

VILLAGE OF PINECREST 12645 Pinecrest Parkway Pinecrest, Florida 33156 (305) 234-2121 www.pinecrest-fl.gov

# **INTERNSHIP APPLICATION FORM**

**INSTRUCTIONS:** Please print in ink or type. If applicable, attach documents provided by your university/college. You may attach your resume. Submit all documentation to the Human Resources Office. You will be required to provide proof of your identity.

PERSONAL DATA						
DATE of Application: _						
Name:		First		M.I.		
Address:					_Zip Code	_
Home Telephone #:			Cellular Telepho	ne #:		
Email Address:			Other Contact #:			
*SS#: In compliance with FS §119. will be used solely for this pu	071(5), your social secu	rity number is requ		e of conducting a	criminal background checl	
Drivers License Numbe	er:			S	state	
EMERGENCY CONTA		Ν				
Contact Person:			Relation	ship:		
Telephone Number:			Alternate Num	ber:		-
AVAILABILITY - SCH	EDULE					
Internships are design indicate by checking th						Please
TIMES AVAILABLE:	MON	TUES	_WED	_ THURS	FRI	
TIMES AVAILABLE:	SAT	SUN	(POLICE AN	D PARKS DE	PARTMENT ONLY)	

REV: JULY 2010

EDUCATION
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	SCHOOL NAME/ADDRESS	ATTENDANCE DATES	DEGREE
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
GRADUATE SCHOOL			
OTHER/GED			

# VOLUNTEER QUESTIONNAIRE

Do you have any physical limitations that should be considered when we plan your internship assignment?

□ Yes □ No If yes, please explain: \_\_\_\_

How did you learn about the Village's internship program?

What do you hope to gain by participating in the Village's internship program?

List any licenses, certificates, or additional skills, including knowledge of software programs which you possess that may be helpful during your internship.

## REFERENCES

LIST THREE (3) PERSONAL OR PROFESSIONAL REFERENCES (NO RELATIVES OR EMPLOYERS)

NAME	OCCUPATION	TELEPHONE	YEARS KNOWN

#### **BACKGROUND INFORMATION**

For the protection of our employees and the public they serve, including children and the elderly, the Village will conduct a background screening on all candidates prior to the commencement of any assignment. The background screening may include a local, state and/or national criminal history records check including sexual offender registries.

CONVICTION RECORD: Have you ever been convicted, pled nolo-contendere (no contest), plead guilty, or had adjudication withheld for any violation of the law, ordinance, or criminal traffic violation (other than a minor traffic violation)? **Tes Tes No** 

### If Yes, Please explain:

#### **CERTIFICATION, RELEASE AND CONSENT**

I HEREBY SWEAR OR AFFIRM THAT THERE ARE NO MISREPRESENTATIONS OR OMISSIONS IN OR FALSIFICATIONS ON THE FOREGOING ENTRIES AND ANSWERS TO QUESTIONS ON THIS APPLICATION AND THAT ALL THE FOREGOING ENTRIES MADE BY ME ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT SHOULD INVESTIGATION DISCLOSE SUCH MISREPRESENTATIONS, FALSIFICATIONS OR OMISSIONS, MY APPLICATION WILL BE REJECTED AND I WILL BE DISQUALIFIED FROM PRESENT PROCESSING OR, IF AFTER MY ACCEPTANCE TO THE INTERNSHIP PROGRAM SUBSEQUENT INVESTIGATION SHOULD DISCLOSE MISREPRESENTATIONS, FALSIFICATIONS, FALSIFICATIONS OR OMISSIONS, IT WILL BE JUST CAUSE FOR IMMEDIATE DISMISSAL FROM THE INTERNSHIP PROGRAM WITH THE VILLAGE OF PINECREST.

I HEREBY CERTIFY THAT I AM IN GOOD HEALTH AND AM PHYSICALLY ABLE TO PARTICIPATE IN THE INTERNSHIP PROGRAM FOR THE VILLAGE OF PINECREST.

I AM AWARE THAT BY SIGNING BELOW I AM INDICATING THAT I AM READY, WILLING, ABLE, AND ALLOWED (IF PERMISSION IS REQUIRED BY A PARENT/LEGAL GUARDIAN) TO TRAVEL, AS A PASSENGER, TO AND FROM ALL TRIPS/SPECIAL EVENTS/ACTIVITIES IN A VILLAGE VEHICLE AS PART OF THE INTERNSHIP DUTIES AND/OR RESPONSIBILITIES.

I UNDERSTAND THAT I MAY BE SUBJECT TO A COMPLETE BACKGROUND INVESTIGATION THAT MAY INCLUDE FINGERPRINTING AND AGREE TO SUCH.

I AGREE TO CONDUCT MYSELF IN A MATURE, RESPONSIBLE, AND PROFESSIONAL MANNER AND TO REMEMBER THAT I AM A REPRESENTATIVE OF THE VILLAGE OF PINECREST.

IF MY PERFORMANCE OR BEHAVIOR IS DEEMED UNACCEPTABLE, I UNDERSTAND THAT MY INTERNSHIP MAY BE TERMINATED. I UNDERSTAND AND AGREE THAT ANY DUTIES ASSIGNED TO ME WILL BE PERFORMED ON A VOLUNTARY BASIS, AND NOT AS AN EMPLOYEE, CONTRACTOR OR AGENT OF THE VILLAGE. I FURTHER UNDERSTAND THAT AS A VILLAGE INTERN I AM NOT ENTITLED TO VILLAGE BENEFITS OR COMPENSATION.

I UNDERSTAND THAT COMPLETION OF THIS APPLICATION DOES NOT AUTOMATICALLY ASSURE AN INTERNSHIP OPPORTUNITY. IF MY APPLICATION IS GRANTED, I HEREBY AGREE TO OBEY, AT ALL TIMES, ALL INSTRUCTIONS, ORDERS AND COMMANDS GIVEN BY THE PERSON TO WHOM I REPORT. I FULLY REALIZE, ALTHOUGH PRECAUTIONS ARE TAKEN BY THE VILLAGE TO MAINTAIN SAFE-WORKING CONDITIONS, THE DANGER OF PHYSICAL HARM OR INJURY EXISTS. I NEVERTHELESS FREELY AND VOLUNTARILY ACCEPT THESE RISKS.

**RELEASE OF ALL CLAIMS**: THE UNDERSIGNED RELEASES, COVENANTS NOT TO SUE AND FOREVER DISCHARGES THE VILLAGE OF PINECREST, ITS OFFICERS, AGENTS, EMPLOYEES, VOLUNTEERS AND THEIR SUCCESSORS AND ASSIGNS (ALL OF WHOM CONSTITUTE THE RELEASED PARTIES) OF ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS OR EXPENSES THAT THE APPLICANT MAY HAVE AGAINST THE RELEASED PARTIES ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE APPLICANT'S INTERNSHIP OPPORTUNITY FOR THE VILLAGE OF PINECREST, INCLUDING INJURY OR DAMAGE TO PERSON OR PROPERTY, OR RESULTING IN DEATH OF THE APPLICANT, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE.

I HEREBY AUTHORIZE THE VILLAGE OF PINECREST TO VERIFY ALL INFORMATION CONTAINED HEREIN AND I RELEASE ALL PAST EMPLOYERS AND ALL REFERENCES FROM ANY AND ALL LIABILITY FOR THE RELEASE OF INFORMATION TO THE VILLAGE OF PINECREST.

CONSENT TO TREATMENT: I authorize such physician or medical staff as the Village may designate to carry out any minor medical treatment deemed necessary, or to take me to the emergency room of the nearest hospital for treatment, if necessary.

MY SIGNATURE BELOW ACKNOWLEDGES THAT I AM PARTICIPATING IN THE INTERNSHIP PROGRAM WITHOUT PROMISE, EXPECTATION OR RECEIPT OF COMPENSATION OR ANY EMPLOYEE BENEFITS FOR SERVICES RENDERED. I HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE, IMCOMPLETE, OR INCORRECT STATEMENTS MAY RESULT IN MY DISMISSAL AND MAY ELIMINATE ME FROM FUTURE CONSIDERATION AS AN INTERN OR EMPLOYMENT WITH THE VILLAGE OF PINECREST. BY SIGNING THIS APPLICATION, I HEREBY AGREE TO THE TERMS AND CONDITIONS CITED HEREIN AND AUTHORIZE THE VILLAGE OF PINECREST TO CONDUCT A CRIMINAL BACKGROUND CHECK PRIOR TO THE COMMENCEMENT OF MY INTERNSHIP PROGRAM.

NOTE: FINAL PLACEMENT IS CONTINGENT UPON THE COMPLETION OF THE BACKGROUND SCREENING.

Intern Signature	Date	Print Name	
OFFICE USE ONLY			
Background Screening	Completed:		
		Human Resources Manager	Date

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