



City of South Miami
 Human Resources Department
 6130 Sunset Drive
 South Miami, Florida 33143

Volunteer Application

Instructions: PLEASE PRINT CLEARLY IN INK OR TYPE ALL INFORMATION. If you need additional space, use a separate sheet of paper. You may attach a resume or additional documents to support your application.

CURRENT PERSONAL DATA

FULL NAME: _____
 MAIDEN NAME (if applicable): _____
 PRESENT ADDRESS: _____
 PRIMARY TELEPHONE: (____) _____ EMAIL: _____
 ALTERNATE TELEPHONE: (____) _____

AVAILABILITY

Days Available: Sun Mon Tue Wed Thu Fri Sat

Are you over 18 years of age? Yes ____ No ____ If No, Current Age: _____

Total hours required : _____

Reason hours are needed: _____

EDUCATION

	School Name/Address	Did you Graduate/Degree Received	Highest Grade/Level Completed
High School		Yes ____ No ____	9 ____ 10 ____ 11 ____ 12 ____
College/University		Yes ____ No ____	Associates ____ Major _____
College/University		Yes ____ No ____	Bachelors ____ Major _____
Graduate		Yes ____ No ____	Degree _____
Vocational/Technical		Yes ____ No ____	
License/Certificates		Yes ____ No ____	

The City of South Miami is an Equal Opportunity Employer. Qualified applicants are considered for employment and treated without regard to race, color, religion, sex, sexual preference, national origin, age, disability, marital or veteran status (except if eligible for veteran's preference).



EMPLOYMENT/VOLUNTEER HISTORY

Beginning with your present or most recent employer or volunteer service, list all full and part time employment for the past 5 years.

May the City of South Miami contact your present employer? Yes ___ No ___

NAME OF EMPLOYER:

Street address/City, State Zip:

Telephone: _____ Job Title: _____

Supervisor's Name: _____

Starting Date: _____ Ending Date: _____

Starting Salary: _____ Ending Salary: _____

Brief Job Description: _____

Reason for Leaving (Be specific, this area must be completed) : _____

NAME OF EMPLOYER:

Street address/City, State Zip:

Telephone: _____ Job Title: _____

Supervisor's Name: _____

Starting Date: _____ Ending Date: _____

Starting Salary: _____ Ending Salary: _____

Brief Job Description: _____

Reason for Leaving (Be specific, this area must be completed) : _____

NAME OF EMPLOYER:

Street address/City, State Zip:

Telephone: _____ Job Title: _____

Supervisor's Name: _____

Starting Date: _____ Ending Date: _____

Starting Salary: _____ Ending Salary: _____

Brief Job Description: _____

Reason for Leaving (Be specific, this area must be completed) : _____

NAME OF EMPLOYER:

Street address/City, State Zip:

Telephone: _____ Job Title: _____

Supervisor's Name: _____

Starting Date: _____ Ending Date: _____

Starting Salary: _____ Ending Salary: _____

Brief Job Description: _____

Reason for Leaving (Be specific, this area must be completed) : _____

Have you ever been terminated for misconduct or unsatisfactory service, or forced to resign from any position? Yes ___ No ___ . Explain _____

Have you ever been employed by The City of South Miami? Yes ___ No ___ . If yes, complete the following:

Dates previously employed (From/To)	
Position:	
Reason for Leaving:	

List any licenses, certificates or additional skills you have that may be helpful:

License/Certificates/Additional Skills	Dates Received (if applicable)	Name of School

Describe any special equipment or machinery you can operate:

Special Equipment	Machinery	Years of Experience

List any Professional, Technical, or Trade Association in which you are a member:

Association/Affiliation

REFERENCES

List three (3) Personal or Professional references (No relatives).

You must be acquainted with the listed reference for 1 year or more.

Name	Telephone	Years Acquainted	Relationship

Languages – Indicate languages you Speak, Read and/or Write fluently

English: Speak ___ Read ___ Write ___ Other: _____ Speak ___ Read ___ Write ___

Spanish: Speak ___ Read ___ Write ___ Other: _____ Speak ___ Read ___ Write ___

The City of South Miami requires a Level II criminal background check prior to the start of ALL volunteer service. A criminal conviction record will not automatically disqualify an applicant. However, any applicant who falsifies/omits information from the application by failing to provide required information on convictions will be disqualified.

This form will be removed from the application prior to review.

Background Check

***Must include all instances even if adjudication withheld/pretrial diversion, etc.**

Have you ever been arrested? Yes ___ No ___

Have you ever been found guilty of, had adjudication withheld, or pled no contest (*nolo contendere*) to any misdemeanor or felony? Yes ___ No ___

Provide all relevant details including fines, arrests, convictions, jail or prison sentences, and probation. Attach additional sheets if needed.

Date	Offense/Charge	Name/Location of Court	Disposition/Sentence

Do you hold a valid Florida Drivers License Yes ___ No ___ Expiration Date: _____

Drivers License Number: _____ State: _____ DOB: _____

Full Name: _____ Social Security Number: _____

Drivers License type: Operator ___ CDL: A ___ B ___ C ___ D ___ CDP Endorsement: _____

Has your Drivers License ever been suspended or revoked? Yes ___ No ___ If yes, Explain _____

Have you ever been found guilty, had adjudication withheld, or pled no contest to a moving violation? Yes ___ No ___. Please provide all details including fines, arrests, convictions, probation, jail or prison sentences. Attach additional sheets if needed.

List all, if any traffic accidents and moving violations found in your driving record.

Date	Traffic Citation/Violation	Name/Location of Court	Disposition/Sentence

Authorization to Release Information

I hereby authorize representatives of the City of South Miami bearing this release, or a copy thereof, to obtain from any agency of the Government of the United States, and/or any other agency, person, firm or corporation holding records concerning me that are considered confidential, any and all information that involves me in any way. Included in this grant of authority is my permission to former employers and other persons acquainted with me or in possession of information concerning me to supply such information to the bearer. This further includes the furnishings of copies of pertinent documents about my background as required.

Such records may pertain to employment records or educational records including but not limited to achievement, attendance, personal history, disciplinary records, credit checks, reasons for termination of employment, reason for discharge from the military service, job performance, criminal history and other personal information which may not otherwise be obtained without prior agreement. I hereby direct you to release such information for the official use of the City of South Miami.

I hereby release you, as custodian of such records and as employer, educational institution, credit reporting agency, or any other agency entity, or any other agency or entity, and including all of your officers, employees or related personnel, both individually and collectively, from any and all liability, for damages of whatever kind that may at any time result to me, my heirs, family; or associates arising out of compliance with this authorization and request to release information, or any attempt to comply with it.

I further understand that all information and materials may be included in this waiver shall be considered public records subject to disclosure, pursuant to Florida State Statute 119.

Print Name _____ Signature _____

Parent/Guardian Name: _____ Signature: _____

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DADE

Before me personally appeared the said _____ who says he/she executed the above instrument of his/her own free will and accord with full knowledge of the purpose thereof.

Sworn and subscribed in my presence this _____ day of _____ 20 ____ by _____. Personally known ___or produced identification ____.

Type of Identification Produced: _____ D.O.B. _____ Exp: _____

Notary Public _____ My Commission Expires: _____

CERTIFICATION

I certify that there are no misrepresentations, omissions, or falsifications in the statements and answers on this application and that all the foregoing entries made by me are true, complete and correct to the best of my knowledge and belief.

I hereby authorize the City of South Miami to verify all information contained herein and I release all past employers and all references from any and all liability for the release of information to the City of South Miami. I also understand that my service as a volunteer is contingent upon acceptable references and backgrounds checks.

I understand that the City of South Miami will not tolerate unlawful harassment and that volunteers have an affirmative duty to report such incidents and that such conduct is grounds for termination of my services as a volunteer.

I further understand and agree in advance that I may be summarily discharged if any of the information provided by me contains any misrepresentation or falsifications or if any material information has been omitted regardless of when this information becomes known to the City of South Miami.

I hereby swear or affirm that there are no misrepresentations or omissions in or falsifications of the above statements and answers to questions. I am aware that should investigation disclose such misrepresentations, falsifications or omissions, my application will be rejected and I will be disqualified from present processing or, if after my acceptance for volunteer services, subsequent investigation should disclose misrepresentation, falsification or omissions, it will be just cause for immediate dismissal from the City of South Miami.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

EQUAL EMPLOYMENT INFORMATION SHEET

The City of South Miami is an Equal Opportunity Employer. Qualified applicants are considered for employment and treated without regard to race, color, religion, sex, sexual preference, national origin, age, disability, marital or veteran status (except if eligible for veteran's preference). The City requests the following information to monitor our compliance with employment laws. Disclosure of the requested information is voluntary and will not affect your opportunities with the City. **THIS FORM WILL BE REMOVED FROM THE APPLICATION PRIOR TO REVIEW.**

Date of Application: _____

Date of Birth: _____

Position Applied For: _____

RACE/ETHNIC CATEGORIES (check one):		
1		White (not of Hispanic origin): A person having origins in any of the original peoples of Europe, the Middle East, or North America.
2		Black or African American (not Hispanic origin): A person having origins in any of the Black racial groups of Africa.
3		Hispanic or Latino (ethnicity): A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin regardless of race.
4		Asian or Pacific Islander: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
5		American Indian or Alaska Native: A person having origins in any of the original people North and South America (including Central America), and who maintains tribal affiliation or community attachment.

U.S. CITIZEN		
1		Yes
2		No

GENDER		
1		Male
2		Female

VETERAN		
1		Yes
2		No

REFERRAL SOURCE: How did you hear about the vacancy for which you are applying?		
1		City Job Announcement (City web site or Bulletin Board)
2		Newspaper Advertisement (Specify Newsletter)
3		Internet Site (Specific Site):
4		City Employee (Indicate name of the referring employee):
5		Correspondence (What type):
6		Walk-in Applicant
7		Job Fair (Please specify locations):
8		Professional Publication (Please specify):
9		Other (Please specify):