



# CIVILIAN INVESTIGATIVE PANEL

## CIP MEMBERSHIP APPLICATION

970 S.W. 1<sup>st</sup> Street; Suite 305

Miami, Florida 33130

305-960-4956



civilianinvestigativepanel

LAST NAME		FIRST NAME			DOB	M	F
CONTACT NUMBERS	CELL PHONE:		DAY:		NIGHT:		
E-MAIL ADDRESS:							
HOME ADDRESS:		CITY:	STATE:	ZIP-CODE	DISTRICT:		
WORK ADDRESS:		CITY:	STATE:	ZIP-CODE	DISTRICT:		
REAL STATE PROPERTY ADDRESS:		CITY:	STATE	ZIP-CODE	DISTRICT:		

1. Are you, your spouse or any immediate family member (children, parents or siblings) currently employed by the City of Miami? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Have you, your spouse, or any immediate family member eve been a sworn employee of the City of Miami Police Department? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Are you currently a party or a party's legal representative in any litigation against the City of Miami? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Do you have a record of a felony conviction? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Why do you wish to serve on the CIP?

---



---



---



---

6. What aspect of your life and/or work experience has prepared you for membership on the CIP?

---



---



---



---

7. List any organizations with which you are affiliated and position(s)/office(s) held.

ORGANIZATION:	POSITION:

8. Please attach your resume with this application.

**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 Nominating Committee to conduct reviews and provide final recommendations to the City of Miami Commission Board.

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

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