



DIGITAL MEDIA AND TECHNOLOGY
PLACEMENT PROGRAM

INTAKE APPLICATION

YOUTH AND MINORITY EMPLOYMENT AND JOB
TRAINING PROGRAMS IN THE TECHNOLOGY AND
DIGITAL MEDIA SECTORS

FOR OFFICIAL USE ONLY

	/ /		
Authorized CAMACOL rep.	Date	Technology or Animation	Status

ELEGIBILITY

ARE YOU A CITY OF MIAMI RESIDENT? _____

DATE AVAILABLE TO START: _____

HOW DID YOU HEAR ABOUT THIS PROGRAM? _____

GENERAL INSTRUCTIONS FOR COMPLETION OF APPLICATION:

- Complete all information within this application in its entirety.
- Type or print in ink.
- All information provided will be a public record and will be released upon request, unless exempt or confidential.
- Specify the program for which you are applying.
- Submit application to
CAMACOL
1401 W. Flagler Street
Miami, FL 33135
- Sign your name in the Certification Section (page 3). All information you submit is subject to verification.

HOW DO WE CONTACT YOU?

Name _____

People First Employee ID Number (if any) _____

Mailing Address _____

City _____ County _____ State _____ Zip Code _____

Phone _____ Alternate Phone _____

E-mail Address _____

EDUCATION

HIGH SCHOOL:

NAME / LOCATION OF SCHOOL _____ RECEIVED: Diploma Other (specify) _____ None

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH / YEAR)		CREDIT HOURS EARNED		MAJOR / MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

JOB-RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH / YEAR)		CREDIT HOURS EARNED		COURSE OF STUDY	TRAINING COMPLETED	
		FROM	TO	CLASS	CLOCK		YES	NO

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

LICENSURE, CERTIFICATION

LICENSE OR CERTIFICATION:

Number	Date Received	Expiration Date	State Licensing Agency

KNOWLEDGE / SKILLS / ABILITIE

List related skills you possess and believe relevant to the position you seek..

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER COVERED EMPLOYEE**, OR THE SPOUSE OR CHILD OF ONE, WHOSE INFORMATION IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER SECTION 119.071(4)(d), FLORIDA STATUTES (F.S.)?

YES NO

**Other covered jobs include but are not limited to: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families [see§ 119.071.F.S.].

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?

YES NO

If "YES", what charges? _____

Where? _____ Date: _____

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?

YES NO

If "YES", what charges? _____

Where? _____ Date: _____

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered [see §112.011, F.S.]

CITIZENSHIP

The state of Florida hires only U.S. citizens and lawfully authorized alien workers. You will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S.

1. ARE YOU A U.S. CITIZEN? YES NO

2. IF NO, ARE YOU LEGALLY AUTHORIZED TO ACCEPT EMPLOYMENT WITH THE SPECIFIC HIRING AUTHORITY TO WHICH YOU ARE APPLYING? YES NO

CERTIFICATION

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, human resources staff, and other authorized employees of Florida state government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for state employment are public records. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

IGNATURE: _____ DATE: _____

