

SCREENING REQUEST FORM

APPLICANT INFORMATION:	DEMOGRAPHICS:
First Name: _____ Middle Name: _____ Last Name: _____ Aliases: _____ Date of Birth: _____ SSN: _____ Driver's License #: _____ Expiration Date: _____ Place of Birth (City, State): _____ US Citizen (Check One): <input type="checkbox"/> YES <input type="checkbox"/> NO	Gender: _____ Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____ ← This criteria is REQUIRED for screening & 100% confidential Race (Check All That Apply): <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black (Not Hispanic or Latino) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other/Unknown <input type="checkbox"/> White (Not Hispanic or Latino)

CONTACT INFORMATION:
Street Address: _____ City: _____ State: _____ Zip : _____ County: _____ Phone Number: _____ Email: _____ Have you lived outside of Florida in the past 5 years (Check One)? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please provide the city(ies), state(s), and the range of dates: _____ Are you related to or living with someone who works for the City of Orlando (Check One)? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, what is their name: _____ What is your relationship to this person: _____ What department do they work for: _____

By signing this form, I am confirming this information is accurate and give permission to the City of Orlando to conduct pre-employment checks as required to move into this position.

_____ Signature _____ Date

SCREENING INFORMATION (HR USE ONLY):			
<u>COST CENTER:</u>	<u>CENTRA CARE</u>	<u>FINGERPRINTS</u>	
	<input type="checkbox"/> NEW HIRE - PPD	<input type="checkbox"/> DCF	AmeriCorps Only
<u>WORK LOCATION:</u>	<input type="checkbox"/> DRIVER - DOT	<input type="checkbox"/> FDLE/VECHS	<input type="checkbox"/> TRUESCREEN
	<input type="checkbox"/> DRUG SCREENING ONLY	<input type="checkbox"/> OCPS	<input type="checkbox"/> FIELDPRINT 2
<u>NOTES:</u>			



Year Round	<input type="checkbox"/>
Athletics only	<input type="checkbox"/>
Summer Camp ONLY	<input type="checkbox"/>

VOLUNTEER APPLICATION

- ATHLETICS DIVISION** _____
(Location/Cost Center)
- ORLANDO AFTER SCHOOL ALL STARS** _____
(Location/Cost Center)
- PARKS DIVISION** _____
(Location/Cost Center)
- PARRAMORE KIDZ ZONE** _____
(Location/Cost Center)
- RECREATION DIVISION** _____
(Location/Cost Center)

As a candidate for a volunteer position with the City of Orlando, I am willing to furnish the following information for use in determining my qualifications. I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature.

I understand that the City of Orlando will conduct a level 2 criminal background screening on volunteers who may work with children and seniors as part of their volunteer responsibilities. The screening standards are contained in City Policy & Procedure 808.31 and the Florida Statutes. Further background information will be requested only if a specific volunteer assignment calls for a full security check including a polygraph exam. Athletics coaches, assistant coaches, and referees will be screened through the sexual offender registry as required by F.S. 943.0438. Volunteers working 10 or more hours per month will be required to obtain DCF and/or FDLE clearance prior to the start of work.

IT IS IMPORTANT THAT YOU ANSWER ALL QUESTIONS ON THIS APPLICATION FULLY AND ACCURATELY.

Name: _____

First
Middle
Last

Address: _____
 Street Address

City
State
ZIP
How long?

Social Security Number: ____ - ____ - ____ Email address: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Cell Phone: _____

Date of Birth: _____ Place of Birth (City, State/Country): _____

Driver's License Number/ID Number (if none, write N/A): _____
 Expiration date: _____

EMPLOYMENT HISTORY
(If none, write N/A)

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: (If none, write N/A)

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 (not parents or immediate relatives)

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 level 2 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, or if I am planning on volunteering more than 10 hours per month, I have completed and submitted the DCF and/or FDLE fingerprinting form and parental consent form, as 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)



AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of ORANGE

Before me this day personally appeared _____ who, being duly sworn, deposes and says:
(Applicant's/Employee's Name)

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with CITY OF ORLANDO, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

- Section 393.135 sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
- Section 394.4593 sexual misconduct with certain mental health patients and reporting of such sexual misconduct
- Section 415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
- Section 741.28 criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
- Section 777.04 attempts, solicitation, and conspiracy to commit an offense listed in this subsection
- Section 782.04 murder
- Section 782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
- Section 782.071 vehicular homicide
- Section 782.09 killing an unborn child by injury to the mother
- Chapter 784 assault, battery, and culpable negligence, if the offense was a felony
- Section 784.011 assault, if the victim of offense was a minor
- Section 784.03 battery, if the victim of offense was a minor
- Section 787.01 kidnapping
- Section 787.02 false imprisonment
- Section 787.025 luring or enticing a child
- Section 787.04(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
- Section 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
- Section 790.115(1) exhibiting firearms or weapons within 1,000 feet of a school
- Section 790.115(2)(b) possessing an electric weapon or device, destructive device, or other weapon on school property
- Section 794.011 sexual battery
- Former Section 794.041 prohibited acts of persons in familial or custodial authority
- Section 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
- Section 810.02 burglary
- Section 810.14 voyeurism, if the offense is a felony
- Section 810.145 video voyeurism, if the offense is a felony
- Chapter 812 theft and/or robbery and related crimes, if a felony offense
- Section 817.563 fraudulent sale of controlled substances, if the offense was a felony
- Section 825.102 abuse, aggravated abuse, or neglect of an elderly person or disabled adult
- Section 825.1025 lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
- Section 825.103 exploitation of disabled adults or elderly persons, if the offense was a felony
- Section 826.04 incest
- Section 827.03 child abuse, aggravated child abuse, or neglect of a child
- Section 827.04 contributing to the delinquency or dependency of a child
- Former Section 827.05 negligent treatment of children

CONTINUED ON NEXT PAGE

Section 827.071	sexual performance by a child
Section 843.01	resisting arrest with violence
Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12	aiding in an escape
Section 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, only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40	escape
Section 944.46	harboring, concealing, or aiding an escaped prisoner
Section 944.47	introduction of contraband into a correctional facility
Section 985.701	sexual misconduct in juvenile justice programs
Section 985.711	contraband introduced into detention facilities

THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR SUBSTANCE USE AND MENTAL HEALTH DISORDER POSITIONS

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for “Mental Health Personnel” screened pursuant to section 394.4572, F.S., “Service Provider Personnel” and “Peer Specialists” screened pursuant to s. 397.407, F.S.; “Recovery Residence Personnel” screened pursuant to s. 397.487, F.S., and any other substance use or mental health disorder professionals seeking certification requiring screening under s. 408.809, F.S

Relating to:

Chapter 408	felony offenses contained in Chapter 408
Section 408.8065(3)	offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application
Section 409.920	Medicaid provider fraud
Section 409.9201	Medicaid fraud
Section 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photo-optical systems
Section 817.234	false and fraudulent insurance claims
Section 817.481	obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony
Section 817.50	fraudulently obtaining goods or services from a health care provider
Section 817.505	patient brokering
Section 817.568	criminal use of personal identification information
Section 817.60	obtaining a credit card through fraudulent means
Section 817.61	fraudulent use of credit cards, if the offense was a felony
Section 831.01	forgery
Section 831.02	uttering forged instruments
Section 831.07	forging bank bills, checks, drafts or promissory notes
Section 831.09	uttering forged bank bills, checks, drafts, or promissory notes
Section 831.30	fraud in obtaining medicinal drugs
Section 831.31	the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony
Section 895.03	racketeering and collection of unlawful debts
Section 896.101	the Florida Money Laundering Act

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21, F.S.; a career offender pursuant to s. 775.261, F.S.; or a sexual offender pursuant to s. 943.0435, F.S., unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354, F.S.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at CITY OF ORLANDO in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and

any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses**. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: _____

Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: _____

Sworn to and subscribed before me by means physical presence or online notarization
of this ____ day of _____, 20__.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

Affiant personally known to notary

OR

Affiant produced identification

Type of identification produced: _____