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CITY OF EUSTIS

109-A East Orange Avenue

P.O. Drawer 68

Eustis, FL

Website – www.eustis.orgE-Mail – personnel@eustis.org

Phone – (352) 483-5472

FAX (352) 483-0492

VOLUNTEER/COMMUNITY SERVICES APPLICATIONDate: January 30th 2025

PLEASE LIST THE TYPE OF WORK THAT INTERESTS YOU AND THE DEPARTMENT(S) WHERE YOU WISH TO VOLUNTEER

1. Historic Preservation Board 3. _____
2. _____ 4. _____

NAME: Derek A. Stewart Telephone #: (352) 901-5878PRESENT ADDRESS: 3230 Site To See Ave Eustis FL 32726
Street/P.O. Box City State Zip

How long have you lived at this address? _____ E-Mail Address: _____

Have you filed an application here before? _____ Yes ☒ No If yes, when? _____Have you ever worked for the City of Eustis? _____ Yes ☒ No If yes, when? _____Are you currently employed? _____ Yes ☒ No May we contact you at work? _____ Yes N/A NoWhat number can we reach or leave a message for you during the day? Phone #: (352) 901-5878Are you available: _____ Full Time ☒ Part Time _____ TemporaryWhen are you able to volunteer? ☒ Nights ☒ Weekends Some weekdays Other _____Do you possess a valid Fla. Driver's License or I.D.? ☒ Yes _____ NoAre you legally eligible for employment in the United States of America? ☒ Yes _____ NoHave you ever been convicted, pled guilty or no contest to, had prosecution deferred or adjudication withheld on a felony or first degree misdemeanor in any jurisdiction? _____ Yes ☒ No If yes, when: _____Explain: _____
(Nature, severity and date of offense in relation to the position for which you are volunteering are considered.)Do you have any criminal charges pending? _____ Yes ☒ No If yes, explain: _____Are you able, physically or otherwise, to perform the job functions of the position for which you are volunteering?
☒ Yes _____ No If no, please explain: _____Please list the names of friends or relatives working for the City and their relationship to you: None

EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT RECORD: Please list your four most recent employers including full, part time, temporary and volunteer positions, beginning with the most recent.

Name & Address of Organization:

Raytheon
1847 West Main Rd
Portsmouth, RI

From Sept 2023 to Oct 2024
Month/Year Month/Year

Supervisor's E-mail: Camille.Thomas@rtx.com

Job Title: Program Operations Manager

Describe the work you did: Production schedule management, managed earned value to ensure no budget overruns and ensured materials on-hand to build product
in accordance with bill of materials.

Reason for leaving: Relocation to Florida (home of record) to be close to an aging family member in declining health

Name & Address of Organization:

Raytheon
1847 West Main Rd
Portsmouth, RI

From June 2022 to Sept 2023
Month/Year Month/Year

Supervisor's E-mail: Jon.Adams@rtx.com

Job Title: Senior Logistics Supervisor

Describe the work you did: Managed team of 13 employees responsible for the on-site material movements, production goods packaging and loading and unloading o
all incoming and outgoing shipments.

Reason for leaving: Internal Promotion to Program Operations Manager

Name & Address of Organization:

US Army, 10th Combat Aviation Brigade
19900 Munns Corner Rd
Fort Drum, NY 13603

From April 2019 to June 2022
Month/Year Month/Year

Supervisor's E-mail: _____

Job Title: Brigade Logistics Officer (S4)

Describe the work you did: Directly managed team of 20 personnel responsible for supporting all maintenance, logistics and I
and transportation functions logistical needs for 2500+ person organization.

Reason for leaving: Military Retirement

Name & Address of Organization:

US Army
500 Langford Lake Rd
Fort Irwin CA, 92310

From September 2017 to April 2019
Month/Year Month/Year

Supervisor's E-mail: _____

Job Title: Headquarters Company Commander

Describe the work you did: Managed organization consisting of 120 Soldiers and civilians, ensured operational readiness and facilitated the training of visiting units

Reason for leaving: Military change of station.

EDUCATION AND SPECIALIZED TRAINING:

Circle Highest Grade Completed

GRAMMAR AND HIGH SCHOOL:

1 2 3 4 5 6 7 8 9 10 11 12 GED

COLLEGE:

13 14 15 16

GRADUATE:

17 18 19 20

Please provide your educational background including the diploma, degree or certification received, as well as any technical or specialized training:

Name of High School(s):	City and State:		
Tavares High	Tavares, FL		
Name of College:	City and State:	Major:	Degree Received:
Embry-Riddle Aeronautical Univ	Daytona Beach, FL	Aeronautics	BS
Name of Graduate School:	City and State:	Major:	Degree Received:
Other Trade, Technical, Etc:	City and State:	Major:	Degree Received:
Foreign Language Skills:		<input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak	

OTHER PROFESSIONAL MEMBERSHIPS OR SKILLS:

Please list any special qualifications not covered elsewhere in this application including computer skills, such as Word & Excel; typing, including words per minute typed; and any professional or civic memberships.

1. Proficient in the Microsoft Office Suite of Tools
2. Typing speed 53 words per minute
- 3.
- 4.
- 5.
- 6.

REFERENCES:

Please list at least three (3) references who are not related to you. (Please provide complete addresses including Street, City, State and Zip.)

Name	Phone #	Name	Phone #
John Rubas	407-492-6114	John Babbitt	401-871-6114
Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
207 E. Gulley Ave, Oakland, FL 34787		25 Westwind Rd. Wakefield, RI 02879	
E-mail Address		E-mail Address	
john.j.rubas.ii@lmco.com		Babb66@gmail.com	
Employer	Phone #	Employer	Phone #
Lockheed Martin		Raytheon	
Occupation		Occupation	
Engineering Manager		Compliance Auditor	
Name	Phone #	Name	Phone #
Todd Kuebler	832-591-4120		
Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
1985 Ollinger Dr. Coralville, IA 52241			
E-mail Address		E-mail Address	
William-Kuebler@uiowa.edu			
Employer	Phone #	Employer	Phone #
US Army			
Occupation		Occupation	
Battalion Commander / Professor of Military Science			

HOURS AVAILABLE TO VOLUNTEER:

What days and hours are you available for work?

Currently flexible and available 8-3 Monday-Thursday, All day Friday, Saturday and Sunday
~~Seeking employment so availability subject to change~~

CERTIFICATE OF APPLICANT:

I certify that the answers given on this application are true and complete to the best of my knowledge. I agree to inform the City of any additional information relating to questions raised on the application, which occur subsequent to my completion of the application. I realize that misrepresentation of facts or the failure to update any information relating to questions on the application may be cause for rejection of this application or dismissal from volunteer/community services.

I authorize the City of Eustis to make any inquiries it desires concerning me. I authorize schools, references and my prior employers to provide my records, reason for leaving and all other information they may have concerning me to the City of Eustis. I release the City of Eustis and all other parties from any and all liabilities or claims for any damage that may result therefrom.

I understand that this application is not and is not intended to be a contract for employment.

SIGNATURE OF APPLICANT: _____

Date: 30.JAN2025**CONSENT OF PARENT OR LEGAL GUARDIAN**

(All Volunteers Under 18 Years of Age Must Have Parent or Legal Guardian Complete This Section)

I the undersigned, the parent or legal guardian of _____, choose to permit _____ to participate as a volunteer for the City of Eustis. I understand that my child's or ward's services are being offered on a voluntary basis without anticipation of any financial remuneration and I agree to the terms and conditions as stated above.

I further authorize the City to perform a fingerprint criminal history background check through state and federal law enforcement agencies and/or criminal history checks through consumer reporting agencies, who may also provide information to the City on out-of-state or nation-wide criminal histories. I understand that final approval to volunteer is contingent upon the results of the criminal history check.

Signature of Parent or Legal Guardian: _____

Date: _____