



# Volunteer / Internship Community Service Application

*Please Print Carefully*

<b>Name</b>	<b>Date</b>
<b>Address</b>	
<b>City</b>	<b>State</b>
	<b>Zip Code</b>
<b>Home #</b>	<b>Work #</b>
<b>Cell #</b>	<b>Email Address</b>
<b>Florida Driver License #</b>	<b>Other DL #</b>
<b>Current Occupation Title</b>	
<b>Employer Name</b>	
<small>Social Security # (for security purposes HR will contact you for info)</small>	<b>Date of Birth</b>
<b>Are you a seasonal resident</b>	(Please circle yes or no) <b>YES NO</b>
<b>I am in town from (Approximate dates) from _____ To _____</b>	
<b>I am looking to (Please circle one) Volunteer or Internship</b>	
<b>I need ____ community service hours to graduate _____ High School.</b>	
<b>I have been ordered by the court system (due to an offense) to do community service hours with a non-profit organization. YES NO</b>	
<b>What was the offense _____?</b>	
<b>What area did your offense occur? City, County, and State _____</b>	
<b>_____ . I need (How many hours) _____ hours of community service hours to be completed on or before (Date) _____.</b>	
<b>Experience in (Check all skills that pertain to you) Clerical ____ Type WPM _____</b>	
<b>Spreadsheets/Charts ____ Customer Service ____ Marketing ____ Carpenter ____</b>	
<b>Receptionists ____ Commercial Painting ____ Commercial Mechanic ____ Art ____</b>	
<b>Teacher ____ Engineering ____ Accounting ____ Athletics ____ Legal ____</b>	
<b>I am looking to work with _____ department if possible.</b>	
<b>My desired city facility and location _____.</b>	
<b>Describe any special skills and/or training you have that could be helpful for the volunteer, internship, or community service program - _____</b>	
<b>_____</b>	
<b>Describe previous volunteer work experience (Agency, Date and Duties Performed)</b>	
<b>Agency name</b>	<b>Date</b> _____ <b>Duties performed</b> _____
<b>_____</b>	
<b>_____</b>	



# CITY OF POMPANO BEACH

## NOTICE AND CONSENT TO PROCUREMENT OF CONSUMER CREDIT REPORT

In compliance with the Fair Credit Reporting Act (FCRA), this notice is to inform you that a consumer report and/or an investigative consumer report may be obtained for employment purposes. A consumer report or an investigative consumer report may include, but is not limited to, your creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and mode of living. This information may be obtained through personal interviews with neighbors, friends, associates, or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the case of an investigative consumer report, you will be notified via mail within three days that a report has been requested. Upon your written request, you have the right to obtain additional information on the nature and scope of the investigation and you will be provided with a summary of your FCRA rights.

The FCRA requires the City to obtain your written authorization before a report is procured by signing below. You may deny the City authorization, however, by doing so you will not be considered further for employment. By signing below, you also authorize the City and its designated agents to obtain a report now and at any other time during your employment (if hired).

**I HEREBY AUTHORIZE FEDERAL BACKGROUND SERVICES, INC., OR OTHER AGENCY DESIGNATED BY THE CITY, TO PERFORM ANY AND ALL NECESSARY PRE-EMPLOYMENT SEARCHES.**

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**IF CANDIDATE IS UNDER THE AGE OF 18, A PARENT OR LEGAL GUARDIAN MUST SIGN BELOW.**

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



FEDERAL BACKGROUND SERVICES, INC.

Revised 7/2006

**DISCLOSURE AND AUTHORIZATION AGREEMENT**  
**REGARDING CONSUMER REPORTS**

**DISCLOSURE**

CITY OF POMPANO BEACH may request one or more consumer reports or investigative consumer reports about you for employment purposes. These reports may include information on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which may be used as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, driving records, etc or personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information.

**AUTHORIZATION**

By signing below, I agree that I have read and understand the foregoing Disclosure and hereby authorize AmeriCheckUSA to obtain consumer reports or investigative consumer reports about me for employment purposes. I further authorize AmeriCheckUSA to share the information with any person involved in the employment decision about me. This Authorization is no longer valid after 90 days of date signed, and you also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

CITY OF POMPANO BEACH will obtain the consumer reports and investigative consumer reports from AmeriCheckUSA, Inc. If you dispute any information found in your consumer report and would like to request a copy of the report, please send a request letter via certified mail to;

AmeriCheckUSA  
7777 Davie Rd Extension #101B  
Hollywood, FL 33024

**READ, ACKNOWLEDGED AND AUTHORIZED**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Parent/Legal Guardian's Signature (If applicant is under the age of 18) \_\_\_\_\_

City of Pompano Beach

**EMPLOYMENT SCREENING REQUEST**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB (MM/DD/YYYY): \_\_\_\_\_

Tel#: \_\_\_\_\_ Cel#: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Drivers License State: \_\_\_\_\_

*I have read and signed the Disclosure & Authorization Agreement.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Parent/Legal Guardian's Signature (If applicant is under the age of 18)**

\_\_\_\_\_

**The below space was intentionally left blank**