

Congratulations and Welcome. You have successfully completed all pre-employment requirements with the City of Tampa.

To prepare for Orientation, please complete the New Hire forms below. Please read each page carefully and make sure they are complete. **Please Do Not Sign** any of the documents included in the packet until you are instructed to do so at Orientation.

Note: For direct deposit purposes, please add your Bank ID (Routing Number) and Account Numbers to the Direct Deposit form (If you do not have a bank account, you must establish one prior to your first day of employment). Type your name, last four digits of your social security number and list the desired beneficiary(s) on the Beneficiary Designation form.

All documents requiring a notary signature will be notarized during Orientation.

Once you have completed these documents, please print them and bring with you to Orientation, along with the documents required for I-9 verification. (Social Security Card, Driver's License, etc.)

If you are unable to print the documents, you can come to the Employment Services Division (315 E. Kennedy Blvd, 2nd Floor of Old City Hall) no later than 4:00 pm on the Thursday prior to your Orientation date to use the lobby kiosk to complete and print the paperwork.

If you have any questions, please feel free to contact us at 813-274-8911.

OATH OF LOYALTY (As required by Section 876.05, F.S.)

I, (First Name, MI, Last Name) Employee ID#	a citizen of the State of Florida and of the United States of America (A non-citizen may delete and substitute appropriate words which describe his or her particular situation), and being employed by or an officer of the City of Tampa, Florida, and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.
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State of Florida, County of Hillsborough	EMPLOYEE'S SIGNATURE:	DEPARTMENT
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AFFIDAVIT

Sworn to (or affirmed) and subscribed before me on ____ / ____ / _____, by _____

NOTARY PUBLIC-STATE OF FLORIDA

SIGNATURE OF NOTARY PUBLIC

Type of Identification Produced

Drivers License/ID#

[Empty box for identification details]

Instructions and General Information

The City of Tampa Ethics Code, Section 2-511, mandates disclosure of non-City employment/private business entity by July 1st of each year. On January 27, 2006, the Ethics Code was amended to **require that all employees must have approval** by their department director (or the approval of the Mayor for Department Directors) of any non-city employment or active participation in a private business entity (Section 2-512). The definition of a private business entity is provided on the front of this form. **Further clarification is provided below.**

As provided in Section 2-512: "In determining the acceptability of such employment or activity, the department director shall review all factors relevant to the successful and fair operation of city business, including but not limited to, potential conflict with business hours, misuse of confidential information, or impairment of the performance of the city employee's duties and responsibilities. **If the department director determines such non-city employment or engagement in a private business entity is prohibited, that decision shall be automatically appealed to the Ethics Commission for review.** All department directors must obtain prior approval from the Mayor before accepting non-city employment or actively participating in any business entity. The mere ownership of stock in a privately held or publicly traded company shall not constitute active participation in that business entity. Serving as an officer, director, or owning a controlling financial interest therein shall constitute active participation." Section 2-502 defines "controlling financial interest" as the "ownership, directly or indirectly, to ten (10) percent or more of the outstanding capital stock in any corporation or a direct or indirect interest or position in a business entity sufficient to allow him or her to control its operation."

- **Name, Address, and Telephone Number of non-city employment/private business entity:**
In the event that the paycheck or other remuneration is issued or received with a name different than the name of the business, specify this name as well as the name commonly known as the name of the business. This includes situations where the business uses a fictitious name, assumed name or D/B/A (short for "doing business as"). It is the employee's responsibility to ensure that the name of the non-city employment/private business entity is fully disclosed and fully understood. Sworn police and fire employees, in the event that the business operates from their own home address, are not required to disclose that address or telephone number on this form and should enter "Personal Residence" for the address to maintain confidentiality permitted by state law. Sworn police and fire employees are not required to disclose extra-duty positions when these positions are supplied and scheduled through their departmental programs.
- **Brief description of the purpose and activities of the non-city employer/private business entity; Position; Relationship in and to the business; Nature and extent of any ownership interest in the business:**
These sections are provided for the employee to further disclose information that permits the approval of the employee's non-city employment/private business entity. Include information that would answer the following questions:
 - What is the purpose and activity of the non-city employer/business entity, such as to sell products, make investments, buy or sell real estate?
 - Does the non-city employer or business entity have now, or in the past, any contract with, render any services to, submit any bids to contract with the city or any of its agencies or departments? Does the employee have a role in this process or make any decisions regarding these contracts on behalf of either the city or the non-city employer/private business entity?
 - Does the non-city employer or business entity purchase, rent or lease realty, goods, or services to the city or any of its agencies or departments? Does the employee have a role in this process or make any decisions regarding these transactions on behalf of either the city or the non-city employer/private business entity?
 - What position will the employee hold? Will the position cause the employee to improperly use confidential information that is available to the employee only because of their position with the city? Would the position impair or reasonably be expected to impair the employee's ability to make fair and independent judgments in performance of their city duties and responsibilities? Would the employee's involvement with non-city employment/private business entity cause the employee to misuse his city position in any manner, such as co-workers or subordinates thinking they should buy a product that the employee promotes or use services from a certain firm or business?
 - Will the number of hours and the hours of the day that the employee participates affect or conflict with the employee's ability to perform city assigned duties? Employees are prohibited from performing non-city work during their city work hours and are prohibited from the use of city property, such as telephones, computers, copiers, vehicles, etc., for personal use/gain or any non-city purpose.
 - Will the employee or any member of his or her immediate family or close personal relation receive any substantial benefit or profit from any contract or obligation entered into between the city department for which the employee works and the non-city employer or private business entity in which the employee is or may be involved?
 - Does the employee have any active professional licenses, certifications, and/or permits and does the employee actively engage in or plan to actively engage in any activity requiring its use?

Approval of the participation in non-city employment/private business entity does not relieve an employee of responsibility for continued compliance with the City of Tampa Ethics Code. Prior approval of the participation may be removed at any time should activity by the employee or by the non-city employer/private business entity or any additional information result in a revised determination.

Non-City Employment/Private Business Entity Disclosure and Approval

The CITY OF TAMPA ETHICS CODE requires the mandatory disclosure by officials and employees of non-city employment or private business entity (see Sec.2-511). Approval of such non-city employment/active participation in a private business entity by the department director (or the Mayor for department directors) is required (Sec 2-512). Employees are considered to be "engaged in non-city employment" if they have or hold an employment relationship with any entity other than the City of Tampa. Employees are considered to be "engaged in a private business entity" if they own or operate a business entity defined as a corporation, partnership, limited partnership, limited liability corporation, limited liability partnership, proprietorship, firm, enterprise, franchise, association, self-employed individual or trust, whether fictitiously named or not.

See the reverse side of this form for additional instructions and information for completion of the form.

Employee Name: Type Full Name: (First, Mi, Last)	Department/Division:
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Employee Identification Number:	City Job Title/Position Name:
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Check one box in this section and follow the instructions for the box you selected.

- I am not engaged in any non-city employment or active participation in a private business entity.
If you checked this box, complete the final section of this form (employee/official signature area only).

- I am requesting approval of non-city employment or active participation in a private business entity.
If you checked this box, you must complete the information below.

Name and Address of non-city employment/private business entity:

Name: _____

Address: _____

Telephone #: _____

Brief description of the purpose and activities of the non-city employer or private business entity:

Position: _____

Relationship in and to the business: _____

Nature and extent of any ownership interest in the business: _____

If you have more than one outside employment/private business entity, you must attach additional sheets
With information for each employment/private business entity.

Check here if continued on an additional sheet Total number of forms, including this page _____

I certify that the information disclosed above is correct. I further understand that in addition to the annual report to be filed with the City by July 1 of each year, any changes to the information completed on this form shall be filed within 30 days of the change(s).

Employee/Official Signature:	Date Signed: / /
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Non-City Employment/Private Business Entity is:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
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Department Director Signature:	Date Signed:
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CITY OF TAMPA DIRECT DEPOSIT AUTHORIZATION

I. EMPLOYEE INFORMATION

_____ ID _____ Dept _____
Employee Name: **Last, First, MI**

II. NET CHECK DIRECT DEPOSIT

New Change Cancel No Change

Bank ID _____

Account # _____

Account Type

Checking

Savings

Using transparent tape, **attach the document from your financial institution** that shows the **bank routing number** and **account number**. **Please do not staple.**
DO NOT USE DEPOSIT SLIPS.

III. PARTIAL DIRECT DEPOSIT

New Change Cancel No Change

Bank ID _____

Account # _____

Amount \$ _____

Account Type

Checking

Savings

Using transparent tape, **attach the document from your financial institution** that shows the **bank routing number** and **account number**. **Please do not staple.**
DO NOT USE DEPOSIT SLIPS.

IV. AUTHORIZATION

I hereby **authorize** my employer to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) checking and/or savings account indicated above and the depositories named above, each hereafter called depository, to credit and/or debit the same to such account(s)

Date _____ Signed _____

I hereby **cancel** the authority previously given to my employer by this written notification from me of its termination in such time and in such manner as to afford employer and the depository a reasonable opportunity to act on it

Date _____ Signed _____

Any change in your bank identification number or account number now requires a pre-note. Pre-notes are the first step in the direct deposit setup process, where any new bank routing number or account number is verified electronically. During the first payroll cycle after a change in your direct deposit, you will receive a **PAPER CHECK** by mail to your home address on record.

V. VERIFICATION

Verified By: _____ Date _____
Dept. Personnel Assistant

VI. PROCESSING

PROCESSED BY

VERIFIED BY

**CITY OF TAMPA, FLORIDA GENERAL
EMPLOYEES RETIREMENT FUND
DESIGNATION OF BENEFICIARY (IES)
DIVISION - B**

(First Name, MI, Last Name, Suffix)

I, _____, Last Four digits of Social Security # _____, a City of Tampa employee and a participant in Division **B** of the City of Tampa's Retirement Plan for General Employees, realize that, if:

I die having earned pension credit while in the active service of the City of Tampa, my legal heir(s) shall receive in a lump sum an amount equal to my annual salary at the time of death; and

I die while in the active service of the City of Tampa, I was formerly a member of Division A, and I am not married at the time of my death, my legal heir(s) shall receive a lump sum payment, without interest, of my contributions as a member of Division A.

Further, I, realize that my legal heir(s) are entitled to receive the monthly pension benefit that I would have received the end of the month that I die.

Further, I realize that my heir(s) are my designated beneficiary (ies) or, in the absence of such a designation or if there is no surviving designated beneficiary, my legal heir(s) as determined by applicable law.

(First Name, MI, Last Name, Suffix)

I, _____, designate the following as my **PRIMARY** legal heir(s):

1. Heir's Name: _____ Relationship _____ DOB _____
Heir's Address (Street, Apt, City, State, & Zip Code) _____

Heir's Phone Number _____
Last four digits of Heir's Social Security Number*: _____ Percentage to be paid to Heir _____%

2. Heir's Name: _____ Relationship _____ DOB _____
Heir's Address (Street, Apt, City, State, & Zip Code) _____

Heir's Phone Number _____
Last four digits of Heir's Social Security Number*: _____ Percentage to be paid to Heir _____%

3. Heir's Name: _____ Relationship _____ DOB _____
Heir's Address (Street, Apt, City, State, & Zip Code) _____

Heir's Phone Number _____
Last four digits of Heir's Social Security Number*: _____ Percentage to be paid to Heir _____%

4. Heir's Name: _____ Relationship _____ DOB _____
Heir's Address Street, Apt, City, State, & Zip Code) _____

Heir's Phone Number _____
Last four digits of Heir's Social Security Number*: _____ Percentage to be paid to Heir _____%

5. Heir's Name: _____ Relationship _____ DOB _____
Heir's Address (Street, Apt, City, State, & Zip Code) _____

Heir's Phone Number _____
Last four digits of Heir's Social Security Number*: _____ Percentage to be paid to Heir _____%

Initial here _____

(First Name, MI, Last Name, Suffix)

Further, I, _____, designate the following as my **CONTINGENT** legal heir(s) in case one or more of my primary legal heirs are deceased at the time of my death:

1. Heir's Name: _____ Relationship _____ DOB _____
 Heir's Address (Street, Apt, City, State, & Zip Code) _____

 Heir's Phone Number _____
 Last four digits of Heir's Social Security Number*: _____ Percentage to be paid to Heir _____%

2. Heir's Name: _____ Relationship _____ DOB _____
 Heir's Address Street, Apt, City, State, & Zip Code) _____

 Heir's Phone Number _____
 Last four digits of Heir's Social Security Number*: _____ Percentage to be paid to Heir _____%

3. Heir's Name: _____ Relationship _____ DOB _____
 Heir's Address (Street, Apt, City, State, & Zip Code) _____

 Heir's Phone Number _____
 Last four digits of Heir's Social Security Number*: _____ Percentage to be paid to Heir _____%

4. Heir's Name: _____ Relationship _____ DOB _____
 Heir's Address (Street, Apt, City, State, & Zip Code) _____

 Heir's Phone Number _____
 Last four digits of Heir's Social Security Number*: _____ Percentage to be paid to Heir _____%

5. Heir's Name: _____ Relationship _____ DOB _____
 Heir's Address (Street, Apt, City, State, & Zip Code) _____

 Heir's Phone Number _____
 Last four digits of Heir's Social Security Number*: _____ Percentage to be paid to Heir _____%

Signature _____

STATE of FLORIDA
COUNTY of HILLSBOROUGH

Sworn to (or affirmed) and subscribed before this _____ day of _____, **2016**.

(First Name, MI, Last Name, Suffix)

By _____.

(Print Name of Executor of This Form)

Type of Identification Produced: Driver' License or Identification Card #

Signature of Notary



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address			Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

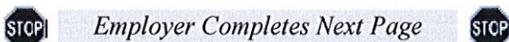
<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	ZIP Code





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR	AND	
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport, and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.