CITY OF BURLINGTON

APPLICATION FOR POLICE OFFICER

Burlington Police Department
Recruitment Office
1 North Avenue, Burlington, VT 05401
www.bpdvt.org

Office: (802) 540-2119
Fax: (802) 865-7579

The City of Burlington is committed to providing an equal employment opportunity to all persons. Assistance in reviewing job opportunities and completing this employment application will be provided to persons with disabilities upon request.

GENERAL INFORMATION

Department/Position desired _____

How did you hear of this vacancy? _____

First Name _____ Last Name _____

Mailing Address _____

City/Town _____ State _____ ZIP _____

Phone _____ E-mail Address _____

Are you at least 20 years of age? Yes ☐ No ☐

EDUCATION

Circle the number corresponding to the highest level of education completed:

ELEMENTARY - HIGH SCHOOL	COLLEGE	GRADUATE SCHOOL
8 9 10 11 12	1 2 3 4	1 2 3 4

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: _____

SKILLS

Typing speed: _____ words/minute

List all computer software used along with your experience level (expert, advanced, average).

_____

_____

_____

List machines/equipment you are trained to operate and any special skills you have related to the position(s) for which you are applying. (First Aid, WSI, Cash Register, Heavy Equipment Operating, etc.) _____

_____

_____

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):_____

Salary (dollars/week): Start: _____ Final: _____ Hours/week:_____

Reason for leaving: _____

May we contact this employer: ☐Yes ☐No Phone: _____

Summary of your duties and responsibilities:_____

_____

_____

Name of Employer:_____

Address:_____

Your job title:_____

Supervisor (name & title):_____

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

Salary (dollars/week): Start: _____ Final: _____ Hours/week:_____

Reason for leaving: _____

May we contact this employer: ☐Yes ☐No Phone: _____

Summary of your duties and responsibilities:_____

_____

_____

Name of Employer:_____

Address:_____

Your job title:_____

Supervisor (name & title):_____

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

Salary (dollars/week): Start: _____ Final: _____ Hours/week:_____

Reason for leaving: _____

May we contact this employer: ☐Yes ☐No Phone: _____

Summary of your duties and responsibilities:_____

_____

_____

ADDITIONAL INFORMATION

1. Are you authorized to work in the United States? ☐Yes ☐No

2. In the past ten (10) years, have you been convicted, placed on probation, or under supervision for any violation of law? ☐Yes ☐No
   If yes, please explain, including the basis, the date, and any circumstances contributing to rehabilitation. (A record of a conviction is not an automatic bar to employment).

   _____

   _____

3. Do you have reliable transportation? ☐Yes ☐No
   If the position you are applying for requires you to travel locally, do you hold a driver's license or have another way to access prompt, reliable transportation?
   ☐Not Applicable ☐Yes ☐No

4. Do you have a valid Commercial Driver's License (CDL)? ☐Yes ☐No

5. 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

6. Have you ever worked for the City of Burlington ("City") before? ☐Yes ☐No
   If yes, identify department and dates of employment. _____
   Reason for leaving? _____

7. Please list any relatives or domestic partner employed by the City and the department(s) in which they work. _____

8. 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.).

9. 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.

10. 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.

11. 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 and comply with its provisions during my employment.

12. 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: _____

The City of Burlington does not discriminate on the basis of race, color, national origin, sex, sexual orientation, religion, age or disability, in employment or the provision of services.

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

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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, color, religion, sex, sexual preference, national origin, disability or any other non-merit factor, or age as defined by Federal and state law. In order to evaluate the effectiveness of our recruitment efforts, the following information is requested on a ***voluntary basis.***

The following information will be kept strictly confidential and will not adversely impact your opportunities for employment.

GENDER: ☐ Male ☐ Female

RACIAL OR ETHNIC GROUP:

☐ Native American — American Indian or Alaskan Native. All persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification.

☐ Asian/Pacific — Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands (e.x., China, Japan, Korea and Samoa).

☐ Black — Persons having origins in the black racial groups of Africa not of Hispanic origin.

☐ Hispanic — Persons having origins in Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish culture or origin, regardless of race.

☐ White — Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

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
☐ Honorable ☐ General ☐ Medical
☐ Dishonorable ☐ 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