



Application for Volunteer Services

AN EQUAL OPPORTUNITY EMPLOYER M/F/D/V

Date of Application
Month _____ Day _____ Year _____

Please Print

Full Name (Last, First, Middle)	Social Security Number _____	Home Phone _____ Work Phone _____ E-mail Address _____	To Be Filled in by The County of York
Mailing Address	City, State, Zip Code		Interview Date: _____
Are you a U.S. Citizen over the age of 18? If not a citizen do you have a legal right to work in this Country? _____ Yes _____ No	Can you provide, after employment, birth certificate or other proof of citizenship? _____ Yes _____ No		Start Date: _____
Have you ever applied for a position with York County? If yes, when and where? _____ Yes _____ No	Have you ever been convicted of a felony or misdemeanor? If yes, give details. (A conviction in and of itself may not be a bar to employment.) _____ Yes _____ No		Dept./Dept. No. _____ Employee No. _____

List special skills, knowledge, language, equipment operated, etc.	Type of employment desired. _____ Full-Time _____ Part-Time _____ Temporary _____ Volunteer	Applications for employment are filed according to the position applied for, therefore, be as specific as possible in stating the position desired. Applicants who list the term "any" shall NOT be considered.
	Date available for work?	Do you have a valid driver's license not under suspension? State of Issue _____ Dr. License # _____ Expiration Date _____ Classification _____

Do you have any relatives working for York County Government? _____ Yes _____ No If Yes, who? _____
Where are they employed? _____

EDUCATION

G.E.D.? _____ Yes _____ No	School Name and Location	Degree Earned or Credit Hrs.	Major or Vocation	Grade Average
Circle highest grade completed.				
Elementary/High School 6 7 8 9 10 11 12				
College 1 2 3 4				
Graduate School 1 2 3 4				

Special Courses or Seminars

List any courses you have completed which will aid The County of York in evaluating your qualifications for the position you are seeking. Use additional sheets if necessary.

Course	Dates Enrolled In Course	School or other Sponsor of Course	Describe Major Content of Course
	From To		

Emergency Contact

Name	Address	Telephone (including area code)

In making this application for volunteer HAZMAT Materials Response Team, it is understood that an investigative report may be made whereby information is obtained through personal interviews with third parties including information as to your character and reputation. A criminal background check may also be obtained.

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I understand that any false answers or statements made by me on this application or in any supplemental information given during the County's pre-employment investigations or physical examination will be cause for immediate relief from a volunteer position. I agree that The County of York shall not be liable in any respect if my services are not used because of falsification of any statements or omissions made by me in this questionnaire or with any attachments. I hereby authorize the companies, schools, or persons named in this questionnaire to give any pertinent information to The County of York and I release said parties from all liability for any damage for issuing such information.

I consent to taking a pre-volunteer services physical examination, which will include screening for drugs & alcohol and such physical examinations in the future as may be required by The County of York.

I acknowledge that my services may not be used, and any offer made for volunteer services, if such is made, may be withdrawn, with or without cause and with or without prior notice, at any time, at the option of The County of York or myself. I understand that no representative of the County of York has any authority to enter into any agreement for volunteer services for any specified period of time, or to assure or make some other personnel move either prior to commencement or after I have been assigned as a volunteer to assure any benefits or terms and conditions for my services, or make any agreement contrary to the foregoing.

Signature	Date
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References:

Complete Name	Address	Telephone #
1.		
2.		
3.		

COUNTY OF YORK HAZARDOUS MATERIALS TEAM

Authorization for Criminal Background Check

APPLICANT INFORMATION

NAME:(LAST, FIRST, MIDDLE)_____

SOCIAL SECURITY NO.:_____

DATE OF BIRTH:_____

CERTIFICATION:

I HEREBY CERTIFY that I have made application the County of York Hazardous Materials Team and that I consent to the terms of this application for membership to the YCHMT. Solely the County of York Office of Emergency Management shall use the information provided herein in order to determine the accessibility of sensitive information and material provided to members of the YCHMT.

My signature below provides my consent to the County of York Office of Emergency Management to utilize the information for purposes of completing a criminal background check.

Under penalty of perjury §4904 Pa Crimes Code

Applicant signature_____Date:_____

The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number will be used for the following purpose: Criminal History Background Check. Disclosure of your Social Security Number is required pursuant to the following State or Federal Law or Regulation: 18 PA C.S.A-SOC 9125.