



City of Irvine

# VOLUNTEER APPLICATION

TYPE OR PRINT IN INK ONLY - PLEASE READ INSTRUCTIONS THOROUGHLY

Exact title of position for which you are applying:

Last Name	First Name	MI	Social Security Number:	
Street Address	Apt #	City	State	Zip Code

FILL OUT BOTH SIDES OF THIS FORM COMPLETELY. THE CITY WILL ONLY CONSIDER INFORMATION CONTAINED ON THE APPLICATION FORM OR SUPPLEMENTAL MATERIALS SPECIFICALLY REQUESTED FOR THIS RECRUITMENT TO DETERMINE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING. A RESUME MAY NOT BE PROVIDED IN LIEU OF A COMPLETED APPLICATION FORM. IF YOU NEED MORE SPACE FOR YOUR JOB RECORD, USE THE SAME FORMAT ON PLAIN WHITE PAPER.

Please list any other name(s) you have used previously that are different than your current name:	E-mail address:
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<b>DRIVER'S LICENSE:</b> Check box of valid Driver's License you have: <input type="checkbox"/> Class C (auto) <input type="checkbox"/> Class A (heavy trucks, tractor/trailer) <input type="checkbox"/> Class B (buses) <input type="checkbox"/> Class M (motorcycle)	License Number: _____ State: _____ Expires: _____
Phone: Home/Message (   )   (   )	Phone: Work (   )   (   )
May we contact you at work? YES <input type="checkbox"/> NO <input type="checkbox"/>	

### EDUCATION/LICENSE/CERTIFICATE

**Education:** Highest grade completed in High School: \_\_\_\_\_ Check degree/certificate you have:  High School Diploma  G.E.D. Certificate  California High School Proficiency Test

High School Attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

College Attended	Degree You Earned	Major Subject	Number of Units Completed	
			Semester	Quarter

GRADE AVERAGE FOR COLLEGE UNITS: Associate \_\_\_\_\_ Bachelor \_\_\_\_\_ Master \_\_\_\_\_ Ph.D. \_\_\_\_\_

Language(s) you speak fluently other than English:

Relevant Professional License/Certificate Possessed:	Number:
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Issued By:

**Current or previous employment with the City of Irvine:** (Check one box)

Never  Current  Former  Job Title: \_\_\_\_\_

Date employed with the City of Irvine: From: \_\_\_\_\_ To: \_\_\_\_\_

**ARE ANY OF YOUR RELATIVES EMPLOYED BY THE CITY OF IRVINE?** Yes  No

If yes, give name, relationship, and position held. \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION?** Yes  No

(A yes answer is not an automatic bar to employment.)

If yes, please attach a written explanation of circumstances, places and dates.

HUMAN RESOURCES USE ONLY	RATERS _____
ED _____ EXP _____ SS _____ O _____	

**THIS SECTION MUST BE COMPLETED**

**EXPERIENCE:** Begin with your most recent experience. List all experience gained in the last ten years, including periods of self-employment and military service. **If you have held more than one position with the same employer, please list each position.** Give full details about experience, which in your opinion makes you qualified for the job for which you are applying. In addition, list any experience, which you believe enhance your qualifications. For full consideration, you must provide all information requested about your qualifications and work record.

Mo/Yr to Mo/Yr Number of Years _____	Name and Address of Business or Agency/Department	Title of Your Position	No. of Empl. You Supervised
# Hours/Week F/T _____ P/T _____		Name of Supervisor	Suprvs's Phone No.
Salary \$ Monthly _____ Hourly _____	<i>Describe your duties fully.</i>		
Reason for Leaving			
Mo/Yr to Mo/Yr Number of Years _____	Name and Address of Business or Agency/Department	Title of Your Position	No. of Empl. You Supervised
# Hours/Week F/T _____ P/T _____		Name of Supervisor	Suprvs's Phone No.
Salary \$ Monthly _____ Hourly _____	<i>Describe your duties fully.</i>		
Reason for Leaving			
Mo/Yr to Mo/Yr Number of Years _____	Name and Address of Business or Agency/Department	Title of Your Position	No. of Empl. You Supervised
# Hours/Week F/T _____ P/T _____		Name of Supervisor	Suprvs's Phone No.
Salary \$ Monthly _____ Hourly _____	<i>Describe your duties fully.</i>		
Reason for Leaving			

**AGREEMENT: READ CAREFULLY BEFORE SIGNING**

I certify that all statements made in this application are true and complete and I authorize investigation of all matters herein contained, however, I understand that the City will not contact my present employer without my knowledge. As a volunteer, I agree and understand that any misrepresentation or omission of a fact may result in rejection of my application, refusal of volunteer employment, removal of my name from an eligibility list, and/or dismissal from volunteer employment with the City of Irvine. I fully understand that volunteer employment is contingent upon meeting a relevant Dept. of Justice criminal background investigation. I further agree to be fingerprinted and to furnish proof of eligibility to work in the United States, as may be directed. I also authorize the employers, schools, and persons named above to provide any additional information regarding my qualifications and character including, but not limited to, statements and documents, and hereby waive my right to bring any legal action whatsoever for release of any information regarding my past. I hereby release said employers, schools, or persons from all liability for any damages caused by issuing this information, whether or not I agree with the information furnished. I fully understand that this application does not constitute an expressed or implied contract.

**SIGNATURE**

**DATE**

**FOR OFFICE USE ONLY**

Fingerprints: \_\_\_\_\_

Waiver: \_\_\_\_\_

Reference check: \_\_\_\_\_

968: \_\_\_\_\_

A-cards: \_\_\_\_\_