

EMPLOYMENT HISTORY

Present Employer Name _____ Address _____

Job Duties _____ Employment Dates _____

PREVIOUS EMPLOYERS:

Company Name _____ Address _____

Job Duties _____ Employment Dates _____

Company Name _____ Address _____

Job Duties _____ Employment Dates _____

EDUCATION AND MILITARY SERVICE

High School Name _____ City, State _____ Grade Completed _____ Year _____

College Name _____ City, State _____ Years Completed _____ Year _____

Degree(s) earned _____ Major(s) _____ Minor(s) _____

Military Service:

Branch _____ Dates of Service _____

List any special skills, training, interests, hobbies, languages that you speak fluently (other than English) that you have that may be useful: _____

Do you have any limitations/restrictions which need accommodation? Yes _____ No _____

If Yes, please explain _____

Emergency Contact Person:

Name _____ Phone _____

Relationship to volunteer _____

Why do you wish to volunteer with the City of Orlando? _____

How did you hear about us? _____

VOLUNTEER EXPERIENCE

Please list any current or previous volunteer activities: _____

What type of work do you wish to do? _____

What days and hours would you be available?

DAYS	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
TIMES							

Please give the names and phone numbers of two (2) local character references:

1. _____ Phone: _____
2. _____ Phone: _____

List any misdemeanor arrests or convictions (including dates) If none, write N/A: _____

List any felony arrests or convictions (including dates) If none, write N/A: _____

The City will NOT consider any individual applicant who has violated the standards set by Chapter 435 Florida Statutes and Section 393.0655 of the Florida Statutes. By signing this form, I hereby authorize the City of Orlando to conduct a background check.

I understand that the City handles sensitive or confidential information, the disclosure of which could adversely affect a criminal investigation and in some instances a violation of law. I agree not to disclose any information obtained by me while engaged in my volunteer duties unless specifically authorized in advance by a City Supervisor. I understand that my failure to comply with this paragraph will result in my removal from the volunteer program.

I hereby indemnify and hold the City harmless from and against any and all liability, for any injury to myself or my property or any other damage or cause of action which may arise while I am engaged in volunteer activities with the City. I agree that the City will not be responsible for any activities, liability, suits, or damages which may occur during or as a result of my volunteer status with the City, which occur outside the scope of the responsibilities and duties assigned to me.

I have received a copy of the Social Security Number Usage statement, and understand its contents.

I have completed the Affidavit of Good Moral Character in its entirety, and submitted it with this application.

If this application is for summer, I have completed and submitted the DCF fingerprinting form and parental consent form, if applicable.

The statements made by me in this application are true and complete to the best of my knowledge. I understand that any misstatements or material omission on this application will be considered sufficient cause to disqualify me for volunteer opportunities with the City of Orlando.

SIGNATURE: _____ **DATE:** _____

SIGNATURE OF PARENT/GUARDIAN: _____
(If volunteer is under 18 years old)



CITY OF ORLANDO

REQUEST FOR BACKGROUND CHECK FOR VOLUNTEERS LEVEL 1

**TO: Arlene Gonzalez, HR Specialist
City of Orlando Employment Office
407-246-2068**

Pursuant to Florida Statue 435, we request a Background Check on the applicant listed below:

APPLICANT INFORMATION

LAST NAME	FIRST & MIDDLE

DATE OF BIRTH	SOCIAL SECURITY NUMBER	HISPANIC/LATINO?	RACE	SEX

Primary Contact Number	Alternate Contact Number	Address

REQUESTED BY:

Alexandra Temes	407-832-1270	REC0003
Hiring Manager Name	Hiring Manager Contact Number	PROGRAM NUMBER



AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of Orange

Before me this day personally appeared _____ who, being duly sworn, says:

I am an applicant for employment as a direct service provider or other individual screened pursuant to Chapter 435, Florida Statutes, and Section 393.0655, Florida Statutes, or I am currently employed as a direct service provider with:

City of Orlando

By signing this form, I swear and affirm that I have not been found guilty of or entered a plea of guilty or nolo contendere (no contest) to, regardless of the adjudication, any of the following charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction. I attest that I have not been arrested for any of the following offenses and am currently awaiting disposition. I also attest that I have not been adjudicated delinquent for any of the following offenses, regardless of whether the records have been sealed or expunged.

I understand that I must acknowledge the existence of any criminal records relating to the following list of offenses. I understand that I am also obligated to notify my employer of any possible disqualifying offenses that may occur while employed in a position subject to background screening under Chapter 435, Florida Statutes. I further understand that the list stated below is subject to change and may include offenses that were not previously included.

NOTE: *The following list of offenses has been updated August 1, 2010, and includes offenses specifically applicable to direct service providers under Chapter 393, Florida Statutes.*

Offenses Relating to:

- Sections: 393.0674 Felony offenses for the release or use of information from juvenile records of the Agency for Persons with Disabilities for any purpose other than screening for employment
- 393.135 Sexual misconduct with certain developmentally disabled clients or threats and/or coercion relating to reports or testimony of sexual misconduct
- 394.4593 Sexual misconduct with certain mental Health patients
- 409.920 Medicaid provider fraud
- 409.9201 Medicaid fraud
- 415.111 The filing or disclosure of information from reports of adult abuse, neglect, or exploitation of aged persons or disabled adults
- 741.30 Criminal acts that constitute domestic violence as defined in section 741.28, Florida Statutes
- 782.04 Murder
- 782.07 Manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
- 782.071 Vehicular homicide
- 782.09 Killing of an unborn child by injury to the mother
- Chapter: 784 Assault, battery, and culpable negligence, if the offense was a felony.
- Sections: 784.011 Assault, if the victim of offense was a minor
- 784.03 Battery, if the victim of offense was a minor
- 787.01 Kidnapping
- 787.02 False imprisonment
- 787.025 Luring or enticing a child for an unlawful purpose
- 787.04(2) Taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings
- 787.04(3) Carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
- 790.115(1) Exhibiting firearms or weapons within 1,000 feet of a school

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	790.115(2)(b)	Possessing an electric weapon or device, destructive device, or other weapon on school property
	794.011	Sexual battery
	794.041	Former offenses for prohibited acts of persons in familial or custodial authority
	794.05	Unlawful sexual activity with certain minors
Chapter:	796	Prostitution
Section:	798.02	Lewd and lascivious behavior
Chapter:	800	Lewdness and indecent exposure
Section:	806.01	Arson
Sections:	810.02	Burglary
	810.14	Voyeurism, if the offense is a felony
	810.145	Video voyeurism, if the offense is a felony
Chapter:	812	Felony offenses for theft and/or robbery and related crimes
Sections:	817.034	Fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems
	817.234	False and fraudulent insurance claims
	817.505	Patient brokering
	817.563	Felony offenses for the fraudulent sale of controlled substances
	817.568	Criminal use of personal identification information
	817.60	Obtaining a credit card through fraudulent means
	817.61	Felony offenses for the fraudulent use of credit cards
	825.102	Abuse, aggravated abuse, or neglect of an elderly person or disabled adult
	825.1025	Lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
	825.103	Felony offenses for the exploitation of an elderly person or disabled adult
	826.04	Incest
	827.03	Child abuse, aggravated child abuse, or neglect of a child
	827.04	Contributing to the delinquency or dependency of a child
	827.05	Negligent treatment of children
	827.071	Sexual performance by a child
	831.01	Forgery
	831.02	Uttering forged instruments
	831.07	Forging bank bills, checks, drafts, or promissory notes
	831.09	Uttering forged bank bills, checks, drafts, or promissory notes
	843.01	Resisting arrest with violence
	843.025	Depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
	843.12	Aiding in an escape
	843.13	Aiding in the escape of juvenile inmates in correctional institution
Chapter:	847	Obscene literature
Section:	874.05(1)	Encouraging or recruiting another to join a criminal gang
Chapter:	893	Drug abuse prevention and control if the offense was a felony or if any other person involved in the offense was a minor
Sections:	916.0175	Sexual misconduct with certain forensic clients and reporting requirements for such sexual misconduct
	944.35(3)	Inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
	944.40	Escape
	944.46	Harboring, concealing, or aiding an escaped prisoner
	944.47	Introduction of contraband into a state correctional facility
	985.701	Sexual misconduct in juvenile justice programs
	985.711	Contraband introduced into detention facilities

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ONE OF THE FOLLOWING STATEMENTS MUST BE SIGNED:

Under the penalty of perjury, which is a first degree misdemeanor, punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to ss.837.012, or 775.082, or 775.083, Florida Statutes, I attest that I have read the foregoing, and I am eligible to meet the standards of good character for this caretaker position. This means that I have not been found guilty of or entered a plea of guilty or nolo contendere (no contest) to, regardless of adjudication, any of the offenses listed above or any similar statute of another jurisdiction. I attest that I have not been arrested for any of the above offenses and I am not currently awaiting disposition of any of the above offenses. I also attest that I have not been adjudicated delinquent for any of the above offenses, regardless of whether those records have been sealed or expunged.

Signature of Affiant

OR

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.

Signature of Affiant

OR

I swear or affirm that I am a licensed physician, licensed nurse, or other professional licensed and regulated by the Department of Health. I will be providing services that are within the scope of my licensed practice, and I am not subject to the screening provisions of section 393.0655, Florida Statutes.

Signature of Affiant

Sworn to and subscribed before me this _____ day of _____, _____

My commission expires _____

NOTARY PUBLIC, STATE OF FLORIDA

My signature, as a Notary Public, verifies the affiant's identification has been validated by _____