

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.			

EDUCATION & TRAINING

GRAMMAR & HIGH SCHOOL (Circle highest year completed)		NAME AND LOCATION OF HIGH SCHOOL		Do you have a GED or a High School Equivalency Diploma?		
1 2 3 4 5 6 7 8 9 10 11 12				<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		
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)						

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.

EMPLOYER	YOUR TITLE	NAME & PHONE NO. OF SUPERVISOR	
ADDRESS OF BUSINESS (Street, City, Zip Code)		REASONS FOR LEAVING	
YOUR DUTIES		\$	
		FROM (Month & Year)	TO (Month & Year)
		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME (_____ hours per _____)	
EMPLOYER	YOUR TITLE	NAME & PHONE NO. OF SUPERVISOR	
ADDRESS OF BUSINESS (Street, City, Zip Code)		REASONS FOR LEAVING	
YOUR DUTIES		\$	
		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	
MONDAY		FROM:	TO:
TUESDAY		NUMBER OF HOURS YOU PLAN TO VOLUNTEER	
WEDNESDAY		PER DAY:	PER WEEK:
THURSDAY		PLEASE NOTE UNIQUE CIRCUMSTANCES	
FRIDAY			
SATURDAY			
SUNDAY			

BACKGROUND

WHY WOULD YOU LIKE TO VOLUNTEER?

REFERENCES

NAME	ADDRESS	PHONE NO.	RELATIONSHIP
NAME	ADDRESS	PHONE NO.	RELATIONSHIP
NAME	ADDRESS	PHONE NO.	RELATIONSHIP
NAME	ADDRESS	PHONE NO.	RELATIONSHIP

IN CASE OF EMERGENCY, PLEASE NOTIFY

NAME	ADDRESS	PHONE NO.	RELATIONSHIP
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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