



**I. P. HUNT FOUNDATION**

6655 West Sahara Avenue, Suite B-200  
Las Vegas, Nevada 89146

**VOLUNTEER-EMPLOYMENT APPLICATION**

Today's Date: \_\_\_/\_\_\_/\_\_\_

Please download or print and write clearly in black ink to complete application.

1. Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Message Phone: \_\_\_\_\_

2. Address: \_\_\_\_\_

Apt. No.: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Permanent Address (if different from above): \_\_\_\_\_

Apt. No.: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Social Security#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Are you 18 years or older? ( ) No ( ) Yes

5. Who should be contact in case of emergency? \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell/Work Ph: \_\_\_\_\_ Ext: \_\_\_\_\_

6. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

7. List any other names under which volunteer/employment may be verified: \_\_\_\_\_

8. Position Desired: \_\_\_\_\_

Salary Desired: \$ \_\_\_\_\_ Date You Can Start: \_\_\_\_\_

9. When are you available to volunteer/work? ( ) Full-Time ( ) Part-Time ( ) Evenings ( ) Weekends  
( ) Overtime (if required)

10. Hours Available: (indicate AM or PM) ( ) Mon - Fri: \_\_\_\_\_ to \_\_\_\_\_

( ) Sat: \_\_\_\_\_ to \_\_\_\_\_ ( ) Sun: \_\_\_\_\_ to \_\_\_\_\_

11. If unavailable to volunteer or work certain days/hours, please explain: \_\_\_\_\_

12. Are you currently volunteering or employed now? ( ) No ( ) Yes

If yes, may we contact the organization or your employer? ( ) No ( ) Yes

13. Have you applied for employment or to volunteer with IPHF or AEA before? ( ) No ( ) Yes

If Yes, at which location: \_\_\_\_\_ When? \_\_\_\_\_

14. Have you ever worked at or volunteered with IPHF or AEA before? ( ) No ( ) Yes If Yes, at what

location: \_\_\_\_\_ When? From \_\_\_\_\_ to \_\_\_\_\_

**IPHF Volunteer-Employment Application-cont'd**

15. Do you have any relatives who volunteered, or were, employed by IPHF or AEA? ( ) No ( ) Yes If Yes,

Name(s): \_\_\_\_\_

Position \_\_\_\_\_

Location: \_\_\_\_\_

16. Do you have a valid driver's license? ( ) No ( ) Yes If Yes, #: \_\_\_\_\_

State: \_\_\_\_\_ Class: \_\_\_\_\_ Expires: \_\_\_\_\_

17. If required, are you willing to transfer within the area? ( ) No ( ) Yes *If required, are you willing to transfer outside the area? ( ) No ( ) Yes*

18. Are you legally eligible to work in the U.S.? ( ) No ( ) Yes *(If hired, you could possibly be required to produce evidence.)*

19. Have you ever been convicted of a crime? ( ) No ( ) Yes *(Please exclude convictions that have been erased, sealed, legally eradicated or expunged by civil order or are protected by state law from disclosure. Some state laws protect your right not to disclose certain types of convictions and may create a right not to disclose convictions that occurred beyond a certain amount of time in the past.)*

You may wish to seek legal counsel or guidance regarding your rights under state law before disclosing conviction information. *(California applicants may not disclose misdemeanor convictions for marijuana-related offenses more than two(2) years old (except convictions for possession of marijuana on school grounds.)* If Yes, briefly describe the nature, date, and place of the offense and disposition of the case:

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

**NOTE:** No applicant will be denied volunteer-employment solely on the grounds of conviction of a criminal offense. The nature, date, surrounding circumstances, and relevance of the offense to the position for which you are applying will be taken into consideration.

20. Do you have any special training, skills, or experience that are relevant to the position for which you are applying? ( ) No ( ) Yes If yes, describe below: \_\_\_\_\_

\_\_\_\_\_

21. Are you currently, or were you previously, in the military? ( ) No ( ) Previously ( ) Currently

22. If you were previously, or are currently, in the military, what branch and rank (including reserves)?

\_\_\_\_\_

High School				
College				
Graduate School				
Trade School				
Other				

**IPHF Volunteer-Employment Application-cont'd**

**Employment History:** List below current and last three Employers, starting with the most recent - use (M/D/Y). Please include any non-paid/volunteer experience which is related to the job for which you are applying. Please complete even if you attach a resume.

From:	<i>Current Employer (Name &amp;Address of Employer - Type of Business)</i>	Position	<i>Salary or Hourly Wage</i> Start: _____ End: _____ If hourly, Average # of hours per week: _____	<i>Reason for Leaving</i>
To:				
	<i>Duties Performed</i>			
	<i>Supervisors Name</i>	<i>Phone Number</i>		<i>May We Contact?</i>
From:	<i>Previous Employer (Name &amp;Address of Employer – Type of Business)</i>	Position	<i>Salary or Hourly Wage</i> Start: _____ End: _____ If hourly, Average # of hours per week: _____	<i>Reason for Leaving</i>
To:				
	<i>Duties Performed</i>			
	<i>Supervisors Name</i>	<i>Phone Number</i>		<i>May We Contact?</i>
From:	<i>Previous Employer (Name &amp;Address of Employer – Type of Business)</i>	Position	<i>Salary or Hourly Wage</i> Start: _____ End: _____ If hourly, Average # of hours per week: _____	<i>Reason for Leaving</i>
To:				
	<i>Duties Performed</i>			
	<i>Supervisors Name</i>	<i>Phone Number</i>		<i>May We Contact?</i>

**References:** Give below the names of three (3) professional references, whom you have known at least one (1) year.

	<i>Name</i>	<i>Address &amp; Phone Number</i>	<i>Business</i>	<i>Years Acquainted. How Do You Know This Person?</i>
1.)				
2.)				
3.)				

I hereby authorize I.P. Hunt Foundation (IPHF) and/or its subsidiaries to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by I.P. Hunt Foundation to provide any relevant information regarding my current end/or previous employment and I release all persons, schools, employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if selected, discipline up to and including dismissal. I understand that I may be required to sign a confidentiality and/or non-compete agreement, should I become a volunteer-employee of I.P. Hunt Foundation, Inc. I understand that nothing contained in this application, or conveyed during any, interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a volunteer-employment position open and does not obligate I.P. Hunt Foundation in anyway to select or choose me and **nothing in this application is intended to guarantee employment or alter the fact that volunteer-employment will be as an "at-will" employee.** I declare the foregoing information to be true and correct to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Volunteer/Applicant*



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**CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT**

The following is our Confidentiality and Non-Disclosure Agreement that we require all volunteers and/or employees to sign. Please sign both copies and return one (1) to our office at the address listed above.

I acknowledge that in connection with my voluntary service(s) and/or possible employment with the I.P. Hunt Foundation, Inc. (the "Company") and/or any of its subsidiaries, I will receive, have access to or generate information or data relating to the business, products, research, processes, formulas, strategies or plans of the Company and/or its clients which the Company and/or its clients consider to be their valuable trade secrets or proprietary information.

I agree that, in consideration of my employment by the Company, I will treat all such information as strictly confidential and that I will not disclose the same directly or indirectly to any third party, or use the same for any purpose, except as required in the course of my employment with the Company and in servicing the client(s) to which the information relates.

In understand that my obligations under this Agreement shall survive the termination, for whatever reason, of my employment with the Company and I enter into this Agreement being fully aware of its meaning and intending to be legally bound thereby.

Further, I recognize that the Company will suffer irreparable harm in the event of my material breach of this Agreement for which monetary damages will be inadequate. I, therefore, agree that in the event of my material breach of this Agreement, in addition to any other remedies which may be appropriate, including but not limited to an action for damages, that the Company shall be entitled to injunctive relief without the need of demonstrating the inadequacy of its remedies at law and without the need of posting a bond.

**CONFIRMATION**

I have read and understand this policy and received a copy of it.

Volunteer/Employee Name: \_\_\_\_\_  
*(Please Type or Print)*

Volunteer/ Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*(Please Sign, Date and Return to Administration)*

*(Rev: 6/09)*