



AMADOR COUNTY HUMAN RESOURCES DEPARTMENT
APPLICATION FOR VOLUNTEER WORKER

810 Court Street, Jackson, CA 95642-9534 • Telephone: (209) 223-6456

Date Received:

INSTRUCTIONS: This application must be completed and returned to Human Resources for approval prior to beginning work for the County. As the County will be accepting some liability for your work, each application must go through a signoff process by several County officials. The application form must be completed in sufficient detail to allow for review and evaluation. Acceptability for any volunteer position is based on the information in the application. An application that is not completed in sufficient detail, or without your signature will be returned to the Department.

EXACT TITLE OF VOLUNTEER POSITION FOR WHICH YOU ARE APPLYING: _____
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NAME	(First)	(Middle)	(Last)
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MAILING ADDRESS	(City)	(State)	(Zip)
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PHONE	Business:	Mobile:	Email:
Home:			

READ FULLY AND RESPOND TO THE FOLLOWING QUESTIONS:	Yes	No
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1. Do you object to the County making inquiry of your present employer?		
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2. Have you ever been discharged from a position, or terminated during a probationary period for unsatisfactory service, or have you ever resigned upon request to avoid discharge? Give name and address of employer, date of discharge or forced resignation, and the reason on the application. Cite all such cases in item 6.		
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3. Do you have a valid driver's license to operate a motor vehicle in California?										
<table border="0"> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>State</td> <td>Type of Lic.</td> <td>No.</td> <td>Expiration Date</td> </tr> </table>	_____	_____	_____	_____	State	Type of Lic.	No.	Expiration Date		
_____	_____	_____	_____							
State	Type of Lic.	No.	Expiration Date							

4. Have you ever been convicted of a crime? If yes, please list in item 6 below, but exclude the following information from your response: (1) Any pretrial or post-trial referral to diversion programs; (2) any convictions for which the records have been judicially ordered sealed, expunged or statutorily eradicated, such as juvenile records; (3) any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been dismissed; (4) any marijuana possession convictions occurring more than two years ago and concerning a quantity of 28.5 grams of marijuana or less; and (5) any traffic citations.		
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5. Are you currently out on bail or on your own recognizance pending trial on criminal charges? (If yes please give details in item 6).		
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6. SPACE BELOW IS PROVIDED FOR AN EXPLANATION IF NECESSARY, OF ITEMS 4 and 5 or to list any special skills or training.		
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FOR HUMAN RESOURCE USE ONLY:	Application Accepted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If application is rejected, for what reason?</i>	Incomplete <input type="checkbox"/>	Other: _____	

EDUCATION AND EXPERIENCE

EDUCATION: Do you possess a High School Diploma or G.E.D.?: Yes No

Name & Location of College, University, or Trade School	Major Area of Study	Completed Units (✓ to indicate semester or quarter units)	Degree Received	Date Completed
		# of units	Semester <input type="checkbox"/> Quarter <input type="checkbox"/>	
		# of units	Semester <input type="checkbox"/> Quarter <input type="checkbox"/>	
		# of units	Semester <input type="checkbox"/> Quarter <input type="checkbox"/>	

Certificates of Training, Licenses, or Professional Registration

Description:	Date Issued:	Registration #:
Description:	Date Issued:	Registration #:

* Please list any additional training, licenses or professional registration on an attached sheet or resume.

If this position requires typing, please indicate speed: _____

EXPERIENCE: Begin with your most recent experience. List all experience in the last ten years, including U.S. Military Service. Give details which you believe meets the entrance requirements for this position. Go back more than ten years if necessary. If more space is needed, you may attach additional sheets but they must contain answers to questions contained in this form.

Period of Employment	Job Title and Most Important Duties	Employer Contact Information
FROM: ____/____/____ TO: ____/____/____ TOTAL: ____ YR. ____ Mo. FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: _____ NO. SUPERVISED: ____ SALARY: _____ DUTIES: _____	EMPLOYER: _____ ADDRESS: _____ IMMEDIATE SUPERVISOR: _____ PHONE NO.: _____ REASON FOR LEAVING: _____
FROM: ____/____/____ TO: ____/____/____ TOTAL: ____ YR. ____ Mo. FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: _____ NO. SUPERVISED: ____ SALARY: _____ DUTIES: _____	EMPLOYER: _____ ADDRESS: _____ IMMEDIATE SUPERVISOR: _____ PHONE NO.: _____ REASON FOR LEAVING: _____
FROM: ____/____/____ TO: ____/____/____ TOTAL: ____ YR. ____ Mo. FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: _____ NO. SUPERVISED: ____ SALARY: _____ DUTIES: _____	EMPLOYER: _____ ADDRESS: _____ IMMEDIATE SUPERVISOR: _____ PHONE NO.: _____ REASON FOR LEAVING: _____

REFERENCES

I hereby authorize representatives of Amador County to contact (unless noted in Section #2, page 1), organizations (including employers and schools) and individuals listed for the purpose of establishing or verifying my qualifications, work history, and work habits, such as attendance in connection with this application for County employment. I understand and acknowledge that such information will be used confidentially and for the purposes of employment decisions only. It will not become part of my personnel records once I am employed and will not be available for review by me. I also authorize the individuals or organizations contacted to release the above information to Amador County.

REFERENCE NO. 1 (NAME) :			
Address (<i>Mailing</i>):	City:	State:	Zip:
Phone (<i>Home</i>):	<i>Business</i> :	<i>Mobile</i> :	<i>Email</i> :
REFERENCE NO. 2 (NAME) :			
Address (<i>Mailing</i>):	City:	State:	Zip:
Phone (<i>Home</i>):	<i>Business</i> :	<i>Mobile</i> :	<i>Email</i> :
REFERENCE NO. 3 (NAME) :			
Address (<i>Mailing</i>):	City:	State:	Zip:
Phone (<i>Home</i>):	<i>Business</i> :	<i>Mobile</i> :	<i>Email</i> :

CERTIFICATE OF VOLUNTEER APPLICANT

Recheck the application to be sure it is complete and read the following carefully before signing. Applicant must sign personally.

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement or omission of material facts herein may cause forfeiture on my part to be a volunteer in the service of the County of Amador. I further agree to be fingerprinted,

Signature: _____

Date: _____

Amador County is an Equal Opportunity Employer