

CITY OF ALBION

APPLICATION FOR VOLUNTEERS

The City of Albion is an Equal Opportunity Employer that welcomes male and female applicants of all backgrounds.

READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS.
FAILURE TO COMPLETE THIS APPLICATION IN ITS ENTIRETY MAY RESULT IN THE REJECTION OF YOUR APPLICATION AND
ELIMINATE YOU FROM FURTHER CONSIDERATION AS A VOLUNTEER.

Please PRINT the requested information in the spaces provided. Use blue or black ink. Do NOT use pencil.

Date of Application: _____
Month/Day/Year

Date available to begin work: _____
Month/Day/Year

PERSONAL DATA

_____ E-Mail: _____
Last Name First Middle

_____ (____) ____--_____
Address (Apt. No.) or (P.O. Box No.) Home Telephone

_____ (____) ____--_____
City, State, Zip Day Telephone

Are you a citizen of the United States? Yes () No ()

If not, do you have the legal right to be employed in the United States? Yes () No ()

(Under the Immigration Reform & Control Act of 1986 you must verify you are an authorized alien. If you cannot, any offer of employment will be rescinded.)

Are you 18 years or older? Yes () No ()

Have you been previously employed by the City of Albion? Yes () No ()

If yes, what department(s) and date(s)? _____

Do you have any relatives who are employees of the City of Albion? Yes () No ()

If yes, indicate name(s) and relationship(s) to you: _____

Have you ever been convicted of a misdemeanor or felony? Yes () No ()

If yes, complete the following:

Date	Offense	Place	Disposition (e.g., probation, jailed, etc.)
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been ticketed for any traffic offenses (excluding parking tickets)? Yes () No ()

If yes, complete the following:

Date	Offense	Place	Disposition (e.g., paid fine)
_____	_____	_____	_____
_____	_____	_____	_____

Note: Depending upon the position for which you are applying, conviction of a misdemeanor, felony, moving traffic violation and/or dishonorable discharge from the military may or may not be an automatic bar to employment. All circumstances will be considered.

DRIVER'S LICENSE INFORMATION

Driver's License No. _____ Expiration date _____

Issued by what State _____

Is your license currently valid? Yes () No ()

License Type (Operator or Chauffeur) _____

Do you have a Commercial Driver's License? Yes () No ()

VOLUNTEERING FOR WHICH DEPARTMENT? _____

**City of Albion, Michigan
AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize any duly empowered representative of the City of Albion bearing this release, or copy thereof, within one year of its date, to obtain any information in your files or other sources pertaining to my employment, military, credit or educational records and personal background including, but not limited to, academic, achievement, attendance, driver's license records, athletic, personal history, disciplinary actions and records, medical records, and credit reports or any other records you may have regarding me. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City of Albion. Consent is for the City of Albion to furnish such information as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any agency, institution or establishment which you represent including its officers, employees and related personnel, or business, both collectively or individually, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

The facts set forth in my application and/or resume for employment are true and complete. I understand that if employed, any false statements on my application and/or resume may result in my dismissal. It is my understanding that the City of Albion will make a thorough investigation of my work history and may verify all data given in my application and/or resume for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the City of Albion and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent me from being hired. I have read and understand the above.

<i>Printed Name</i>	<i>Date of Birth</i>	

<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

<i>Telephone Number</i>	<i>Driver License Number</i>	<i>State of Issue</i>

<i>Date</i>	<i>Signature</i>	<i>Witness</i>