

GENERAL INFORMATION		
Name First:	Middle:	Last:
Address:		
City:	State:	Zip Code:
Telephone Number:	Other Telephone Number:	
E-Mail Address:		

VOLUNTEER POSITION		
Position or Type of position desired	Availability To Work:	Shift:
Do you have any previous experience in the desired position? If yes, Please explain.	<input type="checkbox"/> Part-Time Full-Time <input type="checkbox"/> Temporary	<input type="checkbox"/> Day <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Date Available:		
Are you legally entitled to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Explain:	

EDUCATION AND TRAINING			
List High School Or General Education (GED) & Location	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, list highest grade completed	
<b>COLLEGE, BUSINESS SCHOOL, TECHNICAL TRAINING, MILITARY (Most Recent First)</b>			
Do you have a Valid Driver License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type	License Number	Expiration Date
Are You VOL. Cert. Or State License?			
Occupational License, Certificate or Registration	Number	Type Of Issue	Expiration Date
Occupational License, Certificate or Registration	Number	Type Of Issue	Expiration Date

Occupational License, Certificate or Registration	Number	Type Of Issue	Expiration Date
Has Any Of Your Licenses Ever Been Revoked or Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Explain:		
<b>List Any Languages Read, Written or Spoken Fluently Other Than English</b>			
<b>Veteran Information</b>			
Branch of Service	Data Of Entry	Date Of Discharge	

<b>Work Experience (Most Recent First to Include Volunteer Work and Military Experience)</b>			
Employer	Telephone Number	From (Mth/Yr)	To (Mth/Yr)
Address		Last Salary	
Job Title		Supervisor	
Specific Duties			
Reason For Leaving			
Employer	Telephone Number	From(Mth/Yr)	To (Mth/Yr)
Address		Last Salary	
Job Title		Supervisor	
Specific Duties			
Reason For Leaving			
Employer	Telephone Number	From(Mth/Yr)	To (Mth/Yr)
Address		Last Salary	
Job Title		Supervisor	
Specific Duties			
Reason For Leaving			

<b>List 3 Professional or Personal References</b>		
Name	Telephone Number	Address:
Name	Telephone Number	Address:
Name	Telephone Number	Address:

Briefly, tell us why you want be a volunteer for the City of Zephyrhills?

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I certify the information contained in this volunteer application is true, correct, and complete. I understand that any misrepresentation or omission of facts in this volunteer application is cause for rejection or separation from the City of Zephyrhills. I hereby authorize investigation of all statements contained herein as it may be necessary.

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Signature

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Date

# PERSONAL INQUIRY WAIVER

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I respectfully request and authorize you to furnish to the City of Zephyrhills, information that you have concerning my work record, school record, driving record, military record, and a nationwide criminal background check. This information is to be used to assist the City of Zephyrhills in determining my qualifications for the position I am seeking with the City of Zephyrhills.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested above, and I execute this document of my own free will and accord with full knowledge of the purpose thereof.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

STATE OF FLORIDA  
COUNTY OF PASCO

The foregoing instrument was acknowledged before me this \_ day of \_\_\_\_\_ 20\_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or produced \_\_\_\_\_ as identification and who did/did not take an oath.

(SEAL)

\_\_\_\_\_  
Notary Public

# City of Zephyrhills Drug-Free Workplace Acknowledgement & Testing Consent Form

The City Of Zephyrhills is committed to creating and maintaining a workplace free of substance abuse without jeopardizing the job security of a valued employee. To address this problem, the City of Zephyrhills has developed a policy regarding the illegal use of drugs and the abuse of alcohol that we believe best serves the interest of all employees. My initials below indicate acknowledgement and agreement to the following:

**Initial**

\_\_\_\_\_ I have received a written copy of the city's Drug-Free Workplace Policy

\_\_\_\_\_ I agree that Lab Corp may collect these specimens for these tests and may test them, if qualified, or forward them to a licensed laboratory designated by the City of Zephyrhills for analysis. I further agree to hereby authorize the release of the test results to the City of Zephyrhills.

\_\_\_\_\_ I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

\_\_\_\_\_ I understand that my current or future use of illegal drugs may prohibit me from being employed at the City of Zephyrhills.

The US Constitution Fourth Amendment provides certain protections regarding unreasonable search and seizures. However, I freely and voluntarily consent to the following types of drug-testing for the purposes of determining the drug and/or alcohol content thereof:

\_\_\_\_\_ Pre-employment: As a part of the new-hire process.

\_\_\_\_\_ Post Accident: After causing, contributing to, or being involved in a workplace accident.

\_\_\_\_\_ Random: As a part of an unbiased and periodic testing program.

\_\_\_\_\_ Fitness for Duty: Applicable if a medical physical is necessary to meet job demands.

I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

**APPLICANT**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**WITNESS**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**CITY OF ZEPHYRHILLS**

5335 8<sup>th</sup> Street  
Zephyrhills, Florida 33542  
(813) 780-0000

**ATTENTION – THIS STATEMENT MUST BE  
READ**

Please be advised that Florida State Statute regulates the collection and use of your social security number as defined in Chapter 119. This serves as written notification to the collection and purpose thereof:

This office has requested your social security number for the specific purpose and for no other purpose as listed below:

- To process and report wages pursuant to the Social Security Administration Act
- To report income pursuant to the Federal Department of Internal Revenue Service
- To initiate and process applicant or employee background checks to include consumer reports, educational institutions, government agencies, companies, corporations, and credit reporting agencies in compliance with the Fair credit Reporting Act
- For Drug Screening Test
- Identification To process your Employment Benefits

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date