



APPLICATION FOR VOLUNTEER POSITION

FORT COLLINS POLICE SERVICES
2221 S. Timberline Road
P.O. Box 580
Fort Collins, CO 80522-0580

Position Applying For:

INSTRUCTIONS: Each question should be fully and accurately answered. Please print or type, except for the signature on the back of the application. A separate application must be submitted for each position for which you are applying. If you need reasonable accommodation in order to apply, please contact the Human Resources Department at (970)221-6535 or TDD (970)224-6004

APPLICANT INFORMATION

NAME: Last First M.I.

MAILING ADDRESS: Street City State Zip

TELEPHONE: Home Business Message

EMAIL ADDRESS:

SOCIAL SECURITY # (last four digits only): **DATE AVAILABLE FOR WORK:**

How many hours are you available: Daily Weekly

Are you a citizen of the United States or are you legally authorized to work in the U.S.? Yes No

Are you age 18 or older? Yes No If no, list date of birth:

Do you possess a valid driver's license? Yes No If yes, list Class:

License Number: State: Expiration Date:

Have you worked for the City of Fort Collins before? Yes No

If yes, list Department: Job Title:

Approximate dates of employment: From To

Do you have any relatives presently working for the City of Fort Collins? Yes No

If yes, list name and relationship:

Are you able to perform the essential functions of the position for which you are applying, with or without reasonable accommodation? Yes No

Do you have pending or have you ever been convicted of or received a deferred sentence, deferred judgement, or a deferred prosecution for a petty offense, misdemeanor traffic offense (excluding civil traffic infractions), municipal code violations (excluding civil traffic violations), misdemeanor, or felony, or been determined by a court to be a juvenile delinquent for an offense that is public record? Yes No

If yes, please list the offenses and explain the date, location, nature and facts surrounding each. Use an attachment sheet if necessary.

EMPLOYMENT & VOLUNTEER HISTORY

Your work experience is an important factor in evaluating your qualifications. Please make certain that you provide complete and accurate information on previous job duties and levels of responsibility. List names of employers in consecutive order with present or most recent employer listed FIRST. Account for all periods of time including military service, related volunteer experience, as well as any period of unemployment.

A resume may be attached if desired.

Name of Employer / Volunteer Agency	<input type="text"/>			
Type of Business	<input type="text"/>	Telephone No.	(<input type="text"/>)	<input type="text"/>
Employer / Agency Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street	City	State	Zip
Name of Last Supervisor:	<input type="text"/>	May we contact this employer:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employed From	<input type="text"/>	To	<input type="text"/>	Salary: Starting <input type="text"/> Ending <input type="text"/>
Job title:	<input type="text"/>	Duties:	<input type="text"/>	
<input type="text"/>				
Reason(s) for leaving or seeking other employment	<input type="text"/>			
<input type="text"/>				

Name of Employer / Volunteer Agency	<input type="text"/>			
Type of Business	<input type="text"/>	Telephone No.	(<input type="text"/>)	<input type="text"/>
Employer / Agency Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street	City	State	Zip
Name of Last Supervisor:	<input type="text"/>	May we contact this employer:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employed From	<input type="text"/>	To	<input type="text"/>	Salary: Starting <input type="text"/> Ending <input type="text"/>
Job title:	<input type="text"/>	Duties:	<input type="text"/>	
<input type="text"/>				
Reason(s) for leaving or seeking other employment	<input type="text"/>			
<input type="text"/>				

Name of Employer / Volunteer Agency

Type of Business Telephone No. ()

Employer / Agency Address:

Street City State Zip

Name of Last Supervisor: May we contact this employer: Yes No

Employed From To Salary: Starting Ending

Job title: Duties:

Reason(s) for leaving or seeking other employment

Name of Employer / Volunteer Agency

Type of Business Telephone No. ()

Employer / Agency Address:

Street City State Zip

Name of Last Supervisor: May we contact this employer: Yes No

Employed From To Salary: Starting Ending

Job title: Duties:

Reason(s) for leaving or seeking other employment

Name of Employer / Volunteer Agency

Type of Business Telephone No. ()

Employer / Agency Address:

Street City State Zip

Name of Last Supervisor: May we contact this employer: Yes No

Employed From To Salary: Starting Ending

Job title: Duties:

Reason(s) for leaving or seeking other employment

EDUCATION Name, address and location of school

High School: Did you graduate? Yes No

College or University:

College Major:

Degree: Did you graduate? Yes No

College or University:

College Major:

Degree: Did you graduate? Yes No

Have you served in the United States Armed Forces? Yes No

If yes, list dates of service: From To Branch of Service:

Additional education and/or vocational, technical or military training information relevant to the position for which you are applying:

SPECIAL SKILLS

Typing: Yes No WPM Ten Key By Touch: Yes No

Computer: Yes No Type Software Applications:

Heavy equipment (list specific types):

Additional information that might qualify you for the position:

The City of Fort Collins is an Equal Opportunity Employer. Applicants are considered for positions for which they have applied without regard to race, religion, gender, physical or mental disability, age 40 years or older, national origin, color, creed, ancestry, marital status, sexual orientation, or other characteristics protected by law.

CERTIFICATION AND RELEASE

I certify that all statements made in this application are true and complete. I authorize the City to investigate all statements made as a part of this application and to secure any necessary information from all prior employers, volunteer programs, academic institutions, law enforcement agencies, other persons and entities, and public records. I hereby release all such persons, entities, employers, references, institutions, agencies and the City from any and all liability arising from their giving or receiving information about my employment history, academic credentials, qualifications, reputation, driving record, and criminal record. A photocopy of this release can be used for all purposes.

I understand that any false answers or misleading statements as well as misrepresentations by omission made by me as part of my application will be sufficient for rejection of my application or for my immediate discharge should one be discovered after I am accepted.

I understand that nothing in this application, in the City's statements of personnel policies, or in my communication with any City employee or official is intended to create an employment contract between the City and me. In the event that I am accepted as a volunteer by the City, I understand that my continued acceptance will be at the mutual consent of the City and me. Accordingly, either the City or I may terminate my volunteer position at-will at any time with or without cause or notice. I understand that the at-will nature of the relationship can only be changed in a specific writing signed by the Director of Human Resources. I understand that I will not be paid or receive any other remuneration for my services as a volunteer with the City. I understand that successful completion of a background check is a qualification to volunteer in certain programs.

I hereby acknowledge that I have read, understand and agree to the preceding statement.

Signature

Date

**CITY OF FORT COLLINS POLICE SERVICES
VOLUNTEER PRE-ACCEPTANCE
CONTROLLED SUBSTANCE TEST CONSENT AND RELEASE**

Volunteers in Police Services provide a variety of services that bring the volunteer into contact with potentially confidential and sensitive law enforcement information. The City desires to foster a safe work and volunteer environment, free from the effects of controlled substance misuse. In accordance with General Directive E-4 and section 8.11.2 of the City's Personnel Policies and Procedures, the City requires that certain applicants conditionally offered a volunteer position within the City undergo a test for marijuana, cocaine, opiates, phencyclidine, and amphetamines, and provide a test sample to an approved collection location within 48 hours of receiving the conditional offer of acceptance. This consent and release allows the City to know the results of the test.

I hereby authorize the City of Fort Collins' collection center and medical providers to perform the pre-acceptance controlled substance test and to release the results and related records of the test to the City of Fort Collins.

I hereby authorize the City of Fort Collins to obtain the test results and any records associated with the test.

I understand that I may refuse to submit to the controlled substance test. However, refusal to consent to the test, failure to provide the test sample as required above, or having a confirmed positive test shall disqualify me from acceptance.

I hereby acknowledge that I understand this document and consent to the controlled substance test if I am conditionally offered acceptance. I understand that if I am under 18 years of age, my parent or legal guardian will be advised of a confirmed positive test result.

Printed Name:

Signature: Date:

Signature of Parent or Guardian (if applicant is under age 18)

Printed Name of Parent or Guardian:

Home Phone: Work Phone:

Address: