



Personnel Department - City of Bisbee
 915 S. Tovreaville Rd. – PO Box 4601
 Bisbee, Arizona 85603
 Tx: (520) 432-6271 Fx: (520) 432-6069

VOLUNTEER APPLICATION

Instructions:

You may apply by mailing or delivering a completed application form to:

Drop Off:
 City of Bisbee
 915 S. Tovreaville
 Bisbee, AZ 85603

Mail:
 City of Bisbee
 PO Box 4601
 Bisbee, AZ 85603

Applications can also be emailed to personnel@cityofbisbee.com or faxed to (520) 432-6069.
 Volunteer Applications which are incomplete or unsigned will not be accepted.

The city accepts and encourages the involvement of volunteers in various City departments. A volunteer is anyone who, without compensation or expectation of compensation, performs a task at the direction of and on behalf of the City. Volunteers must be officially accepted and enrolled by the City as provided in this policy prior to the performance of any tasks. The City accepts the service of each volunteer at its sole discretion. Either the City or the volunteer may terminate the relationship at any time, and for whatever reason. Volunteer in some departments or positions may require a background check.

The City of Bisbee provides an equal employment opportunity (EEO) for all persons regardless of race, color, sex age, religion, national origin, disability, or marital status. The City of Bisbee complies with applicable state and local laws governing nondiscrimination in all employment activities. The City of Bisbee complies with the American’s with Disabilities Act (ADA) and will provide reasonable accommodation for qualified individuals with disabilities. Requests for reasonable accommodation during the recruitment or hiring process must be sent to the Personnel Department.

Volunteer Position/Department Requested:

Date of Application:

How did you learn about us?

- City website City Employee Newspaper Ad Online Ad Other :

Last Name

First Name, Middle Initial

Telephone Number

Mailing Address

City

State

Zip Code

Email

Social Security Number

Date of Birth

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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

EMPLOYMENT HISTORY: Please provide an accurate and complete description of any work which qualifies you for the volunteer opportunity for which you are applying. Include service in the armed forces or self-employment. Start with your present or most recent employer. If you have more jobs to list than space allows, continue on the Employment History Continuation Sheet.

Employer: _____ Job Title: _____

Employer Address: _____

Telephone: (____) _____ May we contact this employer? Yes No

From: ____/____/____ to ____/____/____
month year month year

Reason for Leaving: _____ Name of Supervisor: _____

Description of Duties: _____

Employer: _____ Job Title: _____

Employer Address: _____

Telephone: (____) _____ May we contact this employer? Yes No

From: ____/____/____ to ____/____/____ Total months: _____ Hours/ week: _____
month year month year

Reason for Leaving: _____ Name of Supervisor: _____

Description of Duties: _____

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EMPLOYMENT HISTORY - CONTINUED

Employer: _____ Job Title: _____

Employer Address: _____

Telephone: (____) _____ May we contact this employer? Yes No

From: ____/____/____ to ____/____/____ Total months: ____ Hours/ week:
month year month year

Reason for Leaving: _____ Name of Supervisor: _____

Description of Duties: _____

Employer: _____ Job Title: _____

Employer Address: _____

Telephone: (____) _____ May we contact this employer? Yes No

From: ____/____/____ to ____/____/____ Total months: ____ Hours/ week:
month year month year

Reason for Leaving: _____ Name of Supervisor: _____

Description of Duties: _____

Employer: _____ Job Title: _____

Employer Address: _____

Telephone: (____) _____ May we contact this employer? Yes No

From: ____/____/____ to ____/____/____ Total months: ____ Hours/ week:
month year month year

Reason for Leaving: _____ Name of Supervisor: _____

Description of Duties: _____

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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.

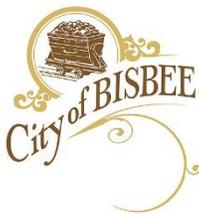
Name	Address	Telephone Number / Email	Occupation

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 opportunities or subject me to immediate dismissal if already enrolled as a volunteer.

Signature: _____ Date: _____

City of Bisbee
Personnel Department
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Bisbee, Arizona 85603-4601
Phone: 520.432.6271 Fax 520.432.6069
personnel@cityofbisbee.com
www.bisbeeaz.gov

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915 S. Tovreaville Road • Bisbee, Arizona 85603
Phone (520) 432-6000 • FAX (520) 432-6069 • TDD (520) 432-7681

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:

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.

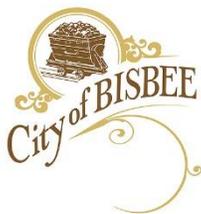
Yes _____ No _____

Details:

I hereby certify that all statements contained herein are true to the best of my knowledge and I understand omissions or misstatements may be cause for rejection of this application, removal of my name from an eligibility list or discharge from the City of Bisbee, regardless of the time of discovery.

Signature: _____ Date: _____

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Authorization and Consent To Disclosure

Date _____ (Expires six months from this date unless revoked earlier.)

I understand that all information provided to the City of Bisbee is subject to verification. To assist the City of Bisbee in processing my employment application, the undersigned applicant for employment hereby authorizes any employer or prior employer, educational institution, law enforcement agency, consumer reporting agency, governmental agency, or any person or organization possessing employment, educational or police record information concerning me to release all such information to the City of Bisbee, its agents and employees.

Name: _____

Date of Birth: _____ SS#: _____

Maiden Name: _____

Other Name(s) Used: _____

Driver's License #: _____ State: _____

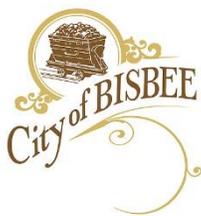
I specifically authorize the City of Bisbee, through its designated representatives, to view, copy, be furnished copies and be given details of all such employment information, educational records, police records and financial information, specifically to include credit history information.

Any copy of this authorization shall have the same authority as the original.

Signature _____

Address _____

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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: _____

Name printed: _____

Signature: _____ Date: _____