



CITY OF PLANTATION, FLORIDA
 PARKS AND RECREATION DEPARTMENT
 9151 NW 2nd Street
 Plantation, FL 33317
 Telephone (954) 452-2510
 Website: www.plantation.org

**SUMMER
 COUNSELOR IN TRAINING**

The City of Plantation collects your Social Security Number for the following purposes: Classification of Accounts; Identification and Verification; Credit Worthiness; Billing and Payments; Data Collection, Reconciliation, Tracking, Benefit Processing, Tax Reporting, and to initiate and process applicant or employee background checks to include consumer reports, educational institutions, government agencies, companies, corporations, and credit reporting agencies in compliance with the Fair Credit Reporting Act; and for Drug Screening Identification.

Name
 Last First Middle Maiden

Social Security Number

Address

Apt

City, State, Zip

Home Phone Number Other (Cell, Beeper)

Email Address

State names / relationships of relatives or any person in your same household employed by the City of Plantation.

Is there anything in your background that would disqualify you from this position if we were to learn of it later?

Yes No

If yes, please give details.

If you do not have a driver's license, check this box.

Drivers License #

State Expiration Date

EMPLOYMENT HISTORY

Begin with your present or most recent employment, including self-employment, part-time employment, and military service. Describe your paid work experiences for at least the past 10 years or, if applicable, list your past three (3) employers. Attach addendum if needed to complete this section.

May we contact your present employer(s)? Yes No

Employer Name	<input type="text"/>	Position	<input type="text"/>
Address	<input type="text"/>	Duties and Responsibilities	<input type="text"/>
City / State/ Zip	<input type="text"/>		
Telephone	<input type="text"/>		
Supervisor Name	<input type="text"/>	Supervisor Title	<input type="text"/>
Reason for leaving	<input type="text"/>	Presently employed	<input type="radio"/> Yes <input type="radio"/> No
Employed Dates	From <input type="text"/>	To	<input type="text"/>
Final Salary	<input type="text"/>	<input type="radio"/> Yearly <input type="radio"/> Monthly <input type="radio"/> Weekly	
		<input type="radio"/> Bi-weekly <input type="radio"/> Semi-monthly <input type="radio"/> Other	

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		<input type="radio"/> Bi-weekly <input type="radio"/> Semi-monthly <input type="radio"/> Other	

Explain any gaps in work history listed on page 3.

Have you ever been fired, forced to resign, or resigned in lieu of termination? Yes No

If yes, please explain.

List all special skills, computer programs, office machines, equipment, tools, etc., you are familiar in using.

EDUCATION AND SPECIAL TRAINING DATA

High School or GED

Name Year Completed

Address

Degree Major

Check Highest Grade Completed: 9 10 11 12

College / University

Name Year Completed

Address

Degree Major

From Year To Year

College / University

Name Year Completed

Address

Degree Major

From Year To Year

Special Training School

Name Year Completed

Address

Licenses or Certificates

From Year To Year

REFERENCES

Please list three (3) references. (Not former employers or relatives).

Name Telephone Number

Address, City, State, Zip

Name Telephone Number

Address, City, State, Zip

Name Telephone Number

Address, City, State, Zip

PARTICIPANT'S STATEMENT

I hereby certify that all statements made in this application are true and complete. Further, I understand that misrepresentation or omission of information by me shall serve as a basis for termination of my volunteer service with the City of Plantation. Permission is granted to the City of Plantation to investigate and verify any information provided on this and successive documents completed for purposes of volunteer consideration. In return for consideration of my application, I release any person who provides information pertaining to me from all claims or liabilities that might otherwise result from such information or opinions. I understand that if I am engaged by the City of Plantation that some potential employer may in the future contact the City concerning my work record and performance at the City. I hereby consent to and authorize persons employed by the City to divulge any and all information they consider to be relevant to any person representing themselves to be an employer of mine or a potential employer of mine with respect to my work record and performance of my volunteer service at the City of Plantation.

Please note: Newly engaged volunteers must provide their original social security by their starting date. If you need a copy of your social security card, please request a replacement card in time for hire. It takes 7-10 business days to get a replacement card. You may obtain an *Application for Social Security Card* [Form SS-5] on line at www.socialsecurity.gov/ssnumber.

Signature of Applicant Date

AN EQUAL OPPORTUNITY / DRUG FREE WORKPLACE EMPLOYER

RELEASE TO PROCURE CONSUMER REPORT

I understand that in connection with my Application for Counselor In Training with the City of Plantation certain background information contained in a consumer report may be obtained in addition to my driving record and/or criminal background. I also understand that I have the right to decline authorization for the City to procure a consumer report concerning me, but by doing so, I will not be considered further for the position.

Position applied for **Counselor In Training**

- I authorize the City of Plantation to procure a consumer report concerning me.
- I do not authorize the City of Plantation to procure a consumer report concerning me.

Signature of Participant Date

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**CITY OF PLANTATION
EMERGENCY MEDICAL TREATMENT
AUTHORIZATION FORM FOR VOLUNTEERS**

THE FOLLOWING INFORMATION IS NEEDED BY ANY HOSPITAL OR PRACTITIONER NOT HAVING ACCESS TO YOUR MEDICAL HISTORY IN CASE OF AN ACCIDENT WHILE VOLUNTEERING YOUR SERVICES WITH THE CITY OF PLANTATION:

PLEASE PRINT CLEARLY:

NAME: _____

ALLERGIES: _____

MEDICATIONS
BEING TAKEN: _____

DATE OF LAST
TETANUS SHOT: _____

PHYSICAL
IMPAIRMENTS: _____

ANY PRE-EXISTING
MEDICAL PROBLEMS: _____

ANY SURGERIES &
DATES OF SURGERIES: _____

FAMILY PHYSICIAN'S
NAME & PHONE NUMBER: _____

The above information has voluntarily been given to the City of Plantation in the event I sustain an injury while serving the City of Plantation in a voluntary capacity and is to be released to the attending hospital or licensed physician.

Date

Signature

* Original form to be obtained by supervisor.
Submit a copy of form to the Human Resources Department.