

# RACES Human Resources Background Check Appointment Form



9300 NW 41 St  
Doral, FL 33178  
Phone: 305-468-5400  
Fax: 305-468-5401

**Date:**

**Name:**

**Address:**

**City, State:**

**Zip/Postal Code:**

**SS Number:**

**Cell Phone:**

**Date of Birth:**

**Home Phone:**

Please check at least three days and times from below.

- |                                   |                                   |                                    |                                   |                                   |
|-----------------------------------|-----------------------------------|------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday   | <input type="checkbox"/> Tuesday  | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> 9AM-11AM | <input type="checkbox"/> 9AM-11AM | <input type="checkbox"/> 9AM-11AM  | <input type="checkbox"/> 9AM-11AM | <input type="checkbox"/> 9AM-11AM |
| <input type="checkbox"/> 1PM-4PM  | <input type="checkbox"/> 1PM-4PM  | <input type="checkbox"/> 1PM-4PM   | <input type="checkbox"/> 1PM-4PM  | <input type="checkbox"/> 1PM-4PM  |

After your appointment is confirmed by the Department of Emergency Management you are to report to:

Stephen P. Clark Center  
111 Northwest 1st Street 21st Floor  
Miami, FL 33128

Please bring a copy of this form, government issued ID and your Social Security Card.

\*Note if you are not using MS Outlook then you will have to save the form to your computer and send it as an attachment to:  
EOC@Miamiidade.gov.