CITY OF BURLINGTON

APPLICATION FOR EMPLOYMENT

Department of Human Resources | **(802) 865-7145 | VOICE**
200 Church Street, Suite 102 | Burlington, VT 05401 **(802) 864-1777 | FAX**
www.burlingtonvt.gov/HR **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 INFORMATION

Department/Position desired _____

How did you hear of this job opening? _____

First Name _____ Last Name _____

Mailing Address _____

City/Town _____ State _____ ZIP _____

Phone _____ E-mail Address _____

Are you at least 18 years of age? ☐ Yes ☐ No

Probationary Police Officer Applicants **ONLY**: Are you at least 20 years of age? ☐ Yes ☐ No

Probationary Firefighter Applicants **ONLY**: Are you EMT Certified? ☐ Yes ☐ No

Are you CPAT Certified? ☐ 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 any additional languages spoken or written and level of proficiency: (basic, fluent)

_____

_____

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, CPAT, 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): _____

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) :_____

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): _____

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 of a felony, 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. 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

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 annually 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:_____

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 America**n: 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 ☐ 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 **Spous**e 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

HUMAN RESOURCES DEPARTMENT

RELEASE AND AUTHORIZATION
TO OBTAIN EMPLOYMENT INFORMATION FOR APPLICANTS APPLYING FOR A JOB REQUIRING A COMMERCIAL DRIVER'S LICENSE

FOR APPLICANTS APPLYING FOR CDL EMPLOYMENT ONLY

First Name_____ Last Name_____

Current Address_____

Date of Birth_____ Social Security Number_____

Commercial Driver's License Information:

1. Please list all States in which you have held a CDL, the CDL number and expiration date of each unexpired license, and the addresses at which you resided for the last 3 years.

_____

_____

2. List of names, addresses and phone numbers of previous employers for the last 10 years for which you were an operator of a commercial motor vehicle, including, dates of employment and reason for leaving. Also include whether or not you were subject to FMCSR's while employed by each employer, including stating whether or not the job was designated as a safety sensitive function and subject to alcohol and controlled substances testing as required by 49 CFR part 40.

_____

_____

_____

_____

_____

_____

_____

_____

_____

3. List of all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the 3 years preceding the date this application was submitted.

_____

_____

_____

This certifies that this application and the attached release were completed by me, and that all entries and information provided are true and complete to the best of my knowledge.

APPLICANT'S SIGNATURE: _____DATE:_____

Please be informed that the information you provide may be used, and your prior employers may be contacted for the purpose of investigating your safety performance history. In accordance with 49 CFR§391.23(i) you have due process rights regarding information received as a result of these investigations.

BURLINGTON POLICE DEPARTMENT

Core Values: Integrity, Respect, Service, Creativity

PERSONAL HISTORY INFORMATION

CIVILIAN POSITION:_____

_____

CANDIDATE NAME

CONFIDENTIAL

INSTRUCTIONS

The hiring process for employment with the Burlington Police Department includes preliminary testing, a psychological examination, a panel interview, a background investigation and medical examination. Your Personal History Information (PHI) packet is an integral component of our hiring process. **CONSISTENCY THROUGHOUT THE ENTIRE PROCESS IS CRITICAL AND WILL BE ASSESSED.**

Each question must be answered completely and accurately. Do not leave any lines blank. Enter **N/A** (Not Applicable) if there are areas that do not pertain to you. If you need more room for answers, please attach additional sheets. **CAREFULLY** read the signature page before you fill out this packet.

INTENTIONAL OMISSIONS, INCONSISTENCIES, MISREPRESENTATIONS, OR FALSIFICATIONS IN THIS DOCUMENT, OR AT ANY STEP IN THE PROCESS, WILL BE GROUNDS FOR IMMEDIATE DISQUALIFICATION.

ATTACHMENTS TO THE PHI MUST INCLUDE THE FOLLOWING:

1. A resume AND cover letter
2. A copy of your birth certificate
3. Documentation of highest education level attained
4. DD-214(s) for each period of military service
5. Naturalization certificate/work authorization documentation
6. Documentation of name changes, bankruptcies, arrests, etc.
7. List of personal and employment references
8. Head and shoulders passport style photograph
9. Notarized signature

Return To:
BURLINGTON POLICE DEPARTMENT
Recruitment Office
1 North Avenue
Burlington, Vermont 05401

If you have any questions, please contact the Recruitment Office at (802) 540-2119 or Recruitment@bpdvt.org. Additional information is available on our Web site at www.bpdvt.org .

PERSONAL DATA

1. NAME: LAST, FIRST, MIDDLE: _____

2. ALIASES, NICKNAMES, MAIDEN NAME, MARRIED NAME(S) AND ANY OTHER NAME(S) YOU HAVE BEEN KNOWN BY:
_____

3. CURRENT STREET ADDRESS, CITY, STATE, ZIP:
_____
_____

4. HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

E-MAIL ADDRESS: _____

5. FEMALE/MALE/TRANSGENDER: _____

6. DATE OF BIRTH: _____

7. PLACE OF BIRTH: _____

8. SOCIAL SECURITY NUMBER: _____

9. NAME OF FATHER: _____

FULL ADDRESS: _____

TELEPHONE AND EMAIL: _____

10. NAME OF MOTHER: _____

FULL ADDRESS: _____

TELEPHONE AND EMAIL: _____

11. NAME OF FATHER-IN-LAW: _____

FULL ADDRESS:_____

TELEPHONE AND EMAIL:_____

12. NAME OF MOTHER-IN-LAW: _____

FULL ADDRESS:_____

TELEPHONE AND EMAIL: _____

13. IF YOU WERE RAISED BY ANYONE OTHER THAN YOUR BIOLOGICAL PARENT(S), PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME OF PERSON(S) WHO RAISED YOU: _____

FULL ADDRESS: _____

TELEPHONE AND EMAIL: _____

14. SIBLING, HALF SIBLINGS, STEP SIBLINGS:

GENDER	NAME	AGE	ADDRESS	TELEPHONE & EMAIL

15. PRESENT RELATIONSHIP STATUS:

SINGLE_____ CIVIL UNION _____MARRIED_____ SEPARATED_____
DIVORCED_____ WIDOWED_____ COHABITATING_____ DATING_____

16. CURRENT SPOUSE AND/OR PARTNER:

GENDER	NAME	AGE	ADDRESS	TELEPHONE & EMAIL

17. EX-SPOUSE(S)/EX-CIVIL UNION PARTNER(S):
GENDER NAME AGE ADDRESS TELEPHONE & EMAIL

_____
_____

18. CHILDREN, STEP-CHILDREN, AND/OR DEPENDENTS:
GENDER NAME AGE ADDRESS TELEPHONE & EMAIL

_____
_____
_____
_____

19. ARE YOU RESPONSIBLE FOR PAYING ANY COURT ORDERED CHILD SUPPORT OR SPOUSAL SUPPORT? YES_____ NO_____
HAVE YOU MISSED ANY PAYMENTS? IF YES, EXPLAIN BELOW.

_____
_____
_____

20. LIST ALL OUTSTANDING DEBTS (I.E. MORTGAGE, VEHICLES, PERSONAL LOANS, STUDENT LOANS, CREDIT CARDS, ETC.)

ACCOUNT NAME/TYPE/NUMBER MONTHLY PAYMENT BALANCE

_____
_____
_____
_____
_____
_____

21. HAVE YOU EVER DECLARED BANKRUPTCY? YES_____NO_____
IF YES, EXPLAIN BELOW (INCLUDING YEAR AND TYPE OF BANKRUPTCY):
DO YOU OR HAVE YOU HAD ANY DEBTS LISTED WITH A COLLECTION AGENCY OR AGENCIES?

_____
_____

22. HAVE YOU EVER BEEN IN DEFAULT RESULTING IN REPOSSESSION?
YES_____ NO_____
IF YES, EXPLAIN BELOW:

_____
_____

23. HAVE YOU EVER BEEN MORE THAN 90 DAYS LATE ON A LOAN PAYMENT?
YES_____ NO_____
IF YES, EXPLAIN BELOW:

_____

_____

EDUCATIONAL DATA

24. LIST ALL SCHOOLS AND SPECIALIZED TRAINING YOU HAVE ATTENDED SINCE THE 9TH GRADE, BEGINNING WITH THE MOST RECENT.

SCHOOL/TRAINING ADDRESS DATES CERTIFICATION/DEGREE/ # CREDITS

_____

_____

_____

_____

_____

_____

25. HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY SCHOOL OR COLLEGE FOR ANY ACADEMIC OR DISCIPLINARY REASONS?
YES_____ NO_____
IF YES, EXPLAIN BELOW:

_____

_____

_____

MILITARY DATA

26. HAVE YOU REGISTERED WITH THE SELECTIVE SERVICE AS REQUIRED BY LAW? YES_____ NO_____
IF YES, PROVIDE YOUR SELECTIVE SERVICE CLASSIFICATION NUMBER.
THIS CAN BE FOUND AT: https://www.sss.gov/RegVer/wfVerification.aspx

_____

27. ARE YOU NOW, OR HAVE YOU EVER BEEN, ON ACTIVE MILITARY SERVICE? YES_____ NO_____
IF YES, COMPLETE THE FOLLOWING:

SERVICE BRANCH_____ M.O.S. _____
DATE ENTERED_____ DATE RELEASED_____

28. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF A MILITARY RESERVE OR A NATIONAL GUARD UNIT? YES_____ NO_____
IF YES, COMPLETE THE FOLLOWING:

SERVICE BRANCH_____ M.O.S. _____
DATE ENTERED_____ DATE RELEASED_____

29. DURING YOUR SERVICE, WERE YOU EVER DISCIPLINED (I.E. COURT-MARTIAL, ARTICLE 15)? YES_____ NO_____
IF YES, EXPLAIN BELOW:

_____
_____
_____

30. IF YOU WERE DISCHARGED, OTHER THAN HONORABLY, PLEASE LIST THE REASON(S) BELOW:

_____
_____
_____

EMPLOYMENT DATA

31. IN CHRONOLOGICAL ORDER, PLEASE LIST *ALL* OF YOUR WORK EXPERIENCE, BEGINNING WITH YOUR MOST RECENT EMPLOYMENT. ANY PERIOD OF UNEMPLOYMENT, MILITARY SERVICE, AND PART-TIME EMPLOYMENT MUST ALSO BE INCLUDED.

DATES (from-to) BUSINESS ADDRESS/PHONE POSITION SUPERVISOR REASON LEFT

_____
_____
_____
_____
_____
_____
_____

32. HAVE YOU EVER BEEN FIRED, SUSPENDED OR DISCIPLINED BY AN EMPLOYER? YES_____ NO_____ IF YES, EXPLAIN BELOW:

_____
_____
_____

33. HAVE YOU EVER RESIGNED AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO TERMINATE OR DISCIPLINE YOU FOR ANY REASON? YES_____ NO_____ IF YES, EXPLAIN BELOW:

_____

_____

RESIDENCE DATA

34. LIST YOUR RESIDENCES FOR THE LAST *TEN* YEARS, BEGINNING WITH YOUR PRESENT ADDRESS. PROVIDE THE NAMES AND CURRENT ADDRESSES OF YOUR NEAREST NEIGHBORS AND ALL ROOMMATES AT EACH RESIDENCE. INCLUDE ALL MILITARY RESIDENCES.

DATES (from-to)	ADDRESS	ROOMATES/NEIGHBORS	TELEPHONE & EMAIL

35. IF YOU ARE PRESENTLY RENTING, PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR LANDLORD:

NAME: _____
ADDRESS: _____
TELEPHONE & EMAIL: _____

DRIVING RECORD

36. LIST ALL TRAFFIC VIOLATIONS, CITATIONS AND WARNINGS YOU HAVE RECEIVED. PROIVDE THE FOLLOWING DATA FOR EACH INCIDENT:

DATE	VIOLATION	LOCATION	POLICE DEPT/ACTION

37. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ANY DRIVER'S LICENSES YOU HAVE HELD OR CURRENTLY HOLD:

ISSUING STATE LICENSE NUMBER TYPE OF LICENSE

_____

_____

_____

38. IS YOUR DRIVER'S LICENSE CURRENTLY, OR HAS IT EVER BEEN, DENIED, SUSPENDED OR REVOKED? YES_____ NO_____
IF YES, EXPLAIN BELOW:

_____

_____

39. ARE YOUR REGISTRATION PLATES CURRENTLY, OR HAVE THEY EVER BEEN, DENIED, SUSPENDED OR REVOKED? YES_____NO_____
IF YES, EXPLAIN BELOW:

_____

_____

CRIMINAL CHARGES/ILLEGAL ACTIVITY

40. HAVE YOU EVER BEEN:

1. **ARRESTED? YES_____ NO_____**
2. **CHARGED WITH A CRIME/OFFENSE? YES_____ NO_____**
3. **CONVICTED OF A CRIME/OFFENSE? YES_____ NO_____**
4. **PLACED ON PROBATION? YES_____ NO_____**
5. **PLACED IN COURT DIVERSION? YES_____ NO_____**
6. **ARRESTED AS A JUVENILE? YES_____ NO_____**
7. **CHARGED WITH A CRIME/OFFENSE AS A JUVENILE? YES_____ NO_____**
8. **BROUGHT BEFORE A JUVENILE COURT? YES_____NO_____**
9. **THE SUBJECT OF A POLICE INVESTIGATION? YES_____ NO_____**

NOTE: YOU MUST DISCLOSE ALL ARRESTS NO MATTER HOW THE CASE WAS DISPOSED.

IF YOU ANSWERED YES TO ANY OF THE ABOVE, EXPLAIN BELOW:

_____

_____

_____

_____

_____

_____

41. HAVE YOU EVER BEEN THE SUBJECT OF A RESTRAINING ORDER OR TRESPASS ORDER? YES_____ NO_____ IF YES, EXPLAIN BELOW:

_____

_____

42. HAVE YOU EVER COMMITTED AN ACT OF DOMESTIC VIOLENCE OR STALKING? IF YES, EXPLAIN BELOW:

_____

_____

_____

43. WHAT CRIMES HAVE YOU COMMITED SINCE THE AGE OF 10?

_____

_____

_____

44. ARE YOU NOW, OR HAVE YOU EVER BEEN, A PLAINTIFF OR DEFENDANT IN ANY CIVIL COURT ACTION? YES_____ NO_____
IF YES, EXPLAIN BELOW:

_____

_____

_____

45. HAVE YOU EVER USED, TRIED, OR EXPERIMENTED WITH:

MARIJUANA?
YES_____ NO_____ IF YES, WHAT WAS THE:
FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCEY OF USE? _____

COCAINE?
YES_____ NO_____ IF YES, WHAT WAS THE:
FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCEY OF USE? _____

HEROIN?
YES_____ NO_____ IF YES, WHAT WAS THE:
FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCEY OF USE? _____

HALLUCINOGENIC DRUGS (LSD, PCP, MUSHROOMS, ECSTASY)?
YES_____ NO_____ DRUG TYPE(S) _____
IF YES, WHAT WAS THE:
FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCEY OF USE? _____

METHAMPHETAMINE?
YES_____ NO_____ IF YES, WHAT WAS THE:
FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCEY OF USE? _____

PRESCRIPTION DRUGS THAT WERE NOT PRESCRIBED TO YOU?
YES_____ NO_____ DRUG TYPE(S) _____
IF YES, WHAT WAS THE:
FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCEY OF USE? _____

OTHER DRUGS NOT PREVIOUSLY LISTED?
YES_____ NO_____ DRUG TYPE(S) _____
IF YES, WHAT WAS THE:
FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCEY OF USE? _____

HAVE YOU EVER SOLD OR DISTRIBUTED ANY DRUG?
YES_____NO_____
IF YES, EXPLAIN BELOW:
_____
_____
_____

46. DO YOU DRINK ALCOHOLIC BEVERAGES? YES_____ NO_____
IF YES, DESCRIBE YOUR FREQUENCY OF USE. HOW MANY TIMES HAVE YOU BEEN DRUNK IN THE LAST YEAR?
_____
_____

GENERAL DATA

47. DO YOU BELONG TO ANY ORGANIZATION AND/OR ADHERE TO ANY BELIEF WHICH WOULD IN ANY WAY:

1. **RESTRICT YOU FROM CONFORMING TO DEPARTMENTAL STANDARDS OF APPEARANCE AND/OR GROOMING?**
   YES_____ NO_____

2. **INCLUDE YOUR INVOLVEMENT IN, OR SUPPORT OF, ANY HATE GROUP(S)?**
   YES_____ NO_____

IF YES, EXPLAIN BELOW:
_____
_____
_____

48. ARE YOU A MEMBER OF, OR HAVE YOU EVER BEEN A MEMBER OF, ANY COMMUNIST OR SUBVERSIVE ORGANIZATION OR ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES?
YES_____NO_____
IF YES, PROVIDE THE NAME OF THE ORGANIZATION AND EXPLAIN BELOW:

_____
_____
_____

49. HAVE YOU EVER FILED AN APPLICATION OR ARE YOU NOW AWAITING THE RESULTS OF A FILED APPLICATION WITH ANY OTHER LAW ENFORCEMENT AGENCY? YES_____NO_____
IF YES, PLEASE LIST BELOW:

DEPARTMENT PENDING/ACCEPTED/REJECTED/IF REJECTED, WHY?

_____
_____
_____
_____
_____
_____
_____

50. HAVE YOU EVER TAKEN A POLYGRAPH? YES _____ NO_____
IF YES, PROVIDE THE FOLLOWING DATA:

DATE LOCATION/AGENCY PURPOSE

_____
_____
_____

51. LIST ANY AND ALL EMPLOYEES OF THE BURLINGTON POLICE DEPARTMENT WITH WHOM YOU ARE ACQUAINTED:

1. _____
2. _____
3. _____

52. HOW DID YOU HEAR ABOUT THIS JOB POSTING?

INTERNET: WHAT SITE(S)? _____
FAMILY/FRIEND/ACQUAINTANCE: NAME: _____
MEDIA WHICH ONE?_____
JOB FAIR WHICH ONE? _____
BPD EMPLOYEE NAME: _____
OTHER _____

53. LIST ANY FAMILY. FRIENDS, ETC. WHO YOU WOULD RECOMMEND TO BE A BURLINGTON POLICE OFFICER.

_____
_____
_____
_____
_____

54. PLEASE TAPE A RECENT HEAD AND SHOULDERS PHOTOGRAPH OF YOURSELF (PASSPORT TYPE) AND A COPY OF YOUR DRIVER'S LICENSE TO THIS PAGE.

SIGNATURE PAGE

I _____CONSENT TO TAKING AN EMPLOYMENT PHYSICAL, AND/OR PSYCHOLOGICAL EXAMINATION AND SUCH FUTURE, PHYSICAL, AND/OR PSYCHOLOGICAL EXAMINATIONS AS MAY BE REQUIRED BY THE BURLINGTON POLICE DEPARTMENT.

I AUTHORIZE A DULY AUTHORIZED AGENT OF THE BURLINGTON POLICE DEPARTMENT TO CONTACT ANY OF MY PREVIOUS EMPLOYER(S), TO OBTAIN INFORMATION FROM THEM, AND TO FURTHER INVESTIGATE THE TRUTHFULNESS OF THIS INFORMATION.

FURTHERMORE, HAVING APPLIED FOR EMPLOYMENT AS A CIVILIAN POSITON WITH THE BURLINGTON POLICE DEPARTMENT, I HEREBY AUTHORIZE AND REQUEST ANY AND EVERY PHYSICIAN, SCHOOL OFFICIAL, CREDIT BUREAU, AND OTHER PERSON, FIRM, OFFICER, CORPORATION, ASSOCIATION, ORGANIZATION, OR INSTITUTE HAVING CONTROL OF ANY DOCUMENTS, RECORDS, OR OTHER INFORMATION PERTAINING TO ME TO PERMIT THE BURLINGTON POLICE DEPARTMENT OR ANY OF ITS REPRESENTATIVES TO INSPECT AND MAKE COPIES OF ANY SUCH DOCUMENTS, RECORDS, AND OTHER INFORMATION. I HEREBY AUTHORIZE ALL SUCH PERSONS AND ENTITIES, AS SET OUT ABOVE, TO ANSWER INQUIRIES, QUESTIONS, OR INTERROGATORIES CONCERNING ME, WHICH MAY BE SUBMITTED TO THEM BY THE BURLINGTON POLICE DEPARTMENT OR ANY OF ITS REPRESENTATIVES.
I HEREBY RELEASE AND HOLD HARMLESS ANY AND EVERY PHYSICIAN, SCHOOL, OFFICIAL, CREDIT BUREAU, AND OTHER PERSON, FIRM, OFFICER, CORPORATION, ASSOCIATION, ORGANIZATION, OR INSTITUTION WHO OR WHICH COMPLIES WITH THE AUTHORIZATION AND REQUEST MADE HEREIN FROM ANY AND ALL LIABILITY OF EVERY NATURE AND KIND ARISING OUT OF OR IN ANY WAY PERTAINING TO THE FURNISHING OR DISCLOSURE OF SUCH DOCUMENTS, RECORDS, AND OTHER INFORMATION TO THE BURLINGTON POLICE DEPARTMENT OR ANY OF ITS REPRESENTATIVES.

I UNDERSTAND THAT MY DISCLOSURE OF INFORMATION ABOUT MY CRIMINAL HISTORY, FINANCIAL HISTORY, AND/OR HISTORY OF DRUG OR ALCOHOL USE WILL NOT NECESSARILY SERVE AS AN ABSOLUTE BAR TO MY EMPLOYMENT. HOWEVER, I UNDERSTAND AND AGREE THAT THESE ISSUES MAY BE CONSIDERED, ALONG WITH FACTORS SUCH AS THE NATURE, SERIOUSNESS AND DURATION OF THE CONDUCT, THE DATE OF ITS OCCURRENCE, AND REHABILITATION EFFORTS IN DETERMINING MY FITNESS FOR THE POSITION OF A BEACH AND PARKS OFFICER. I VOLUNTARILY PROVIDE SUCH INFORMATION IN CONSIDERATION FOR MY DESIRE TO BE CONSIDERED AS A CANDIDATE FOR A POSITION AT THE BURLINGTON POLICE DEPARTMENT. I FREELY PROVIDE ALL OF THE INFORMATION REQUESTED IN THE PERSONAL HISTORY INFORMATION PACKET AND HEREBY WAIVE ANY RIGHT TO PRIVACY OR CONFIDENTIALITY, INCLUDING ANY STATUTORY OR CONSTITUTIONAL RIGHTS, THAT I MAY HAVE TO THE CONFIDENTIALITY OF SUCH INFORMATION. THIS WAIVER IS MADE FOR THE LIMITED PURPOSE OF THE DEPARTMENT'S CONSIDERATION OF ME AS A CANDIDATE AND WITH THE UNDERSTANDING THE DEPARTMENT WILL OTHERWISE MAINTAIN THIS INFORMATION IN A CONFIDENTIAL MANNER.

I understand further that any false answers, statements, or misleading omissions made by me on this Personal History Information packet in connection with the above mentioned investigation and/or any physical examination can be sufficient grounds for my rejection as a candidate for employment or denial of any other request. **I HEREBY CERTIFY THAT ALL OF THE FOREGOING ANSWERS ARE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.**

DATE: _____ SIGNED: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____DAY OF_____, 20__

BEFORE ME, _____
NOTARY PUBLIC (02/10/20__)