

Volunteer Application

***It is our policy to comply with all applicable state and federal laws prohibiting employment discrimination based on race, age, color, sex, religion, national origin, disability, or other protected classifications.***

**Please carefully read and answer all questions. You will not be considered for employment** if **you fail to answer all the questions on this application completely. You may attach a resume, but all questions must be answered.**

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| --- | --- | --- |
|  | "Employer" | Position applying for |
|  |
| **PERSONAL DATA** |
| Name (last, first. middle) |  | I |  |  |  |  |  |  |  |
| Street Address and/or Mailing Address |  |  | City |  |  |  |  | State Zip |  |
| Home Telephone Number | Business Telephone Number | Cellular Telephone Number |
| Date you can stan work | Salary Desired | Do you have a high School Diploma or GED?Yes No |
| **POSITION INFORMATION** Check all that you are willing to work |  |  |  |  |  |  |  |  |  |
| Hours: Full TimePart Time □ | Days □Evenings □ | Swing GraveyardWeekends  | Status: Regular Temporary  |
| Are you authorized to work in the U.S. on an unrestricted basis? |  |  |  |  |  |  | Yes |  No |  |
| Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment) Yes No If yes. explain: |
| Have you been told the essential functions of the job or have you been viewed a copy of the job description listing the essential functions of the job? Yes No Can you perform these essential functions of the job with or without reasonable accommodation? Yes No  |
| **QUALIFICATIONS,** Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training. |
|  | School Name | Degree | Address/City/State |
| School |  |  |  |
| School |  |  |  |
| Other |  |  |  |
| **SPECIAL SKILLS** List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc. |
|  |
| **REFERENCES** Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references. |
| Name | Address/City/State | Phone | Relationship |
|  |  |  |  |
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| **WORK HISTORY** Start with your present or most recent employment and work back separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS) |
| **Job Title #1** | Start Date (mo/day/yr) | End Date (mo/day/yr) |
| Company Name | Supervisor's Name | Phone Number |
| City | State | Zip |
| Duties: |
| Reason for Leaving Starting Salary | Ending Salary |

**May we contact your present employer? Yes**  **No *NIA***□

|  |  |  |
| --- | --- | --- |
| **Job Title #2** | Start Date (mo/day/yr) | End Date (mo/day/yr) |
| Company Name | Supervisor's Name | Phone Number |
| City | State | Zip |
| Duties: |
| Reason for Leaving Starting Salary | Ending Salary |

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| --- | --- | --- |
| **Job Title #3** | Start Date (mo/day/yr) | End Date (mo/day/yr) |
| Company Name | Supervisor's Name | Phone Number |
| City | State | Zip |
| Duties:I |
| Reason for Leaving Starting Salary | Ending Salary |

|  |  |  |
| --- | --- | --- |
| **Job Title #4** | Start Date (mo/day/yr) | End Date (mo/day/yr) |
| Company Name | Supervisor's Name | Phone Number |
| City | State | Zip |
| Duties: |
| Reason for Leaving Starting Salary | Ending Salary |

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if Iam employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

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Applicant Signature Date

 

# ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate stand-alone Disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **SOUTHWEST OUTREACH FOR OLDER PEOPLE dba RIDE CONNECT TEXAS** at any time after receipt of this authorization and throughout my employment, if applicable. To this end. I hereby authorize. without reservation. any law enforcement agency, administrator, state or federal agency, or institution. school or university (public or private), information service bureau, employer, or insurance company to furnish any background information requested by **lntelliCorp, 5000 Corporate Court, Suite 203; Holtsville, NY 11742; Tel. No.**

**1.888.946.8355;** [**www.intellicorp.net.**](http://www.intellicorp.net/)

I do do not authorize you to contact, through lntelliCorp, *my current* employer for Employment and Reference Verifications. *(Checking "I* ***do,*** *will authorize inquiries to the Human Resources Department and to any listed supervisors.)*

I also consent to have any legally required notices sent electronically.

Printed Name

Signature Date

Parent or Legal Guardian Signature

(for searches conducted on minors under

the age of 18)

Date

2201 St. Cloud, San Antonio, TX 78228♦ 210-558-0007 ♦ [www.rideconnecttexas.org](http://www.rideconnecttexas.org/)

 

# DISCLOSURE REGARDING CONSUMER REPORT BACKGROUND CHECK

In connection with your relationship with **SOUTHWEST OUTREACH FOR OLDER PEOPLE dba RIDE CONNECT TEXAS,** we may procure a consumer report about you for employment purposes.

Please identify any/all former names used or aliases. If none, please indicate "none."

Driver License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_

Social Security#

Signature: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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