



FIREFIGHTER/PARAMEDIC APPLICATION CHECKLIST

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED FOR CONSIDERATION!

CHECK YOUR APPLICATION BEFORE YOU TURN IT IN.

Attach **A COPY OF THE FOLLOWING REQUIRED DOCUMENTS:**

- Birth Certificate
- Driver's License
- Three (3) years driving records issued from the Florida Department of Motor Vehicles
- Social Security Card
- Proof of highest level of completed education (high school diploma, G.E.D., or college degree/transcripts showing degree completion date) and any additional certifications.
- State of Florida Firefighter Certification from the Bureau of Fire Standards & Training
- Current State of Florida Paramedic Certification or proof of enrollment as a final semester paramedic student (Certification will be required at time of appointment)
- Notarized Affidavit regarding use of tobacco products
- Notarized Division of State Fire Marshal Personal Inquiry Waiver
- Certificate of completion of the countywide Physical Ability Test (PAT) at the Broward Fire Academy or Coral Springs Fire Academy taken within 12 months prior to application
- Emergency Vehicle Operator Course (EVOC) certificate of completion (required prior to employment)

List your **PAST TEN (10) YEARS OF EMPLOYMENT** and any other jobs relevant to the position(s) for which you are applying, complete with addresses and telephone numbers of all employers. List your specific job duties for each job on the application. **(DO NOT WRITE "SEE RESUME.")**

If you are currently employed, under the "Reason for Leaving" section of that job, list your reason for seeking a new position.

**COPIES MUST BE PROVIDED AT TIME OF APPLICATION.
NO COPIES WILL BE MADE BY THE PERSONNEL DEPARTMENT.
PERSONNEL DEPARTMENT DOES NOT PROVIDE NOTARY SERVICES.**

WHAT HAPPENS TO MY APPLICATION AFTER IT IS TURNED IN TO THE PERSONNEL DEPARTMENT?

The Personnel Department reviews your application to make sure that you meet the minimum requirements listed on the job posting. If you do, a copy of your application is sent to the hiring department. It is up to the hiring department to contact candidates for interviews. Due to the large number of candidates, the City will only be able to notify you if you are considered for further processing.

IMPORTANT NOTICES

Any falsification of information on this application shall be sufficient cause for rejection or dismissal from employment.

As part of our commitment to a Drug and Alcohol Free Workplace, if you are selected for employment with the City, you may be required to submit to a pre-employment drug test. Your refusal to take the test, or failure to pass the test will disqualify you from further consideration for employment.

Under the Americans with Disabilities Act (ADA), the City is required to reasonably accommodate qualified individuals with a disability. The requirement applies to the application process, any pre-employment test, interviews and actual employment (but only if the City knows that an accommodation is needed). If you are disabled and require an accommodation, you may request it at any time by contacting the City of Sunrise Personnel Department at (954) 838-4522. Because some types of accommodations may require preparation, we suggest that you make any requests as early as possible.

**EQUAL OPPORTUNITY EMPLOYER
M/F/D/V
CITY OF SUNRISE PERSONNEL DEPARTMENT
10770 West Oakland Park Boulevard, Sunrise, Florida 33351
PHONE: (954) 838-4522 · TDD (Telecommunications Device for the Deaf): (954) 838-4531
www.sunrisefl.gov**

**DEPARTMENT OF INSURANCE AND TREASURER
DIVISION OF STATE FIRE MARSHAL
BUREAU OF FIRE STANDARDS AND TRAINING**

APPLICANT'S NAME _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

I respectfully request and authorize you to furnish the Division of State Fire Marshal, Bureau of Fire Standards and Training, any and all information that you may have concerning my work record, school record, military record, and moral character. Please include any and all information of a confidential or privileged nature, and photocopies of same if requested. This information is to be used by the Bureau of Fire Standards and Training in determining my qualifications and fitness for certification as a firefighter or fire safety inspector in the State of Florida.

Print Name: _____

Signature: _____

(Applicant will sign in ink in presence of Notary Public)

Date: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me on this _____ day of _____, 20____.

(Notary Public)

___ Personally Known

___ Produced Identification

Type of ID _____

Commission Expires

**DEPARTMENT OF INSURANCE AND TREASURER
DIVISION OF STATE FIRE MARSHAL
BUREAU OF FIRE STANDARDS AND TRAINING**

AFFIDAVIT

I, _____, do hereby affirm that I have not been a user of tobacco
(Name of Applicant)
or tobacco products for at least one (1) year immediately preceding my application for
certification as a firefighter, in accordance with Section 633.34(6), Florida Statutes.

Under the penalties of perjury, I declare that I have read the foregoing affidavit and that the
facts stated in it are true. I further understand that if employed, I must remain tobacco-free
for the duration of employment.

DATED and SIGNED this _____ day of _____, 20____.

Applicant Signature _____
(Applicant will sign in ink in presence of Notary Public)

State of Florida
County of _____

Sworn to and subscribed before me this _____ day of _____, 20 ____.

Notary Public

____ Personally Known, OR

____ Produced Identification
Type of ID _____

Commission Expires



APPLICATION FOR EMPLOYMENT
City of Sunrise Personnel Department
10770 West Oakland Park Boulevard,
Sunrise, Florida 33351
Equal Opportunity Employer M/F/D/V

INSTRUCTIONS

You must fully complete the City of Sunrise application to be considered for employment. Please answer each question.
 If the question does not apply, state N/A. If the space available is insufficient, please fill out a supplement sheet.
 Please PRINT CLEARLY IN INK OR TYPE all information.

1) Position Applied For:	2nd Choice	3rd Choice
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2) Last Name	First Name	Middle Name
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3) Present Address:	Street	/	City	/	State	/	Zip
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4) Previous Address:	Street	/	City	/	State	/	Zip
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5) Telephone Number	6) Under the immigration Reform and Control Act, we are required to verify that you are legally eligible for employment in the U.S. We will require documentation upon employment.
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7) Education	APPLICANTS MUST SUBMIT COPIES OF DIPLOMAS OR CERTIFICATES OR APPLICATION WILL NOT BE PROCESSED
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List Education and Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.)

Name and Location of Vocational School, Training Center, etc.	Dates Attended		Courses or Subjects Taken	Certificates Received
	From MO/YR	To MO/YR		

Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 High School Diploma: <input type="checkbox"/> YES <input type="checkbox"/> NO GED Equivalency: <input type="checkbox"/> YES <input type="checkbox"/> NO	High School Attended: _____ Address _____ City _____ State _____ Zip _____
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List Colleges and Universities Attended Below:

Name and Address of College or University	Dates Attended		Total Credit Hours	GPA	Major/Minor Field of Program of Study	Did You Graduate?	Type of Degree
	From MO/YR	To MO/YR					
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

8) Employment Record: Begin with your present or most recent employment and work back. List all jobs held in the last ten years. List each promotion or transfer as a separate job even if they were with the same employer. Include Military, part time, and self-employment. If more space is necessary, please use the application supplement sheet. Be specific when describing job duties. May we contact your present employer regarding your record of employment? YES NO

(1) Current or Previous job						Employer _____
From To				Total Time		
MO.	YR.	O Q.	YR.	YRS.	O QS.	
						Address _____
						City, State, Zip Code _____
						Telephone Number (_____) _____
Hours per week _____						Supervisor's Name and Title _____
Starting Salary \$ _____ per _____						Your Job Title _____
Last Salary \$ _____ per _____						Reason for leaving position or if currently employed, why are you leaving? _____

Specific Duties:

(2) Previous job						Employer _____
From To				Total Time		
MO.	YR.	O Q.	YR.	YRS.	O QS.	
						Address _____
						City, State, Zip Code _____
						Telephone Number (_____) _____
Hours per week _____						Supervisor's Name and Title _____
Starting Salary \$ _____ per _____						Your Job Title _____
Last Salary \$ _____ per _____						Reason for leaving position? _____

Specific Duties:

(3) Previous job						Employer _____
From To				Total Time		
MO.	YR.	O Q.	YR.	YRS.	O QS.	
						Address _____
						City, State, Zip Code _____
						Telephone Number (_____) _____
Hours per week _____						Supervisor's Name and Title _____
Starting Salary \$ _____ per _____						Your Job Title _____
Last Salary \$ _____ per _____						Reason for leaving position? _____

Specific Duties:

(4) Previous job					
From To				Total Time	
MO.	YR.	O Q.	YR.	YRS.	O QS.
Hours per week _____					
Starting Salary \$ _____ per _____					
Last Salary \$ _____ per _____					
Employer _____					
Address _____					
City, State, Zip Code _____					
Telephone Number (_____) _____					
Supervisor's Name and Title _____					
Your Job Title _____					
Reason for leaving position? _____					

Specific Duties:

(5) Previous job					
From To				Total Time	
MO.	YR.	O Q.	YR.	YRS.	O QS.
Hours per week _____					
Starting Salary \$ _____ per _____					
Last Salary \$ _____ per _____					
Employer _____					
Address _____					
City, State, Zip Code _____					
Telephone Number (_____) _____					
Supervisor's Name and Title _____					
Your Job Title _____					
Reason for leaving position? _____					

Specific Duties:

(6) Previous job					
From To				Total Time	
MO.	YR.	O Q.	YR.	YRS.	O QS.
Hours per week _____					
Starting Salary \$ _____ per _____					
Last Salary \$ _____ per _____					
Employer _____					
Address _____					
City, State, Zip Code _____					
Telephone Number (_____) _____					
Supervisor's Name and Title _____					
Your Job Title _____					
Reason for leaving position? _____					

Specific Duties:

9) A. Have you ever been discharged or forced to resign from any job? YES NO

If yes, which job and why? _____

B. Have you ever been disciplined in any job? YES NO

If yes, which job and why? _____

10) B. Have you ever been employed by the City of Sunrise? YES NO

If yes, please supply dates and department _____

11) Are you related to any City of Sunrise employee? YES NO

If yes, please give name, relation, and employing department _____

13) A. Have you ever been convicted of any criminal offense, pleaded guilty or *nolo contendere*, or been found guilty of a criminal offense, even though adjudication was withheld or sentence was suspended? YES NO

If yes, please give the following information:

<u>DATE</u>	<u>CHARGE</u>	<u>PLACE</u>	<u>CURRENT STATUS</u>
_____	_____	_____	_____

B. Are criminal charges currently pending against you? YES NO

If yes, please supply details _____

NOTE: A "Yes" response to either question does not automatically disqualify you for employment.

CERTIFICATION AND AUTHORIZATION

I hereby certify the information contained in this application to be true and correct to the best of my knowledge. I agree that any false statements in this application shall be sufficient cause for rejection or dismissal. I authorize the use of any information in this application to verify my statements and I authorize the past employers, all references and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I further understand that there is a probationary period and I can be terminated at any time during this period.

Signature of Applicant

Date



City of Sunrise
AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the City of Sunrise, I hereby authorize inquiries regarding my past employment record including, but not limited to, attendance, job performance, disciplinary records and reason for termination.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested. You may contact me as indicated below, should there be any question as to the validity of this release.

Print Name _____ Date _____

Address _____

Telephone Number (____) _____

Signature _____



City of Sunrise
APPLICATION SUPPLEMENT SHEET

MINIMUM REQUIREMENTS

INSTRUCTIONS:

You **MUST COMPLETE** this form to be considered for employment. To assist us in processing your application, please describe how your experience meets or exceeds the minimum requirements posted for the position applied for. If your experience does not meet the minimum requirements, your application will not be forwarded for employment. Please print clearly in ink or type all information.

Name:

Position Applied For

1) Describe briefly in what ways your experience meets the minimum requirements of the job posted.

2) Do you meet the minimum educational requirements? Please describe.

3) Are there any special qualifications that you feel you have that would help you meet the minimum requirements?

Signature _____

Date _____



City of Sunrise
APPLICANT DRIVING HISTORY

INSTRUCTIONS:

The following questionnaire is to be completed **ONLY** by those applicants for a position, which would require the use of a City vehicle. Please print all information **EXACTLY** as shown on driver's license.

(1) Name: First	Middle	Last
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(2) Address: _____

(3) Do you have a valid Florida Driver's License? YES NO
 Date of Issue _____
 NON-COMMERCIAL CDL
 E-Operator A B C D

 Please List Any Endorsements: _____

(4) If you have not held a Florida Driver's License for the last (3) three years, please give previous Driver's License number and the State or Country in which it was issued.

(5) Has your license ever been suspended? YES NO
 If YES, please give dates and explanation: _____

(6) Has your license ever been revoked? YES NO
 If YES, please give dates and explanation: _____

(7) List all Traffic Citations (tickets) within the last (7) seven years. If none, write "NONE." If additional space is needed attach a supplemental sheet.

Date	Description of offense	State/Country in which it occurred	Disposition of case

(8) Have you ever completed a defensive driving course? YES NO If YES, when? _____

CERTIFICATION OF APPLICANT – Please read carefully before signing.

I hereby certify that all answers to the above questions and statements on the Driver's License form are true and I agree and understand that any misstatements of material facts contained in the form may cause forfeiture upon my part of all rights to any employment sought hereunder.

 SIGNATURE DATE



City of Sunrise
IMPORTANT NOTICES

IDENTIFICATION INFORMATION SECTION
SIGNATURE IN THIS BOX IS REQUIRED

Please be advised that pursuant to Section 119.071(5)(a)2.a., Florida Statutes the City of Sunrise ("City") discloses that the City requests your social security number for the purpose of payroll eligibility verification, processing employment benefits, income reporting, tax reporting, background checks on employee applicants, advisory board applicants, and other City program Volunteers. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

Name: First Middle Last

Social Security Number:

*Date of Birth:

**Driver's License Number:

Any falsification of information on this application shall be sufficient cause for rejection or dismissal from employment.

As part of our commitment to a Drug and Alcohol Free Workplace, if you are selected for employment with the City, you may be required to submit to a pre-employment drug test. Your refusal to take the test, or failure to pass the test will disqualify you from further consideration for employment.

Under the Americans with Disabilities Act (ADA), the City is required to reasonably accommodate qualified individuals with a disability. The requirement applies to the application process, any pre-employment test, interviews and actual employment (but only if the City knows that an accommodation is needed). If you are disabled and require an accommodation, you may request it at any time by contacting the City of Sunrise Personnel Department at (954) 838-4522. Because some types of accommodations may require preparation, we suggest that you make any requests as early as possible.

It shall be the policy of the City of Sunrise to hire well-qualified persons to perform the many tasks necessary in providing the services the City is called upon to render. An integral part of this policy is to provide equal employment opportunity for all persons for employment and to recruit and administer hiring, working conditions, benefits and privileges of employment, compensation, training, appointments for advancement, including upgrading and promotions, transfers, and terminations of employment including layoffs and recalls for all employees without discrimination because of race, color, religion, national origin, sex, marital status, sexual orientation, genetic information, age or physical or mental disabilities who are qualified for the jobs they are seeking.

EQUAL OPPORTUNITY EMPLOYER – M/F/D/V

I have read the above, and am aware of the above policies.

Signature Date

* Date of Birth is being requested in order to ensure accurate retrieval of records.

** Driver's License Number is required for all applicants applying for any position that may require the use of a City vehicle. If the job posting states that "possession of a valid driver's license" is required, failure to provide the above information may result in the rejection of your application.



**EQUAL EMPLOYMENT OPPORTUNITY SURVEY
INFORMATION IN THIS BOX IS VOLUNTARY**

The following information will be used ONLY to help improve our recruiting programs and comply with the Federal and State government information requests. You are not required to provide this information. If you choose not to provide the information, your decision will not affect your application.

NAME	POSITIONS APPLIED FOR
<p>How did you learn of this opening?</p> <p><input type="checkbox"/> A Present City Employee _____</p> <p><input type="checkbox"/> City's Website</p> <p><input type="checkbox"/> Other Website _____</p> <p><input type="checkbox"/> City's Job Announcement Board</p> <p><input type="checkbox"/> Newspaper Ad- Which Newspaper? _____</p> <p><input type="checkbox"/> Job Fair _____</p> <p><input type="checkbox"/> Other _____</p>	<p>Racial/Ethnic Identity:</p> <p><input type="checkbox"/> American Indian</p> <p><input type="checkbox"/> Asian Pacific</p> <p><input type="checkbox"/> Black Non-Latin</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> White Non-Latin</p>
<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	



VETERANS' PREFERENCE FORM

City of Sunrise Personnel Department
10770 West Oakland Park Boulevard
Sunrise, Florida 33351
Phone: (954) 838-4522 Job Line: (954) 746-3320
www.sunrisefl.gov

NOTICE: Complete both pages of this form ONLY if you are claiming Veterans' preference. Applicants who wish to claim Veterans' preference may do so on a voluntary basis. Providing or refusing to provide this information will not subject the applicant to any adverse treatment. The information requested is intended for use solely in connection with our affirmative action obligations. Any medical/disability documentation will be kept confidential and will only be used in accordance with the ADA.

INSTRUCTIONS: Check the appropriate box below indicating your qualification category and provide the additional information requested. **Documentation substantiating your claim must be furnished at the time of application.** The type of documentation required is listed next to each category. Provide **copies only**, not original documents, as they will not be returned. Veterans' preference will be awarded to all qualified applicants for selection procedures, providing all required documentation is submitted. Preference will not be awarded retroactively.

Name: Last First Middle

Position(s) you are applying for:

CATEGORY/ REQUIRED DOCUMENTATION

- (1) A veteran with a compensable 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.
 - Percentage of disability _____
 - Copy of DD-214 (**Member 4 Copy recommended**) or equivalency from the Department of Veterans' Affairs showing military status, dates of service and discharge type including character of service; **AND**
 - Copy of document from the Department of Defense, or Department of Veterans Affairs certifying that the veteran has a compensable service-connected disability

- (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.
 - Spouses of Disabled Veterans: copy of spouses DD-214 or equivalency from the Department of Veterans' Affairs showing military status, dates of service and discharge type including character of service; copy of certification from the Department of Veterans' Affairs that the veteran is totally and permanently disabled and cannot qualify for employment because of a service-connected disability; or an ID card issued by the Department of Veterans' Affairs; copy of marriage certificate along with a continuous marriage affidavit.
 - Spouses of Persons on Active Duty: copy of certification from the Department of Defense or the Department of Veterans' Affairs that the person on active duty is either missing in action, captured, forcibly detained or interned in the line of duty by a foreign government or power; and copy of marriage certificate along with a continuous marriage affidavit.

- (3) A veteran of any war. A veteran who has served at least one day during a wartime period (as listed below)

(WWII)	December 7, 1941 to December 31, 1946
(Korean Conflict)	June 27, 1950 to January 31, 1955
(Vietnam Era)	February 28, 1961 to May 7, 1975
(Persian Gulf War)	August 2, 1990 through January 2, 1992

OR a Veteran who has served in a campaign or expedition for which a campaign badge has been authorized, including any Armed Forces Expeditionary Medal or the Global War on Terrorism Expeditionary Medal.

OR a veteran who served honorably but who has not met the criteria for the award of a campaign or expeditionary medal for service in Operation Enduring Freedom or Operation Iraqi Freedom. The service dates are defined as follows:

Operation Enduring Freedom	October 7, 2001 to date to be determined
Operation Iraqi Freedom	March 19, 2003 to date to be determined

 - Copy of DD-214 (Member 4 Copy recommended) or equivalency from the Department of Veterans' Affairs showing military status, dates of service and discharge type including character of service.

- (4) The un-remarried widow or widower of a veteran who died of a service-connected disability.
 - Copy of document from the Department of Defense or the Department of Veterans' Affairs certifying the service connected death of the veteran; and a copy of marriage certificate along with a continuous marriage affidavit.

INFORMATION ABOUT SERVICE

Branch of Service:	Type of Discharge/Character of Service:
Date of Entry:	Date of Discharge:

Dates of Active Duty:

Do you have a service connected disability? Yes No
 If yes, is the service connected disability compensable? Yes No What is the percentage of disability? _____ %

Type of documentation you will be submitting:

NOTE: PLEASE SEE PREVIOUS PAGE FOR LIST OF REQUIRED DOCUMENTATION FOR EACH CATEGORY

Are you currently a resident of the State of Florida? Yes No
 If requested can you provide proof of Florida residency? Yes No
 Proof of residency is usually voter registration, drivers license, state issued id card, application for homestead exemption or an application filed with the Circuit Court indicating intent to be a Florida resident.

IMPORTANT NOTICE:

In accordance with the rules of the Florida Department of Veterans Affairs, Chapter 55A-7, Veterans' Preference in Appointment and Retention in Employment and Florida law, preference in appointment and employment shall be given, by the state and its political subdivisions, first to those persons included in categories 1 and 2 and second to those persons included under categories 3, 4 and 5 (as shown on page one of this form). Preference in appointment and employment requires that a preferred applicant be given special consideration each step of the employment selection process but does not require the employment of a preferred applicant over a nonpreferred applicant who is the most qualified for the position.

An applicant eligible for veterans' preference who believes he or she was not afforded employment preference in accordance with the rules may file a complaint with Florida Department of Veterans' Affairs (FDVA), 11351 Ulmerton Road, Suite 311-K, Largo, FL 33778-1630, requesting an investigation. A complaint must be filed within twenty-one days of the applicant receiving notice of the hiring decision made by the employing agency or within three 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.

For additional information on Veterans' Preference, the following link is provided as a public service. <http://www.floridavets.org>

The following positions are exempt from veterans' preference provisions: positions filled by officers elected by popular vote or persons appointed to fill vacancies in such offices and personal secretary of each such officer, members of boards and commissions, persons employed on a temporary basis without benefits, heads of departments, positions which require licensure such as a physician, and positions which require that the employee be a member of The Florida Bar.

NOTICE TO APPLICANT

The City of Sunrise accepts applications on a continuous basis, and all positions remain open until filled, unless otherwise noted. Due to the large volume of applications received, the personnel department is unable to contact applicants who do not meet the minimum requirements for a position, submit incomplete applications or are not selected by the hiring department for an interview. Submission of this form and accompanied documentation does not constitute automatic eligibility for veterans' preference. Eligibility for veterans' preference is subject to verification of information and documentation provided.

SIGNATURE (required):

I acknowledge that I have read and understood the rights expressed in this notice. I certify that all information provided is true, complete and correct to the best of my knowledge and belief, and is made in good faith.

Signature **Date**

FOR PERSONNEL DEPARTMENT USE ONLY

Documentation provided: DD 214 Other:

Is the applicant veterans' preference qualified? Yes No Date:

Reason for disqualification:



City of Sunrise Resident Preference

COMPLETE THIS PAGE ONLY IF YOU ARE CLAIMING CITY OF SUNRISE RESIDENT PREFERENCE

Applicant's Name: _____

City of Sunrise Resident Preference

Applicants who are residents of the City of Sunrise, and who are deemed to be qualified for an open position may be given preference over an applicant with the same qualifications who does not reside in the City of Sunrise, provided such preference is applied consistent with the applicable requirements of state and federal law. Sunrise residency documentation will be determined based on **two forms of identification** from the following lists at the time of application.

Please submit copies of **1 document from each list** to prove City of Sunrise residency at time of application if you are claiming resident preference.

PROOF OF RESIDENCE (Domicile)

LIST A - One current piece of evidence from the following sources in the applicant's name, spouse's name or relative of applicant:

- Current telephone bill, electric bill or utility bill
- Rent receipt with the name of lessor and contact information/mortgage statement
- Lease agreement with name of lessor and contact information
- Mortgage commitment
- Home purchase contract including specified closing date, with copy of deed to be provided within 60 (sixty) days of closing date

LIST B - AND one of the following showing the applicant's name and address:

- Automobile insurance card or declaration page
- Current Florida Driver's License/Florida Identification Card
- Cellular telephone bill
- Credit card statement
- Bank account statement
- United States Postal Service confirmation of address change request or evidence of correspondence delivered through U.S. Postal Service
- Declaration of Domicile form from the County Records Department

PERSONNEL DEPARTMENT

Approved _____ Not Approved _____

Explain: _____

By: _____

Name Title Date