



*City of Gonzales*

[www.gonzalesca.gov](http://www.gonzalesca.gov)

**OFFICE USE ONLY**  
**DATE RECEIVED**

P.O. Box 647 \* 147 Fourth Street, Gonzales, CA 93926

☎ (831) 675-5000 ☎ (831) 675-2644

## VOLUNTEER APPLICATION

*Please print in ink*

Date	Social Security Number	Home Phone # ( ) ( )	Work Phone # ( ) ( )
Name (First)	(Middle)	(Last)	California Driver's License No.
Mailing Address		City	State      Zip
Type of Work or Position Applying for 1.	2.	Full Time ____ Part Time ____	Permanent ____ Temporary ____
Are you between the ages of 18 and 70? Yes ___ No ___	If hired, can you furnish proof of age? Yes ___ No ___	If you are not a U.S. Citizen, Do you have the legal right to remain and work permanently in the U.S.? Yes ___ No ___	Do you have permission to work Temporarily? Yes ___ No ___
Have you ever been employed by the City? Yes ___ No ___	Dates employed Department Position	Do you have a relative employed by the City? Yes ___ No ___	Name Department Position
Referred by	Day Phone #	Evening Phone #	

**ANSWER THESE QUESTIONS IF ANY POSITIONS FOR WHICH YOU ARE APPLYING REQUIRE PROFICIENCY IN THE FOLLOWING**

Language(s) Written	Other Skills or Special Training You Have or Machines You Operate
Language(s) Read	
Words Per Minute	Computer Programs

### EDUCATION

Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12	College 1 2 3 4	Graduate 1 2 3	List below only the schools you have attended at the high school level and beyond. Include technical, military, professional, college, or university.				
Name of School	Location	From Mo/Yr	To Mo/Yr	Units Completed	Degree or Diploma	Major	

EXTRACURRICULAR ACTIVITIES (you may exclude any names of organizations which may reveal your race, religion, national origin or ancestry)	HONORS RECEIVED

If you are applying for a position in a scientific, technical, professional or administrative field, list by descriptive title (not course number) the courses in your major field and all related courses you have taken at the college level. Indicate lower division courses you have taken at the college level. Indicate lower division courses with "L" upper with "U" and graduate with "C" units and final grade.

Subject	Lower, Upper or Graduate	Units	Grade	Are You Attending School Now? Yes ___ No ___ Where? _____ What Hours? _____ Course of Study? _____ Do You Plan Further Educational Study? Yes ___ No ___ What Field? _____

Certificates and licenses (give state, number and expiration date) and membership in professional societies.

Community activities, special interests: (you may exclude names of organizations, which may reveal your race, religion, national origin or ancestry)

Other Pertinent Qualifications:

### EMPLOYMENT RECORD

List your present or most recent employer FIRST and include U.S. Armed Forces experience and major volunteer experience; account for all time during at least the past ten years, including periods of unemployment. You may exclude names of organizations, which may reveal your race, color, religion, national origin or ancestry. If more space is required, attach a separate sheet to this form.

<b>EMPLOYER</b> Name and Address		<b>YOUR JOB TITLE AND DUTIES IN DETAIL</b>		<b>REASON FOR LEAVING</b>
<b>From:</b> Month      Year	<b>To:</b> Month      Year	Total # of Months/years	Hours worked per week	Starting Salary  Last Salary
Type of Business		Name of your supervisor	Phone Number	May we contact your current employer?
<b>EMPLOYER</b> Name and Address		<b>YOUR JOB TITLE AND DUTIES IN DETAIL</b>		<b>REASON FOR LEAVING</b>
<b>From:</b> Month      Year	<b>To:</b> Month      Year	Total # of Months/years	Hours worked per week	Starting Salary  Last Salary
Type of Business		Name of your supervisor	Phone Number	May we contact your current employer?
<b>EMPLOYER</b> Name and Address		<b>YOUR JOB TITLE AND DUTIES IN DETAIL</b>		<b>REASON FOR LEAVING</b>
<b>From:</b> Month      Year	<b>To:</b> Month      Year	Total # of Months/years	Hours worked per week	Starting Salary  Last Salary
Type of Business		Name of your supervisor	Phone Number	May we contact your current employer?

### MILITARY SERVICE

Service Dates	Branch	Highest Grade/Rank	Type of Discharge
---------------	--------	--------------------	-------------------

Have you ever been convicted of an offense by any court? Yes \_\_\_ No \_\_\_  
If yes, list circumstances, places, and dates:

I certify that all statements on this application are true and complete to the best of my knowledge and belief. If employed, I understand that any falsification of this record may be considered cause for termination.

\_\_\_\_\_  
Applicant's Signature