BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS

AVIATION DEPARTMENT

2013 SUMMER INTERNSHIP PROGRAM

APPLICATION

SUBMIT APPLICATIONS TO:

BROWARD COUNTY AVIATION DEPARTMENT

ATTN: TAWANA GUTHRIE

2200 S.W. 45TH STREET, SUITE 101

DANIA BEACH, FL 33312

For questions, please contact Tawana Guthrie at tguthrie@broward.org or 954-359-2392
BROWARD COUNTY AVIATION DEPARTMENT

2013 SUMMER INTERNSHIP PROGRAM

Program Overview:
The Broward County Aviation Department’s (BCAD) Summer Internship Program is
designed to provide qualified students with meaningful Aviation related work experience
and also provide an avenue to assist them with achieving their high school community
service hours, if necessary. Participating students gain an opportunity to apply their
classroom education to real-life situations, to develop the skills and work experience
that will enhance their competitiveness for future employment opportunities, to establish
effective work relationships with professional staff in support of future career and
professional development, and to meet school requirements. The Aviation Department
and Fort Lauderdale-Hollywood International Airport benefit by utilizing the student’s
knowledge and capabilities to assist in normal work activities and/or with special
projects and events.

The Summer Internship Program offers opportunities in a wide range of disciplines
necessary for the successful operation of a major airport. Students accepted into the
program, will be placed in areas based on the student’s interests and skills, as well as
BCAD’s needs.

Rules and Requirements for Participation:

- Applications must be received by Friday, April 12, 2013.
- Applicants must be entering the 11th grade or higher (including college) during
  the 2013-2014 school year.
- Applicants must submit a complete application package. **Incomplete applications will not be considered.**
- Applicants must submit a letter of recommendation from a non-family member.
- Applicants will undergo a background check via the Broward County Risk
  Management Division.
- The summer internship program consists of a 4-week, non-paid opportunity. Two,
  4-week sessions are being offered and students may apply to participate in one
  or both sessions. Interns will work a minimum of 15 hours per week, not to
  exceed 40 hours per week. A final schedule will be determined collectively
  between the mentor and intern.
• Evening and weekend opportunities are available within select areas.

• Interns will be required to attend an orientation, at BCAD, prior to the start of their internship.

• Interns will be assigned to a professional staff member, who will serve as their mentor, during the internship. Mentors will be employees of the Aviation Department. Mentors will provide professional support, leadership, training and coaching to assist the intern in meeting their internship goals.

• The intern’s job performance will be monitored on an ongoing basis. Interns not performing at a successful level may be given an opportunity to improve or may have their internship terminated.

• Interns must complete the entire session, with a minimum of 60 hours (15 hours per week), to receive credit for the entire session. Unapproved absences are grounds for immediate termination from the program. Interns who do not complete the 4-week session will only receive credit for 50% of hours worked.

• Interns are expected to dress appropriately for work, according to BCAD standards.

Interns, under the age of 18, are required to have written consent of participation from their parent/legal guardian. Parents will be informed of intern’s work location, work description, work hours, policies/guidelines and any other information that is vital to the success of this program.
NOTICE OF COLLECTING SOCIAL SECURITY NUMBER FOR
GOVERNMENT PURPOSE – INTERN APPLICATION

Florida Statutes, Section 119.071(5)(a)3, as amended, requires Broward County to give you this written statement explaining the purpose and authority for collecting your social security number. The Broward County Aviation Department ("BCAD") is authorized to collect your social security number for the purpose of performing a criminal background check. In order for BCAD to maintain a secure environment at the Fort Lauderdale-Hollywood International Airport, it is imperative that BCAD perform a criminal background check on all potential interns. BCAD is granted the authority to collect your social security number pursuant to Florida Statutes, Sections 119.071(5)(a), as amended.

Employee Name (print): ___________________________________________

Company Name: _________________________________________________

Social Security Number:____________________________________________ (all nine numbers)

Applicant's Signature: ____________________________________________

Date: ___________________________________________________________
2013 Summer Internship (please circle one):

Session A: June 10th - July 5th

Session B: July 15th - August 9th

Both Sessions A & B

NAME: ___________________________________(PLEASE PRINT CLEARLY) DATE:________________

( Last) (First) (Middle)

ADDRESS: ____________________________________________________________________________

CITY: ______________________ STATE: __________________ ZIP: __________________

DATE OF BIRTH: ______________________ EMAIL: _______________________________________

HOME PHONE: ______________________ WORK PHONE: ________________________________

LANGUAGES SPOKEN AND WRITTEN: _________________________________________________

CONTACT IN CASE OF EMERGENCY:

(Name) (Relationship) (Phone)

HOW DID YOU HEAR ABOUT THIS PROGRAM: ____________________________

(Name of Employee) (Company of Employment)

DOES YOUR SCHOOL REQUIRE VOLUNTEER HOURS? IF YES, HOW MANY? _____ NO _____

NAME OF SCHOOL _________________________________________________________________

PLEASE NOTE: A CRIMINAL BACKGROUND CHECK IS REQUIRED

SINCE YOUR 18th BIRTHDAY, HAVE YOU BEEN CONVICTED OF ANY VIOLATION OF THE LAW, OTHER THAN
MINOR TRAFFIC OFFENSES, OR PLED NOLO CONTENDERE (NO CONTEST) TO CRIMINAL CHARGES, EVEN IF
ADJUDICATION WAS WITHHELD?

YES _____ NO _____ IF YES, PLEASE GIVE:

NAME OF OFFENSE ________________________ □ MISDEMEANOR □ FELONY (check one)

NAME AND LOCATION OF COURT ______________________________________________________

DISPOSITION OF CASE ________________________ DATE ___________________

NOTE: A CONVICTION DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM PARTICIPATING AS AN INTERN
WITH THE COUNTY. THE NATURE OF THE OFFENSE, HOW LONG AGO IT OCCURRED, RELATIONSHIP TO THIS
INTERNSHIP OPPORTUNITY, ETC., ARE GIVEN CONSIDERATION.

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

APPLICANT’S SIGNATURE ___________________________ DATE _______________________

SIGNATURE OF PARENT/LEGAL GUARDIAN (If student is under age 18) ___________________ DATE ______________________
Explain your career goals and where you see yourself, professionally, in 10 years (please print or type).
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
Explain why you would like to participate in the Aviation Department’s Summer Internship Program (please print or type).
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
Please select your proficiency in the following:

Microsoft Word
- Beginner
- Intermediate
- Advanced

Microsoft Excel
- Beginner
- Intermediate
- Advanced

Writing Correspondence
- Beginner
- Intermediate
- Advanced

Operating Office Equipment (copier, fax, printer)
- Beginner
- Intermediate
- Advanced

Additional skills: ____________________________________________________________
____________________________________________________________________________

Education: __________________________________________________________________
____________________________________________________________________________
STUDENT’S NAME ______________________________________________________________________
(Please print clearly) (Last) (First) (Middle)

ADDRESS _____________________________________________________________________________

CITY __________________________ STATE ____________ ZIP __________________________

NAME OF PARENT/LEGAL GUARDIAN ______________________________________________________

HOME PHONE __________________________ WORK PHONE ______________________________

EMERGENCY CONTACT PERSON & RELATIONSHIP TO INTERN _______________________________

EMERGENCY CONTACT’S NUMBER _______________________________________________________

METHOD OF TRANSPORTATION __________________________________________________________

My son/daughter/ward has my consent to participate in the Summer Internship Program at the Broward County Aviation Department.

I am aware of my child’s schedule, possible internship job duties, and expected rules of behavior, and am in agreement with them. My son/daughter/ward has my consent to sign the Request for Criminal Background Information form, which authorizes Broward County to conduct the required criminal background screening.

_____________________________________________  ______________________________________
SIGNATURE OF PARENT/LEGAL GUARDIAN          DATE
BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
AVIATION DEPARTMENT

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 Opportunity Action Plan. Information provided will be used solely for the purposes of research and analysis and will not aid or hinder your chances of being selected.

DATE: ________________________________________

NAME: ________________________________________

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 ISLANDER: 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 WILL REQUIRE ACCOMMODATION FOR ANY INTERN DUTIES OF THIS POSITION, DUE TO FUNCTIONAL LIMITATIONS, PLEASE COMPLETE EXPLANATION OF ACCOMMODATION INFORMATION BELOW. THIS INFORMATION IS VOLUNTARY AND KEPT CONFIDENTIAL.

Explanation of accommodation required: ______________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

( ) I prefer not to divulge this information. __________________________________________________

APPLICANT’S SIGNATURE ___________________________ DATE ___________________________
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 there from in the employment process.

ALL SPACES MUST BE COMPLETED

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 _______ Other ___

Sex: M ______ F ______

Date of Birth: ______/_____/______

Drivers License # __________________________ State: __________________________

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

Current Address: ______________________________________________________________

Previous addresses out of the state of Florida

________________________________________________________________________________

________________________________________________________________________________

Intern’s Signature          Date

Parent/Guardian’s Signature (If intern is under age 18)       Date

HIRING DIVISION USE ONLY

Job Title: _________________________________________  BPN: __________________________

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

Division

Contact Name (PRINT)       Phone #

SIGNATURE

RISK MANAGEMENT/HUMAN RESOURCES USE ONLY

☐ QUALIFIED  ☐ OFFER WITHDRAWN  ☐ NOT QUALIFIED

SIGNATURE       DATE