



**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](mailto:jalvarez@minneola.us)
  - Fax - 352-394-0051
  - 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.

<b>1. Internship Position Applied For:</b>	<b>2. Today's Date:</b>
<b>3. Type of Internship Service Sought (check all that apply):</b>	
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> FULL TIME</div><div><input type="checkbox"/> PART TIME</div><div><input type="checkbox"/> HOURS AVAILABLE <span style="background-color: #cccccc; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div style="width: 45%;">If an intern job requirement, you will work: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Other</div><div style="width: 45%;">Will you travel if needed to other Departments <input type="checkbox"/> Yes <input type="checkbox"/> No Date available for service:</div></div>	
<b>4. Print Name:</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div style="width: 33%; text-align: center;">Last</div><div style="width: 33%; text-align: center;">First</div><div style="width: 33%; text-align: center;">Middle</div></div> <b>Social Security Number:</b>	
<b>5. E-mail Address:</b>	
<b>6. Current Address:</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div style="width: 60%; text-align: center;">Number &amp; Street Name</div><div style="width: 40%; text-align: center;">Apartment Number</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div style="width: 25%; text-align: center;">City</div><div style="width: 25%; text-align: center;">County</div><div style="width: 25%; text-align: center;">State</div><div style="width: 25%; text-align: center;">Zip Code</div></div>	
<b>7. Mailing Address:</b> (If different from above) <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div style="width: 60%; text-align: center;">Number &amp; Street Name</div><div style="width: 40%; text-align: center;">Apartment Number</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div style="width: 25%; text-align: center;">City</div><div style="width: 25%; text-align: center;">County</div><div style="width: 25%; text-align: center;">State</div><div style="width: 25%; text-align: center;">Zip Code</div></div>	
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><b>8. Personal Phone:</b></div><div style="width: 55%;"><b>Business / Cell Phone:</b></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div style="width: 45%; text-align: center;">Area Code and Number</div><div style="width: 55%; text-align: center;">Area Code and Number</div></div>	
<b>Have you lived outside the state of Florida in the last ten years?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>9. Other States:</b> If so, 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 Equipment (please describe)	Years	Months

**11. List relevant/applicable active licenses, certificates or registrations, the registration number(s) and expiration date(s):**

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**12. List any organization(s) to which you belong which you consider relevant to your ability to perform the service:**

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**13. List any foreign languages that you speak:**


**WORK HISTORY (REQUIRED). Include work history for the last two (2) years, including any unpaid work experience and volunteer jobs.****14. Employer/School Organization:**

Business/School Name: \_\_\_\_\_ From: \_\_\_\_\_ - \_\_\_\_\_ ☐ Full Time ☐ Part Time

Business/School Address: \_\_\_\_\_ Number of hours worked per week: \_\_\_\_\_  
City, State & Zip Code

Phone No: \_\_\_\_\_ May we contact employer? ☐ Yes ☐ No

Your Job Title: \_\_\_\_\_

**15. Employer/School Organization:**

Business/School Name: \_\_\_\_\_ From: \_\_\_\_\_ - \_\_\_\_\_ ☐ Full Time ☐ Part Time

Business/School Address: \_\_\_\_\_ Number of hours worked per week: \_\_\_\_\_  
City, State & Zip Code

Phone No: \_\_\_\_\_ May we contact employer? ☐ Yes ☐ No

Your Job Title: \_\_\_\_\_

**16. Employer/School Organization:**

Business/School Name: \_\_\_\_\_ From: \_\_\_\_\_ - \_\_\_\_\_ ☐ Full Time ☐ Part Time

Business/School Address: \_\_\_\_\_ Number of hours worked per week: \_\_\_\_\_  
City, State & Zip Code

Phone No: \_\_\_\_\_ May we contact employer? ☐ Yes ☐ No

Your Job Title: \_\_\_\_\_

<b>17. Employer/School Organization:</b>		From: _____ - _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Business/School Name:	_____			
Business/School Address:	_____	Number of hours worked per week: _____		
	City, State & Zip Code			
Phone No:	May we contact employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Your Job Title:

**MISCELLANEOUS** Answer the following questions by checking "Yes" or "No." It is imperative that you provide detailed information when requested, e.g., dates, types, etc., in Item 24.

**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?** ☐ Yes ☐ No

If yes, please explain.

**19. Have you ever been convicted, plead guilty or no contest (Nolo Contender) to any criminal violation of law, including criminal traffic offenses? (A conviction does not automatically mean you cannot be considered. Provide all the facts.)** ☐ Yes ☐ No

If yes, please explain.

**20. Have you ever been discharged for any reason from any job?** ☐ Yes ☐ No

If yes, please explain.

**21. Have you ever been employed by City of Minneola Government?** ☐ Yes ☐ No

If yes, please indicate date(s) of employment, Department(s)/Division(s), position(s) and reason for leaving.

**22. Are any members of your family or relatives (by blood or marriage) employed by City of Minneola Government? If yes, please indicate their name(s), Department(s)/Division(s,) and relationship.** ☐ Yes ☐ No

**23. Are you able to perform the essential functions of the position with or without reasonable accommodations?** ☐ Yes ☐ No

If no, please explain.

**24. If continuation of an answer, or additional comments, indicate item number to which answer(s) apply.**

**25. Please provide Emergency Contact information below:**

NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE NUMBER 1:

PHONE NUMBER 2:

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**Parent/Guardian's signature**