

Telephone Number

#### **Personnel Department - City of Bisbee**

76 Erie Street – PO Box 4601 Bisbee, Arizona 85603

Tx: (520) 432-6271 Fx: (520) 432-6069

Date Of Birth Social Security Number

## **VOLUNTEER APPLICATION**

Instructions: You may apply by mailing or delivering a completed	application form to:		
Drop Off: City of Bisbee 76 Erie Street Bisbee, AZ 85603	Mail: City of Bisbee PO Box 4601 Bisbee, AZ 85603		
Applications can also be emailed to <a href="mailto:personnel@bisbe">personnel@bisbe</a> Volunteer Applications which are incomplete or unsignature.			
The city accepts and encourages the involvement of v compensation or expectation of compensation, perfor officially accepted and enrolled by the City as provide the service of each volunteer at its sole discretion. Ein and for whatever reason. Volunteer in some department of the City of Bisbee provides an equal employment opnational origin, disability, or marital status. The City nondiscrimination in all employment activities. The Cand will provide reasonable accommodation for quality during the recruitment or hiring process must be sent	ms a task at the direction and in this policy prior to ther the City or the voluents or positions may resport unity (EEO) for all of Bisbee complies with the complies of Bisbee complies fied individuals with direction of Bisbee complies.	on of and on behalf of to the performance of an inteer may terminate the quire a background che persons regardless of the the applicable state and with the American's we sabilities. Requests fo	he City. Volunteers must be my tasks. The City accepts he relationship at any time, eck.  race, color, sex age, religion, local laws governing with Disabilities Act (ADA)
Volunteer Position/Department Requested:		Date of App	lication:
How did you learn about us?  □ City website □City Employee □ Newspapter Ad	d □ Online Ad	□ Other :	
Last Name	First Name		Middle Initial
Mailing Address	City	State	Zip Code

Email

### City of Bisbee Volunteer Application

Education High School, College, University, Technical/Trade School or any other educational programs

School Name	Location: City / State	Course of Study	Years completed	Diploma / Degree
volunteer opportunity for	ORY: Please provide an accur which you are applying. Inclu inployer. If you have more jobs	de service in the armed force	s or self-employment. S	tart with your
Employer:		Job Tit	le:	
Employer Address:				
Telephone: ()		May we contact this employer	? □ Yes □ No	
From: / to mor	th year			
Reason for Leaving:		Na	me of Supervisor:	
Description of Duties:				
Employer:		Job Tit	le:	
Employer Address:				
Telephone: ( )	N	May we contact this employer	? □ Yes □ No	
From: / to mor	/ Total months:	Hours/ week:		
Reason for Leaving:		Na	me of Supervisor:	
Description of Duties:				

#### City of Bisbee Volunteer Application

# **EMPLOYMENT HISTORY - CONTINUED** Employer: Job Title: \_\_\_\_\_ Employer Address: May we contact this employer? $\square$ Yes $\square$ No Telephone: ( ) From: \_\_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ Total months: \_\_\_\_ Hours/ week: month year Name of Supervisor: \_\_\_\_\_ Reason for Leaving: Description of Duties: **Skills/Training:** Describe any specialized training, licenses, certifications, language proficiencies or other qualifications which have not been previously listed and which you believe relate to the position for which you are applying. Be specific in your description: **References:** List three professional references with direct knowledge of your work experience. Occupation **Phone Number Email** Name I hereby certify and affirm that all the information contained in this application and all supplemental attachments is true, complete and correct. I understand that false or misleading statements or the omission of important information made on this application or any time during the selection process may disqualify me from volunteer opportunites or subject me to immediate dismissal if already enrolled as a volunteer. **Volunteer Signature:** If volunteer is under 18, Parent/Guardian SIGNATURE: Date:

Parent/Guardian Name PRINTED:



### City of Bisbee Volunteer Application Employment Application Addendum

Please complete the following and return this form with your completed application for employment.

Both application and addendum must be signed.

1.	Do you have any criminal convictions (not to include civil traffic violations and juvenile offenses)?				
	If so, give the details below, including when and where the offense occurred and the disposition				
	of the case. For MOST jobs, convictions will NOT automatically be grounds for disqualification				
	from consideration. The failure to answer truthfully will be grounds for disqualification.				
	Yes No				
	Details:				
	<u> </u>				
2.	Are you currently subject to any probation or parole orders or any civil orders that restrict or				
	regulate your conduct in any manner? If so, please explain fully.				
	Yes No				
	Details:				
I here	eby certify that all statements contained herein are true to the best of my knowledge and I understand				
omis	sions or misstatements may be cause for rejection of this application, removal of my name from an				
eligib	pility list or discharge from the City of Bisbee, regardless of the time of discovery.				
Signa	ature:Date:				
ivam	e printed:				



## City of Bisbee Volunteer Application

#### **Authorization and Consent To Disclosure**

Date	(Expires six months from	this date unless revoked earlier.)
I understand that all informa	tion provided to the City of Bisbee	is subject to verification. To assist the City of
Bisbee in processing my emp	oloyment application, the undersign	ned applicant for employment hereby authorize
any employer or prior emplo	yer, educational institution, law en	forcement agency, consumer reporting agency
governmental agency, or any	person or organization possessing	employment, educational or police record
information concerning me t	o release all such information to th	e City of Bisbee, its agents and employees.
Name:		_
Date of Birth:		SS#:
Maiden Name:		
Other Name(s) Used:		
Driver's License #:		State:
I specifically authorize the Ci	ty of Bisbee, through its designated	I representatives, to view, copy, be furnished
copies and be given details o	f all such employment information	, educational records, police records and
financial information, specifi	cally to include credit history inforr	nation. Any copy of this authorization shall
have the same authority as t	he original.	
Signature		
Physical Address		



## City of Bisbee Volunteer Application

#### **Employment Application Addendum**

# For positions within the Police Department, Fire Department and certain Public Works and other department positions.

In accordance with the Drug-Free Workplace Act of 1988, the City of Bisbee, as a federal grant recipient, is required by federal law to certify to agencies from which it receives grants that it ensures a drug-free workplace.

Accordingly, on August 17, 1990, the City of Bisbee's "Drug Free Workplace Policy" went into effect. The policy requires that all successful applicants for positions with the Police Department, the Fire Department, and certain positions within the Public Works and other Departments, must pass a screening for drugs and alcohol. Confidentiality of test results is maintained.

As a condition of hire, I understand that I will be asked to sign a pre-employment drug screening form. Failure to do so, or a failure to pass said testing, will result in an automatic disqualification of my application for employment as:

Position applied for:		_
Signature:	Date:	_
Name printed:		