k)
- RSVP-457

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Today's date

# **CITY OF TALLAHASSEE HUMAN RESOURCES AND WORKFORCE DEVELOPMENT DEPARTMENT PUBLIC RECORDS EXEMPTION REQUEST**

November 2017

## **REQUEST FOR PUBLIC RECORDS EXEMPTION (FS 119.071)**

I request that exempt personal information contained in City of Tallahassee records not be publicly disclosed because I am eligible for an exemption based on the applicable exemption(s) checked below:

**I am an individual covered under FS 119.071(2)(j)1 or FS 119.071(4) as: (select one below)**

- ☐ current/former government agency employee in the category checked below
- ☐ child of a current/former government agency employee in the category checked below
- ☐ spouse of a current/former government agency employee in the category checked below

**Check the appropriate item:**

- ☐ 1. Victim of violent crime [FS 119.071(2)(j)1]
- ☐ 2. Sworn or civil law enforcement personnel, correctional or correctional probation officer [FS 119.071(4)(d)2.a.]
- ☐ 3. Dept of Children and Families investigator [FS 119.071(4)(d)2.a.]
- ☐ 4. Dept of Health Investigator [FS 119.071(4)(d)2.a.]
- ☐ 5. Dept of Revenue or local government child support collection/enforcement personnel [FS 119.071(4)(d)2.a.]
- ☐ 6. Department of Financial Services investigator [FS 119.071(4)(d)2.b.]
- ☐ 7. Firefighter [FS 119.071(4)(d)2.d.]
- ☐ 8. Justice or judge [FS 119.071(4)(d)2.e.]
- ☐ 9. State Attorney, Assistant State Attorney [FS 119.071(4)(d)2.f.]
- ☐ 10. Statewide Prosecutor, Assistant Statewide Prosecutor [FS 119.071(4)(d)2.f.]
- ☐ 11. General or Special Magistrate [FS 119.071(4)(d)2.g.]
- ☐ 12. Judge of Compensation Claims, administrative law judges of the Division of Administrative Hearings [FS 119.071(4)(d)2.g.]
- ☐ 13. Child support enforcement hearing officer, [FS 119.071(4)(d)2.g.]
- ☐ 14. Human resources manager/assistant manager [FS 119.071(4)(d)2.h.]
- ☐ 15. Labor or employee relations manager/assistant manager [FS 119.071(4)(d)1.h.]
- ☐ 16. Code enforcement officer [FS 119.071(4)(d)2.i.]
- ☐ 17. Guardian ad litem [FS 119.071(4)(d)2.j.]
- ☐ 18. Juvenile probation officer, house parent, therapy provider, counselor and their supervisors [FS 119.071(4)(d)2.k.]
- ☐ 19. Public defenders, assistant public defenders, criminal conflict and civil regional counsel, and assistant criminal conflict and assistant civil regional counsel [FS 119.071(4)(d)2.l.]
- ☐ 20. Dept of Business Regulation investigators or inspectors [FS 119.071(4)(d)2.m.]

- ☐ 21. County tax collectors [FS 119.071(4)(d)2.n.]
- ☐ 22. Dept of Health personnel involved in eligibility, investigation, prosecution, and inspection [FS 119.071(4)(d)2.o.]
- ☐ 23. Impaired practitioner consultants, employees of an impaired practitioner consultant [FS 119.071(4)(d)2.p.]
- ☐ 24. Emergency medical technician or paramedic [FS 119.071(4)(d)2.q.]
- ☐ 25. Office of inspector general or internal audit department personnel [FS 119.071(4)(d)2.r.]
- ☐ 26. United States attorney, assistant United States attorney [FS 119.071(5)i.1]
- ☐ 27. Judge of United States Courts of Appeal, United States District Judge, or United States Magistrate [FS 119.071(5)i.1]
- ☐ 28. Current or former member of the Armed Forces of the United States, a reserve component of the Armed Forces of the United States, or the National Guard, who served after September 11, 2001 or their spouse and/or dependents [FS 119.071(5)(k)1.a]

### **REQUESTOR CONTACT INFORMATION**

Printed Name: \_\_\_\_\_ Employee ID \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

This form will be used by the City of Tallahassee staff to respond to public records requests.

**CITY OF TALLAHASSEE – ALCOHOL/DRUG POLICY SUMMARY  
STATEMENT**

**PARKS AND RECREATION DEPARTMENT**

**It is the policy of the City of Tallahassee to maintain a work environment that is free from illegal controlled substances (drug) and alcoholic beverages. The City's Alcohol Drug Abuse Policy is posted on all employee bulletin boards and as a Parks and Recreation Department employee; I understand that I am subject to all applicable provisions of the policy.**

**SUMMARY STATEMENT**

**Employees on duty or on City property shall not use or be under the influence of alcohol and/or illegal controlled substances; shall not purchase or possess alcohol and/or illegal controlled substances; shall not sell, facilitate the sale of, or otherwise provide alcohol and/or illegal controlled substances to any person; and shall not in any manner have their ability to work impaired as a result of the use of alcohol and/or illegal controlled substances.**

**All employees are expected to report to work in a state of mind and physical condition so as to perform their assigned duties safely and competently.**

**An employee suspected of alcohol/drug abuse in violation of this policy is subject to alcohol/drug testing and must submit to the City authorized alcohol/drug tests when required by an appropriate designated supervisor.**

**VIOLATIONS OF THIS POLICY SHALL BE GROUNDS FOR DISCIPLINARY ACTIONS, UP TO AND INCLUDING DISMISSAL, AND POSSIBLE LEGAL PROSECUTION.**

**I have read the above summary statement of the City's alcohol/drug abuse policy and I understand that I am subject to the City's Alcohol/Drug policy and that possession or use of illegal controlled substances or alcoholic beverages on the job or on City property is prohibited.**

---

**Signature**

---

**Date**



## Care Provider Background Screening Clearinghouse Background Screening Request Form

You have applied for a position with a health care and/or service provider regulated by a specified agency in the Care Provider Background Screening Clearinghouse (Clearinghouse) that requires a fingerprint-based background check. As a health care and/or service provider regulated by a specified agency in the Clearinghouse we may conduct a search for an existing background screening result or submit a new background screening request through the Clearinghouse results website on your behalf.

In order to complete the search and/or background screening request we must collect the following information. This information is required by the Clearinghouse, the Florida Department of Law Enforcement, and the Federal Bureau of Investigation.

Please provide the following information:

<p style="text-align: center;"><b><u>Applicant Information</u></b></p> <p><b>*First Name:</b> _____</p> <p><b>Middle Name:</b> _____</p> <p><b>*Last Name:</b> _____</p> <p><b>Aliases:</b> _____</p> <p><b>*SSN.:</b> _____</p> <p><b>*Date of Birth:</b> _____</p> <p><b>*Place of Birth:</b> _____</p>	<p style="text-align: center;"><b><u>Demographics</u></b></p> <p><b>*Sex:</b> _____</p> <p><b>*Race:</b> _____</p> <p><b>*Hair Color:</b> _____</p> <p><b>*Eye Color:</b> _____</p> <p><b>*Height:</b> _____</p> <p><b>*Weight:</b> _____</p>
<p style="text-align: center;"><b><u>Contact Information</u></b></p> <p><b>*Address Line 1:</b> _____</p> <p><b>Address Line 2:</b> _____</p> <p><b>*City, State, Zip:</b> _____</p> <p><b>County:</b> _____</p> <p><b>Prior States:</b> _____</p> <p><b>E-mail:</b> _____</p> <p><b>Phone Number:</b> _____</p>	<p style="text-align: center;"><b><u>Additional Information</u></b></p> <p><b>*Have you ever had Level II Completed before with either with the City of Tallahassee or another agency?</b></p> <p style="text-align: center;"><input type="checkbox"/> <b>Yes</b>      <input type="checkbox"/> <b>No</b></p> <p style="text-align: center;">If yes, what year? _____</p>

\*Denotes Required Field

<b>Office Use Only:</b>		
<b>*Applicant is a</b> <input type="checkbox"/> Current Employee <input type="checkbox"/> Regular Applicant <input type="checkbox"/> Volunteer	<b>*Documents Signed?</b> <input type="checkbox"/> Privacy Policy <input type="checkbox"/> Good Moral Character	<b>*Hire Date:</b> _____ <b>Term. Date:</b> _____



## PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

---

Employee/Contractor Name (Printed)

---

Employee/Contractor Signature

---

Date



## FLORIDA DEPARTMENT OF LAW ENFORCEMENT

### NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

#### NOTICE OF:

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.

**US Department of Justice**  
Federal Bureau of Investigation  
*Criminal Justice Information Services Division*



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***PRIVACY STATEMENT***

**Authority:** The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

**Routine Uses:** The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

**Additional Information:** The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice



# AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_ who, being duly sworn, deposes and says:  
(Applicant's/Employee's Name)

As ☐ an applicant for employment with, ☐ a current employee of, ☐ a volunteer for, or ☐ an applicant to volunteer with City of Tallahassee Parks and Recreation, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

## Relating to:

Section 393.135	sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
Section 394.4593	sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
Section 415.111	adult abuse, neglect, or exploitation of aged persons or disabled adults.
Section 741.28	criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
Section 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section 782.04	murder.
Section 782.07	manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.
Section 782.071	vehicular homicide.
Section 782.09	killing of an unborn quick child by injury to the mother.
Chapter 784	assault, battery, and culpable negligence, if the offense was a felony.
Section 784.011	assault, if the victim of the offense was a minor.
Section 784.03	battery, if the victim of the offense was a minor.
Section 787.01	kidnapping.
Section 787.02	false imprisonment.
Section 787.025	luring or enticing a child.
Section 787.04(2)	taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.
Section 787.04(3)	carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.
Section 790.115(1)	exhibiting firearms or weapons within 1,000 feet of a school.
Section 790.115(2)(b)	possessing an electric weapon or device, destructive device, or other weapon on school property.
Section 794.011	sexual battery.
Former s. 794.041	prohibited acts of persons in familial or custodial authority.
Section 794.05	unlawful sexual activity with certain minors.
Chapter 796	prostitution.
Section 798.02	lewd and lascivious behavior.
Chapter 800	lewdness and indecent exposure.
Section 806.01	arson.
Section 810.02	burglary.
Section 810.14	voyeurism, if the offense is a felony.
Section 810.145	video voyeurism, if the offense is a felony.
Chapter 812	theft, robbery, and related crimes, if the offense is a felony.
Section 817.563	fraudulent sale of controlled substances, only if the offense was a felony.
Section 825.102	abuse, aggravated abuse, or neglect of an elderly person or disabled adult.
Section 825.1025	lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
Section 825.103	exploitation of an elderly person or disabled adult, if the offense was a felony.
Section 826.04	incest.
Section 827.03	child abuse, aggravated child abuse, or neglect of a child.

Section 827.04	contributing to the delinquency or dependency of a child.
Former s. 827.05	negligent treatment of children.
Section 827.071	sexual performance by a child.
Section 843.01	resisting arrest with violence.
Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.
Section 843.12	aiding in an escape.
Section 843.13	aiding in the escape of juvenile inmates in correctional institutions.
Chapter 847	obscene literature.
Section 874.05(1)	encouraging or recruiting another to join a criminal gang.
Chapter 893	drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was minor.
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual misconduct.
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.
Section 944.40	escape.
Section 944.46	harboring, concealing, or aiding an escaped prisoner.
Section 944.47	introduction of contraband into a correctional facility.
Section 985.701	sexual misconduct in juvenile justice programs.
Section 985.711	contraband introduced into detention facilities.

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21, F.S.; a career offender pursuant to s. 775.261, F.S.; or a sexual offender pursuant to s. 943.0435, F.S., unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354, F.S.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at The City of Tallahassee in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses**. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: \_\_\_\_\_

**Sign Above OR Below, DO NOT Sign Both Lines**

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Check one:

- ☐ Affiant personally known to notary **OR**
- ☐ Affiant produced identification Type of identification produced: \_\_\_\_\_



**LEVEL II PRE-EMPLOYMENT BACKGROUND  
SCREENING REQUEST FORM (Summer Camps Only)**

**HR USE ONLY:**

Date Received:

Date Completed:

In compliance with the city's Criminal History Screening Policy (706.19) and the Alcohol/Drug Policy (705), this request for pre-employment screening is being submitted for the selected applicant below by email of this form as a Microsoft Word document attachment to the HR Screening Mailbox.

**PLEASE SELECT ONE:**

☐ Current Employee

☐ Regular Applicant

☐ Volunteer/CIT

**Personal Information:**

\*First Name:

Middle Name:

\*Last Name:

Aliases:

\*SSN: - -

\*Date of Birth:

\*Place of Birth:

**Demographic Information:**

\*Sex: **Select from List**

\*Race: **Select from List**

\*Hair Color: **Select from List**

\*Eye Color: **Select from List**

\*Height: --' --"

\*Weight: Lbs.

**Contact Information:**

\*Address Line 1:

Address Line 2:

\*City:

\*State:

\*Zip:

County:

Prior States:

E-mail:

Phone Number:

**Camp/Position Information:**

Department: **Parks & Recreation**

Job Title:

Position Type: **Select from List**

\*Hire/ Start Date:

\*Termination/End Date:

**Additional Questions:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Has the applicant previously had a Level II background completed whether with COT or another agency?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, year:   |                              |                             |
| 2. *Has the applicant signed the Care Provider Background Screening ClearingHouse Privacy Acknowledgement Form? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. *Has the applicant signed the Affidavit of Good Moral Character?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**TYPE OF SCREENING REQUIRED FOR THIS POSITION:**

- |  |                                       |   |                          |                                       |                    |                  |  |  |
|--|---------------------------------------|---|--------------------------|---------------------------------------|--------------------|------------------|--|--|
| 1. <b>Criminal History:</b>                | <input checked="" type="checkbox"/>   | Level II Clearance Required (Camp employees only)   |                          |                                       |                    |                  |  |  |
| 2. <b>Safety Sensitive Drug Clearance:</b> | <input type="checkbox"/>              | Required for selected candidate for a DOT- or City-designated safety-sensitive position.  |                          |                                       |                    |                  |  |  |
| 3. <b>Driver's License Clearance:</b>      | <input type="checkbox"/>              | (If checked, select one) <input type="checkbox"/> <b>Required for the job;</b> <input type="checkbox"/> <b>optional, but desired.</b>   |                          |                                       |                    |                  |  |  |
|  |                                       | <table style="width: 100%;"><tr><td style="width: 33%;">Driver's License Number:</td><td style="width: 33%;">License Type: <b>Select from List</b></td><td style="width: 33%;">State of Issuance:</td></tr><tr><td>Expiration Date:</td><td></td><td></td></tr></table> | Driver's License Number: | License Type: <b>Select from List</b> | State of Issuance: | Expiration Date: |  |  |
| Driver's License Number:                   | License Type: <b>Select from List</b> | State of Issuance:  |                          |                                       |                    |                  |  |  |
| Expiration Date:                           |                                       |   |                          |                                       |                    |                  |  |  |

SEND NOTICES AND RESULTS TO DEPARTMENT CONTACT **Robin McKay** , who can be reached at extention: 3856

**Persuant to your request for a pre-employment screening,**

- ☐ **STOP** -- It is suggested you select an alternate candidate for pre-employment screening;
- ☐ **PROCEED CONDITIONALLY** -- You may proceed to make a **conditional** offer of employment to the selected candidate listed above, **pending final clearance on items 3 and/or 4 above;**
- ☐ **GO** -- You may proceed to make a confirmed offer of employment to the selected candidate listed above.

**Notes/Comments:**

**HR Representative,**

PLEASE NOTE THAT A CONFIRMED OFFER OF EMPLOYMENT CANNOT BE MADE UNTIL SUCH TIME THAT ALL REQUIRED CLEARANCES HAVE BEEN COMPLETED. **QUESTIONS? CALL 891-6149**