

# CITY OF EUSTIS

109-A East Orange Avenue

P.O. Drawer 68

Eustis, FL 32727-0068

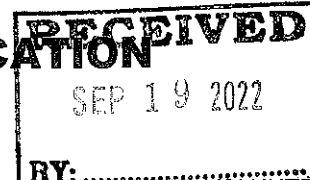
Website - [www.eustis.org](http://www.eustis.org)

E-Mail - [personnel@ci.eustis.fl.us](mailto:personnel@ci.eustis.fl.us)

Phone - 352-483-5472

FAX - 352-483-0492

## VOLUNTEER/COMMUNITY SERVICES APPLICATION



Date: 9-15-22

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

- 1. Code Enforcement
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

NAME: William J Gay Telephone #: 954-871-9177

PRESENT ADDRESS: 3041 Brighton Rd Eustis FL 32726  
Street/P.O. Box City State Zip

How long have you lived at this address? 14+ years E-Mail Address: Wjg822@hotmail.com

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  No

What number can we reach or leave a message for you during the day? Phone#: 954-871-9177

Are you available:  Full Time  Part Time  Temporary

When are you able to volunteer? \_\_\_\_\_ Nights \_\_\_\_\_ Weekends \_\_\_\_\_ Other

Do you possess a valid Fla. Driver's License or I.D.?  Yes  No

Are you legally eligible for employment in the United States of America?  Yes  No

Have 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 maiden or other names under which you may have worked or gone to school:

Please list the names of friends or relatives working for the City and their relationship to you: \_\_\_\_\_

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:

JB Enterprises FL  
3041 Brighton Rd  
Eustis FL 32726

From 6-2019 to Present  
Month/Year Month/Year

Supervisor's E-mail: Bill@jbenterprisesfl.net

Job Title: Owner

Describe the work you did: Security consultant

Reason for leaving: /

Name & Address of Organization:

Straightline Security  
Deltona FL

From 2010 to 6-2009  
Month/Year Month/Year

Supervisor's E-mail:

Job Title: Security Mgr

Describe the work you did: Install and service security/CCTV systems

Reason for leaving: started JB Enterprises

Name & Address of Organization:

From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Supervisor's E-mail:

Job Title:

Describe the work you did:

Reason for leaving:

Name & Address of Organization:

From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Supervisor's E-mail:

Job Title:

Describe the work you did:

Reason for leaving:

# 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): <i>Osceola H.S.</i>	City and State: <i>Kissimmee FL</i>		
Name of College: <i>VCC</i>	City and State: <i>Orlando, FL</i>	Major: <i>Business</i>	Degree Received:
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. ~~XXXXXXXXXXXX~~
2. *Eustis Chamber*
3. *Past Wall Board*
4. \_\_\_\_\_
5. *Past GeorgeFest Board*
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 <i>Chuck McMaster</i>	Phone # <i>352-396-6684</i>	Name <i>Todd English</i>	Phone # <i>352-518-0488</i>
Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
E-mail Address		E-mail Address	
Employer <i>[Redacted]</i>	Phone # <i>352-396-6684</i>	Employer	Phone #
Occupation		Occupation	
Name <i>Jerry Cobb</i>	Phone # <i>352-516-0289</i>	Name	Phone #
Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
E-mail Address		E-mail Address	
Employer	Phone #	Employer	Phone #
Occupation		Occupation	

**HOURS AVAILABLE TO VOLUNTEER:**

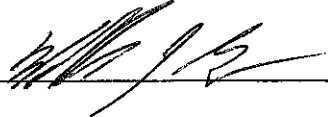
What days and hours are you available for work? \_\_\_\_\_

**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: 9-15-22

**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: \_\_\_\_\_