



VOLUNTEER (UNPAID) SUMMER INTERNSHIP

City of Miami Gardens, Fl. (109,700)
Posted Date: 7/4/2014
Deadline: 7/14/2014
Program Dates: 7/21/2014 – 8/15/2014

The City of Miami Gardens (CMG) is seeking highly qualified high school seniors, undergraduate and graduate college students to gain volunteer experience within a municipal government setting as **CMG Prime^{HR} Summer Internship Program** participant.

Selected students are placed within a City Department for four (4) weeks as volunteer (unpaid) summer Interns. Students are placed based on chosen field of study and/or career interest. The **CMG Prime^{HR} Summer Internship Program** is designed to provide students an opportunity to explore their career path, develop industry specific skills and knowledge, receive mentorship, and increase their professional network.

The inclusive elements of the program have been carefully selected to provide a well-balanced experience that enables participants to make the most of the internship placement - while simultaneously helping the student to focus his/her career direction and increase future job market employability.

CMG Prime^{HR} Summer Internship Program Highlights

- Summer Internship Placement
- Opportunity to Explore Career Interest
- Mentorship and Networking with Municipal Executives
- Municipal Government Volunteer Experience

Eligibility and Enrollment Criteria

Applicants must be able to provide proof of current enrollment as a full-time student as determined by the school, organization, or institution as follows:

1. The student must provide proof of full-time enrollment, when applicable; or
2. The student has been accepted into an educational institution which will meet the above requirement, when between institutions (e.g., from high school to college); or
3. The student is not currently enrolled but is qualified to work during the summer break.

The student must provide proof of continuing full-time enrollment (e.g. full-time enrollment in the upcoming fall term will qualify).

Internship Applicant Screening

The Human Resources Department will screen all intern applications to determine eligibility. Screening may include:

- 1. Reference Checks:** References regarding previous employment, academic standing, school records, etc., may be checked by the Human Resources Department on all applicants.
- 2. Background Checks:** Human Resources will conduct background checks for applicants who are being considered. These checks may include, but are not limited to Motor Vehicle Records, Statewide and National Criminal background checks, educational checks and other screening deemed necessary to establish eligibility.
- 3.** The Human Resources Department may administer various tests designed to measure a candidate's job skills, aptitude, and potential for successful work performance.
- 4.** The Human Resources Department will screen the applications for minimum requirements and will forward only qualified applicants for interview with prospective City Department.

Any applicant knowingly providing fraudulent or false statements on any application or examination may be deemed cause for the exclusion of such application from consideration or for terminating the internship.

**Please send Internship Application and Resume to:
City of Miami Gardens
Human Resources Department
Attention: Veronica Davis, Director of Human Resources
18605 NW 27th Avenue
Miami Gardens, FL 33056
Fax: (305) 914-9010
www.miamigardens-fl.gov
EOE M/F/D/V; Drug-Free Workplace**



CITY OF MIAMI GARDENS

Human Resources Department

18605 NW 27th Avenue, Miami Gardens, Florida 33056

Telephone (305) 914-9010 **Fax** (305) 474-1286

<http://www.miamigardens-fl.gov/human/index.html>

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.

VOLUNTEER/INTERNSHIP APPLICATION

INSTRUCTIONS: Please print 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"/> WORK STUDY <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: | | | |
| | | | |

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|--|-----|------|-----|--|-----|-----|-----|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|----|--|--|--|-----|--|--|--|
| 8. AVAILABILITY | | | | | | | | 9. VOLUNTEER/INTERNSHIP INTEREST Please check all areas of interest | | | | | | | | | | | | | | | | | | | | | | | |
| | Mon | Tues | Wed | Thurs | Fri | Sat | Sun | <input type="checkbox"/> PARKS AND RECREATION <input type="checkbox"/> PLANNING AND ZONING <input type="checkbox"/> CITY MANAGER <input type="checkbox"/> CITY ATTORNEY <input type="checkbox"/> HUMAN RESOURCES <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> INFORMATION TECHNOLOGY <input type="checkbox"/> OTHER _____ | | | | | | | | | | | | | | | | | | | | | | | |
| Hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. BACKGROUND INFORMATION: A Yes or No answer is required for <i>both</i> 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 contendere (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 technology 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. CURRENT/MOST 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 | To | Employer Name: | Employer Telephone # |
| Mo. Yr. | Mo. Yr. | | |
| 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 | To | Employer Name: | Employer Telephone # |
| Mo. Yr. | Mo. Yr. | | |
| 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 | To | Employer Name: | Employer Telephone # |
| Mo. Yr. | Mo. Yr. | | |
| 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 |
|------|---------|---------------------|-------------|
| | | | |
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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 section below titled: Exempt Positions). 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 age, race, disability, marital status, national origin, religion, gender, or sexual orientation. Please complete this data sheet and return with your employment application.

Name: _____

| | |
|---|----------------------------|
| Internship Applied For: <input type="checkbox"/> UNPAID <input type="checkbox"/> WORK STUDY <input type="checkbox"/> FELLOWSHIP | Date of Application: _____ |
|---|----------------------------|

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) |
|-------------------------------------|-----------------------------------|

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: _____ |