



BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
ANIMAL CARE AND REGULATION DIVISION

COMMUNITY SERVICE WORKER APPLICATION

NAME: (PLEASE PRINT CLEARLY) (Last) (First) (Middle) DATE:

ADDRESS: CITY: ZIP:

SOCIAL SECURITY NUMBER: - - DATE OF BIRTH:

HOME PHONE: () WORK PHONE: () CONTACT IN CASE OF EMERGENCY:

(Name) (Relationship) (Home phone) (Work phone)

EDUCATION: SKILLS:

LANGUAGES SPOKEN AND WRITTEN:

THE ABOVE INFORMATION IS ACCURATE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: DATE:

***** FOR DIVISION USE (MUST BE COMPLETED BY SITE) DATE:

SHELTER LOCATION: SITE COORDINATOR:

IF COURT ORDERED COMMUNITY SERVICE, ARE COPIES OF COURT DISPOSITION, PHOTO ID, AND COMMUNITY SERVICE SIGN-IN SHEET (COURT TIME SHEET) ATTACHED? YES. THIS TIME SHEET MUST BE USED TO RECORD HOURS.

UPON COMPLETION OF THE ASSIGNED COMMUNITY SERVICE HOURS, PLEASE FORWARD A COMPLETED/SIGNED COPY OF THE COMMUNITY SERVICE SIGN-IN SHEET, TOGETHER WITH THE COMPLETED/SIGNED COMMUNITY SERVICE CERTIFICATION OF TIME FORM (AC/CSW-) TO THE ADDRESS LISTED BELOW. THE ORIGINAL FORMS MUST BE FORWARDED TO THE BROWARD COUNTY COURT PROBATION OFFICER (OR CLERK OF THE COURT, OR JUDGE, WHEN APPLICABLE).

IS COMMUNITY SERVICE WORKER UNDER AGE 18? YES NO IF YES, IS PARENTAL CONSENT FORM ATTACHED? YES

Please forward original signed application and any agreement or consent forms to: VOLUNTEER/COMMUNITY SERVICE COORDINATOR ANIMAL CARE AND REGULATION DIVISION, 1870 SOUTHWEST 39TH STREET, FORT LAUDERDALE, FL 33315 AC/CSW-01 (10/07)

**BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
ANIMAL CARE AND REGULATION DIVISION**

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION FORM

The following is requested on a voluntary basis. We need the information in order to evaluate the effectiveness of our equal employment opportunity affirmative action plan and it will be used only for research and analysis purposes. Information provided on this form will not aid or hinder your chances of being selected.

DATE: _____
SOCIAL SECURITY NO: _____
NAME: _____
JOB/POSITION APPLIED FOR: _____
DATE OF BIRTH: _____
SEX: ____ FEMALE ____ MALE

RACE/ETHNIC CATEGORIES (check 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 ISLANDERS**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, The Philippine Islands and Samoa.
- _____ **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.

IF YOU REQUIRE ACCOMMODATION TO ANY COMMUNITY SERVICE DUTIES OF THIS POSITION DUE TO FUNCTIONAL LIMITATIONS, PLEASE SEE BELOW. THIS INFORMATION IS VOLUNTARY AND KEPT CONFIDENTIAL.

_____ I prefer not to divulge this information.

_____ **CSW SIGNATURE** _____ **DATE**

Explanation of accommodation required: _____

For Division Use Only: Division: _____ Date: _____ Work Location: _____ Site Coordinator: _____

Board of County Commissioners, Broward County, Florida
FINANCE & ADMINISTRATIVE SERVICES DEPARTMENT
RISK MANAGEMENT DIVISION
SAFETY & OCCUPATIONAL HEALTH SECTION

REQUEST FOR CRIMINAL BACKGROUND INFORMATION

RECORD RELEASE AND REFERENCE AUTHORIZATION

I understand that actual employment with Broward County is subject to satisfactory completion of a background check including verification of my education, previous employment, criminal records, and driving records as recorded in the personnel or other records of any previous employer, law enforcement organization, state agencies, or any school I have attended. If selected, I also authorize Broward County to contact my present employer for employment verification and work reference. Further, I release Broward County from any liability whatsoever in connection with such a background verification or the use of the results therefrom in the employment process.

ALL SPACES MUST BE COMPLETED *APPLICANT PLEASE PRINT OR TYPE*

Applicant's Name: _____
Last First Middle

Other Prior Names / Aliases / Maiden Name: _____

Race / Ethnic Categories: White(not of Hispanic origin) Black (not of Hispanic origin)
Hispanic Asian or Pacific Islander American Indian or Alaskan Native

Sex: M F Date of Birth: ____/____/____ Social Security # ____-____-____
MM/DD/YY

Drivers License # _____ State: _____

How long have you lived in Florida? Years _____ Months _____

Current Address: _____

Previous addresses *out of the state of Florida*: _____

Applicant's Signature _____ Date _____

HIRING DIVISION USE ONLY (MUST BE COMPLETED)

Job Title: Community Service Worker BPN: -0-

Certification # _____

Will applicant work with children as described in applicable Florida Statutes? Yes _____ No _____

Will applicant handle currency (checks, money orders and/or cash)? Yes _____ No _____

REQUESTED BY Animal Care and Regulation
Division

Contact Name (PRINT) _____ Phone # _____

SIGNATURE _____

RISK MANAGEMENT / HUMAN RESOURCES USE ONLY

QUALIFIED OFFER WITHDRAWN NOT QUALIFIED

SIGNATURE _____ DATE _____