

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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AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of _____

Before me this day personally appeared _____ who, being duly sworn deposes and says:

(Type Applicant's/Employee's Full Name)

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with **City of Tampa Parks & Recreation Department**, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by Chapter 435 Florida Statutes in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

- Relating to:
- Section 393.135 sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
 - Section 394.4593 sexual misconduct with certain mental health patients and reporting of such sexual misconduct
 - Section 415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
 - Section 741.28 criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
 - Section 777.04 attempts, solicitation, and conspiracy
 - Section 782.04 murder
 - Section 782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
 - Section 782.071 vehicular homicide
 - Section 782.09 killing an unborn child by injury to the mother
 - Chapter 784 assault, battery, and culpable negligence, if the offense was a felony
 - Section 784.011 assault, if the victim of offense was a minor
 - Section 784.03 battery, if the victim of offense was a minor
 - Section 787.01 kidnapping
 - Section 787.02 false imprisonment
 - Section 787.025 luring or enticing a child
 - Section 787.04(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
 - Section 787.04(3) carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
 - Section 790.115(1) exhibiting firearms or weapons within 1,000 feet of a school
 - Section 790.115(2) (b) possessing an electric weapon or device, destructive device, or other weapon on school property
 - Section 794.011 sexual battery
 - Former Section 794.041 prohibited acts of persons in familial or custodial authority
 - Section 794.05 unlawful sexual activity with certain minors
 - Chapter 796 prostitution
 - Section 798.02 lewd and lascivious behavior
 - Chapter 800 lewdness and indecent exposure
 - Section 806.01 arson
 - Section 810.02 burglary
 - Section 810.14 voyeurism, if the offense is a felony
 - Section 810.145 video voyeurism, if the offense is a felony
 - Chapter 812 theft and/or robbery and related crimes, if a felony offense
 - Section 817.563 fraudulent sale of controlled substances, if the offense was a felony
 - Section 825.102 abuse, aggravated abuse, or neglect of an elderly person or disabled adult
 - Section 825.1025 lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
 - Section 825.103 exploitation of disabled adults or elderly persons, if the offense was a felony
 - Section 826.04 incest
 - Section 827.03 child abuse, aggravated child abuse, or neglect of a child
 - Section 827.04 contributing to the delinquency or dependency of a child
 - Former Section 827.05 negligent treatment of children
 - Section 827.071 sexual performance by a child
 - Section 843.01 resisting arrest with violence
 - Section 843.025 depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
 - Section 843.12 aiding in an escape
 - Section 843.13 aiding in the escape of juvenile inmates in correctional institution

- Chapter 847 obscene literature
- Section 874.05(1) encouraging or recruiting another to join a criminal gang
- Chapter 893 drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
- Section 916.1075 sexual misconduct with certain forensic clients and reporting of such sexual conduct
- Section 944.35(3) inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
- Section 944.40 escape
- Section 944.46 harboring, concealing, or aiding an escaped prisoner
- Section 944.47 introduction of contraband into a correctional facility
- Section 985.701 sexual misconduct in juvenile justice programs
- Section 985.711 contraband introduced into detention facilities

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at City of Tampa Parks & Recreation Department in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses**. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: _____

Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: _____

Sworn to and subscribed before me this ____ day of _____, 20__.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

Affiant personally known to notary

OR

Affiant produced identification

Type of identification produced: _____



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 (See instructions)
<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. (See instructions)
<p>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.</p> <p>1. Alien Registration Number/USCIS Number: _____ OR</p> <p>2. Form I-94 Admission Number: _____ OR</p> <p>3. Foreign Passport Number: _____ Country of Issuance: _____</p>
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

SICP **Employer Completes Next Page** SICP



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 <i>(Family Name)</i>	First Name <i>(Given Name)</i>	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 <i>(if any)(mm/dd/yyyy)</i>		Expiration Date <i>(if any)(mm/dd/yyyy)</i>		Expiration Date <i>(if any)(mm/dd/yyyy)</i>
Document Title		<div style="border: 1px solid black; padding: 5px; min-height: 200px;"> Additional Information </div>		<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>
Issuing Authority				
Document Number				
Expiration Date <i>(if any)(mm/dd/yyyy)</i>				
Document Title				
Issuing Authority				
Document Number				
Expiration Date <i>(if any)(mm/dd/yyyy)</i>				
Document Title				
Issuing Authority				
Document Number				
Expiration Date <i>(if any)(mm/dd/yyyy)</i>				

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

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 <i>(if any) (mm/dd/yyyy)</i>
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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 <i>(mm/dd/yyyy)</i>	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		
<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 	OR	<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 	AND	<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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



CITY OF TAMPA DIRECT DEPOSIT AUTHORIZATION

I. EMPLOYEE INFORMATION

Employee Name: Last, First, MI _____

ID _____

Dept _____

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

City ID: _____

Verified By: _____ Date _____ FDL: _____

HR / RF Representative

VI. PROCESSING

PROCESSED BY

VERIFIED BY