



**CITY OF MIAMI
CIVILIAN INVESTIGATIVE PANEL (CIP)
NOMINATING COMMITTEE APPLICATION**

**970 S.W. 1st Street, Suite #305, Miami, Florida 33130
305 960-4950
www.miamigov.com/cip**

NAME:		DOB:	M	F
CONTACT NUMBERS:		DAY:	EVENING:	FAX:
HOME ADDRESS:		CITY:	STATE:	ZIP:
COMMISSION DISTRICT NUMBER:				
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: _____ District 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 Nominating Committee? (You may attach up to a one-page response.)

7. Why do you wish to serve on the CIP Nominating Committee? (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.)

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 records solely for use by the CIP to conduct reviews and make its selection.

Signature: _____ Date: _____