

Volunteer Employment Application

for the CITY OF MADISON, WISCONSIN



APPLICATION INFORMATION - Please read carefully. Please print or type all information requested on the application form.

| | | | |
|--|-------------|--|--|
| APPLICATION FOR POSITION OF: | | DEPARTMENT/DIVISION: | |
| LAST NAME: (PRINT CLEARLY) | | FIRST NAME: | |
| | | | |
| PRESENT ADDRESS (NUMBER, STREET): | | CITY: | STATE: |
| | | | ZIP CODE: |
| MAILING ADDRESS - IF DIFFERENT THAN ABOVE (NUMBER, STREET): | | CITY: | STATE: |
| | | | ZIP CODE: |
| HOME PHONE: | CELL PHONE: | BUSINESS PHONE: | E-MAIL ADDRESS: |
| | | | |
| Have you ever used another name? Please List: _____ | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been employed by the City of Madison? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Current Dept/Dates _____ | | <input type="checkbox"/> Permanent <input type="checkbox"/> Hourly | |
| <input type="checkbox"/> Previous Dept/Dates _____ | | <input type="checkbox"/> Permanent <input type="checkbox"/> Hourly | |
| Have you ever been terminated for cause or resigned to avoid being discharged by the City of Madison? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been terminated, discharged or resigned from any other employer to avoid being discharged? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain on a separate sheet of paper. Indicate employer and date. | | | |
| CONVICTIONS (for other than minor traffic violations) | | | |
| FELONY(S)/MISDEMEANOR(S): In the past three years have you been convicted, placed on probation, fined, imprisoned, paroled, or placed on extended supervision for any criminal law violation(s) including criminal traffic offenses; OR are you currently on parole, probation or extended supervision from previous offenses; OR do you have a current pending charge for any offense including criminal traffic offenses? (If yes, complete Section A below.) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ORDINANCE VIOLATION(S): In the past three years have you been convicted of, fined or do you currently have a pending charge for, any of the following civil law violations: Disorderly Conduct, Damage to Property, Trespass, Retail Theft, any offense involving Alcohol, Marijuana or any Controlled Substance, Drug Paraphernalia, or Resisting/Obstructing a Peace Officer? (If yes, complete Section A below.) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION A: Please list convictions and pending charges, including relevant dates. You may also attach additional pages if necessary.

| Your Name at Time of Offense | Date (Mo/Yr) | Court Location (City/State) | Conviction or Pending Charge | Court Disposition |
|------------------------------|--------------|-----------------------------|------------------------------|-------------------|
| | | | | |
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In accordance with federal, state and local law, pending criminal charges or any convictions will not be considered unless they are substantially related to circumstances of the particular job. Convictions and pending charges not reported will be cause for disqualification of your application. You will not be eligible to apply for City employment for a period of one year.

The Human Resources Department routinely verifies conviction, driving and other information listed on this application.

EDUCATION & TRAINING

| GRAMMAR & HIGH SCHOOL (Circle highest year completed) 1 2 3 4 5 6 7 8 9 10 11 12 | NAME AND LOCATION OF HIGH SCHOOL | Do you have a GED or a High School Equivalency Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | |
|---|----------------------------------|---|--|----------------|-------------|----------|-------------------------|----------------|-------------|----------|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| TRAINING BEYOND HIGH SCHOOL (College or University, Nursing, Business College, or other schools you have attended) Under credits earned, indicate "Q" for Quarter Hours and "S" for Semester Hours | | CIRCLE THE NUMBER OF YEARS IN COLLEGE OR UNIVERSITY 1 2 3 4 5 6 7 8 | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2" style="width:30%;">NAME & LOCATION OF INSTITUTION</th> <th colspan="2" style="width:15%;">DATES ATTENDED</th> <th rowspan="2" style="width:10%;">CREDITS EARNED</th> <th rowspan="2" style="width:20%;">MAJOR FIELD</th> <th rowspan="2" style="width:10%;">GPA/BASE</th> <th rowspan="2" style="width:15%;">DEGREE CONFERRED & YEAR</th> </tr> <tr> <th style="width:5%;">FROM</th> <th style="width:10%;">TO</th> </tr> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> | NAME & LOCATION OF INSTITUTION | DATES ATTENDED | | CREDITS EARNED | MAJOR FIELD | GPA/BASE | DEGREE CONFERRED & YEAR | FROM | TO | | | | | | | | | | | | | | | | |
| NAME & LOCATION OF INSTITUTION | | DATES ATTENDED | | | | | | CREDITS EARNED | MAJOR FIELD | GPA/BASE | DEGREE CONFERRED & YEAR | | | | | | | | | | | | | | |
| | FROM | TO | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe any education or training not covered above (vocational school, correspondence courses, service schools, in-service training), which you feel is relevant to the job for which you are applying. Include relevant licenses, certificates or other information you feel might be pertinent to the position. (BE SPECIFIC) | | | | | | | | | | | | | | | | | | | | | | | | | |
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WORK / VOLUNTEER EXPERIENCE

Give a sample of any relevant employment, self-employment, military service or volunteer experience to the position for which you are seeking to volunteer.

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|--|------------|---|---------------------|-------------------|--|--|
| EMPLOYER | YOUR TITLE | NAME & PHONE NO. OF SUPERVISOR | | | | |
| ADDRESS OF BUSINESS (Street, City, Zip Code) | | REASONS FOR LEAVING | | | | |
| YOUR DUTIES | | \$ | | | | |
| | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">FROM (Month & Year)</td> <td style="width:50%;">TO (Month & Year)</td> </tr> <tr> <td colspan="2" style="text-align: center;"> <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME (_____ hours per _____) </td> </tr> </table> | FROM (Month & Year) | TO (Month & Year) | <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME (_____ hours per _____) | |
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| | | FROM (Month & Year) | TO (Month & Year) | | | |
| <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME (_____ hours per _____) | | | | | | |

AVAILABILITY

| | | | | | | | | | | | | | | | |
|--|-----------------------------|--|---------|--|-----------|--|----------|--|--------|--|----------|--|--------|--|--|
| DAYS OF WEEK AND TIME AVAILABLE | DATES YOU PLAN TO VOLUNTEER | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">MONDAY</td> <td style="width:35%;"> </td> </tr> <tr> <td>TUESDAY</td> <td> </td> </tr> <tr> <td>WEDNESDAY</td> <td> </td> </tr> <tr> <td>THURSDAY</td> <td> </td> </tr> <tr> <td>FRIDAY</td> <td> </td> </tr> <tr> <td>SATURDAY</td> <td> </td> </tr> <tr> <td>SUNDAY</td> <td> </td> </tr> </table> | MONDAY | | TUESDAY | | WEDNESDAY | | THURSDAY | | FRIDAY | | SATURDAY | | SUNDAY | | FROM: _____ TO: _____ NUMBER OF HOURS YOU PLAN TO VOLUNTEER PER DAY: _____ PER WEEK: _____ PLEASE NOTE UNIQUE CIRCUMSTANCES |
| MONDAY | | | | | | | | | | | | | | | |
| TUESDAY | | | | | | | | | | | | | | | |
| WEDNESDAY | | | | | | | | | | | | | | | |
| THURSDAY | | | | | | | | | | | | | | | |
| FRIDAY | | | | | | | | | | | | | | | |
| SATURDAY | | | | | | | | | | | | | | | |
| SUNDAY | | | | | | | | | | | | | | | |

BACKGROUND

WHY WOULD YOU LIKE TO VOLUNTEER?

REFERENCES

| NAME | ADDRESS | PHONE NO. | RELATIONSHIP |
|------|---------|-----------|--------------|
| | | | |
| | | | |
| | | | |
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IN CASE OF EMERGENCY, PLEASE NOTIFY

| NAME | ADDRESS | PHONE NO. | RELATIONSHIP |
|------|---------|-----------|--------------|
| | | | |

PARENTAL CONSENT: (To be completed if applicant is under 18 years of age)

I give my consent for my child named in this application to provide volunteer services to the City of Madison. I also give the City of Madison my consent to obtain any emergency medical treatment necessary for the safety of my child.

Signature of Parent/Guardian

Date

APPLICATION CERTIFICATION STATEMENT: (Please sign and date the following statement)

I certify that all answers to the questions in this application are true, and I agree that any misstatements or omissions of fact will cause forfeiture on my part of rights to employment in the City service. I authorize the City to make inquires and receive any information about my suitability for employment. I give permission to persons contacted to provide true and accurate information. I forever waive and release any person or organization for any result of providing, obtaining or acting upon such information. A copy of this authorization shall be as effective and valid as the original.

Applicant's Signature

Date