**VOLUNTEER APPLICATION**

**Instructions:**

**• Please PRINT clearly in ink or fill out electronically. Pencil is not acceptable.**

• Do not leave sections blank. If a question does not apply, indicate it is not applicable. Incomplete forms may not be accepted.

• Completed Applications remain active with the North Port Police Department for six (6) months from the date received.

Date: Email:

Position(s):

Name:

 Last First Middle

Address:

City/State/Zip:

Home Phone: Alternate Phone:

Have you been known by or used any other name(s)? [ ]  Yes [ ]  No

 If yes, list name(s):

How did you hear of this opportunity?

Have you been employed with the City of North Port? [ ]  Yes [ ]  No

 If yes, list date and department:

Are you legally eligible to reside in the United State? [ ]  Yes [ ]  No

 If yes, proof is required.

Did you graduate from high school? [ ]  Yes [ ]  No If No, have you earned your General Education Degree (GED)? [ ]  Yes [ ]  No

Please give the name and address of your high school/GED institution:

Please select the highest education level you have completed:

[ ]  8th [ ]  9th [ ]  10th [ ]  11th [ ]  12th [ ]  13th [ ]  14th [ ]  15th [ ]  16th or more

**College:**

 Name of School: Location:

 Course of Study: Did you graduate? [ ]  Yes [ ]  No Degree or Diploma:

**Graduate School:**

 Name of School: Location:

 Course of Study: Did you graduate? [ ]  Yes [ ]  No Degree or Diploma:

**Vocational Training - Other:**

 Name of School: Location:

 Course of Study: Did you graduate? [ ]  Yes [ ]  No Degree or Diploma:

**NOTE: All references will be contacted.**

**Present / Past Employer(s) (if currently unemployed check this box** [ ] **)**

1. Employment Reference:

Address:

 Phone: ( )

 Employed: From (mm/yr): To (mm/yr): Annual Salary:

 Work Performed:

 Job Title: Supervisor:

2. Employment Reference:

Address:

 Phone: ( )

 Employed: From (mm/yr): To (mm/yr): Annual Salary:

 Work Performed:

 Job Title: Supervisor:

3. Employment Reference:

Address:

 Phone: ( )

 Employed: From (mm/yr): To (mm/yr): Annual Salary:

 Work Performed:

 Job Title: Supervisor:

4. Employment Reference:

Address:

 Phone: ( )

 Employed: From (mm/yr): To (mm/yr): Annual Salary:

 Work Performed:

 Job Title: Supervisor:

5. Employment Reference:

Address:

 Phone: ( )

 Employed: From (mm/yr): To (mm/yr): Annual Salary:

 Work Performed:

 Job Title: Supervisor:

**Personal References**

 1. Name:

Address:

 Phone: ( )

 2. Name:

Address:

 Phone: ( )

 3. Name:

Address:

 Phone: ( )

**Please answer the following questions:**

1. Have you any relatives currently employed by City of North Port? [ ]  Yes [ ]  No

 If yes, list name and department:

2. Have you ever been arrested or detained by law enforcement for any reason? If yes, list date, place, offense and fine (or sentence) for each in the space below. (Conviction will not necessarily disqualify any applicant from consideration.) [ ]  Yes [ ]  No

3. Do you possess a valid Florida driver’s license? ☐ Yes ☐ No

Class/CDL: Endorsements: Expiration Date:

4. Are you over 18 years old? [ ]  Yes [ ]  No

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

**CERTIFICATION:** I certify that the information set forth in my volunteer application is true and complete to the best of my knowledge. I understand that any incorrect, incomplete, exaggerated or false information furnished by me will subject me to disqualification or to discharge from civilian volunteer status at any time. I understand that it is my responsibility to include with my application copies of verification of any education, license, or certification requirements for the volunteer position for which I have applied. I understand that final approval of civilian volunteer status depends upon satisfactory completion of a background check. Any illegal substance, controlled or otherwise, which shows in a drug/alcohol screen results will result in my immediate disqualification from civilian volunteer status. I further understand that if I am appointed as a civilian volunteer I will be entitled to Workers Compensation benefits. In addition, I understand that I will be required to provide documents establishing my identity and authorization to perform volunteer work in the United States.

**STATEMENT OF APPLICANT:** I authorize my former employers and character references to release any information regarding my background. I hereby authorize the North Port Police Department to make any investigation of my background as is deemed necessary to verify my qualifications for the position for which I am applying.

**Applicant’s Signature:** **Date:**

 **(Unsigned application will not be processed)**

**Email address:**

**THE CITY OF NORTH PORT IS AN EQUAL OPPORTUNITY/DRUG FREE WORKPLACE/ADA COMPLIANT EMPLOYER**