

College/ University:

Name: _____ City, State: _____ Area of Concentration (Major): _____

Check last year completed: Did you Graduate? Diploma, Degree or Certificate received?
 1 2 3 4 Yes No _____

Nursing Education:

Name: _____ City, State: _____ Area of Concentration (Major): _____

Check last year completed: Did you Graduate? Diploma, Degree or Certificate received?
 1 2 3 4 Yes No _____

Other Education:

Name: _____ City, State: _____ Area of Concentration (Major): _____

Check last year completed: Did you Graduate? Diploma, Degree or Certificate received?
 1 2 3 4 Yes No _____

Other:

Do you smoke or use any form of tobacco products: Yes No

I can perform all the essential functions of the position I am applying for with or without reasonable accommodations:

Yes No

Did you serve in the U.S. Armed Services: Yes No

Branch of Service: _____

Professional Licenses and/or Certifications

Are You Currently: Registered Licensed Certified

Eligible For: Registration Licensure Certification

Type: _____ State or National: _____ Date Expires: _____ Number: _____

Type: _____ State or National: _____ Date Expires: _____ Number: _____

Employment Experience

3108398664

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1)

Present Employer	Dates Employed	Position & Duties
Name _____	From _____	
Address _____	To _____	
Supervisor's Name _____		Reason for Leaving
Phone _____		

2)

Former Employer	Dates Employed	Position & Duties
Name _____	From _____	
Address _____	To _____	
Supervisor's Name _____		Reason for Leaving
Phone _____		

Indicate any of the employers you do not want us to contact. If your employment records exist under another name please specify.

Personal References

Give the names and addresses of persons who know you (not relatives). (We will assume we have your permission to contact these people unless you indicate to the contrary).

_____ Name _____ Address Street _____ City State Zip _____ Phone # Years Known	_____ Name _____ Address Street _____ City State Zip _____ Phone # Years Known	_____ Name _____ Address Street _____ City State Zip _____ Phone # Years Known
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Professional References (other than previously listed)

Give the names and addresses of persons who know you (work - not relatives). (We will assume we have your permission to contact these people unless you indicate to the contrary).

_____ Name _____ Address Street _____ City State Zip _____ Phone # Years Known	_____ Name _____ Address Street _____ City State Zip _____ Phone # Years Known	_____ Name _____ Address Street _____ City State Zip _____ Phone # Years Known
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In making this application for volunteer work an investigative consumer report may be prepared whereby information may be obtained through personal interviews with my neighbors, friends, or other acquaintances. Such an inquiry would include information as to character, general reputation, personal characteristics and mode of living. I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I authorize you to communicate with persons listed as references, former employers, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me.

I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on the County/Courts. I understand this decision is to rest with the County/Courts.

I agree to maintain the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer.

I understand that completion of this Application For Volunteer Services does not guarantee that I have been chosen by this County/Court(s).

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.

I understand that any misrepresentation, deception, or false statement made in this Application may result in my not being considered for being a volunteer, and if not discovered by the County/Court(s) until after my becoming a volunteer, is grounds for, and may result in, my immediate termination.

I understand that the County/Court(s) requires the successful completion of a urinalysis for drug testing purposes and/or a blood alcohol test as a condition of volunteer work. By submitting this Application for Volunteer Services, I hereby consent to either or both of said tests, at the County/Court(s) discretion.

I hereby authorize my former employers to give any information regarding my employment including worker's compensation and alcohol and drug testing results together with any information they may have regarding me. I hereby authorize any police agency to give any information regarding any record they may have on me. I hereby authorize any educational institution listed on this application to release information regarding any record they may have on me.

I certify that the statements made by me in this application are true, complete and correct and made in good faith. I understand that any false statement herein are sufficient grounds for rejection of this application and if appointed, termination for cause. I understand that my statements herein are a material consideration in case of appointment.

Date Signed: / /

Signature of Applicant: _____