



# CITY OF BURLINGTON

## APPLICATION FOR EMPLOYMENT

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

### 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)  
\_\_\_\_\_  
\_\_\_\_\_

**WORK  
EXPERIENCE**

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.)

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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:\_\_\_\_\_

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

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

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**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 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  
☐ 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.

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Name (Signed)

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(Printed Name)

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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.