



CITY OF BURLINGTON

APPLICATION FOR TEMPORARY EMPLOYMENT

Department of Human Resources |
200 Church Street, Suite 102 | Burlington, VT 05401
www.burlingtonvt.gov/HR

(802) 865-7145 | VOICE
(802) 864-1777 | FAX
VERMONT RELAY | 7-1-1

Thank you for applying to work at the City of Burlington. The City is committed to providing equal employment opportunity to all persons and does not illegally discriminate on the basis of political affiliation, race, creed, color, religion, sex, sexual preference, sexual orientation, national origin, marital status, gender identity, age, disability, veteran status, HIV status, genetic information, physical or mental impairment, or receipt of public assistance in employment or the provision of City services. Assistance in reviewing job opportunities and completing this employment application will be provided to persons with disabilities or other special needs upon request.

GENERAL

Department/Position desired _____

INFORMATION

First Name _____ Last Name _____

Mailing Address _____

City/Town _____ State _____ ZIP _____

Phone _____ E-mail Address _____

Are you at least 18 years of age? Yes No

EDUCATION

Select the highest level of education completed:

GED (list granting agency) _____

List in reverse order (present or most recent first) all schools attended (colleges/universities, technical training institutions, vocational/trade schools, and high schools)

NAME OF SCHOOL	CITY/TOWN & STATE	MAJOR(S)	DEGREE
_____	_____	_____	_____
_____	_____	_____	_____

Other Certifications or Licenses: _____

List any additional languages spoken or written and level of proficiency: (basic, fluent)

WORK EXPERIENCE

Describe below all previous work experience (including unpaid experience) in reverse chronological order (present or most recent employment first). **Include any information not listed on your resume.**

Name of Employer: _____

Address: _____

Your job title: _____

Supervisor (name & title): _____

Employed From (month/year): _____ To (month/year): _____

Name of Employer: _____

Address: _____

Your job title: _____

Supervisor (name & title): _____

Employed From (month/year) _____ To (month/year) : _____

**ADDITIONAL
INFORMATION**

1. Are you authorized to work in the United States? Yes No
2. If the position you are applying for requires you to travel locally, do you hold a valid driver's license or have another way to access prompt, reliable transportation?
 Not Applicable Yes No
3. Do you have a valid Commercial Driver's License (CDL)? Yes No
4. Have you been disciplined or discharged by a former employer for conduct involving any type of dishonesty, ethical misconduct or violent behavior in the last 15 years?
If yes, please attach an explanation. Yes No
5. Have you ever worked for the City of Burlington ("City") before? Yes No
If yes, identify department and dates of employment. _____
Reason for leaving? _____
6. Please list any relatives or domestic partner employed by the City and the department(s) in which they work. _____
7. I understand that in making this application, the City may be contacting my references and/or prior employers. I have I have not signed the attached release regarding my prior employment and references. I understand that if the City is unable to communicate with my references or prior employers due to my conduct, it may affect my opportunity for employment. (Please attach an explanation if there are extenuating circumstances you feel the employer should know.).
8. I understand that if the position for which I am applying includes work with individuals or groups who are recognized as vulnerable, such as children, the elderly, or mentally disabled, I may be subject to background or record checks which I must pass prior to full employment.
9. I understand that if I accept employment by the City, as a result of my employment, I may receive City owned property to fulfill my employment obligations. At the time my employment with the City ends, I shall immediately return to the City all of its property and pay any personal expenses I incurred on any of the City's accounts. If I fail to do this, the City may deduct the cost of such City owned property and any such personal expenses from my pay.
10. If I am hired by the City, I understand that the City's Handbook/Personnel Policy, as it may be changed in the future, shall be applicable to me and I shall read it annually and comply with its provisions during my employment.
11. I hereby certify that this form and any attachments to it contain no false information and are complete to the best of my knowledge. I am aware that if an investigation discloses misrepresentation or falsification, my application may be rejected, my name removed from the applicant list, and if already employed, I may be dismissed from City service, and I may be disqualified from applying in the future for any City position.

Signed: _____ Date: _____

TO APPLICANT: All applications for employment are kept in the City's general application file for TWO YEARS. If you would like to apply for another City position within TWO YEARS of this initial application, please contact us at (802) 865-7145.

OPTIONAL APPLICANT INFORMATION FORM

In order to evaluate the effectiveness of our efforts to increase diversity in recruitment and hiring, the following information is requested on a voluntary basis. It will be kept strictly confidential with the Human Resources Office and will not adversely impact your opportunities for employment.

APPLICANT NAME (OPTIONAL) _____

POSITION/DEPARTMENT DESIRED _____

EQUAL EMPLOYMENT OPPORTUNITY The City of Burlington is committed to providing Equal Employment Opportunity to all persons without regard to political affiliation, race, creed, color, religion, sex, sexual preference, sexual orientation, national origin, marital status, gender identity, disability, age, veteran status, HIV status, genetic information, physical or mental impairment, receipt of public assistance or any other non-merit factor, as defined by Federal and state law.

GENDER: Male Female

RACIAL OR ETHNIC GROUP

- Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American:** a person having origins in any of the black racial groups of Africa.
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.

INDIVIDUAL WITH A DISABILITY Vermont statutes (21 V.S.A. S495d.) "An individual with a disability" means any natural person who (A) has a disability which substantially limits one or more major life activities; (B) has a history or record of such an impairment; or (C) is regarded as having such an impairment.
Do you have a disability? Yes No

VETERAN STATUS

Branch of Military Service	Type of Discharge
_____	<input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Medical
	<input type="checkbox"/> Dishonorable <input type="checkbox"/> Other

Dates: From _____ To _____

Did you serve in the **National Guard/Reserve**? Yes No

Did you serve more than **180 days of Active Duty**? Yes No

Have you served in a **Hostile Fire Area**? Yes No

If Yes, where? _____

Do you have a **Service Connected Disability**? Yes No

If Yes, what Percentage? _____ %

Are you the **Spouse** of a service member? Yes No

If Yes: Does your **Spouse** have **Total Disability**? Yes No

Was your **Spouse Missing in Action**? Yes No

Was your **Spouse Captured/Detained** by Hostile Forces? Yes No

Did your **Spouse die** while on **Active Duty**? Yes No

Did your **Spouse die** of a **Service Connected Disability**? Yes No

Signature: _____ Date: _____



HUMAN RESOURCES DEPARTMENT

RELEASE AND AUTHORIZATION TO OBTAIN EMPLOYMENT INFORMATION

This release authorizes persons whom I have listed as references and/or my previous employers to furnish to and discuss with the Human Resources staff from the City of Burlington any and all information which may be requested regarding my prior employment or fitness for employment, to include a copy of my personnel records of files.

I waive any claims to privacy or confidentiality regarding the disclosure of or discussion of my prior employment. I release the City of Burlington and its representatives and the individual references that I have listed as well as the representatives of my previous employers from any claims related to the release or discussion of my employment information or information relevant to employment so long as the information released by my references and prior employers is truthful.

*If I am applying for a position that requires a Commercial Driver's License I understand that the City may contact my prior employers for the purpose of investigating my safety performance history information. (391.21). The City will also conduct a Department of Motor Vehicle Record Check in accordance with 391.25.

Name (Signed)

(Printed Name)

Date