

VOLUNTEER APPLICATION



LUBBOCK, TEXAS
Internet address: www.mylubbock.us

THE CITY OF LUBBOCK IS AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or a non-job-related medical or physical condition.

Position Applied for: VOLUNTEER Date _____

Name _____
(Last) (First) (Middle)

Present Address _____
Number Street City State Zip Code

Home Telephone (_____) Day Telephone (_____) _____
(Area Code) (Area Code)

Email address _____ Cell Telephone _____

When will you be available to report to work? _____

PERSONAL HISTORY

Social Security Number ____ / ____ / ____ Driver's License# _____ State _____

Do you have a Commercial Drivers License? YES _____ A _____ B _____ C _____ NO
Please check all applicable endorsements: Trailer _____ Tank _____ Haz Mat _____ Combination _____

Are you a U.S. Citizen: Yes No (If No, Give Your Alien Registration Number _____)

Have you ever been convicted of, plead guilty to, received deferred adjudication, or been on any form of diversion for any criminal offense (misdemeanors and felonies) within the last seven (7) years? Yes _____ No _____ If Yes, please explain:

Do you have relatives employed by the City of Lubbock? YES NO Department _____

Name _____ Relationship _____

EMPLOYMENT HISTORY

Please provide brief employment history, highlighting your last jobs, if any.

Employer's name (Present or last position)	From (mo/yr)	To (mo/yr)	Type of Business
Address (number, street, city, state, and zip code)			Type of Business
Briefly outline major duties			

Municipal Museums

Employer's name (Present or last position)	From (mo/yr)	To (mo/yr)	
Address (number, street, city, state, and zip code)			Type of Business

Briefly outline major duties	
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Employer's name (Present or last position)	From (mo/yr)	To (mo/yr)	
Address (number, street, city, state, and zip code)			Type of Business

Briefly outline major duties	Job Title
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VOLUNTEER OR OTHER RELATED EXPERIENCE

Organization's name	Total hours worked	Telephone
Address (number, street, city, state, and zip code)		Type of Organization

Briefly outline major duties	Job Title
	Supervisor's Name

Organization's name	Total hours worked	Telephone
Address (number, street, city, state, and zip code)		Type of Organization

Briefly outline major duties	Job Title
	Supervisor's Name

EDUCATIONAL HISTORY

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12

High School Diploma Received From: _____ City, State _____
 GED Certificate Received From: _____ City, State _____

College, University, or Technical Schools Attended:

Name	From	To	Major	# of Hours	Type of Degree	Date Received

Municipal Museums

SPECIAL SKILLS, ACCOMPLISHMENTS, AND AWARDS

Summarize special skills and qualifications acquired from employment or other experience.

List Job-Related licenses or certificates that you have, such as: registered nurse, lawyer, water, sanitarian, etc.

LICENSE OR CERTIFICATE	DATE OF LICENSE/CERTIFICATE	ISSUING STATE

PERSONAL REFERENCES

List three people whom you have known for at least three years - do not include relatives or former employers.

Name	Address	Day Phone	Occupation

READ CAREFULLY BEFORE SIGNING

I hereby certify that the statements made and answers given by me to the foregoing and following questions are true and correct and that there are no omissions of any kind whatsoever. I agree that any evasion, untruthful statement, answer, or omission shall be sufficient cause for discharge at any time. I agree to submit to physical examination including drug screen, whenever requested by the City of Lubbock, by doctor, or doctors designated by the City, either prior to or during the course of employment, subject to the requirements of ADA. I hereby release all doctors, medical personnel, and elected officials from all liability claims and damages in connections to furnishing any information to the City of Lubbock. I hereby request and authorize the companies or persons shown under "Employment History" or other interested parties not necessarily named in the foregoing application to furnish the City of Lubbock any information regarding my employment by them together with any information they may have regarding me, including motor vehicle records, military records, financial status, criminal record, and general reputation, and I hereby release such companies or person, the City of Lubbock, its management and elected officials from all liability, claims and damages in connection with the furnishing of such information. I further acknowledge that my employment may be terminated, and any offer of employment if such is made, may be withdrawn with or without cause, at the option of the City or myself. I further acknowledge that the foregoing completed application form does not in any way constitute a contract of employment.

REFERENCE CHECK AUTHORIZATION

I hereby request and authorize all persons, schools, companies, credit bureaus, corporations, law enforcement agencies, and education institutions to furnish the City of Lubbock with any information regarding my employment together with any information they may have regarding me, including motor vehicle records, military records, criminal records, and general reputation. This authorization releases said organization(s) and individual(s) from all liability, claims, and damages in connection with the furnishing of such information.

(Signature)

(Date)