



City of Miami Police Athletic League
 400 NW 2nd Avenue
 Miami, Florida 33128



P.A.L. EMPLOYMENT AND VOLUNTEER APPLICATION

Notes: (1) Complete all applicable areas in blue or black ink. Shaded areas enclosed by bold lines are for official use only
 (2) False statements may cause rejection of the application
 (3) Application must be completed and signed on the back page or it will be rejected.

IDENTIFICATION

Social Security No.:		Position Applied For:	
First Name:	Middle Name:	Last Name:	Former Surname:
Address (Street Number and Name):		City:	State: Zip Code:
Home Phone:	Emergency Phone:	Emergency Name/Contact	
Cell Phone:	Email Address:		

PERSONAL DATA

Are you a citizen of the U.S.A.?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Date of Birth:	Drivers License Number:	Year of Expiration:	State:	Type of License
MM / DD / YYYY				

ARREST / CONVICTIONS

Have you ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been arrested? <input type="checkbox"/> YES <input type="checkbox"/> NO
---	---

NATURE OF OFFENSE(S)	NAME & LOCATION OF COURT	DATE OF ARREST/ CONVICTION

EDUCATION

High School:	Location:	Year Graduated:	Type of Diploma:
College/ University / Tech :	Location:	Attended From / To	Credits Earned or Drploma Obtained
College/ University / Tech:	Location:	Attended From / To	Credits Earned or Drploma Obtained
College/ University / Tech:	Location:	Attended From / To	Credits Earned or Drploma Obtained

LANGUAGE SKILLS

Please indicate level of any foreign language skills you possess (B) Beginner (I) Intermediate or (A) Advanced

Language	Read	Write	Speak	Understand	Language	Read	Write	Speak	Understand

REFERENCE

Name	Occupation	Address	Telephone No.	Years Known

EMERGENCY INFORMATION

(In case of emergency contact)

Name:	Relationship:	Home Phone:	Work Phone
Name:	Relationship:	Home Phone:	Work Phone
Name:	Relationship:	Home Phone:	Work Phone

EMPLOYMENT HISTORY

Please list your work experience starting with your present or most recent employer, in as much detail as possible. If you have held various positions with the same employer, make a separate entry for each position held so that your application may be accurately evaluated. Please account for any periods of non-employment greater than 3 months. Resumes may not be substituted for application forms.

NOTE: Previous employers may be contacted to verify information provided.

Employer (Name of Firm or Agency):		Dates Employed:	
Mailing Address of Employer:		Phone Number:	
Supervisor's Name/ Title and Contact Number		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Duties and Responsibilities			

Employer (Name of Firm or Agency):		Dates Employed:	
Mailing Address of Employer:		Phone Number:	
Supervisor's Name/ Title and Contact Number		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Duties and Responsibilities			

Employer (Name of Firm or Agency):		Dates Employed:	
Mailing Address of Employer:		Phone Number:	
Supervisor's Name/ Title and Contact Number		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Duties and Responsibilities			