



# VOLUNTEER APPLICATION

**We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.**

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How did you learn about us?			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> School (Name: _____ )		
<input type="checkbox"/> Advertisement (Where: _____ )	<input type="checkbox"/> Walk-in		
<input type="checkbox"/> Friend (Name: _____ )	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Relative (Name: _____ )	_____		

Last Name		First Name		Middle Name	
Address (Number and Street)		Apt/Unit #	City	State	Zip Code
Telephone # (Home)	Telephone # (Cell)		E-Mail Address		

- If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No
- Can you submit proof of ability to operate a motor vehicle (copy of a Driver License)?  Yes  No
- Are you currently employed?  Yes  No
- May we contact your present employer?  Yes  No
- Are you currently on "lay-off" status and subject to recall?  Yes  No
- Have you ever filed an application with us before? If yes, give date: \_\_\_\_\_  Yes  No
- Have you ever been employed with us before? If yes, give date: \_\_\_\_\_  Yes  No
- Can you travel if a job requires it?  Yes  No
- Are you available to work:  Full Time  Part Time  Shift Work  Temp  
*Check all that apply.*
- On what date would you be available to work? Date: \_\_\_\_\_

## Employment Experience

Please provide your employment history in the space below (most recent employment first). If you need additional space, please continue on a separate sheet of paper.

You may exclude listing any memberships that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status:

Employer		Dates Employed (MM/YYYY) From	Work Performed
Address			
Telephone Number(s)			
Your Job Title	Supervisor		
Reason for Leaving			

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Your Job Title	Supervisor		
Reason for Leaving			

### **Special Skills and Qualifications:**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## Education

Years Completed	High School				Undergraduate College/University				Graduate/Professional Trade School			
	9	10	11	12	1	2	3	4	1	2	3	4
School Name												
Location (City, State)												
Course of Study												
Diploma/Degree												

Describe any specialized training, apprenticeship(s), skills and extra-curricular activities:

Describe any honors you have received:

List professional, trade, business or civic activities and offices held:

*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status*

List any foreign languages you can speak, read and/or write:

State any additional information you feel may be helpful to us in considering your application:

Have you ever had any job-related training in the United States military?

Yes

No

If yes, please describe: \_\_\_\_\_

Do you have any physical condition or handicap which may limit your ability to perform the job for which you have applied?

Yes

No

If yes, what can be done to accommodate your limitation? \_\_\_\_\_

## Availability

TVMWD's Water Apprentice Program requires candidates to be available a minimum of 3 days a week and complete a minimum of 12 hours a week. Please provide the days and hours you can commit for the 6-month program. The typical hours of the program are Monday through Friday 7am to 4pm.

Days:	Monday	Tuesday	Wednesday	Thursday	Friday
Time Frame Availability:					

## Applicant's Statement

**READ THIS STATEMENT BEFORE SIGNING BELOW**

I certify that the answers and responses given on this application are true and complete to the best of my knowledge. I have not knowingly withheld any information requested or not requested, which, if disclosed, might affect my application unfavorably. I understand that false or misleading statements on this application, or omissions, may result in me being discharged whenever they may be discovered.

I authorize investigation of all statements, answers and responses I have made on this application and will cooperate with you in obtaining information from previous employers about my qualifications for the job(s) for which I am applying. I agree to hold my former employers and other persons harmless on account of furnishing or verifying information related to this job application.

I understand this application is not, and is not intended to be a contract of employment. This application is not an offer of employment and is not a complete list of the terms and conditions that affect employment with TVMWD. Persons selected will be required to pass a physical examination, which may include drug screening. They will also be required to present documents establishing personal ability to operate a motor vehicle.

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Signature of Applicant

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Date