

CITY OF ORANGE CITY HUMAN RESOURCES

"AN EQUAL OPPORTUNITY EMPLOYER"
 205 EAST GRAVES AVENUE
 ORANGE CITY, FL 32763 (386-775-5457)

VOLUNTEER APPLICATION



THIS APPLICATION IS FOR VOLUNTEER POSITIONS WITH THE CITY OF ORANGE CITY ONLY

Instructions: Please fill out this application accurately and completely. Please print clearly or type all information. If an item does not apply, insert N/A (not applicable). Attach any diplomas, certificates, or other documents you feel will help in evaluation of your application. All materials submitted become property of the City and will not be returned. If you are selected for volunteerism, the City is required by federal law to verify having seen documents which the applicant must provide, that show (1) the applicant's identity; and (2) the applicant's right to work in the United States.

<hr/> (Last Name)	<hr/> (First)	<hr/> (M)
<hr/> Mailing Address (Street)		<hr/> (Apt)
<hr/> (City) (State) (Zip Code)		Telephone Numbers: Work: () _____ - _____ Home: () _____ - _____ Email : _____
<hr/> Street Address (If different from above mailing address.)		

Volunteer Position Applied For: _____ Date of Application: _____

Referral Source: [] Advertisement [] Employee [] Relative [] Other
 [] Walk-in [] Friend [] Career One Stop Center

May we contact you at work? [] YES [] NO If so, what is the best time? _____

Would you be willing to work nights, weekends, holiday, and overtime? [] YES [] NO

Date Available: _____

EDUCATIONAL BACKGROUND

High School Attended: _____ City/State/Zip: _____
 ___ High School Diploma ___ Did Not Graduate ___ Received GED Year Received _____

COLLEGE OR UNIVERSITY	LOCATION	DEGREE TYPE	MAJOR/ MINOR	GRADUATED/ DEGREE RECEIVED

BUSINESS/VOCATIONAL LICENSES/CERTIFICATION	LICENSING/CERTIFYING AGENCY	STATUS OF LICENSE/CERTIFICATION

VETERAN'S PREFERENCE

Branch of Service _____
 Date Entered _____ Date Discharged _____ Final Rank _____ Type Discharge _____

- Check below if you are claiming veteran's preference. A DD 214 (Certificate or Release or Discharge from Active Duty) substantiating your claim must be furnished at the time of the application.
- _____ 1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veteran's Affairs and the Department of Defense, or
 - _____ 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
 - _____ 3. A veteran who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, or
 - _____ 4. The unmarried widow or widower of a veteran who died of a service-related disability.

NOTE: Under Florida law, preference in appointment shall be given by the state to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above, if an applicant claiming veterans' preference for a vacant position is not selected, he/she may file a complaint with the Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida, 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

EMPLOYMENT: Please list all full and part time work experience. Start with the most recent position and work back. Major changes in duties or job titles with the same employer should be listed as separate positions. Describe job duties in sufficient detail to demonstrate that you meet the minimum requirements of the position. Use additional sheets in the same format if necessary. Resumes may not substitute for any information requested on this application, but may be submitted in addition to a completed application.

1. Dates of Employment	
From:	Firm Name _____ Address _____ City, State _____
Month ____ Day ____	Type of Business _____ Name, Title, Phone Number of Immediate Supervisor _____
Year _____	Your Title _____
To:	<p>Duties: Describe the nature of the work performed by you with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision.</p> <p>Reason for leaving:</p>
Month ____ Day ____	
Year _____	
Total Hours Worked Per Week _____	
Beginning Salary: _____	
Ending Salary: _____	

2. Dates of Employment	
From:	Firm Name _____ Address _____ City, State _____
Month ____ Day ____	Type of Business _____ Name, Title, Phone Number of Immediate Supervisor _____
Year _____	Your Title _____
To:	<p>Duties: Describe the nature of the work performed by you with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision.</p> <p>Reason for leaving:</p>
Month ____ Day ____	
Year _____	
Total Hours Worked Per Week _____	
Beginning Salary: _____	
Ending Salary: _____	

3. Dates of Employment	
From:	Firm Name _____ Address _____ City, State _____
Month ____ Day ____	Type of Business _____ Name, Title, Phone Number of Immediate Supervisor _____
Year _____	Your Title _____
To:	<p>Duties: Describe the nature of the work performed by you with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision.</p> <p>Reason for leaving:</p>
Month ____ Day ____	
Year _____	
Total Hours Worked Per Week _____	
Beginning Salary: _____	
Ending Salary: _____	

BACKGROUND INFORMATION

Are you eligible for employment in this country? [] YES [] NO

If hired, proof of citizenship, legal work authorization or immigration status will be required.

Florida Driver's License? [] YES [] NO

If "no" please indicate State: _____

Class Code: _____ Endorsements: _____

Florida Commercial Driver's License? [] YES [] NO

Class Code: _____ Endorsements: _____

Have you ever been bonded: [] YES [] NO

Have you ever been convicted of a felony or first degree misdemeanor? [] YES [] NO

If yes, charges: _____ Location: _____ Date: _____

Have you ever been convicted of a traffic violation? [] YES [] NO

If yes, charges: _____ Location: _____ Date: _____

A "yes" answer to some questions will not automatically bar you from employment. The nature, severity, and date of any offense in relation to the position for which you are applying are considered.

Have you filed an application here before? YES [] NO []

If yes, please give date and position applied for? _____

Have you ever been employed by the City of Orange City? YES [] NO []

If yes, give dates and department: _____

Are you related to any employee of the City? YES [] NO []

If yes, please give name and relationship: _____
(This information is requested only to avoid conflicts in supervision or assignment.)

Have you ever been discharged or forced to resign from any position? YES [] NO []

If yes, complete the following: Employer: _____

Address: _____ Date: _____

Explanation (Use additional sheets if necessary): _____

DISCLOSURE

The City of Orange City is an Equal Opportunity Employer and does not discriminate in employment. No question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

CERTIFICATION — Read carefully before signing.

By signing this document, I certify that all of the information on this entire application, including any attachments, is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of this application, removal of my name from any employment list, or termination of employment. I understand that the City of Orange City is a Drug-Free Workplace and that employees may be subject to drug testing in accordance with federal, state, and local statutes. I understand, as a condition of employment, I may undergo and successfully pass a physical and a drug screen, both provided by the City of Orange City. I understand that any applicant testing positive for an illegal controlled substance shall not be hired. I understand that this application is the property of the City of Orange City and information contained herein is public record. I understand and direct any persons or organizations to release and furnish records and information relevant to determine my fitness and suitability for employment in the aforesaid position. I release the custodian of such record, including the City of Orange City and its officials and employees, both elected and appointed, from any liability for damages resulting from any good faith attempts at lawful compliance with this authorization. I understand that just as I am free to resign at any time, the City of Orange City reserves the right to terminate my employment at any time, with or without prior notice. I understand that no representative of the City of Orange City has the authority to make any assurances to the contrary. I am also attesting that I understand and meet all of the minimum requirements for the position applied for.

Signature of Applicant (Sign application in dark ink): _____

Date Signed (Month/Day/Year) _____



AUTHORIZATION TO OBTAIN CONSUMER REPORTS

TO: Any person, organization or agency having knowledge of my conduct or activities; and

Any past or present employer; and

Any Credit Bureau, Retail Merchants Association, Bank, Financial Institution or any other Credit Extending Organization; and

Any Dean, Registrar, Principal, Counselor, Instructor or other authorized person at a School (University, College, High School, Trade School, or other); and

Any Doctor, Hospital, Clinic or Sanitarium; and

Any Department or Agency of a City, County, or State Government, or of the Federal Government.

I, _____, hereby authorize the City of Orange City to obtain or have prepared one or more consumer reports on me for employment purposes, including but not limited to initial employment, promotion, reassignment, retention of employment and any other use not prohibited by law, prior to and during my employment with the City of Orange City. These reports may contain information regarding my credit history, criminal record history, driving record history, and any other type of information that is permissible by all governing laws pertaining to employment, insurance, or credit information. I understand this information maybe obtained from previous employers, companies, credit bureaus, corporations, law enforcement agencies, persons, educational institutions, and other agencies, businesses, and individuals. I hereby authorize and direct all persons who may have information relevant to any such consumer report to disclose it to the City of Orange City or its agents. I hereby further authorize that a photo copy of this Authorization may be considered as valid as an original.

This Authorization is valid for current and future reports, and I specifically understand that the City of Orange City intends for this Authorization to cover both the application for employment and, if I am hired, any additional consumer reports obtained while I remain an employee.

Date: _____

Print Name: _____

Social Security
Number: _____

Signature: _____

Driver's License State & Number: _____

Date of Birth: _____



Fair Credit Reporting Act Disclosure Statement

By this document, the City of Orange City discloses to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to acknowledge the receipt of this disclosure.

Signature

Date

Printed Name