

**BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS**

**AVIATION DEPARTMENT**

**2022 SUMMER INTERNSHIP PROGRAM**

**APPLICATION**

**SUBMIT APPLICATIONS VIA MAIL TO:**

BROWARD COUNTY AVIATION DEPARTMENT

ATTN: TAWANA RUSSELL

320 TERMINAL DRIVE, SUITE 200

FORT LAUDERDALE, FL 33315

**OR VIA EMAIL TO:** [tcrussell@broward.org](mailto:tcrussell@broward.org)

**Applications must be received or postmarked by April 15, 2022**

**Incomplete applications will not be considered**

For questions, please contact Tawana Russell at [tcrussell@broward.org](mailto:tcrussell@broward.org) or 954-359-2392



**BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS  
AVIATION DEPARTMENT  
2022 SUMMER INTERNSHIP PROGRAM  
REQUIRED ITEMS CHECKLIST**

- Letter of recommendation from a non-family member
- Copy of Driver's License or State ID
- Completed Intern Application with session selection(s)
- Completed Student Questionnaire
- Completed Parental Consent Form (if applicant is under 18)
- Completed Background Check and Record Release Form
- Completed Equal Employment Opportunity Information Form

**BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS  
AVIATION DEPARTMENT  
2022 SUMMER INTERNSHIP PROGRAM**

**Program Overview:**

The Broward County Aviation Department's (BCAD) Summer Internship Program is designed to provide qualified student applicants with meaningful Aviation related work experience and also provide an avenue to assist them with achieving their high school required community service hours. 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, and to establish effective work relationships with professional staff in support of future career and professional development. The Aviation Department benefits by utilizing the student's knowledge and capabilities to assist in normal work activities and/or with special projects and events.

The Department offers opportunities in a wide range of disciplines necessary for the successful operation of a major airport. Areas of internship are dependent upon the student's interests.

Possible areas for the 2022 Summer Internship Program include:

- Administration
- Airport Development
- Business
- Finance (Accounting)
- Information Systems
- Maintenance
- Operations
- Security

**Guidelines:**

- The summer internship program consists of two, 4-week, unpaid opportunities. Applicants may apply for one or both sessions (June 13 - July 8 and July 18 - August 12).
- Shifts will consist of:
  - 3 to 5 days per week, with a minimum of 15 hours and a maximum of 40 hours per week.
  - Evening and weekend opportunities are available within select areas.
- Interns will be college students or high school students entering the 11<sup>th</sup> or 12<sup>th</sup> grade.
- Applicants must submit a letter of recommendation from a non-family member.
- Applicants must submit a copy of their Driver's License or State ID with application.
- Interns will undergo a background check via the Risk Management Division.
- Interns must be able to obtain and maintain Security Identification Display Area (SIDA) badge.
- Interns will be required to attend orientation prior to the start of their internship.
- Interns will be assigned to a professional staff member to serve as their mentor, during their internship. Mentors will provide professional support, leadership, training and coaching to assist the intern in meeting their internship goals.
- Interns must complete the entire session. Unapproved absences are means for immediate termination of the internship. Interns who do not complete the 4-week session will only receive credit for 50% of hours worked.
- Interns, under the age of 18, are required to have written consent of participation from their parent/legal guardian.

**BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS  
AVIATION DEPARTMENT  
2022 SUMMER INTERNSHIP PROGRAM  
INTERN APPLICATION**

**2022 Summer Internship (please circle one):**

**Session A:** June 13<sup>th</sup> - July 8<sup>th</sup>

**Session B:** July 18<sup>th</sup> - August 12<sup>th</sup>

**Both Sessions A & B**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
**(PLEASE PRINT CLEARLY)** (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)

IF YOUR SCHOOL REQUIRES VOLUNTEER HOURS, PLEASE LIST HOW MANY? \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_

**Please select your proficiency in the following:**

Microsoft Word	___ Beginner	___ Intermediate	___ Advanced
Microsoft Excel	___ Beginner	___ Intermediate	___ Advanced
Written Correspondence	___ Beginner	___ Intermediate	___ Advanced
Operating Office Equipment (copier, fax, printer)	___ Beginner	___ Intermediate	___ Advanced

**Additional skills:** \_\_\_\_\_

**Education:** \_\_\_\_\_

**BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS  
AVIATION DEPARTMENT  
2022 SUMMER INTERNSHIP PROGRAM  
STUDENT QUESTIONNAIRE**

(Attach additional pages, if necessary)

*Please Print or Type all Answers*

**Explain your career goals and where you see yourself, professionally, in the next 5 to 10 years.**

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**Explain what it means to be a true leader.**

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**Please describe a time where you dealt with a difficult customer or colleague. How did you handle this and what were the results?**

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**What are the best and worst parts about working in a team environment?**

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**What makes you the 'best' candidate for the Aviation Department's Summer Internship Program?**

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**BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS  
AVIATION DEPARTMENT  
2022 SUMMER INTERNSHIP PROGRAM  
INTERN PARENTAL CONSENT FORM  
(Required for interns under age 18)**

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 Background Check and Record Release form, which authorizes Broward County to conduct the required criminal background screening.

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE



BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
Finance and Administrative Services Department
Human Resources Division

BACKGROUND CHECK AND RECORD RELEASE

MUST BE COMPLETED BY HUMAN RESOURCES

Check appropriate box for: [ ] Employment [ ] Volunteer [ ] Community Service Worker

PN: Job Title:

Department/Division/Agency/Office: Job Requisition #:

HR User: HR User Email:

Will applicant work with children, elderly, disabled or vulnerable persons as described in applicable Florida Statutes? [ ] Yes [ ] No

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

MUST BE COMPLETED BY EMPLOYEE - ALL SPACES MUST BE COMPLETED

First Middle Last
Name: Name: [ ] N/A Name: Suffix:

Other Prior Names/Maiden Names/Aliases:

DOB: mm/dd/yyyy Gender: [ ] Male [ ] Female Social Security Number:

Race: (Check One) [ ] White-Not Hispanic [ ] Black-Not Hispanic [ ] Hispanic [ ] Asian/Pacific Island [ ] American Indian/Alaskan Native

Current Address:

How long have you lived in Florida? Driver's License:
Years Months License Number State Expiration Date

Only complete below if resided outside the state of Florida. Must be completed if you have lived in Florida for less than 10 years.

Only provide City, County, State.

City, County, State: City, County, State:

City, County, State: City, County, State:

CRIMINAL RECORD (Attach Additional Documents if Necessary)

Since your 18th birthday, have you been convicted of or entered a plea of guilty or nolo contendere (no contest) to any violations of law?

You must include all felonies and misdemeanors, other than non-criminal traffic offenses, even if adjudication was withheld.

[ ] Yes [ ] No If yes, please provide the following information:

Offense:

Type of Offense: [ ] Federal Felony [ ] Federal Misdemeanor [ ] State Felony [ ] State Misdemeanor

Name & Location of Court:

Court Disposition: Date:

Note: A conviction does not automatically disqualify you. The nature of the offense, how long ago it occurred, relationship to your duties and agency assigned, etc. will be given consideration.

Please attach a list of any additional offenses not listed above, if needed in one attachment.

IMPORTANT - FAILURE TO DISCLOSE ALL REQUESTED CRIMINAL HISTORY MAY RESULT IN DISQUALIFICATION, WITHDRAWAL OF EMPLOYMENT OFFER, OR TERMINATION OF EMPLOYMENT.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  N/A Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

I hereby certify that every statement I have made on this form and in my application is true and complete to the best of my knowledge. I understand that any omissions, falsifications, misstatements, or misrepresentations provided in this electronic form or in any application materials may disqualify me for employment consideration and, if hired, may be grounds for termination at a later date.


I understand that I will also be required to provide documents which verify my identity and my right to work in the United States.

I understand that any application information submitted to Broward County is public record, and I authorize any agent or employee to verify this information, and to release it to anyone who may consider me for employment with the County, or for any other reason consistent with Chapter 119, Florida Statutes.

I understand that I must notify the Human Resources Division of any changes in my name, address, or phone number.


I acknowledge receipt of three separate documents entitled **Disclosure Regarding Consumer and/or Investigative Consumer Reports, Acknowledgment and Authorization Regarding Consumer Reports and/or Investigative Consumer Reports, and A Summary of Your Rights Under the Fair Credit Reporting Act.**

By choosing to sign this form, I indicate my acceptance and agreement to all the above. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

 \_\_\_\_\_ Date: \_\_\_\_\_  
Candidate/Volunteer Signature

**HUMAN RESOURCES USE ONLY**

Qualified       Not Qualified       Offer Withdrawn       Record Found, Not Selected (BTB)

 \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Signature



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**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: \_\_\_\_\_

GENDER: FEMALE \_\_\_\_\_ MALE \_\_\_\_\_ OTHER \_\_\_\_\_ PREFER NOT TO ANSWER \_\_\_\_\_

**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

