

Town of Spring Lake Volunteer Request Form

P.O. Box 617
300 Ruth Street
Spring Lake, NC 28390
www.spring-lake.org

An Equal Opportunity/Affirmative Action Employer

Phone: (910) 703-8911

Fax: (910) 436-0298

INSTRUCTIONS: It is important that you fill out all sections of this application completely and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. Incomplete and unsigned applications will not be processed. Resumes will not be accepted in lieu of Town application.

Current Information (Please type or print clearly in ink)

Position Applied for _____ Date _____

When will you be available for employment? _____ Minimum or other acceptable salary: _____ Employment desired: (check all that apply)
 Full-time Part-time Temporary Summer

NAME _____
 Last First Middle Maiden

ADDRESS _____
 Street & Number or P.O. Box Town State Zip

TELEPHONE _____
 Home Business/Cell If neither, where can you be reached? _____

EMAIL ADDRESS _____ (optional)

General Information (Attach additional sheet if needed)

a. Have you ever been employed with the Town of Spring Lake? Yes No
 If yes, what department & when? _____

b. Are you related by blood or marriage to any Town employee? Yes No
 If yes, give name, relationship and department _____

c. Have you applied for any other position with the Town of Spring Lake in the last 2 years? Yes No
 If yes, please list the positions applied for.

d. Please list your driver's license number, type, expiration date, and the state where it was issued.

e. Are you able to perform the essential functions of the position which you are applying with or without reasonable accommodations? Yes No

INTERNAL USE ONLY: Application logged yes Send to dept: yes no Date sent: _____ Dept sent to: _____

Education

Circle highest level completed.

1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

| School | Location of School | Graduate Yes <input type="checkbox"/> No <input type="checkbox"/> | Semester Quarter Hours | Type of Degree or Diploma | Major/Minor Subject |
|---------------------------------------|--------------------|--|------------------------------|------------------------------------|---------------------|
| High School or GED | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| College or University | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Graduate or Professional School | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Vocational/ Technical School or Other | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

*Please list military services in the employment history section

Skills, Certifications

Please list any skills, abilities, special certifications, licenses, special training, or courses you have had that you feel are applicable to the type of volunteer work for which you are requesting. Include skills with equipment or machines you operate. List computer skills separately as indicated below.

- | | |
|-----------|-----------|
| (a) _____ | (f) _____ |
| (b) _____ | (g) _____ |
| (c) _____ | (h) _____ |
| (d) _____ | (i) _____ |
| (e) _____ | (j) _____ |

Please list computer knowledge and specific software skills:

Employment History

Record your complete work history in the spaces below (resume may be attached however this section must be completed). Begin with your current or most recent employer first. Use continuation sheets as necessary to account for your full record. Be sure to account for gaps in your employment history. Related volunteer experience should also be listed.

May we contact your present employer? Yes No

| | | |
|---|-------------------------------|------------------------|
| Employer: (Present or most recent) | Address: | Phone #: |
| Job Title: | Name and title of supervisor: | No. supervised by you: |
| Date Employed: | Starting Salary: | Ending Salary: |
| Date Separated: | Duties: | |
| Full time for: Years Months _____ _____ | Reason for leaving: | |
| Part-time for: Years Months _____ _____ | | |
| If part-time number of hrs. worked per week: _____ | | |

| | | |
|---|-------------------------------|------------------------|
| Employer: | Address: | Phone #: |
| Job Title: | Name and title of supervisor: | No. supervised by you: |
| Date Employed: | Starting Salary: | Ending Salary: |
| Date Separated: | Duties: | |
| Full time for: Years Months _____ _____ | Reason for leaving: | |
| Part-time for: Years Months _____ _____ | | |
| If part-time number of hrs. worked per week: _____ | | |

| | | |
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| Full time for: Years Months _____ _____ | Reason for leaving: | |
| Part-time for: Years Months _____ _____ | | |
| If part-time number of hrs. worked per week: _____ | | |

(Use continuation sheets as necessary to account for your full record.)

References

Please do not list family relatives. We recommend listing persons such as coworkers, teachers, etc., who have knowledge of your qualifications for the type of volunteer work for which you are requesting.

(a) Name: _____ Address: _____ Telephone #: _____

(b) Name: _____ Address: _____ Telephone #: _____

(c) Name: _____ Address: _____ Telephone #: _____

Please read and sign the statement below. We will not check a reference with your current employer unless you have given us permission on the previous page.

I certify that, to the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly misrepresented, falsified or omitted any information during the volunteer application process, I may be disqualified for volunteer service with the Town.

I authorize my current and former employers to give any information regarding my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.

I also authorize the Town of Spring Lake to conduct a Police, and Court investigation of my background.

I also authorize schools and other educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to Town representatives who are investigating my educational background.

I understand that I will be tested for drug and alcohol use. I consent to the testing and understand that the results could preclude my ability to volunteer.

Signature _____ **Date** _____

This page was left blank intentionally. Fire obtains supplement information at the time of assessment.

Consumer Reports Release

In connection with my application to volunteer, I understand that consumer or investigative consumer reports which may contain public record information, may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further I understand that you will be requesting information from various Federal, State and Local agencies regarding my past activities. I also understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

I hereby authorize without reservation, any party or agency to furnish the above-mentioned information.

I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

FOR IDENTIFICATION PURPOSES: PLEASE PRINT ALL INFORMATION CLEARLY

(Name) Last: _____ First: _____

Middle: _____ Other Names Maiden, Aliases, etc. _____

Date of Birth: Month: _____ Day: _____ Year: _____ Race: _____ Gender: _____

Social Security #: _____ - _____ - _____ Drivers License #: _____ State: _____

LIST ALL ADDRESSES FOR THE PAST SEVEN (7) YEARS STARTING WITH THE MOST CURRENT:

Street City State Zip Dates (MM/YEAR)

1. _____ From: _____ To: _____
2. _____ From: _____ To: _____
3. _____ From: _____ To: _____
4. _____ From: _____ To: _____
5. _____ From: _____ To: _____

Signature _____ **Date:** _____