

SUMMER YOUTH EMPLOYMENT PROGRAM APPLICATION

PURPOSE:

The City of Alachua Summer Youth Employment Program is a multi-week initiative designed to provide youth ages 14 to 18 with enriching and constructive work experiences. Participants will be able to perform various tasks within a municipal government and develop skills that will offer personal growth and development and benefit them for future employment. Participants will perform duties that benefit the community and assist municipal functions. The Program is coordinated through the Office of the City Manager.

Participants of the City of Alachua Summer Youth Employment Program and applicants for participation shall be afforded equal opportunity in all aspects of participation without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age. Applicants requiring reasonable accommodation in the application and/or interview process should notify the City of Alachua Human Resources Department.

Submit completed application with Parent Consent Form to:

City of Alachua
Attn: City Manager's Office – Summer Youth Employment Program
P.O. Box 9
Alachua, FL 32616

PERSONAL INFORMATION:

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security No.: _____ Phone: _____

E-mail: _____ Age: _____

Parent/Guardian Name: _____ Daytime Phone: _____

Indicate your availability for work:

Days Available: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Hours Available: Any Time Mornings Midday Afternoons

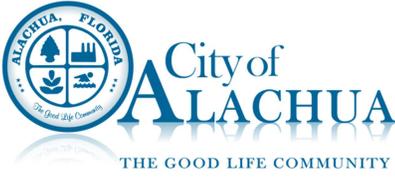
List specific dates you will not be able to work: _____

GENERAL INFORMATION:

Have you previously applied for the City of Alachua Summer Youth Employment Program? Yes No
If yes, when? _____

Have you ever participated in the City of Alachua Summer Youth Employment Program? Yes No
If yes, when? _____

Are any of your relatives presently employed with the City of Alachua? Yes No
If yes, who? _____



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Only United States Citizens or Aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the U.S.? Yes No

Have you ever been convicted of a criminal offense, had adjudication of a crime withheld or pled nolo contendere to a felony or first degree misdemeanor or any criminal offense involving dishonesty or breach of trust? Yes No

If yes, give Location, Date, Charge and Disposition of Case(s) on a separate page.

SKILLS, INTERESTS OR HOBBIES:

List your skills, interests or hobbies that may be beneficial in the Summer Youth Employment Program.

WHY YOU WANT TO PARTICIPATE:

Provide a brief summary of why you want to participate in the Summer Youth Employment Program, including how you will benefit from participation.

EMPLOYMENT HISTORY:

Provide most recent employment information. If you are currently employed, list current employer. If you are not currently employed, list most recent employer. If you have never been employed, check here:

Name of Company: _____ From: _____ To: _____ Title: _____

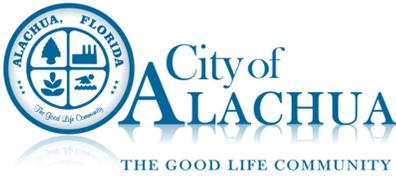
Address: _____ Telephone: _____

Duties: _____

Supervisor's Name/Title: _____ Reason for leaving: _____

PERSONAL REFERENCES:

List two (2) persons who have known you for at least the past three (3) years. Do not list relatives or City of Alachua employees.



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Name:	Relationship:
Address:	
Telephone Number:	Years known:

Name:	Relationship:
Address:	
Telephone Number:	Years known:

In accordance with the provisions of the American with Disabilities Act (ADA), are you able to perform the essential functions of the applied for position, with or without accommodation? Yes No

- I certify that answers given herein are true and complete.
- I authorize the City of Alachua to investigate all statements contained in this application as may be necessary in arriving at a participation decision. I consent to references and former employers listed being contacted regarding this application and also consent to complete criminal history and background check.
- I understand that participation is contingent upon successful completion of a pre-participation drug screening test and continuous compliance with the City’s Drug Free Workplace Policy.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any participation with the City of Alachua Summer Youth Employment Program is of an “at will” nature, which means that the Participant may resign at any time and the City may discharge the Participant at any time with or without cause.
- I understand all offers of participation are conditioned upon satisfactory reference checks, successful completion of all pre-participation tests and requirements in addition to the production of all documents necessary for the City to verify my identity and work authorization in accordance with the requirements of the U.S. Citizenship and Immigration Services.
- In the event of participation, I understand that false or misleading information given in my application or interview(s), regardless of time of discovery, may result in disciplinary action including discharge. I also understand and abide by all policies and procedures of the City of Alachua if selected for participation.
- I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application.

Print Name: _____

Signature: _____

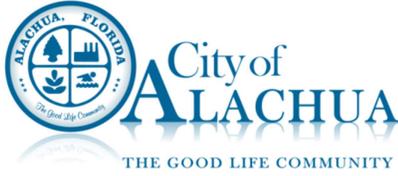
Date: _____

I hereby certify that the applicant listed above has my permission to participate in all activities associated with the City of Alachua Summer Youth Employment Program. I also give permission for images/recordings of the participant to appear in City publications or program-related media accounts including print, video and internet publications.

Print Name: _____

Parent/Guardian Signature: _____

Date: _____



SUMMER YOUTH EMPLOYMENT PROGRAM

PARENT CONSENT FORM

Minor's Last Name: _____ Minor's First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security No.: _____

I, _____, certify that I am the custodial parent or guardian of the minor applicant whose name appears above, and hereby give my consent to his/her participation in City of Alachua Summer Youth Employment Program. I further certify that all of the information contained in the minor's application is correct and true.

Parent/Guardian Print Name

Parent/Guardian Signature

Date