



Date: _____

500 Cenizo Dr. Sullivan City, Texas 78595

Ph: 956-485-2828 www.sullivancity.org

Volunteer Application

Must be completely filled out, failure to do so may result in rejection of application.

Position Applied for: _____ Referral Source: _____

Name: _____
(First) (Middle) (Last) (Nickname or Alias)

Address: _____
(Street) (City) (State) (Zip) (Phone) (Alternate Phone)

Will you accept: Temporary Employment? ☐ Yes ☐ No Part time? ☐ Yes ☐ No On shift? ☐ Yes ☐ No

Date you can start? _____ Are you at least 18 years of age? ☐ Yes ☐ No Are you legally eligible to work in the US? ☐ Yes ☐ No

Have you ever applied or been employed by the City of Sullivan City before? ☐ Yes ☐ No If yes, when? _____

Do you have a valid driver's license? ☐ Yes ☐ No State Issued, Class: _____

Driver's Liscence #: _____

If the position you are applying for requires operation of a motor vehicle, list any traffic violations you have incurred during the past 5 years:

Do you have any medical condition that may limit your ability to conduct firefighting duties?: ☐ Yes ☐ No

If yes, please explain.

Are you related by blood or marriage to any member of the Sullivan City Commission or current city employee? ☐ Yes ☐ No

If yes, please identify below:

Name	Relation	Department	Position

Education	Name of School and Complete Mailing Address	# Yrs. Completed	Major or Degree
High School			
College Bus. Or Trade School			
Professional School			
Other			

List all Educational or Specialty Licenses: <i>Submit copies of Certificates, diplomas, etc With application.</i>	
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Previous Employment

Dates of employment: _____

1. Employer Name: _____ From: _____ To: _____

Address: _____
(Street) (City) (State) (Zip) (Phone) (Alternate Phone)

Last job title: _____ Salary: _____ Supervisors name: _____

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Reason for leaving (be specific):

Dates of employment: _____

2. Employer Name: _____ From: _____ To: _____

Address: _____
(Street) (City) (State) (Zip) (Phone) (Alternate Phone)

Last job title: _____ Salary: _____ Supervisors name: _____

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Reason for leaving (be specific):

Dates of employment: _____

3. Employer Name: _____ From: _____ To: _____

Address: _____
(Street) (City) (State) (Zip) (Phone) (Alternate Phone)

Last job title: _____ Salary: _____ Supervisors name: _____

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Reason for leaving (be specific):

Dates of employment: _____

4. Employer Name: _____ From: _____ To: _____

Address: _____
(Street) (City) (State) (Zip) (Phone) (Alternate Phone)

Last job title: _____ Salary: _____ Supervisors name: _____

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Reason for leaving (be specific):

Special Skills and Qualifications

List other skills

References

Please list references other than relatives and previous employers

Name	Mailing Address	City/State/Zip	Telephone

*****Applicant Please Read the Following Carefully*****

Note: A Criminal Background Check and **Drug Test** will be conducted on all prospective employment applicants and other Volunteer placements. A criminal record does not constitute an absolute bar to employment factors such as age at the time of the offense; rehabilitation efforts, how recent and seriousness of the crime will be taken into account.

CERTIFICATION

I hereby certify that answers given herein are true and complete to the best of my knowledge and agree that if employed, any misrepresentation, falsification or omission of facts thereon shall justify my dismissal. I hereby authorize the City of Sullivan City to fully investigate my record and work qualifications either before or after my employment by the City of Sullivan City and to facilitate such investigation, I also hereby **authorize any persons, office, agency or source, having information and knowledge about my personal, employment, military, educational, driving record, criminal, credit or financial history; prior work related injury information, physical screening, drug screening and other related matters as may be necessary** in arriving at an employment decision to furnish and release such information to the City of Sullivan City. I hereby release employers, schools, agencies, or persons from all liability in responding to inquiries in connection with my application. **In submitting this application, I understand that it becomes the property of the City of Sullivan City and will not be returned or altered by City staff.** I hereby understand and acknowledge that, any employment relationship with the City if of an "at will" nature, which means any employee may be removed by the City Manager, by the head of a department or by other appointing office at any time in accordance with applicable law.

Signature of Applicant

Date

INTERVIEWED BY: _____

DATE: _____

REMARKS: _____

DEPT: _____

POSITION: _____

START DATE: _____

PLACEMENT STATUS (check one)

☐

Full-Time

☐

Part-Time

☐

Volunteer

IF TEMP OR SEASONAL, APPROXIMATE LENGTH OF EMPLOYMENT: _____

SCHEDULED HOURS PER PAY PERIOD: (every two weeks) _____

STARTING PAY RATE: _____

Fire Chief's

Approval :

Signature

Date