

City of Minneola Application for Unpaid Internship

Instructions:

- Application may be completed via the computer using fillable areas, or may be printed out and completed with black or blue ink.
- All parts of the application need to be completed.
- Application must be signed and dated on the last page.
- Application may be returned by one of the following methods:
 - E-Mail to: jalvarez@minneola.us
 - o Fax 352-394-0051
 - o U.S. Mail Human Resources Department, PO Box 678, Minneola, FL 34755
 - Hand delivery Human Resources Department, 800 North Hwy 27, Minneola, FL 34715.
- Should you have questions, please contact 352-394-3598 Ext 2301.

1. Internship Position Appli	ied For:		2. Today's Date:				
3. Type of Internship Servic	e Sought (check all that apply):						
If an intern job requirement, you will work: ☐ Monday		Will you travel if ne D	Yes No				
4. Print Name:							
	Last		First	Middle			
Social Security Number:							
5. E-mail Address:							
6. Current Address:							
	Number & Street Name		Apartment Number				
	City	County	State	Zip Code			
7. Mailing Address:							
(If different from above)	Number & Street Name	Apartment Number					
	City	County	State	Zip Code			
8. Personal Phone:		Business	Business / Cell Phone:				
	Area Code and Number	Area Code and Number					
9. Other States:	Have you lived outside the state of If so, what state?	Florida in the last ten	years? YES N	0			
v. other otates.	n oo, what state :						

10. Specific Skills (in the spaces below, please list the equipment with which you have had experience or any special skills you might have, if applicable):										
Computer Software		Years	Months	Other Ed	uipment (please describe)	Years	Months			
11. List relevant/applicable active licenses, certificates or registrations, the registration number(s) and expiration date(s):										
12. Li	st any organization(s) to which yo	u belong which you	consider re	elevant to	your ability to perform the service:					
13. Lis	st any foreign languages that you	speak:								
		•								
WORK	HISTORY (REQUIRED). Include v	vork history for the la	ist two (2)	years, incl	uding any unpaid work experience and	volunteer jo	bs.			
14. Er	14. Employer/School Organization:									
Bu	isiness/School Name:				From: 🔲 Full Time	ne				
Bu	siness/School Address:				Number of hours worked per week:					
		City, State & Zip Co	ue							
Ph	none No:	_ May we contact employer? 🔲 Yes 🛽		No No						
V o	our Job Title:									
	nployer/School Organization:					_				
_					From: 🔲 Full Tim	ie 🔲 Part T	ime			
Bu	isiness/School Name:									
Business/School Address:		Number of hours worked per week:								
		City, State & Zip Co	de							
Dh	one No:	May we contact emr	Nover?	🔲 Yes	No					
	ione no.		Joyei :							
	our Job Title: Employer/School Organization:									
<u>16.</u>	Employer/School Organization.				From - 🗖 Full Time	e 🔲 Part Tin	ne			
Bu	isiness/School Name:									
Du										
Business/School Address:			Number of hours worked per week:							
		City, State & Zip Co	ae							
Ph	none No:	May we contact emp	oloyer?	🗌 Yes	No					
	our Job Title:									

17. Employer/School Organization									
	JII.			I	From:		Full Time	🔲 Part Time	9
Business/School Name:									
Business/School Address:				I	Number of ho	urs worked	per week:		
	City, State & Zip Co	ode							
Phone No:	May we contact employer?	🗌 Yes	🔲 No	Your Jol	b Title:				
	fellessing essentions by ab			le " tie			avida dataila	al infance atia	
MISCELLANEOUS Answer the when requested, e.g., dates, ty	pes, etc., in Item 24.	-				• •			n
18. Have you had any traffic violations during the last five (5) years? OR Have you had your license suspended or revoked during the last five (5) years?									
lf yes, please explain.									
19. Have you ever been convicte	ed plead quilty or no contes	t (Nolo Co	ntender)	to any cr	riminal violat	ion of law	including		
criminal traffic offenses? (A con								🔲 Yes	🔲 No
lf yes, please explain.									
20. Have you ever been dischar	ged for any reason from any	job?						Ves	🔲 No
lf yes, please explain.								. —	
04. Have you even been smaley	d hu City of Minneele Cour								
21. Have you ever been employe) positio	an(a) and	roccop for la	oving		🗌 🗌 Yes	🔲 No
If yes, please indicate date(s) of	employment, Department(s)		s), positic	on(s) and	reason for le	aving.			
22. Are any members of your fail If yes, please indicate their name					y of Minneola	a Governm	nent?	T Yes	□ No
n yes, please indicate their hand	(3), Department(3)/Division	(5,) and rei	auonsinj	μ.					
23. Are you able to perform the	essential functions of the po	osition wit	h or with	out reaso	nable accom	modation	s?	🔲 Yes	🔲 No
lf no, please explain.									
24. If continuation of an answer	or additional comments, in	dicate iten	n numbei	r to which	h answer(s) a	pply.			
25. Please provide Emergency C	contact information below:								
NAME:									
ADDRESS:	CITY:								
STATE:	ZIP CO	DE:							
PHONE NUMBER 1:		NUMBER	2:						

READ THIS SECTION CAREFULLY BEFORE SIGNING THE APPLICATION FORM

26. Signature

My signature below attests that I am desirous of volunteering my services for the good of City of Minneola by assisting and rendering services to the City of Minneola, located at 800 North Hwy 27, Minneola, FL 34715, and,

WHEREAS, City of Minneola, a political subdivision of the State of Florida, hereinafter referred to as CITY, is desirous of receiving volunteer services from concerned citizens.

NOW THEREFORE, in the interest of performing these services, I fully understand and agree to the following described terms and conditions:

- 1. All of the services and assistance, which I may render, are strictly and entirely on a volunteer basis. I understand that I have the right to terminate my volunteer service at any time with or without cause, and that the CITY has the same right. Consequently, the CITY is neither responsible nor liable for the payment of any monetary remuneration to me for the performance of those services. I further understand and agree that I will not receive nor will the CITY provide to me any other benefits which may be available to paid employees, including, but not limited to, health or life insurance, paid vacation, sick leave, or social security or retirement benefits.
- 2. I realize that certain areas of governmental business may involve information or documentation which is confidential or which is exempt from public disclosure. I agree, that should I ever receive or otherwise become privy to said information or documentation, that I shall maintain the same in a confidential manner and that I shall not disclose the whole or any segment thereof to any other person or entity.
- 3. Background checks will be conducted for volunteer candidates, social security number will be used for that purpose only.
- 4. Effective Date

This letter, together with its terms and conditions, shall become effective on the _____ day of _____ 201___ and shall continue in full force and effect until said services have ended and no future services are contemplated.

By my signature below, I hereby attest that I have read and fully understand the foregoing terms and conditions, that I am of sound mind, and that I have reached at least my eighteenth (18) birthday preceding the execution of this Letter of Understanding or if under eighteen (18) my parent/guardian has approved my volunteer service as evidenced by their signature below.

VOLUNTEER:

Print Name

Signature

Social Security Number_

Date of Birth

If under eighteen (18) years of age a parent/guardian's signature must appear below.

Print Name of Parent/Guardian

Parent/Guardian's signature

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