



CITY HALL  
1015 ELEVENTH AVENUE  
POST OFFICE BOX 3010

DELANO, CALIFORNIA 93216-3010

(661) 721-3300  
(661) 721-3317 TDD  
[www.cityofdelano.org](http://www.cityofdelano.org)

COUNCIL MEMBERS

Grace Vallejo  
MAYOR

Ruben "Ruby" Hill  
MAYOR PRO TEM

Joe E. Aguirre, Jr.  
Liz Morris

Maribel G. Reyna  
CITY MANAGER

## VOLUNTEER SERVICES PROGRAM

The undersigned hereby agrees to provide volunteer services to the City of Delano ("City") and understands that no reimbursement or compensation shall be paid for the rendering of said voluntary services to the City.

The undersigned acknowledges that he/she is not an employee of the City but may be covered by workers compensation insurance as a volunteer while providing voluntary services to the City, but understands that no other benefits of any kind or nature will be provided by the City.

The undersigned further acknowledges that the City in its sole discretion has the right to accept, reject or terminate an individual from the Volunteer Services Program at any time without prior notice.

DATED: \_\_\_\_\_

BY: \_\_\_\_\_

(Signature)

\_\_\_\_\_  
(Print Name)

HUMAN RESOURCES DEPT: \_\_\_\_\_

DEPARTMENT HEAD: \_\_\_\_\_

CITY MANAGER: \_\_\_\_\_

Modified: 7-28-10 NZ



# City of Delano

Personnel Department  
1005 11th Ave, P.O. Box 3010  
Delano CA, 93216  
661.721.3305  
661.721.3317 TDD  
661.721.3305 Option 2 Job Line

Office Use Only

Date Rec'd \_\_\_\_\_

Initials \_\_\_\_\_

## Volunteer Application

### INSTRUCTION FOR COMPLETION:

A separate application is required for each position applied for. Application must be completed thoroughly. Please type or print clearly in blue or black ink, answer all questions, sign and date the last page. Applications that are incomplete, unsigned or illegible may be rejected. Contact the Personnel Department to update the application for name and address changes, otherwise you may lose your opportunity for employment. You may attach a resume if you wish, but referring to a resume and not completing information requested may disqualify you for further consideration.

### POSITION

Position applying for: \_\_\_\_\_

Date available: \_\_\_\_\_ Will you accept temporary work? \_\_\_\_\_

### PERSONAL

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Person to be notified in case of emergency: \_\_\_\_\_  
(Name)

(Address)

(Phone)

Are you over age 18? (If under 18, hire is subject to verification that you are of minimum legal age.)  Yes  No

Driver's License?  Yes  No

License # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

1. Can you submit verification of your legal right to work in the United States?  Yes  No

2. Do you currently have a relative employed by the City?  Yes  No

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Relation: \_\_\_\_\_

3. Convictions: Have you ever been convicted of a crime? (Exclude convictions for marijuana-related offenses more than two years old pursuant to Labor Code Section 432.8; convictions that have been sealed expunged or legally eradicated.)  Yes  No

If YES, briefly describe the nature of the crimes, the date and place of the conviction and legal disposition of the case.  
(The City will not deny employment to any applicant solely because the person has been convicted of a crime. The City, however, may consider the nature, date and circumstances of the offense, as well as whether the offense is relevant to the duties of the position applied for.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How did you hear about this position? \_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_ Did you graduate?  Yes  No  GED

Colleges, or  
Universities  
Attended

Name and Location	Major	Degree Received	Quarter Units Completed	Semester Units Completed

Business or  
Trade School

Professional Licenses; Certificates or Registrations:

License/Certificate #

Licensing Board

Other skills that would qualify you for this position:

Languages: Do you speak, read and write a language other than English? If YES, indicate below:

**EMPLOYMENT HISTORY**

List previous employment in chronological order beginning with your present or most recent employer. **Please account for your work experience during the last ten (10) years.** Include any time you were in school, unemployed, volunteer worker, or employed in military service. Please be as complete as possible. If you need more space, attach an additional page.

*Resumes will not be accepted as a substitute for completing this section.*

Name of Current Employer _____				From _____	To _____
Street _____				Telephone _____	
City _____	State _____	Zip _____	May we contact? _____		
Your Job Title _____				Hours per week? _____	
Your Job Duties _____					
Number Supervised _____					
Reason For Leaving Current Employment _____					

From \_\_\_\_\_ To \_\_\_\_\_

*Name of Current Employer* \_\_\_\_\_

Telephone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

May we contact? \_\_\_\_\_

*Name and Title of your Supervisor* \_\_\_\_\_

Your Job Title \_\_\_\_\_ Hours per week? \_\_\_\_\_

Your Job Duties \_\_\_\_\_

Number Supervised \_\_\_\_\_

Reason For Leaving Current Employment \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

*Name of Current Employer* \_\_\_\_\_

Telephone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

May we contact? \_\_\_\_\_

*Name and Title of your Supervisor* \_\_\_\_\_

Your Job Title \_\_\_\_\_ Hours per week? \_\_\_\_\_

Your Job Duties \_\_\_\_\_

Number Supervised \_\_\_\_\_

Reason For Leaving Current Employment \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

*Name of Current Employer* \_\_\_\_\_

Telephone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

May we contact? \_\_\_\_\_

*Name and Title of your Supervisor* \_\_\_\_\_

Your Job Title \_\_\_\_\_ Hours per week? \_\_\_\_\_

Your Job Duties \_\_\_\_\_

Number Supervised \_\_\_\_\_

Reason For Leaving Current Employment \_\_\_\_\_

Name of Current Employer _____				From _____	To _____
City _____				Telephone _____	
Street _____	State _____	Zip _____			
Name and Title of your Supervisor _____				May we contact? _____	
Your Job Title _____				Hours per week? _____	
Your Job Duties _____					
Number Supervised _____					
Reason For Leaving Current Employment _____					

**REFERENCES**

Name, address and phone number of persons willing to provide professional and/or character references for you.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**ADDITIONAL REMARKS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATE OF APPLICATION**

I authorize investigation of all statements contained in this application. My signature certifies that all information in this application is true and correct. I understand and agree that any misstatements or omissions of material facts herein may cause forfeiture of all rights to employment with the City of Delano, or termination of any subsequent employment with City.

I understand that prior to being offered employment with the City, I may be requested to take an employment examination. In the event I have a disability which will affect my ability to take the test, I will so inform the City prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodation may include accessible testing sites, modified testing conditions, and accessible testing formats. The City reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept active for six months from the date completed, after which time I would have to reapply in accordance with established procedures.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*The City of Delano is an Affirmative Action/ADA/Equal Opportunity Employer*

We consider applicants for all positions without regard to race, age, color, religion, gender, national origin, disability or any other legally protected status.

**City of Delano**  
**1015 - 11th Avenue, P.O. Box 939**  
**Delano, California 93216**

**FINGERPRINTING DISCLOSURE EVIDENCE**

To protect the City of Delano, its customers, its employees, and its volunteers, the City is requiring job applicants and volunteers to provide the City with a set of fingerprints as part of the application process for employment and volunteer service with the City. The purpose of this requirement is to enable the City to check the accuracy of certain criminal history information which each applicant or volunteer provides to the City in his or her application. In reviewing this information, the City is attempting to identify those job applicants or volunteers who possess backgrounds appropriate to service with the City. The City's Council has instituted this policy and authorized this procedure by Resolution No. 1997-53 passed on April 21, 1997. This resolution also establishes classes of crimes for which conviction will result in disqualification from employment or volunteer service with the City.

Therefore, the applicant or volunteer submitting fingerprints or criminal record investigation does so in order to qualify for employment or volunteer service with the City. Refusal to submit will lead to disqualification for further consideration for employment or volunteer service with the City. It is further understood that if, during the process of investigating the job applicant or volunteer's criminal record, a criminal conviction is disclosed that was not included by the applicant in the information provided at the time of the completion of the application, that employee or volunteer will be disqualified from further service.

The information obtained through this program is used solely by the City. Criminal history information acquired during this process will not be disclosed to any other agency of the federal, state, or local government, or any group within the private business sector, unless such disclosure is compelled by a duly issued court order.

I, \_\_\_\_\_, have read and understood the above information and willingly submit my fingerprints for the purpose stated. Further, I declare under penalty of perjury that I have not been convicted of any criminal activity involving child molestation, and, if this criminal history investigation indicates that I have a criminal conviction record other than that information which I have disclosed in the employment and volunteer application process, my employment or service will be terminated.

I hereby agree to indemnify and hold harmless the City of Delano from any and all claims, causes of action, suits, actions, damages, losses or liability arising out of termination of my volunteer services rendered to the City of Delano which may occur should any of my answers to the foregoing questions be subsequently determined to be false and/or untrue.

I have disclosed all prior criminal convictions Yes [ ] No [ ]

**WARNING:** If during the process of investigation the volunteer's criminal record, a criminal conviction is disclosed that was not included by the volunteer during the completion of the application, that volunteer will be disqualified from further services.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature \_\_\_\_\_

Witnessed By: \_\_\_\_\_





## NEW EMPLOYEE ADDITIONAL INFORMATION REQUEST FORM

Employee Name	
Emergency Contact	
Name	
Address	
City	
State & Zip code	
Phone Number	
Phone Number (other)	
Relationship	

*Please complete this information on your first day of work and return this form to the Office of Human Resources.*

**Employee Signature:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_