



CITY OF MIAMI GARDENS

Office of the City Clerk

18605 NW 27th Avenue

Miami Gardens, Florida 33056

Telephone: 305-914-9010 **Fax:** 305-474-1286

Please email complete applications to:

CCIntern@miamigardens-fl.gov

RECRUITMENT NOTICE:

As an employer, the City of Miami Gardens will not permit discrimination because of race, color, handicap, creed, religion, ancestry, national origin, sex, age, genetics, marital status, or political affiliation. We make every effort to employ individuals who are best qualified. Veterans Preference shall be given as provided by Chapter 295, Florida Statute. Resident Preference shall be given in accordance with the City of Miami Gardens Ordinance No. 2010-27-235. The City of Miami Gardens is an Equal Opportunity Employer and supports a Drug-Free Workplace environment. All applicants who are selected for employment must submit to substance testing.

INTERNSHIP APPLICATION

INSTRUCTIONS: Please print in blue/black ink or type all information. This application must be filled out accurately and completely. Incomplete applications will be disqualified. If an item does not apply, write N/A (not applicable). Applications and any additional information or documents you wish to submit may be sent to the Human Resources Department via fax or U.S. mail or delivered in person. All materials submitted become the property of the City and will not be returned.

1. TYPE OF INTERNSHIP APPLYING FOR: (One Per Application)		<input type="checkbox"/> VOLUNTEER/UNPAID <input type="checkbox"/> PAID	<input type="checkbox"/> FELLOWSHIP
If selected, when can you start?			
2. NAME: (Last)		(First)	(Middle)
3. ADDRESS: (Street & Apt./Unit/P.O. Box)			
(City)	(State)	(Zip Code)	4. EMAIL ADDRESS:
5. HOME PHONE: ()		CELL PHONE: ()	WORK/OTHER PHONE: ()
6. EMPLOYMENT ELIGIBILITY: Are you a United States Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, are you eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			
7. PERSONAL DATA: Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you complied with the Federal Service Registration Act (Draft Registration) requirement? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you worked for the City of Miami Gardens before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list position, date(s) and department(s):			
Date(s) of Employment:		Name, if different during previous employment.	
Do you have any relatives currently working for the City of Miami Gardens? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide name(s), relationship(s) and department(s)			
Driver License Number		Expiration Date	State
Class or Type			
Has your license ever been suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide dates and explain:			

8. AVAILABILITY							9. VOLUNTEER/INTERNSHIP INTEREST Please check all areas of interest	
Hours	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	O PARKS AND RECREATION O OFFICE OF THE CITY CLERK O HUMAN RESOURCES O INFORMATION TECHNOLOGY O OTHER
10. BACKGROUND INFORMATION: A Yes or No answer is required for both questions below. "Yes" responses do not necessarily disqualify an applicant from consideration and will be evaluated on a case by case basis.								(a) Have you ever been convicted, found guilty, entered a plea of nolo contender (no contest), or had adjudication withheld in a criminal offense other than a minor traffic violation; or are there any criminal charges now pending against you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list date, place and disposition of case(s):
								(b) Have you ever been a defendant in a civil action based on a claim by the plaintiff of an intentional wrong or injury on another person (including but not limited to assault, battery, false imprisonment, negligent or intentional infliction of distress, trespass, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state the nature of the injury claimed, and the current status/disposition of the claim, action, or lawsuit.
11. EDUCATION TRAINING AND SKILLS:		Name of School and Location						
High School or GED								Circle last year completed 9 10 11 12 GED Diploma received? Yes <input type="checkbox"/> No <input type="checkbox"/>
College or University								Number of Years Completed _____ Degree Awarded? Yes <input type="checkbox"/> No <input type="checkbox"/> Major:
Graduate School								Number of Years Completed _____ Degree Awarded? Yes <input type="checkbox"/> No <input type="checkbox"/> Major:
Business, Vocational, Technical or Military								Number of Years Completed _____ Certification Received? Yes <input type="checkbox"/> No <input type="checkbox"/> Type of Certification:
Please indicate your technology skill level.		Computer software competency level <input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Expert Computer hardware competency level <input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Expert						
Please indicate your language skill level.		Please indicate your skill level below. English <input type="checkbox"/> Limited <input type="checkbox"/> Advanced <input type="checkbox"/> Proficient Spanish <input type="checkbox"/> Limited <input type="checkbox"/> Advanced <input type="checkbox"/> Proficient Other <input type="checkbox"/> Limited <input type="checkbox"/> Advanced <input type="checkbox"/> Proficient						
Please list OTHER relevant skills:								

12. MOST CURRENT/RECENT EMPLOYMENT HISTORY: List most recent employer. If applicable, represent at least 3 years of employment. Please account for periods of non-employment greater than 90 days, if applicable. Include service in U.S. Armed Forces and any self-employment. ***“See Resume” is not acceptable for this section.*** If additional space is needed, attach a separate sheet.

From Mo. Yr.	To Mo. Yr.	Employer Name: _____ Employer Telephone # _____	
Full Time _____	Part Time _____	Address: _____	
Starting Salary	Ending Salary	Your Title: _____	
Supervisor Name & Title		May we contact for reference: Yes <input type="checkbox"/> No <input type="checkbox"/> Comments: _____	
Specific Duties 			
Number of Employees Supervised (if applicable)		Reason for Leaving:	

13. PREVIOUS EMPLOYMENT HISTORY: List most recent employer FIRST. If applicable, represent at least 3 years of employment. Please account for periods of non-employment greater than 90 days, if applicable. Include service in U.S. Armed Forces and any self-employment. ***“See Resume” is not acceptable for this section.*** If additional space is needed, attach a separate sheet.

From Mo. Yr.	To Mo. Yr.	Employer Name: _____ Employer Telephone # _____	
Full Time _____	Part Time _____	Address: _____	
Starting Salary	Ending Salary	Your Title: _____	
Supervisor Name & Title		May we contact for reference: Yes <input type="checkbox"/> No <input type="checkbox"/> Comments: _____	
Specific Duties 			
Number of Employees Supervised (if applicable)		Reason for Leaving:	
From Mo. Yr.	To Mo. Yr.	Employer Name: _____ Employer Telephone # _____	
Full Time _____	Part Time _____	Address: _____	
Starting Salary	Ending Salary	Your Title: _____	
Supervisor Name & Title		May we contact for reference: Yes <input type="checkbox"/> No <input type="checkbox"/> Comments: _____	
Specific Duties 			
Number of Employees Supervised (if applicable)		Reason for Leaving:	

From Mo. _____	To Mo. _____	Employer Name: _____		Employer Telephone # _____
Full Time _____	Part Time _____	Address: _____		
Starting Salary _____	Ending Salary _____	Your Title: _____		
Supervisor Name & Title _____		May we contact for reference: Yes <input type="checkbox"/> No <input type="checkbox"/> Comments: _____		
Specific Duties _____				
Number of Employees Supervised (if applicable) _____		Reason for Leaving: _____		
From Mo. _____	To Mo. _____	Employer Name: _____		Employer Telephone # _____
Full Time _____	Part Time _____	Address: _____		
Starting Salary _____	Ending Salary _____	Your Title: _____		
Supervisor Name & Title _____		May we contact for reference: Yes <input type="checkbox"/> No <input type="checkbox"/> Comments: _____		
Specific Duties _____				
Number of Employees Supervised (if applicable) _____		Reason for Leaving: _____		

14. REFERENCES: List three (3) personal references who are not relatives or former employers.

Name	Address	Telephone Number(s)	Years Known

EXEMPTION FROM PUBLIC RECORDS LAW

Florida Statute 119.07 provides certain exemptions from public inspection of records for active and former law enforcement personnel, correctional and correctional probation officers, Department of Children and Family Services or Department of Health investigative personnel, Department of Revenue or local government revenue collection and enforcement or child support enforcement personnel, certified firefighters, Justices of Supreme Court, district court of appeal judges, circuit court judges, county judges, current or former state and U.S. attorneys, assistant U.S. and state attorneys, statewide prosecutors or assistant statewide prosecutors, current or former judges of U.S. Courts of Appeal, district and magistrate judges, code enforcement officers, current or former human resources, labor relations, or employee relations directors, assistant directors, managers, or assistant managers of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties, current or former public defender, assistant public defender, criminal conflict and civil regional counsel, current or former guardians ad litem and the spouses and children of any of the aforementioned.

Do you qualify for this exemption? No Yes If yes, List exempt position _____

VETERANS' PREFERENCE

The City of Miami Gardens awards perpetual Veterans Preference for employment, promotion, and retention of veterans for positions in the classified service in accordance with Florida Administrative Code 55A-7, Florida State Statute 1.01 (14), F.S.S 295.07, and Chapter 2003-42 Laws of Florida. Veterans' Preference is not applicable for certain exempt classifications. Please see Florida Administration Code 55-A-7, Florida State Statute Chapter 1.01(14) and 295.07, and Chapter 2003-42 Laws of Florida.

____ I am claiming Veterans Preference (Please complete and attach Veterans Preference Form)

____ I am not claiming Veterans Preference

____ Not applicable

NOTICE TO APPLICANTS: Applicants wishing to assert Veterans' Preference must complete the Application for Veterans' Preference and turn it in to the Human Resources Department with a copy of a DD214 form, equivalent certification and/or other applicable documentation as required, at the time employment application is submitted.

RESIDENT PREFERENCE

In accordance with the City of Miami Gardens Ordinance No. 2010-27-235, City of Miami Gardens residents receive preference for the purpose of employment opportunities.

____ I am claiming Resident Preference (Please complete and attach Resident Preference Form)

____ I am not claiming Resident Preference

____ Not applicable

NOTICE TO ALL APPLICANTS: Applicants wishing to claim Resident Preference must complete and provide Proof of Residency (and supporting documents) and Certificate of Residence forms to the Human Resources Department at the time of application.

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION
PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents is cause for denial of volunteer/internship placement or immediate termination of volunteer/placement regardless of the timing or circumstances of discovery.

I understand that submission of an application for internship does not guarantee me a volunteer/intern work assignment. I further understand that, should the City of Miami Gardens extend me a volunteer/intern placement, paid or unpaid, such placement is at will and does not create an expressed or implied contractual obligation upon the City of Miami Gardens to continue a volunteer/intern relationship with me.

I understand unsatisfactory results from; refusal to cooperate with; or any attempt to affect the results of these pre-placement tests and checks at any time during the application process will result in disqualification of my application, withdrawal of any volunteer/intern placement offer and/or termination of volunteer/placement if already placed.

By signing this application, I hereby authorize the City of Miami Gardens to conduct an extensive background screening necessary to establish my eligibility to proceed in the selection process. This background screening may include verification of my work history, criminal background, driving history, conviction record and to establish my identity and eligibility under the Immigration Reform and Control Act 1986. I authorize any and all schools (past and present), employers (past and present), professional and personal references, local, state, and federal law enforcement, and local, state district, federal courts and/or which have information regarding my personal background to release such information to the City of Miami Gardens and/or any of its representatives, agents or vendors. I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that if offered a volunteer/intern work placement with the City of Miami Gardens, I may be required to submit to a pre-employment medical examination, including drug and alcohol screening. I understand I may have to submit to additional testing and/or an extensive background check may be required as a condition of volunteer/internship placement, as deemed necessary to establish my eligibility for placement in certain volunteer/internship placement. These may include, but are not limited to, Polygraph test – for public safety personnel or personnel required to handle money; psychological profile – law enforcement personnel; driver license and credit checks.

As a recipient of public funds, I understand if I am offered a paid internship I must take a Loyalty Oath as per Florida Statute 876.05.

Applicant Signature

Date _____ / _____ / _____



CITY OF MIAMI GARDENS EQUAL EMPLOYMENT DATA SHEET

FOR STATISTICAL USE ONLY

Your **voluntary** completion of this form will assist the City of Miami Gardens in compiling required information for Equal Employment Opportunity (EEO). This data will not be kept with the application form, nor used in the decision to hire. The City of Miami Gardens is an equal employment and drug free employer. We do not discriminate on the basis of race, color, handicap, creed, religion, ancestry, national origin, sex, age, genetics, marital status, or political affiliation. Please complete this data sheet and return with your employment application.

Name:

Internship Applied For: <input type="checkbox"/> UNPAID <input type="checkbox"/> PAID <input type="checkbox"/> FELLOWSHIP	Date of Application:
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ETHNIC DATA: (Check Only One)

White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East

Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race

Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands

American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition

GENDER DATA:

<input type="checkbox"/> F (Female)	<input type="checkbox"/> M (Male)
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HOW DID YOU LEARN ABOUT THE VACANCY FOR WHICH YOU ARE APPLYING? (Check Only One)

<input type="checkbox"/> City Web Site	<input type="checkbox"/> Community Outreach Agency	<input type="checkbox"/> State Unemployment Office
<input type="checkbox"/> City Human Resources Dept.	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Professional Journal (Name):
<input type="checkbox"/> City Employee	<input type="checkbox"/> Radio Announcement (Station):	<input type="checkbox"/> High School/College (Name):
<input type="checkbox"/> Friend (not a City employee)	<input type="checkbox"/> Newspaper (Name):	<input type="checkbox"/> Source other than those listed:



DISCUSS THE IMPORTANCE OF INTERNSHIPS AND CAREER DEVELOPMENT



CITY OF MIAMI GARDENS

STUDENT INTERNSHIP CONFIDENTIALITY AGREEMENT

The _____ Department maintains information about City of Miami Gardens programs or employee, and/or other critical information, all of which is confidential. I understand that the confidential information within my use as a temporary intern, volunteer, or employee of a temporary services agency must remain confidential and must not be discussed or shared with others unless they are authorized to receive it on a need-to-know basis. I further understand that access to written or electronic documents or data produced or maintained by the department will only be for legitimate and job-related reasons.

I agree not to divulge or discuss any of the confidential information referred to above. I understand that if I divulge or discuss any of the confidential information referred to above, my internship assignment will be immediately terminated and I may be subject to legal action.

My signature below affirms that I have read and understood the contents of this confidentiality agreement.

Student Intern

Date

(Parent or Guardian if a minor)*

Date



CITY OF MIAMI GARDENS

STUDENT (VOLUNTEER) INTERNSHIP PARTICIPATION AGREEMENT

This is a participation agreement for the City of Miami Gardens' Student Internship Program. You must read and acknowledge you (and your guardian, when applicable) agree to the term and conditions of this agreement before entering the program.

I affirm the information I provided on the Volunteer/Internship Application I submitted to the City of Miami Gardens is accurate to the best of my knowledge. I give my permission to any entity, agent(s) of such entity, and/or any other person named in the application to provide any relevant information they may have to the City of Miami Gardens or its agent(s) for use in deciding whether or not to offer me an internship with the City. I understand that I may be required to submit to a Background Check, including a criminal history and motor vehicle check, as well as drug and alcohol testing, as deemed necessary. I agree to allow the City of Miami Gardens to conduct a background check through the Florida Department of Law Enforcement Live-Scan system at no expense to me.

I understand and agree my participation in the City of Miami Gardens Student Internship Program is a voluntary. I understand I will not be paid for my services as a Student (Volunteer) Intern. I understand I will be expected to follow a mutually acceptable work schedule and as outline in my **Student Internship Work Plan Agreement**. I understand that I will be expected to conduct myself in a professional manner at all times. I understand my internship appointment may be terminated at any time should I fail to meet the terms and conditions of this agreement and/or any other program expectation.

I understand there may be risks associated with my student internship activities. I also understand the City maintains insurance to cover personal injury directly related to the internship/volunteer activities I perform at the City related to the internship/volunteer activities as assigned and outlined in my **Student Internship Work Plan Agreement**. I understand the City is not liable for activities I engage which are not related to the internship/volunteer activities as assigned and outlined in my **Student Internship Work Plan Agreement**. I assume the risk of any personal injury I may sustain as a result of engaging in any activities not directly related to the internship/volunteer activities as assigned and outlined my **Student Internship Work Plan Agreement**.

I certify I have entered into this agreement voluntarily. I understand any information contained in this agreement and/or associated with this agreement may be disclosed to any party with legal and proper interest. I release the City of Miami Gardens from any liability associated with such information.

I have read and fully understand the above Student (Volunteer) Internship Participation Agreement.

Applicant

Date

(Parent or Guardian if a minor)*

Date