

Miami-Dade Water & Sewer Department NON-Employee ID Card Application



SECTION I- APPLICANT INFORMATION

APPLICATION DATE:				FOR OFFICIAL USE ONLY 110109	
LAST NAME:		FIRST NAME:		ACCEPTED ORIGINAL DOCUMENTS: <input type="checkbox"/> U.S. PASSPORT/U.S.BIRTH CERTIFICATE NATURALIZATION CERTIFICATE <input type="checkbox"/> VALID U.S. STATE DRIVER'S LICENSE <input type="checkbox"/> VALID U.S. STATE ID CARD <input type="checkbox"/> WORK AUTHORIZATION EXP. DATE <input type="checkbox"/> OTHER <input type="checkbox"/> SOCIAL SECURITY CARD <input type="checkbox"/> ALIEN REG.# _____ PAYMENTS: <input type="checkbox"/> \$60.00 NEW ID / EXPIRED ID <input type="checkbox"/> \$55.00 RENEWAL <input type="checkbox"/> \$25.00 CHANGE OF COMPANY <input type="checkbox"/> \$15.00 LOST/STOLEN <input type="checkbox"/> REQUIRES POLICE REPORT WITHIN 10 DAYS <input type="checkbox"/> DAMAGE/REPLACEMENT (NO CHARGE) <input type="checkbox"/> RECEIPT# _____ <input type="checkbox"/> CASH <input type="checkbox"/> PRE-PAID <input type="checkbox"/> COMPANY CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> FINGERPRINT TAKEN <input type="checkbox"/> PICTURE TAKEN <input type="checkbox"/> ACCEPTED ID CARD APPLICATION <input type="checkbox"/> REJECTED ID CARD APPLICATION PROCESSED BY: _____ Date: _____	
MIDDLE NAME:		ALIAS OR NICKNAME: <input type="checkbox"/> NONE			
HOME PHONE #:	WORK PHONE #:	CELL PHONE #:			
DATE OF BIRTH:	PLACE OF BIRTH: City/State (IF NOT U.S. BORN, PROVIDE PROOF OF WORK ELIGIBILITY)				
HEIGHT:	WEIGHT:	RACE: WHITE-BLACK-OTHER (WRITE IN)			
HAIR COLOR:	EYE COLOR:	GENDER: FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>			
SOCIAL SECURITY:		CITIZEN OF WHAT COUNTRY:			
DRIVER'S LICENSE #:	STATE:	ISSUED DATE:	EXPIRE DATE:		
E-MAIL ADDRESS: <input type="checkbox"/> NONE					
<p>NOTE: ALL AREAS MUST BE COMPLETED, TYPED OR PRINTED IN INK (BLUE/BLACK). THE MIAMI-DADE WATER & SEWER DEPARTMENT WILL NOT ACCEPT THIS FORM IF IT IS ALTERED (NO CORRECTION FLUID), TORN, FOLDED, BENT OR OTHER WISE DEFACED. THE APPLICATION MUST BE PROCESSED WITHIN 30 DAYS OF THE DATE IT IS SIGNED BY THE AUTHORIZED COMPANY REPRESENTIVE (S).</p> <p>EMAIL: wasdid@miamidade.gov Phone: 786-552-8271 Fax: 786-552-8778</p>					
HAVE YOU LIVED AT YOUR CURRENT ADDRESS FOR MORE THAN 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO PLEASE PROVIDE RESIDENTIAL HISTORY FOR THE PAST FIVE (5) YEARS, STARTING WITH CURRENT ADDRESS BELOW: <p style="text-align: center;">APPLICANT RESIDENTIAL HISTORY (MM/DD/YYYY)</p>					
FROM DATE:		END DATE:			
HOME ADDRESS:					
CITY:		STATE:		ZIP CODE:	
FROM DATE:		END DATE:			
HOME ADDRESS:					
CITY:		STATE:		ZIP CODE:	
FROM DATE:		END DATE:			
HOME ADDRESS:					
CITY:		STATE:		ZIP CODE:	

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SECTION II- APPLICANT CURRENT EMPLOYMENT INFORMATION					
EMPLOYER NAME:		DATE OF HIRE:			
		FOR OFFICIAL USE ONLY			
EMPLOYER ADDRESS:		CARD TYPE: <input type="checkbox"/> YELLOW <input type="checkbox"/> YELLOW/RED - RESTRICTED <input type="checkbox"/> RESTRICTED ACCESS AREA: (ALL FACILITIES) <input type="checkbox"/> RFID <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III POST:			
CITY:	STATE:			ZIP CODE:	
EMPLOYER'S PHONE #:				EMPLOYER FAX #:	
APPLICANT'S POSITION:				APPLICANT'S SUPERVISOR:	
WASD CONTRACT #:	COMPANY EMAIL ADDRESS:				
CONTRACT START DATE : (MM/DD/YYYY)	CONTRACT END DATE: (MM/DD/YYYY)				
WASD PROJECT MANAGER APPROVING CARD TYPE: NAME:				SIGNATURE:	
				DATE:	
LESS THAN 5 YEARS CURRENT EMPLOYMENT LIST PAST 5 YEARS STARTING WITH MOST RECENT EMPLOYMENT					
START DATE (MM/DD/YYYY):		END DATE (MM/DD/YYYY):			
		TITLE OF POSITION:			
COMPANY NAME:	COMPANY ADDRESS:		CITY: STATE: ZIP CODE:		
COMPANY PHONE NUMBER:	SUPERVISOR NAME:		SUPERVISOR TITLE:		
START DATE (MM/DD/YYYY):	END DATE (MM/DD/YYYY):		TITLE OF POSITION:		
COMPANY NAME:	COMPANY ADDRESS:		CITY: STATE: ZIP CODE:		
COMPANY PHONE NUMBER:	SUPERVISOR NAME:		SUPERVISOR TITLE:		
START DATE (MM/DD/YYYY):	END DATE (MM/DD/YYYY):		TITLE OF POSITION:		
COMPANY NAME:	COMPANY ADDRESS:		CITY: STATE: ZIP CODE:		
COMPANY PHONE NUMBER:	SUPERVISOR NAME:		SUPERVISOR TITLE:		
START DATE (MM/DD/YYYY):	END DATE (MM/DD/YYYY):		TITLE OF POSITION:		
COMPANY NAME:	COMPANY ADDRESS:		CITY: STATE: ZIP CODE:		
COMPANY PHONE NUMBER:	SUPERVISOR NAME:		SUPERVISOR TITLE:		

SECTION III - APPLICANT CRIMINAL BACKGROUND HISTORY DISCLOSURE

Persons seeking unescorted access to Miami-Dade County Water and Sewer Department Restricted Areas are subject to the requirements of Article IX of Chapter 32 of the Code of Miami-Dade County (Ord. No. 02-68, § 1, 4-23-02). I further understand that compliance with Article IX of Chapter 32 of the Code of Miami-Dade County is part of the Miami-Dade County Water and Sewer Department's Security Program and that Article IX of Chapter 32 of the Code of Miami-Dade County includes access control provisions requiring criminal background checks for individuals seeking access to Miami-Dade County Water and Sewer Department Restricted Areas. I further understand that the Department Director may deny my application for access.

INITIALS _____

I hereby authorize any representative from the Miami-Dade County Water and Sewer Department Identification Office to obtain any records or information pertaining to my arrest record or criminal history, and I direct any representative of any law enforcement or criminal justice agency to release such information upon request of the bearer.

I AGREE **I DECLINE** **INITIALS** _____

The undersigned applicant acknowledges and consents to Miami-Dade County Water and Sewer Department Identification Office providing the information contained in this application including the applicant's social security number to the U.S. Department of Homeland Security (DHS), Federal Bureau of Investigation, U.S. Customs and Border Protection, Florida Department of Law Enforcement, and U.S. Immigration and Customs Enforcement pursuant to applicable federal, laws, rules or regulations as they may be amended. The information will be disclosed to DHS personnel and contractors or other agents who need information to assist in activities related to security threat assessments. Applicants who elect to decline authorization for the Miami-Dade County Water and Sewer Department Identification Office to transmit their social security number to DHS shall check the "I decline" box below with the understanding that such action may result in delays or make it impossible to complete the assessment.

I AGREE **I DECLINE** **INITIALS** _____

I HAVE OR **HAVE NOT** used illegal drugs within three (3) years immediately preceding the date of this statement. Florida Statute 311.12 (3)(e). **INITIALS** _____

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<p>Have you been at any time incarcerated, convicted, or had adjudication withheld of any crime listed below:</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, provide date: / / Probation/Supervision/Parole end date: / /</p> <p align="center">IF YOU ANSWER NO – DO NOT COMPLETE SECTION BELOW IF YOU ANSWER YES - COMPLETE SECTION BELOW</p>		
<p>Indicate below if you have been convicted regardless of whether or not adjudication was withheld, for any of the following offenses within the past five (5) years: Conviction will not necessarily disqualify an applicant for employment.</p>		
Theft	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Smuggling	<input type="checkbox"/>	<input type="checkbox"/>
The possession with intent to sell or distribute, sale, or trafficking of narcotics or any other controlled substance.	<input type="checkbox"/>	<input type="checkbox"/>
Fraud, misrepresentation, or other crime involving dishonesty.	<input type="checkbox"/>	<input type="checkbox"/>
Felony theft under Chapter 812, Florida Statutes, or its federal counterpart.	<input type="checkbox"/>	<input type="checkbox"/>
Any violent crime committed with a weapon.	<input type="checkbox"/>	<input type="checkbox"/>
Any crime directly related to the Grandfathered Applicant's position of employment, shall not be issued an identification card for access to any restricted area. If a conviction or a finding of guilty on one of the above.	<input type="checkbox"/>	<input type="checkbox"/>
<p>Please Indicate that you have read and understand each statement by providing your INITIALS in the left box.</p>		
	<p>Whoever, without being fully authorized, licensed or invited, willfully enters or remains on a WASD facility or property, or a portion thereof, or having been authorized, licensed or invited to a WASD facility or property, or portion thereof, is warned or ordered by authorized Department personnel or a law enforcement officer to depart, and refuses to do so, commits the offense of trespass.</p>	
	<p>No person shall have entry to any restricted area unless such person possesses a current WASD issued identification card authorizing such access or whose access is otherwise <u>expressly</u> authorized under this Article. Identification cards shall be worn conspicuously on the outer garment of the bearer, in plain view above the waist.</p>	
	<p>The WASD Director reserves the right to revoke authorization to possess an ID card.</p>	

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	<p>The making of a false statement in the application for an identification card under this section shall be grounds for refusal to issue the card and also shall be a violation of Article IX of Chapter 32 of the Code of Miami-Dade County.</p>
	<p>Identification cards issued by the Department shall at all times remain the property of the County. As such, the Department shall at all times have the right to confiscate or demand return of the identification card of any person who violates the provision of Article IX of Chapter 32 of the Code of Miami-Dade County and demand the return of the identification card of all persons employed by a company violating this Article or whose lease, contract, permit or license agreement with the County allowing use of a WASD facility has expired or has been canceled or is terminated.</p>
	<p>The identification card shall be valid for one (1) year from the date of issuance, unless sooner canceled or surrendered.</p>
	<p>The Director or his designee may suspend or revoke the use of the card based on any felony arrest, conviction, finding of guilt or other just cause, and may reinstate the use of the card when, in his/her discretion, circumstances warrant, provided, however, that such power to suspend, revoke or reinstate may not be exercised in conflict with a decision of the appeals committee.</p>
	<p>Any holder of a personal identification card shall report in writing to the Director (i) immediately any felony arrests, convictions, or findings of guilt, and (ii) within ten (10) days of the change any other change of data in an application for a personal identification card. Failure to report such changes within the time provided or the making of a false statement in any change in information submitted shall constitute grounds for suspending the use of the card; false statements or material omissions in the change information shall be a violation of Article IX of Chapter 32 of the Code of Miami-Dade County.</p>
	<p>An application for an identification card to enter into any restricted area shall be denied by the Director if the applicant refuses to answer or falsely answers any questions listed in Article IX, Section 32-172 of Chapter 32 of the Code of Miami-Dade County or refuses to produce documents to verify statements made on the application.</p>
	<p>An identification card for a person shall not be transferable at any time for any purpose.</p>
	<p>No person shall retain or have in his or her possession and shall promptly return to the Director or his or her designee, any card, permit, pass, badge or other means of identification issued by the Director after it has expired or when such person is no longer employed at the WASD facility or upon request by the Director or his or her designee that it be returned or when otherwise required by ordinance. Such retention shall constitute a violation of Article IX, of Chapter 32 of the Code of Miami-Dade County.</p>

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	No person shall forge, counterfeit, alter, erase, obliterate or transfer any identification card, permit, pass, lease, record, form, badge or other instrument or document issued or maintained by the County Manager or WASD Director, pursuant to Article IX of Chapter 32 of the Code of Miami-Dade County. No person shall have in his/her possession any forged, counterfeited, altered, erased, or obliterated or transferred identification card, permit, pass, lease, record, form, badge or other instrument or document issued or maintained by the County Manager or WASD Director pursuant to this Article. No person shall have in their possession the identification card of another individual. No person shall have more than one (1) WASD active card issued at a time.
	Failure to produce identification cards by all persons required to possess identification cards pursuant to Article IX of Chapter 32, Code of Miami-Dade County within a WASD facility shall be cause for immediate removal from the WASD facility and shall be grounds for such further actions as may be authorized by law.

**CERTIFICATION OF THE APPLICANT WITH RESPECT TO THIS APPLICATION
PROCESS REQUIRING FULL DISCLOSURE OF INFORMATION**

I have read and agree to abide by the responsibilities set forth in this identification card request. I understand that a knowing and willful false statement on this application can be punished by fine or imprisonment of both. I understand that knowingly providing false information on this application or any portion of the ID application process may subject me to criminal prosecution and will minimally result in the permanent denial or revocation of my WASD ID card. I understand that upon termination of my official employment at WASD, in any capacity where I am required to have the issued WASD ID card, I will immediately return my ID card to my former employer or directly to WASD ID Credentials Section and that failure to do so will constitute a violation of Miami-Dade County Ordinance 02-68.

Applicant Full Name: PLACE IN BLOCK TO THE RIGHT	
Applicant Title: PLACE IN BLOCK TO THE RIGHT	
Applicant Signature: MUST BE WITNESSED BY ID ROOM CLERK	
Date:----- MUST BE WITNESSED BY ID ROOM CLERK	

FOR OFFICIAL USE ONLY

Applicant Verified By:
Date:
Signature:
<u>Comments:</u>