



City of North Miami

Personnel Record Update

1. Employee Number: 02790
2. Employee Name: Adam Burden
3. Email Address: _____
4. Telephone Number: () - - - - -

I understand that my direct deposit notices will no longer be printed and distributed to me, and that I can access my information by going to <http://eportal.northmiamifl.gov>. By providing an email above, I also understand that my direct deposit notices will be sent to the email I provided and that it is my responsibility to update the information should it change by completing another form with the updated information and submitting it to Personnel/Payroll.

Signature: 

Date: 8-29-2016

For Personnel/Payroll Staff Use Only

Date Updated: 11-1-14

Initials: AB

NOV 1 2016

TEMPORARY EMPLOYMENT AGREEMENT

THIS TEMPORARY EMPLOYMENT AGREEMENT (the "Agreement") is entered into this 17th day of Oct., 2016 between the City of North Miami, a municipal corporation of the State of Florida (the "City") and Adam Burden (the "Temporary Employee").

I. SCOPE OF SERVICES

- A. The City shall employ the Temporary Employee as Police Consultant in the CMO Department. In that capacity, the Temporary Employee will be responsible for _____.
- B. The Temporary Employee understands and agrees that he/she may not work more than 29 hours in any given workweek.

II. AT-WILL EMPLOYMENT STATUS

The Temporary Employee understands and agrees that at all times his/her employment with the City shall be considered to be at-will. Accordingly, the Temporary Employee has no expectation of continued employment with the City and he/she may be terminated with or without cause or explanation at any time and for any reason.

III. TERM

- A. The Temporary Employee's employment shall commence on 10-19, 2016 and will expire on September 7, 2016, unless his/her employment is terminated by the City prior to that date pursuant to Section II above.
- B. The City and the Temporary Employee may agree to extend the duration of this Agreement beyond the expiration date set forth above, but in no case may this Agreement extend beyond September 30 of the fiscal year in which it is executed.

IV. COMPENSATION / BENEFITS

- A. The Temporary Employee shall be paid _____ (\$75) per hour., which shall be payable at the same time as the City processes its regular payroll for regular full-time City employees.
- B. The Temporary Employee shall not be entitled to accrue vacation and sick leave nor shall he/she be eligible to participate in any City insurance plans or benefits, including, but not limited to, health, disability and life insurance.
- C. The Temporary Employee will not be eligible to participate in any City sponsored pension plan.

V. ENTIRE AGREEMENT

The parties hereby agree that this is the entire Agreement between the parties. This Agreement cannot be amended or modified without the express written consent of the parties.

VI. GOVERNING LAW

This Agreement shall be construed in accordance with the laws of the State of Florida. Venue for any litigation arising hereunder shall be in a court of competent jurisdiction in Miami-Dade County, Florida.

VII. SEVERABILITY

If any provision of this Agreement were to be held invalid or unenforceable, the remainder of this Agreement shall not be affected and shall continue in full force and effect and be enforced to the fullest extent permitted by law.

IN WITNESS WHEREOF, the parties hereto have accepted, made and executed this Agreement upon the terms and conditions above stated on the day and year first above written.

TEMPORARY EMPLOYEE:



EMPLOYEE

CITY OF NORTH MIAMI

By:  (FOR)

CITY MANAGER

City of North Miami – Personnel Department Contract Employee Requisition

Date of Request: 10/18/14

Indicate type of position: Contract Part Time Seasonal

Title of Position: Contract Police Consultant

Department Name: _____

Decision Unit Name: _____

Account Number: _____

Location of Employment: _____

FOR USE OF DEPARTMENT HEADS

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <p>Requisition for Employee</p> <p><input type="checkbox"/> Approved _____ Department Head</p> <p><input type="checkbox"/> Disapproved _____ Date</p> | <p>Person who will Supervise Appointee</p> <p>_____ Name</p> <p>_____ Class Title</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

FOR USE OF BUDGET OFFICE

Position may be filled starting:

Approved _____ Date
7.14.15

Disapproved _____

_____ Budget Manager
[Signature]

_____ Date

FOR USE OF PERSONNEL DEPARTMENT

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <p><input checked="" type="checkbox"/> Approved _____ Personnel Director <u>[Signature]</u></p> <p><input type="checkbox"/> Disapproved _____ <u>10/31/14</u> Date</p> | <p>Employee assigned to position:</p> <p><u>Adam Burden</u></p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|

Note: To be completed by the Department



APPLICATION FOR EMPLOYMENT
CITY OF NORTH MIAMI
PERSONNEL ADMINISTRATION DEPARTMENT
 776 N.E. 125 Street
 North Miami, FL 33161
 (305) 895-9866
JOBLINE: (305) 895-9860
TTY (305) 893-7936
AA/EOE

| | |
|----------------------------|--|
| FOR OFFICE USE ONLY | |
| RECEIVED BY: _____ | |
| DATE: ____/____/____ | |
| CC: _____ | |
| _____ | |

TYPE OR PRINT CLEARLY IN INK. The application must be filled out accurately and completely. If an item does not apply, write N/A (not applicable) on the line. Resume should be used as a supplement only and not as a substitute for completing the required employment information. All statements are subject to verification. Exaggerated, false or misleading statements are cause for rejection. Submit any required or applicable documents, certificates and commendations to assist with evaluation of qualifications at time of application. Incomplete applications will not be processed.

| NAME | LAST NAME | FIRST NAME | MAIDEN AND MIDDLE NAME |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------|------------------------|
| | BURDEN | Adam | |
| E-MAIL ADDRESS: _____ You will be notified of application status (tests, interviews, results) via e-mail. If your e-mail address changes, you must notify Personnel Administration immediately. | | | |
| PRESENT ADDRESS Street/Apartment Number _____ City _____ State <u>FL</u> Zip Code _____ | | | |
| PREVIOUS ADDRESS (if Present Address is less than 1 year) Street/Apartment Number _____ City _____ State _____ Zip Code _____ | | | |
| MAILING ADDRESS (if different than Present Address) P.O. Box/Street _____ City _____ State _____ Zip Code _____ | | | |
| HOME TELEPHONE NUMBER Area Code <u>954</u> Number _____ | | OTHER TELEPHONE NUMBER Area Code <u>305</u> Number _____ | |

If you are claiming North Miami residence preference, you must submit a copy of your driver's license, lease or a utility bill with your name and the Present Address indicated above at time of application. Addresses are verified to confirm they fall within North Miami city limits. It is your responsibility to give the Personnel Administration Department written notification if you change your present address, mailing address or telephone number.

Are you a U.S. citizen or authorized by U.S. Citizenship & Immigration Services to work in the U.S.? Yes No

VETERAN'S PREFERENCE

According to Florida Statutes, you may be eligible for preference in employment if you are a wartime veteran with an honorable discharge, a veteran who served in a campaign or expedition for which a qualifying campaign badge has been authorized: AFEM or Global War on Terrorism Expeditionary medal, the unmarried widow of a veteran, a service connected disabled veteran, or the spouse of a disabled veteran, and are a Florida resident. **POINTS WILL BE AWARDED ONLY IF SUPPORTING DOCUMENTATION IS PROVIDED AT THE TIME OF APPLICATION.** Acceptable documentation is a DD-214 and a current disability award letter from the US Dept. of Veteran Affairs (if claiming status as disabled veteran). You must also complete the City's Veteran's Employment Preference Form (available in the Personnel Administration Department).

Did you serve in the Armed Forces? Yes No
 Do you claim Veteran's Preference? Yes No

Is your discharge honorable? Yes No
 Are you retired from the military? Yes No

REQUEST FOR ACCOMMODATION

If you require assistance with pre-employment testing due to a disability, please notify our staff at time of application.

EMPLOYMENT RECORD

List all jobs held in the last **TEN** years, including self-employment. Major changes in duties or job titles with the same employer should be listed as separate jobs. Start with your present or most recent position and work back. Be specific - all or part of your evaluation may depend on the information you provide. If additional space is needed, please complete a **supplementary experience sheet**. Record temporary or part-time work experience as such. Explain any gaps in employment (ex. attending school, unemployed, etc.)

This section must be completed. If you submit a resume, it does not substitute for this section. Incomplete applications will not be considered.

| (1) Present or Most Recent Job | | | | | |
|--------------------------------|------|---------|------|------------|--------|
| From | | To | | Total Time | |
| Month | Year | Month | Year | Years | Months |
| FEB | 2014 | present | | 1 | 6 |

Employer: ALLIED BARTON SECURITY
 Address: Street 7300 CORPORATE CENTER DR. SUITE 400
 City Miami State: FL Zip Code: 33126
 Telephone: Area Code 305 Number 984 4814
 Job Title: District Manager Government Services
 Supervisor's Name: Joe Ubieta and Title: SR. VP operations
 Reason for Leaving: _____
 Are you still working for this employer? Yes No
 May we contact this employer regarding your record of employment? Yes No

Full Time Part Time
 Hours worked per week 40
 Starting Salary \$ 96,000 per year
 Ending Salary \$ 11 per 11

Specific Duties and Responsibilities: Manager of Dade District government accounts private security Armed + unarmed responsible for staffing invoicing recruiting, developing security strategies, airport water + sewer IDS.

| (2) Previous Job | | | | | |
|------------------|------|-------|------|------------|--------|
| From | | To | | Total Time | |
| Month | Year | Month | Year | Years | Months |
| JAN | 2013 | FEB | 2014 | 1 | 1 |

Employer: ASA COLLEGE
 Address: Street 530 W 49 St. Hialeah
 City Hialeah State: E Zip Code: 33012
 Telephone: Area Code 786 Number 279-1740
 Job Title: Director of Student Affairs
 Supervisor's Name: Dean Galindo and Title: Campus DEAN
 Reason for Leaving: Took another job
 Are you still working for this employer? Yes No
 May we contact this employer regarding your record of employment? Yes No

Full Time Part Time
 Hours worked per week 40
 Starting Salary \$ 75,000 per year
 Ending Salary \$ 75,000 per year

Specific Duties and Responsibilities: Managed student activities on + off campus Investigated issues related to students, managed student discipline, I also taught Management + law enforcement courses.

| (3) Previous Job | | | | | |
|------------------|------|-------|------|------------|--------|
| From | | To | | Total Time | |
| Month | Year | Month | Year | Years | Months |
| | 1987 | | 2010 | 23 | |

Employer: City of Miami Police Department
 Address: Street 400 NW 2AVE
 City Miami State: FL Zip Code: 331428
 Telephone: Area Code 305 Number 579-6000
 Job Title: Assistant Chief of Police
 Supervisor's Name: John Timony and Title: Chief of Police
 Reason for Leaving: Retired
 Are you still working for this employer? Yes No
 May we contact this employer regarding your record of employment? Yes No

Full Time Part Time
 Hours worked per week 40
 Starting Salary \$ 27,000 per year
 Ending Salary \$ 150,000 per year

Specific Duties and Responsibilities: Division Chief of Administration Budget, Information Tech, Property Mgmt, training, Patrol, Internal Affairs, Special Investigations, Narcotics Inv., Support Services Planning + research

IF MORE SPACE REQUIRED, USE AN EMPLOYMENT RECORD SUPPLEMENTARY EXPERIENCE SHEET WHICH MAY BE OBTAINED FROM THE PERSONNEL ADMINISTRATION DEPARTMENT

EDUCATION AND SPECIAL TRAINING

Do you have a high school diploma or GED? Yes No

Name of High School Miami Springs High School Location 751 Dove Ave Miami Springs FL 33166
(City, State)

LIST COLLEGES AND UNIVERSITIES ATTENDED:

| Name and Location | Dates Attended | Did you Graduate? | Major/Minor | Credits Earned | Type of Degree or Certificate Received AA/BS/MS |
|---------------------|------------------------------------------|------------------------------------------------------------------------|-------------------------|----------------|-------------------------------------------------|
| University of Miami | From: <u>1/1984</u> To: <u>1/1986</u> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Business Administration | 45 | - |
| BARRY UNIVERSITY | From: <u>95</u> To: <u>97</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Professional Studies | 75 | BS |
| St. Thomas Univ. | From: <u>2005</u> To: <u>2006</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Management | 30 | MS |

LIST SPECIAL TRAINING (BUSINESS, TRADE, VOCATIONAL, ARMED FORCES SCHOOLS, ETC.):

| Name and Location | Dates Attended | Total Months Completed | Courses Taken or Certificate Received |
|--------------------------|------------------------------------------|------------------------|---------------------------------------|
| University of Louisville | From: <u>2/96</u> To: <u>5/96</u> | 3 | Administrative Officers Course |
| HARVARD SCHOOL OF BUS | From: <u>5/2004</u> To: <u>5/2004</u> | 3 weeks | Institute of Senior Management |
| DEA School | From: <u>12/88</u> To: <u>12/88</u> | 2 weeks | DEA Enforcement |

LIST ANY OFFICE AND/OR CONSTRUCTION EQUIPMENT APPLICABLE TO THIS POSITION WHICH YOU OPERATE SKILLFULLY (indicate type and model):

N/A

LIST ANY COMPUTER PROGRAMS AND/OR EQUIPMENT YOU OPERATE SKILLFULLY:

MS WINDOWS WIN TEAM MANAGEMENT SOFTWARE EXCELL

INDICATE ANY KNOWLEDGE, SKILLS AND ABILITIES PERTINENT TO THIS POSITION WHICH HAVE NOT BEEN COVERED IN OTHER SECTIONS:

INDICATE LANGUAGES YOU SPEAK, READ AND/OR WRITE:

| | <u>SPEAK</u> | <u>READ</u> | <u>WRITE</u> |
|-----------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ENGLISH | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| SPANISH | _____ | _____ | _____ |
| CREOLE | _____ | _____ | _____ |
| OTHER (Specify) | _____ | _____ | _____ |

CHARACTER REFERENCES

List two (2) responsible persons who are in a position to vouch for your character. **FORMER EMPLOYERS AND RELATIVES ARE NOT ACCEPTABLE AS REFERENCES.**

(1) GEORGE WYSONG LAWYER 25
 Name Occupation Years Known
1400 NW 2AVE MIAMI FL 33146 305.216-5820
 Address, City, State Telephone Number

(2) AUBREY JOHNSON DAVE WATER + SEWER 30
 Name Occupation Years Known
3071 SW 38AVE MIAMI FL 33146 786.514-1197
 Address, City, State Telephone Number

EXEMPTION FROM RELEASE OF INFORMATION UNDER PUBLIC RECORDS LAW

Florida Statute 119.07 provides certain exemptions from public inspection of records for active and former law enforcement personnel (including correctional and correctional probation officers); DCFS (formerly HRS) investigative staff; certified firefighters; code enforcement officers; Supreme Court justices; district, appeal, circuit and county court judges; district and assistant district attorneys; statewide and assistant statewide prosecutors AND the spouses and children of any of the aforementioned. Do you qualify for this exemption? Yes No

If yes, please indicate reason for exemption: Police officer

CRIMINAL CONVICTIONS

Have you ever been convicted, pled Nolo Contendere (no contest), pled guilty, or had adjudication withheld for any violation of the law, other than minor traffic offenses? Yes No

If yes, give details and disposition:

| Date | Court | Location (City, State) | Offense | Disposition of Case |
|------|-------|------------------------|---------|---------------------|
| | | | | |

NOTE: A conviction does not mean you cannot be employed by the City. The nature of the offense, length of time that has passed, relationship to the job, etc. is given consideration. If you need additional space, please use a separate sheet of paper. Sign and date each additional sheet and submit with application.

PERSONAL DATA

Have you ever been employed by the City of North Miami? Yes No

If yes, please indicate dates and department: From ___/___/___ To: ___/___/___ Department: _____

Are you related to any employee of the City of North Miami or is any City employee a member of your household? Yes No

If yes, give name, relationship and employing department:

| Name | Relationship | Department |
|------|--------------|------------|
| | | |

CERTIFICATION BY APPLICANT - WAIVER OF CONFIDENTIALITY

IMPORTANT: Employment is subject to verification of an applicant's background. Persons selected for employment must (1) present a valid social security card, (2) take a Loyalty Oath as per Florida Statute 876.05, and (3) subsequent to an offer of employment, pass a medical examination by a physician. The medical examination may include testing for current use of drugs and/or controlled substances. If traces of drugs or controlled substances are present in a candidate's urine and have NOT been obtained or taken as directed by a valid prescription, the candidate WILL NOT be given further consideration under the present announcement for this classification. As a part of the employment process, Federal law requires applicants to provide documents proving their identity and right to work in the United States.

COLLECTION & USE OF SOCIAL SECURITY NUMBER: In compliance with FS § 119.071(5)(3), the City acknowledges that Social Security Numbers are highly confidential and legally protected data and is committed to protecting the privacy and legal rights of its applicants/employees. Your Social Security Number will be collected and may be used for any of the following purposes: investigation of potential City employees during the pre-employment phase such as for background investigations, including but not limited to: consumer credit, criminal record, and driving history checks; drug testing administration; confidential medical documentation; City Group Benefits; Pension and Workers' Comp; payroll processing; as a tax identifier; and for use in identification of City Employees for any purpose allowed under law not limited by protection under state or federal privacy laws. The City may disclose Social Security Numbers to another agency or governmental entity if it is necessary for the receiving agency or governmental agency to perform its duties and responsibilities. Disclosure statements will be provided whenever a Social Security Number is requested or used for any purpose not noted in this statement.

APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW.

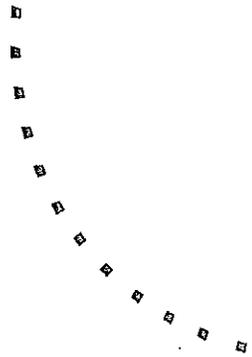
I hereby certify that each response on this application and all other information I have furnished in applying for employment with the City of North Miami is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time. Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide urine which may be tested for recent use of drugs and/or controlled substances. Further, I release the City, its officers, agents and employees from any liability whatsoever in connection with such a medical examination or the use of the test results therefrom.

8/29/2016
Date

[Signature]
Signature of Applicant

Date

Signature of Parent or Guardian (if Applicant under 18 years of age)



COLLECTION & USE OF SOCIAL SECURITY NUMBER: In compliance with FS § 119.071(5)(3), the City acknowledges that Social Security Numbers are highly confidential and legally protected data and is committed to protecting the privacy and legal rights of its applicants/employees. Your Social Security Number will be collected and may be used for any of the following purposes: investigation of potential City employees during the pre-employment phase such as for background investigations, including but not limited to: consumer credit, criminal record, and driving history checks; drug testing administration; confidential medical documentation; City Group Benefits; Pension and Workers' Comp; payroll processing; as a tax identifier; and for use in identification of City Employees for any purpose allowed under law not limited by protection under state or federal privacy laws. The City may disclose Social Security Numbers to another agency or governmental entity if it is necessary for the receiving agency or governmental agency to perform its duties and responsibilities. Disclosure statements will be provided whenever a Social Security Number is requested or used for any purpose not noted in this statement.

I acknowledge that I have received a copy of the above statement.

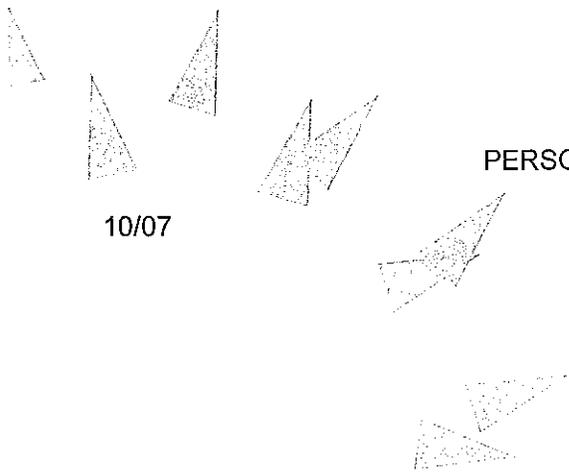
Print Name of Applicant: Arrove L. Burden

Signature of Applicant: 

Date: 8-29-2016

PERSONNEL ADMINISTRATION COPY

10/07



Florida *The Sunshine State*
DRIVER LICENSE

ADAM L.
BURDEN II

EXPIRES: 07-03-2017
REST.
ENDORSE:
REPLACED: 04-27-201

Adam Burden III

SAFE DRIVER
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

CITY OF MIAMI
POLICE DEPARTMENT

ADAM L.
BURDEN, III
RETIRED POLICE CHIEF

0741R Hgt.: 6.5 Wgt.: 265

Chief of Police *Adam Burden III*

© 2007 CLASS Pk 601 51579 4*5874286 11799071-3A



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**DRUG-FREE WORKPLACE POLICY STATEMENT
AND
EMPLOYEE PLEDGE**

The **CITY OF NORTH MIAMI** provides a drug-free workplace for all employees. In accordance with this policy, use of controlled substances, without the authorization of a licensed physician, and for bona fide medical purposes, is prohibited.

With regard to the above, I Adam Burden
(Print Name)

hereby affirm that I have never used, or that I have not been an unauthorized user of the following controlled substances for at least one (1) year immediately preceding my application for employment with the **City of North Miami**:

- | | |
|--------------------------|-------------------------------------|
| Marijuana | Cocaine |
| Phencyclidine (PCP) | Amphetamines |
| Methaqualone | Barbiturates |
| Benzodiazepines (Valium) | Opiates (Heroin, Morphine, Codeine) |

Under the penalties of perjury, I declare that I have read the foregoing statement and that the facts stated in it are true.



Signature of Applicant



Witness - Signature

8-29-16

Date

Babetta Friedman

Witness - Print Name



Investigative Consumer Reports Release Form

This is to notify you that in connection with your application for employment, we may procure a consumer report on you as part of the process. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act. Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you, and the report may cover information including but not limited to credit reports, criminal history reports, any and all public records info, driving records, education and licensing verification, personal reference verification, federal and state blocked party information, medical profession sanctions, and social security number verification. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. By signing below, I hereby authorize the City of North Miami and the agencies used by the City, the release of, and/or permission to obtain and review credit report information from credit reporting agencies and/or their vendors. I additionally authorize all entities having information about me, including present and former employers, criminal justice agencies, departments of motor vehicles, schools, and credit reporting agencies, to release such information to the below indicated party, as the Requestor of the information, or to any firm retained to conduct such investigations, with all to be treated as the end user of such information. Without exception this authorization shall supersede and retract any prior request or previous agreement to the contrary. Copies of this authorization, which show my signature, have been executed by me to be as valid as the original release signed by me. I further release the Requestor, the companies named above, and the agencies used by this Requestor, and the employees thereof, named or unnamed, from all liability or claims of any kind, resulting from the obtaining of, or the furnishing of, information contained in the consumer credit report or other reports.

This release and authorization shall remain valid and in effect during the application process and the term of your employment. We reserve the right to run subsequent consumer reports and/or investigative consumer reports on an as-needed basis.

Date 8-29-2016

Authorized Signature [Signature]

Applicant Name: Adam L. Burden

Address: _____

City/State/ZIP: _____

Date of Birth: _____

SS# 0

Drivers License# _____

Sworn to and subscribed before me this 17th day of October, 2016

[Signature]
NOTARY PUBLIC, STATE OF FLORIDA

PAULMARIE ELIE
Print Name of Notary Public

- Personally known to me or
- Produced Identification:

FL Drivers License
Type of Identification Produced



PAULMARIE ELIE
MY COMMISSION # FF 205511
EXPIRES: March 3, 2019
Bonded Thru Budget Notary Services

A summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or right to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny you application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
 - **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer-reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free disclosure if:
 - a person has taken adverse action against you because of information in your credit report:
 - you are the victim of identity theft and place a fraud alert in your file;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.
 In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
 - **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
 - **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
 - **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
 - **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
 - **Access to your file is limited.** A consumer report agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with valid need for access.
 - **You must give your consent for the reports to be provided to employers.** A consumer reporting agency may not give our information about you to your employer, or a potential employer, without written consent give to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
 - **You may limit "prescreened" offers of a credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
 - **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
 - **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.
- States may enforce the FCRA, and many states have their own consumer reporting laws. In come cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

| TYPE OF BUSINESS | CONTACT |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Consumer reporting agencies, creditors and others not listed below | Federal Trade Commission Bureau of Consumer Protection – FCRA Washington, DC 20580 * 202-326-3650 |
| National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name) | Office of the Comptroller of the Currency Compliance Management – Mail Stop 6-6 Washington, DC 20219 * 800-613-6743 |
| Federal Reserve System member banks (except national banks and federal banks and federal branches/agencies of foreign banks) | Federal Reserve Board Division of Consumer and Community Affairs Washington, DC 20551 * 202-452-3693 |
| Savings association and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name) | Office of Thrift Supervision Consumer Programs Washington, DC 20552 * 800-842-6929 |
| Federal credit union (words "Federal Credit Union" appear in institution's name) | National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360 |
| Banks that are state-chartered, or are not Federal Reserve System members | Federal Deposit Insurance Corporation Division of Compliance and Community Affairs Washington, DC 20429 * 800-934-FDIC |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission | Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306 |
| Activities subject to the Packers and Stockyards Act, 1921 | Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 * 202-720-7051 |



MEMORANDUM

To: All City Employees
 Subject: Address, Phone Number and Emergency Contact Update

The Personnel Administration Department is attempting to update the City's employment records and requests your assistance. Please complete the following questions so that we may check our records and maintain an up-to-date correct listing of all employee's addresses and phone number(s). The information you provide will be treated confidentially and will be included with your personal employment records in the Personnel Administration office.

PLEASE PRINT CLEARLY

| Last Name | First Name | M.I. |
|-----------|------------|------|
| BURDEN | Adam | L |

PRESENT ADDRESS:

Street: _____ Apt.#: _____
 City: _____ State: FL Zip: _____
 Home #: (____) _____ Other #: (____) _____

MAILING ADDRESS (if different than present address):

P.O. Box/Street Address: _____ Apt.#: _____
 City: _____ State: _____ Zip: _____

PERSON TO CONTACT IN CASE OF EMERGENCY (must be located in South Florida):

Name: TOMA BURDEN Relationship: Wife
 Street: _____ Apt.#: _____
 City: _____ State: TZ Zip: _____
 Home #: (____) _____ Other #: _____ 3

Written notification must be given to the Personnel Administration Department if you change your present address, mailing address, telephone number, or information regarding the person to contact in case of accident or emergency.

After completion, please return this questionnaire to the Personnel Administration Department promptly.



 Signature of Employee

8-29-16

 Date



U.S. CITIZEN EMPLOYMENT OATH

In compliance with Sec. 876.05, F.S.

**STATE OF FLORIDA
COUNTY OF MIAMI-DADE**

I, Adam Borden, a citizen of the State of Florida and of the United States of America, and being employed by the City of North Miami and a recipient of public funds as such employee, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Adam Borden
Signature

8-29-16
Date

Sworn to and subscribed before me this 17th day of October, 20 16.

Paulmarie Elie
NOTARY PUBLIC, STATE OF FLORIDA

PAULMARIE ELIE
Print Name of Notary Public

Certification #

Personally known to me or
 Produced Identification:



PAULMARIE ELIE
MY COMMISSION # FF 205511
EXPIRES: March 3, 2019
Bonded Thru Budget Notary Services

FL Drivers License
(Type of Identification Produced)



I, Adam Burden have read Administrative Regulation 1-41,
Policy for Possession of Firearms and Weapons by City Employees.

I understand that I will be recommended for removal or termination from employment with
the City of North Miami if I am found to be in possession of a weapon during work hours or
on City property.

Adam Burden 8-24-16
Employee Date

Bahattar 10/24/16
Witness Date

cc: Personnel File

rj/2005


First Advantage

A Symphony Technology Group Company

If your consumer is a California resident, the following notice is provided as required under California law:

IMPORTANT NOTICE UNDER CALIFORNIA LAW

First Advantage does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records. Information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of this report. In California, First Advantage shall provide a consumer seeking to obtain a copy of a report or making a request to review a file, a written notice in simple, plain English and Spanish setting forth the terms and conditions of his or her right to receive all disclosures.

First Advantage no garantiza la exactitud o veracidad de la informacisn en cuanto al objeto de la investigacisn, sino que solamente copia la informacisn de los archivos pzblicos con exactitud. La informacisn generada a ramz del robo de identidad, incluyendo evidencia de actividad criminal, puede ser incorrectamente asociada con el consumidor objeto de este informe. El cliente esta de acuerdo y certifica que al ordenar y usar este informe esta en estricto cumplimiento de cualesquiera leyes o regulaciones locales, estatales y federales que sean aplicables.

Report For:
Burden, Adam
SSN

Date Ordered: 10/18/16
Last Updated: 10/18/16

IDENTITY VERIFICATION - [Results](#)

First_Advantage National Criminal File Search - [0 matches](#)

SSN VALIDATION

SSN - was VALIDLY ISSUED
in 1980
in FL

Customer Provided Information
SSN =

IDENTITY VERIFICATION

The Social Security Number Verification/Identity Verification (SSNV) performed for this applicant reviews NON-FCRA data designed to confirm the identity of the applicant prior to you reviewing the FCRA-regulated employment-related background check. As such, this identity confirmation is not part of the FCRA Consumer Report and does not use an FCRA database. Only the contents of the Consumer Report itself should be used as factors in evaluating an individual for employment, promotion, reassignment, or retention as an employee.

Name matches for SSN X :

ADAM BURDEN
ADAM L BURDEN

| Address matches | Reported |
|-----------------|----------|
| , f | 12/1999 |
| , l | 04/2012 |
| , | 12/2013 |

REMARKS: 0037 INPUT YOB NOT USED CONSUMER YOB NOT IN RANGE (1 - 120)
REMARKS: INPUT SSN ISSUED 1979-1981

FIRST_ADVANTAGE NATIONAL CRIMINAL FILE SEARCH

Results: No Record Found

END OF REPORT FOR:
Burden, Adam

***** All fully displayed personal identifiable information is customer-provided *****