

**LEVY COUNTY BOARD OF
COUNTY COMMISSIONERS
VOLUNTEER APPLICATION**

Human Resource Office
355 South Court Street Bronson, FL. 32621
Mailing Address: Post Office Box 310
Telephone: 352.486.5219
Fax: 352.486.5167

Instructions: Please print or type. Complete all items. If a question is not applicable, enter "N/A". Do not leave any sections blank. Failure to do so may result in loss of volunteer opportunities.

Position Volunteering for: _____ Department: _____

PERSONAL INFORMATION		
Last Name	First Name:	Middle:
Address:		Home Phone:
City, State, Zip Code		Cell Phone:
County:	Email Address:	Additional Phone Number:

Relatives Employed By Levy County: Do you have any relatives by blood or marriage including elected officials, working for the Board of County Commissioners or other elected officials in Levy County Government? Yes No If yes, complete the following:

FULL NAME OF RELATIVE(S)	DEPT. OR OFFICE LOCATION	RELATIONSHIP

HAVE YOU EVER BEEN EMPLOYEED BY LEVY COUNTY COMMISSIONERS? Yes No If yes, from _____ to _____
Department: _____ Supervisors Name: _____ Reason For Leaving: _____

LAW VIOLATION RECORD: Have you ever been convicted, pled nolo contendere, or had the adjudication of guilt withheld in connection with any criminal offense in any civilian or military court? Yes No If yes, provide details. Note: A "yes" answer to this question will not automatically bar you from volunteering. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are volunteering will be considered.

OFFENSE	DATE	PLACE	DISPOSITION

DRIVERS LICENSE INFORMATION

Do you have a Valid Florida Driver's License? Yes No
Non-Commercial: Class E **Commercial:** Class A Class B Class C
CDL Endorsement(s): Tanker Passenger HazMat **Permit:** Class A Class B

EDUCATION - TRAINING - SKILLS

Highest Education Level Attained? Less than HS Tech School 2 Year College Some Grad School MD,DDS,JD Post
 HS Graduate Doctorate Some College Bachelors Master's GED

Type of School	Name of School and State	Credit Hours Completed	Graduated		Type of Diploma or Degree	Major Field or Study
			Yes	No		
H S or Issuing Equivalent						
Undergraduate College or Universities						
Graduate School						
Technical Vocational or Bus School						

SPECIAL TRAINING AND SKILLS

Office & Related Equipment	Construction Vehicles & Other Equipment	Crafts, Trades & Technical Professions
<input type="checkbox"/> 2 Way Radio <input type="checkbox"/> Calculator <input type="checkbox"/> Computer <input type="checkbox"/> Copy Machine <input type="checkbox"/> Dictaphone <input type="checkbox"/> Facsimile <input type="checkbox"/> Microfilm Equipment <input type="checkbox"/> Software Application <input type="checkbox"/> Spreadsheets <input type="checkbox"/> Typewriter <input type="checkbox"/> Word Processor	<input type="checkbox"/> Aircraft <input type="checkbox"/> Ambulance <input type="checkbox"/> Asphalt Distributor <input type="checkbox"/> Asphalt Paver <input type="checkbox"/> Bulldozer <input type="checkbox"/> Dragline/Crane <input type="checkbox"/> EMS/ Life Support <input type="checkbox"/> Excavator, Track <input type="checkbox"/> Fire Fighting Equip <input type="checkbox"/> Excavator Rubber Tired <input type="checkbox"/> Farm Tractor <input type="checkbox"/> Forklift <input type="checkbox"/> Frontend Ldr, Rubber Tired <input type="checkbox"/> Frontend Loader <input type="checkbox"/> Heavy Dump Truck	<input type="checkbox"/> Hydraulic push/pull Mac <input type="checkbox"/> Landfill Compactor <input type="checkbox"/> Landscape Mower <input type="checkbox"/> Medium Duty Truck <input type="checkbox"/> Off Road Dump Truck <input type="checkbox"/> Other Equip. List.... <input type="checkbox"/> Passenger Bus <input type="checkbox"/> Road Grader <input type="checkbox"/> Road Stripper <input type="checkbox"/> Roadway Mixer <input type="checkbox"/> Roller <input type="checkbox"/> Rotary Scraper <input type="checkbox"/> Self Loading Pan <input type="checkbox"/> Semi-T/ Trailer <input type="checkbox"/> Utilities Locating Equip
<input type="checkbox"/> A/C & Heating <input type="checkbox"/> Aircraft Repair <input type="checkbox"/> Carpentry <input type="checkbox"/> Concrete Finishing <input type="checkbox"/> Concrete Placement <input type="checkbox"/> Construction Labor <input type="checkbox"/> Construction Trades <input type="checkbox"/> Diesel Eng O/Haul <input type="checkbox"/> Elec.Motor Repair <input type="checkbox"/> Hvy Equip Hydraulic <input type="checkbox"/> Electrical <input type="checkbox"/> Front End Repair <input type="checkbox"/> Gas Engine O/Haul <input type="checkbox"/> Masonry <input type="checkbox"/> Mech. Conveyor	<input type="checkbox"/> Paint & Body Repair <input type="checkbox"/> Painting <input type="checkbox"/> Plumbing <input type="checkbox"/> Pump Repair <input type="checkbox"/> Rear End Repair <input type="checkbox"/> Road Sign <input type="checkbox"/> Sewage/Water Oper <input type="checkbox"/> Small Eng Repair <input type="checkbox"/> Traffic Signal <input type="checkbox"/> Transmission Rep. <input type="checkbox"/> Underground Const <input type="checkbox"/> Wastewter Coll Oper <input type="checkbox"/> Water Distrub. Oper <input type="checkbox"/> Welding <input type="checkbox"/> 2 Way Radio Repair	

List any past accomplishments, honors, or assignments which may be relevant for the services for which you are volunteering:

Special training, knowledge, skills or abilities related to the services for which you are volunteering:

LICENSES-CERTIFICATIONS-REGISTRATIONS

Please Indicate any Professional/ Occupational Licenses or Registrations/ Certifications you currently hold:

Name of License/Certification/Registration	Number	Issue Date	Expiration Date	State
Issued By:				
Name of License/Certification/Registration				
Issued By:				

EMPLOYMENT HISTORY

Experience: Beginning with you most recent job, describe your employment history, including related volunteer or other non-paid experience. This information will be used to evaluate your qualifications for this volunteer opening and will determine your eligibility to go on to the next step of the evaluation process. Describe additional related experience on a "Separate sheet and attach to Application."

Dates Employed	Employer	Address	
From	Phone (Area Code)	City	State
To	Supervisors Name	Supervisors Title	
	Your Title		
Did you Supervise: <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties/Responsibilities		
No. Supervised:			
<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated	Reason For Leaving		
	If present employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Dates Employed	Employer	Address	
From	Phone (Area Code)	City	State
To	Supervisors Name	Supervisors Title	
	Your Title		
Did you Supervise: <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties/Responsibilities		
No. Supervised:			
<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated	Reason For Leaving		
Dates Employed	Employer	Address	
From	Phone (Area Code)	City	State
To	Supervisors Name	Supervisors Title	
	Your Title		
Did you Supervise: <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties/Responsibilities		
No. Supervised:			
<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated	Reason For Leaving		
Dates Employed	Employer	Address	
From	Phone (Area Code)	City	State
To	Supervisors Name	Supervisors Title	
	Your Title		
Did you Supervise: <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties/Responsibilities		
No. Supervised:			
<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated	Reason For Leaving		

REFERENCES: List 3 references who are NOT relatives:				
NAME	COMPLETE ADDRESS (include zip code)	PHONE	OCCUPATION	YRS KNOWN

DRUG FREE WORKPLACE STATEMENT

Levy County is a drug free workplace, and as such is committed to providing an environment that encourages and supports a healthy, productive workforce and ensures safe working conditions.

Satisfactory completion of a pre-volunteer drug test is a mandatory condition to volunteer with the County. A positively confirmed drug test or the refusal to submit to a drug test will result in the conditional offer to volunteer being withdrawn, and will render the applicant ineligible for County volunteering for twelve (12) calendar months from the date of the positive drug test.

VOLUNTEER BACKGROUND CHECKS

Satisfactory completion of a pre-volunteer background check is a condition to volunteer with Levy County. Applicants selected to volunteer will be asked to provide specific information and documentation, which will be utilized to conduct a thorough background investigation.

I certify that the information contained in this application is correct and complete to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification from further consideration or the dismissal from volunteering. I hereby authorize investigation of all statements I have made herein. I authorize that the companies or persons named herein to give any information regarding my past employment, together with any information they may have regarding me, whether or not it is on their record. I hereby release said companies or persons, and Levy County Government from all liability for any damages whatsoever for issuing or obtaining this information. I understand that applications submitted for county volunteering are public records. In the event I become a volunteer by Levy County, I agree to comply with all its policies, rules, and regulations.

Applicant's Signature: _____ Date: _____

LEVY COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER