

Is there anything in your background that would disqualify you from this position if we were to learn of it later?

Note: Be sure you respond accurately, providing all requested information.

If you do not have a driver's license, check this box.

Drivers License #

Class Endorsements

State Expiration Date

REFERENCES

Please list three (3) references. (Not former employers or relatives).

Name Telephone Number

Address, City, State, Zip

Name Telephone Number

Address, City, State, Zip

Name Telephone Number

Address, City, State, Zip

EMPLOYMENT HISTORY

Begin with your present or most recent employment, including self-employment, part-time employment, and military service. Describe your paid work experiences for at least the past 10 years or, if applicable, list your past three (3) employers. Attach addendum if needed to complete this section.

May we contact your present employer(s)? Yes No

Employer Name	<input type="text"/>	Position	<input type="text"/>
Address	<input type="text"/>	Duties and Responsibilities	<input type="text"/>
City / State	<input type="text"/>		
Telephone	<input type="text"/>		
Supervisor Name	<input type="text"/>	Supervisor Title	<input type="text"/>
Reason for leaving	<input type="text"/>	Presently employed	<input type="radio"/> Yes <input type="radio"/> No
Employed Dates	From <input type="text"/>	To	<input type="text"/>
Final Salary	<input type="text"/>	<input type="radio"/> Yearly <input type="radio"/> Monthly <input type="radio"/> Weekly	
		<input type="radio"/> Bi-weekly <input type="radio"/> Semi-monthly <input type="radio"/> Other	

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		<input type="radio"/> Bi-weekly <input type="radio"/> Semi-monthly <input type="radio"/> Other	

Explain any gaps in work history listed on page 3.

Have you ever been fired, forced to resign, or resigned in lieu of termination? Yes No

If yes, please explain.

List all special skills, computer programs, office machines, equipment, tools, etc., you are familiar with using.

EDUCATION AND SPECIAL TRAINING DATA

High School or GED

Name Year Completed

Address

Degree Major

Check Highest Grade Completed: 9 10 11 12

College / University

Name Year Completed

Address

Degree Major

From Year To Year

Special Training School

Name Year Completed

Address

Licenses or Certificates

From Year To Year

APPLICANT'S STATEMENT

I hereby certify that all statements made in this application are true and complete. Further, I understand that misrepresentation or omission of information by me shall serve as a basis for termination with the City of Plantation. Permission is granted to the City of Plantation to investigate and verify any information provided on this and successive documents completed for purposes of consideration. In return for consideration of my application, I release any person who provides information pertaining to me from all claims or liabilities that might otherwise result from such information or opinions. I understand that if I provide volunteer work with the City of Plantation that some potential employer may in the future contact the City concerning my record and performance at the City. I hereby consent to and authorize persons employed by the City to divulge any and all information they consider to be relevant to any person representing themselves to be an employer of mine or a potential employer of mine with respect to my record and performance at the City of Plantation.

Signature of Applicant Date

RELEASE TO PROCURE CONSUMER REPORT

I understand that in connection with my Volunteer Application with the City of Plantation certain background information contained in a consumer report may be obtained in addition to my driving record and/or criminal background. I also understand that I have the right to decline authorization for the City of Plantation procure a consumer report concerning me, but by doing so, I will not be considered further.

- I authorize the City of Plantation to procure a consumer report concerning me.
- I do not authorize the City of Plantation to procure a consumer report concerning me.

Signature of Applicant Date

VOLUNTEER INTEREST SURVEY

AVAILABILITY: (Circle your choice of days and times)

What day(s) are you available to volunteer? M T W TH F SAT

What time of day are you available? Mornings Afternoons Evenings

(Volunteers work a minimum of three hours/visit)

If you are a Seasonal Volunteer, list the months you are available: _____

Please check all groups you prefer to work with:

___ Adults

___ Seniors

___ Children

___ Youth

Please check all activities you would like to participate in:

___ Aquatics

___ Filing

___ Arts & Craft Instruction

___ Bookkeeping/Accounting

___ Hospitality

___ Data Entry

___ Board or Committee Member

___ Mailing Assistance

___ Coaching Athletics

___ Seniors

___ Public Speaking

___ Disaster/Emergency Activities

___ Computer Assistance

___ Special Event Assistance

___ Receptionist/Telephone

___ Site Manager

___ Homework Assistance

___ Reading

List any other areas of interest

Please check all skills you presently have:

Art & Culture

- Dance
- Music
- Theatre
- Art
- Photography

Communications

- Advertising/Marketing
- Audio/Visual
- Editing
- Public Speaking
- Writing

Clerical

- Filing
- Receptionist/Phone
- Word Processing
- Desktop Publishing

Community

- Crime Prevention
- Politics
- Tourism

Leadership

- Board Training
- Event Coordination
- Human Resource Mgmt.
- Professional Trainer
- Project Coordination

Professional

- Accounting/CPA
- Business Consulting
- Financial Advisor
- Fundraising/Grant Writing
- Legal or Paralegal
- Medical Practitioner

Sports/Recreation

- Baseball
- Basketball
- Bowling
- Coaching
- Cycling
- Football
- Golf
- Gymnastics
- Inline Skating
- Referee/Umpire

Skateboarding

- Soccer
- Swimming
- Tennis
- Track & Field
- Volleyball
- Water Sports

I AM AWARE that volunteering for the City of Plantation involves risk of personal injury, property damage, and other risks associated with volunteer service.

I RELEASE the City of Plantation from any and all liability for all loss, damages, and claims, (including attorney fees and costs), resulting from injury to the person listed below or to his or her property arising from the volunteering services.

I HEREBY HOLD HARMLESS the City of Plantation and project organizers from any and all claims, actions, or damages relating to or arising out of any activity related to volunteering for the City of Plantation.

These releases are effective for me, my personal representatives, assigns, and heirs.

I HEREBY confirm, represent and warrant that I have never been convicted of any violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or sexual offense of any kind or any other violation of law, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.

FURTHERMORE, I agree to utilize my own vehicle for transportation to and from the City, and further agree that I will be fully responsible for any and all damages or injuries sustained by myself and anyone else in my vehicle. I agree not to provide transportation for any of the children that are attending any of the programs for which I volunteer. I hereby represent and warrant that I am fully insured to operate my personal vehicle, to the extent required by law.

I ASSUME FULL RESPONSIBILITY FOR any and all claims and costs (including my own) arising directly or indirectly out of activities, acts, or omissions while volunteering with the City of Plantation.

FURTHERMORE, I authorize the City of Plantation to use my name and give any organization involved with the City of Plantation permission to photograph me. I understand that the City of Plantation has permission to use my name, photographs/videotapes, likeness, image, voice and biography in all media, publications, advertising and for publicity purposes in connection with my participation with a City of Plantation Volunteer Program related activity or project unless written notice is received to the contrary.

I CERTIFY that the statements made in this volunteer release are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party, with legal and proper interest, and I release the City of Plantation from any liability whatsoever for supplying such information. I understand that I will not be paid for services as a volunteer.

I HAVE CAREFULLY READ AND UNDERSTAND COMPLETELY THE ABOVE PROVISIONS AND VOLUNTARILY SIGN THE RELEASE AND INDEMNITY AGREEMENT.

VOLUNTEER NAME: _____

SIGNATURE: _____ **DATE:** _____