



**CITY OF MIAMI
CIVILIAN INVESTIGATIVE PANEL (CIP)
APPLICATION
155 S. Miami Avenue, PH1-B
Miami, Florida 33130**

NAME:		DOB:	M	F
CONTACT NUMBERS:		DAY:	EVENING:	FAX:
HOME ADDRESS:		CITY:	STATE:	ZIP:
MAILING ADDRESS (if different):		CITY:	STATE:	ZIP:
E-MAIL (Optional):				

1. Do you reside, own real property, work, or maintain a business in the City of Miami? Yes No. If yes, Address: _____
Telephone Number: _____

2. Are you, your spouse or any immediate family member (children, parents, siblings) currently employed by the City of Miami? Yes No

3. Have you, your spouse, or any immediate family member ever been a sworn employee of the City of Miami Police Department? Yes No

4. Are you currently a party or a party's legal representative in any litigation against the City of Miami? Yes No

5. Do you have a record of a felony conviction? Yes No

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6. What aspect of your life and/or work experience has prepared you for membership on the CIP? (You may attach up to a one-page response.)

7. Why do you wish to serve on the CIP? (You may attach up to a one-page response.)

8. List any organizations with which you are affiliated and position(s)/office(s) held. (You may attach a separate sheet or resume, if necessary.)

ORGANIZATION:	POSITION:

CERTIFICATE OF APPLICATION (PLEASE READ CAREFULLY BEFORE SIGNING)

I hereby certify that all the statements made in this application are true and correct. By signing this application, I authorize verification of my background record solely for use by the CIP to conduct reviews and provide final recommendations to the City of Miami Commission.

Signature: _____ Date: _____