

Application for Volunteer Position

LaGrange Volunteer Fire Department

Questionnaire of

Personal Information

Equal Opportunity Employer

Name: Last / First / Middle		Social Security No.	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone Number	Referred By:		
Position Desired:			
Position title:		Start Date Available:	
Are You Employed? Circle One Yes No		Salary Desired:	
Have You Applied Before? Circle One Yes No		If So Can We Contact Your Present Employer Circle One Yes No	
Education			
Elementary:	Years Attended	Graduate?	Subject Studied
High:			
College:			
Trade or Business:			
General			
Subjects of Special Study/ Research Work/ or Special Training/Skills?			
U.S. Military/ Naval Service		Rank:	

Employment History	
Date / Month / Year	Name & Address of Employer

References	Name / Address / Business / Years Known

Authorization

" I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if granted the position, falsified statements on this application shall be grounds for dismissal,
 I authorize investigation of all statements contained herein and the references and the employers listed above to give you any and all information concerning my previous employment and or pertinent information they may have, personal or otherwise, and release the company from any liability for any damage that may result from utilization of such information,
 I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized representative,
 I further understand the position I have applied for is a volunteer position and my continuing performance of duties is at the sole discretion of my supervisor and the town."

Date: _____ Signature _____

Interviewed by: _____ Date: _____

Authorization and Release

In applying for a volunteer position, I want the town of LaGrange, Indiana ("Town") to be fully informed of my history, I therefore, authorize the Town to investigate my background and to obtain any and all information which may concern me. I release all persons, including Town, schools, companies, corporations, credit bureaus, and law enforcement agencies from any liability on account of furnishing such information that if granted the position any misrepresentation of facts on my application is sufficient for my termination. I also understand that an initial offer of a position will be subject to my passing a medical examination, including a drug test, if applicable, to which I consent along with a disclosure of any absolute disqualifying factors, such as detection of certain illegal substances during a confirmed drug test and reference information which Town deems relevant in conformity with local, state, and federal law. In addition, to my authorization and release of information entitles set forth above. I also authorize Town to discuss the results of any such investigation, and with those individuals responsible for filling the position. I understand that nothing contained in my application or in granting of, or conduction of an interview, is intended to create an employment contract or binding contractual relationship between Town and myself either for employment of the providing benefit, no promise regarding employment or duration of employment have been made to me and I understand that no such promises or guarantees are binding upon Town. If relationship is established, I understand that I have the right to terminate such at anytime and Town retains similar right. If any relationship is established, in consideration for such relationship, I agree not to use or reveal any confidential information or trade secrets of Town.

I consent to have a sample of my urine, blood, or hair collected and tested for the presence of certain drugs and substances if such test is requested by the Town, I further authorize Town to make confidential release of the information resulting from my drug test to Town officials who are directly involved in the interview process, background investigations and filling the position, I understand that the drug test report may include all the information and records, including test results, which Town may receive to the screening or testing of my urine, blood, or hair sample. I waive any privilege I may have in connection with such information I understand that any sample collected will be tested/ screened by a laboratory designated by Town for actual testing. Town and its elected officials, department heads, supervisors, officers, administrators, managers, employees, and agents are all released by me from any legal responsibility or liability for the release of such information and records as authorized above or any other liability which arises from testing or the release of such information.

I have read the above language carefully and have been afforded an opportunity to ask questions and to receive an explanation by Town officials about such matters, and, if employed, I agree to abide by all terms set forth above.

Date: _____

Signature: _____

