

## Fruita Police Department Volunteer Application

THE CITY OF FRUITA IS AN EQUAL OPPORTUNITY EMPLOYER. We do not discriminate on the basis of race, color, religion, national origin, sex, age, sexual preference, disability or any other status protected by law or regulation. It is our intention that all qualified applicants be given an equal opportunity and that selection decisions be based on job-related factors.

PERSONAL INFORMA	ATION:				
Name: Last Name		First Name		- Middle Name	
Present Address:	Street	City	<del></del>	 State ar	nd Zip
Гelephone Number:	(Home)	(Cell)	(Other)		_
Are you 18 years of age	e or older? 🗆 Yes	□ No (If selected, you ma	y be required to submit	proof of age	e.)
Social Security Number	r:				
GENERAL INFORMA	TION:				
I. Have you ever bee (If "yes", state position		ity of Fruita? upervisor in the space belov	v.)	□ Yes	□ No
, ,	latives employed by nd relationship below.)	the City of Fruita?		□ Yes	□ No
Have you ever been discharged or forced to resign from any position? (If "yes", give detailed explanation below.)			□ Yes	□ No	
(If "yes", give detailed o	explanation below. A "yes	w violation (except a min " answer does not automati e, date, and the job for which	cally disqualify you	□ Yes	□ No
(except a minor traffic does not automatically	violation)? (If "yes", give	d/arrested by law enf e detailed explanation below nature of the offense, date, a	. A "yes" answer	□ Yes	□ No
6. Have you worked (If "yes", list names bel		under any other name?	?	□ Yes	□ №
explanation to "yes" respons	es to questions 1 through	6 listed above.			
uestion #					

DRIVER INFORMATION: (Complete this section for driving jobs ONLY)					
Do you have a valid Driver's license?				Yes	□ No
Driver's License Number	Class of L	icense			_
Have you had your driver's license suspended or revoked in the last 3 years?   □ Yes □ No (If "yes", give detailed explanation below.)					□ №
Explanation:					
EDUCATION:					
Please circle highest grade completed 7 8 9	10 11 12	<b>13</b> 1	14 15	16	16+
School Name and Location	Degree/Certifi	cate		Cours	e of Study
High School					
College					
Vocational/Technical					
vocationary recimient					
Other Job Related Training					
		I I			
SPECIAL SKILLS AND QUALIFICATIONS: Summarize special job-related skills and qualifications acquired from employment or other experience.					
What machines or equipment can you operate that are related to the position for which you are applying?					

EMPLOYMENT: (Start with your present or last job. Account for all periods of time, including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Provide month and year for employment dates).

	Dates of		
	Employment		Salary
Name and Address of Employer	Month/Year	Job Title:	Information
	From:	Supervisor:	Starting:
		May we contact him/her?	
	To:	Reason for Leaving:	Final:
Telephone:			
Describe Major Duties:			l l
	Dates of		
	Employment		Salary
Name and Address of Employer	Month/Year From:	Job Title: Supervisor:	Information Starting:
		_	- Jan ding.
		May we contact him/her?	
	То:	Reason for Leaving:	Final:
Telephone:			
Describe Major Duties:	Dates of		
	Employment		Salary
Describe Major Duties:  Name and Address of Employer	Employment Month/Year	Job Title:	Information
	Employment	Job Title: Supervisor:	
	Employment Month/Year		Information
	Employment Month/Year	Supervisor:	Information
	Employment Month/Year From:	Supervisor:  May we contact him/her?	Information Starting:
Name and Address of Employer  Telephone:	Employment Month/Year From:	Supervisor:  May we contact him/her?	Information Starting:
Name and Address of Employer	Employment Month/Year From:	Supervisor:  May we contact him/her?	Information Starting:
Name and Address of Employer  Telephone:	Employment Month/Year From:	Supervisor:  May we contact him/her?	Information Starting:
Name and Address of Employer  Telephone:	Employment Month/Year From:  To:  Dates of	Supervisor:  May we contact him/her?	Information Starting: Final:
Name and Address of Employer  Telephone:  Describe Major Duties:	Employment Month/Year From:  To:  Dates of Employment	Supervisor:  May we contact him/her?  Reason for Leaving:	Information Starting: Final: Salary
Name and Address of Employer  Telephone:	Employment Month/Year  From:  To:  Dates of Employment Month/Year	Supervisor:  May we contact him/her?  Reason for Leaving:  Job Title:	Information Starting:  Final:  Salary Information
Name and Address of Employer  Telephone:  Describe Major Duties:	Employment Month/Year From:  To:  Dates of Employment	Supervisor:  May we contact him/her?  Reason for Leaving:  Job Title: Supervisor:	Information Starting: Final: Salary
Name and Address of Employer  Telephone:  Describe Major Duties:	Employment Month/Year  From:  To:  Dates of Employment Month/Year	Supervisor:  May we contact him/her?  Reason for Leaving:  Job Title:	Information Starting:  Final:  Salary Information
Name and Address of Employer  Telephone:  Describe Major Duties:	Employment Month/Year  From:  To:  Dates of Employment Month/Year	Supervisor:  May we contact him/her?  Reason for Leaving:  Job Title: Supervisor:	Information Starting:  Final:  Salary Information
Name and Address of Employer  Telephone:  Describe Major Duties:	Employment Month/Year From:  To:  Dates of Employment Month/Year From:	Supervisor:  May we contact him/her?  Reason for Leaving:  Job Title: Supervisor:  May we contact him/her?	Information Starting:  Final:  Salary Information Starting:
Name and Address of Employer  Telephone:  Describe Major Duties:  Name and Address of Employer	Employment Month/Year From:  To:  Dates of Employment Month/Year From:	Supervisor:  May we contact him/her?  Reason for Leaving:  Job Title: Supervisor:  May we contact him/her?	Information Starting:  Final:  Salary Information Starting:

REFERENCES: List three (3) references (Do not use relatives)

Complete Name and Title	Complete Address	Telephone Number	Years Known

AGREEMENT (Please read each statement carefully before signing)

I hereby apply to be a volunteer with the City of Fruita and certify that:

The information contained in this application and supporting documents is true and complete. I understand and agree that, if in the opinion of the City of Fruita, I have made any misrepresentations or false statement in connection with the application and supporting documents, the City of Fruita may reject my application or, if selected/employed, may terminate my position/employment.

I understand that all information furnished in this application and supporting documents may be verified. I hereby authorize all individuals and organizations named and referred to in this application and supporting documents and any law enforcement organization to release any and all information relative to such verification and hereby release such individuals, organizations, and the City of Fruita from any and all liability for any claim or damage resulting therefrom.

I understand that, following an offer of employment/selection, employment/selection may be contingent upon successfully completing a physical examination, drug screening, and other screening evaluations. I consent to the release of any or all personal and/or professional and/or medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand that this application or subsequent selection/employment does not create a contract of employment nor guarantee employment for any definite period of time. If selected/employed, I understand that I have been hired at the will of the employer and my selection/employment may be terminated at any time, with or without cause and with or without notice.

nave read, understand and by my signature consent to these statements.	
Signature	Date

This application will remain active during the specific recruitment for the position for which you have applied.