

**BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS**

**AVIATION DEPARTMENT**

**2019 SUMMER INTERNSHIP PROGRAM**

**APPLICATION**

**SUBMIT APPLICATIONS VIA MAIL TO:**

**BROWARD COUNTY AVIATION DEPARTMENT**

**ATTN: DAPHINE JOSEPH**

**2200 S.W. 45<sup>TH</sup> STREET, SUITE 101**

**DANIA BEACH, FL 33312**

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

**Applications must be received or postmarked by May 17, 2019**

**Incomplete applications will not be considered**

For questions, please contact Daphine Joseph at [dajoseph@broward.org](mailto:dajoseph@broward.org) or 954-359-3908



**BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS  
AVIATION DEPARTMENT  
2019 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
- Completed Student Questionnaire
- Completed Parental Consent Form (if applicant is under 18)
- Completed Equal Employment Opportunity Information Form
- Completed Acknowledgement, Authorization and Request for Criminal Background Information Form
- Completed Background Investigation Disclosure Form

**BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS  
AVIATION DEPARTMENT  
2019 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 2019 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, non-paid opportunities. Applicants may apply for one or both sessions (June 10 - July 5 and July 15 - August 9).
- 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 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 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  
2019 SUMMER INTERNSHIP PROGRAM**

**INTERN APPLICATION**

**2019 Summer Internship (please circle one):**

**Session A:** June 10<sup>th</sup> - July 5<sup>th</sup>

**Session B:** July 15<sup>th</sup> - August 9<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  
2019 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.**

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

**BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS  
AVIATION DEPARTMENT  
2019 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 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  
2019 SUMMER INTERNSHIP PROGRAM**

**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





52: \$5' &2817< %2 \$5' 2) &2817< &200,66,21( 56 ) LQDQFH DQG\$ GP LQLVMDWYH6 HUYLFHV' HSDUW HQW 5 LVN0 DQDUHP HQW LYLVIRQ\_6DIHW 2 FFXSDMRQDO+ HDOM 6 HFWRQ %\$&. \* 5281' CHECK AND RECORD RELEASE

\$&. 12: /(' \* (0(17 \$1' \$87+25,=\$7,21) 25 %\$&. \* 5281' &+( &. \$1' 5( &25' 5(/ (\$6(

&KHFNDSSURSUDMER[ IRU ( P SCA P HQW9ROQMURU&RP P XQLW 6 HUYLFH: RUNHU

( P SCA P HQW  9ROQMURU  &RP P XQLW 6 HUYLFH: RUNHU FRXUWRUGHG)

I acknowledge receipt of the separate documents entitled %\$&. \* 5281' ,19(67,\* \$7,21' ,6&/2685( and \$ 6800\$5< 2) <285 5,\* +76 81' ( 5 7+( ) \$,5 &5( ' ,7 5( 3257,1\* \$&7, and certify that I have read and understand both of the documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Broward County at any time after receipt of this Authorization and throughout my employment or period of volunteer service, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance company to furnish any and all background information requested. These searches will be conducted by Applicant Insight, Inc., 5652 Meadowlane St., New Port Richey, Florida 34652, 1-800-771-7703, Email address: (customerservice@ainsight.com) and/or Broward County, itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

3(5621\$/ ,1) 250 \$7,21 ± \$// 63\$&(6 0867 %/ &203/( 7('

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  NA 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? \_\_\_\_\_ Years \_\_\_\_\_ Months Driver's License: \_\_\_\_\_ 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: \_\_\_\_\_

&5,0,1\$/ 5( &25' II DQ

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: \_\_\_\_\_  Misdemeanor  Felony

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.





**BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS**  
**Finance and Administrative Services Department**  
**Risk Management Division | Safety & Occupational Health Section**  
**BACKGROUND CHECK AND RECORD RELEASE**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  NA Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

**Offense:** \_\_\_\_\_  Misdemeanor  Felony

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.*

**Offense:** \_\_\_\_\_  Misdemeanor  Felony

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.*

**Offense:** \_\_\_\_\_  Misdemeanor  Felony

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.*

**Offense:** \_\_\_\_\_  Misdemeanor  Felony

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.**

**SIGN** ▶ \_\_\_\_\_ Date: \_\_\_\_\_  
Candidate/Volunteer Signature

**MUST BE COMPLETED BY HUMAN RESOURCES**

Job Title: \_\_\_\_\_ BPN: \_\_\_\_\_

Job Requisition #: \_\_\_\_\_

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

Department/Division/Agency/Office: \_\_\_\_\_

Hiring Name: _____	Hiring Manager Email: _____	Hiring Manager Work Phone: _____
Manager _____	_____	_____

Recruiter Name: _____	Recruiter Email: _____	Recruiter Work Phone: _____
_____	_____	_____

**RISK MANAGEMENT / HUMAN RESOURCES USE ONLY**

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

**SIGN** ▶ \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Signature



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

Certify and Submit:

In connection with your employment or application for employment (including volunteer and community service workers), Broward County may obtain information about you from a third party consumer reporting agency for employment purposes, including volunteer and community service workers. You may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education, or other background checks. These reports will also contain information regarding your employment history including any current employers. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, disclosure of the nature and scope of any investigative consumer report, and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. The scope of this disclosure is all-encompassing; however, it allows Broward County to obtain from any outside organization all manner of consumer reports now and throughout the course of your employment to the extent permitted by law.

These searches will be conducted by Applicant Insight Inc., 5652 Meadowlane St., New Port Richey, Florida 34652, (800) 771-7703
Email address: customerservice@ainsight.com and/or Broward County, itself.

First Name: Last Name:

Job Title: Requisition #:

SIGN Signature Date: