



CITY OF BURLINGTON

APPLICATION FOR EMPLOYMENT

Department of Human Resources |
179 South Winooski Ave. Suite 100 | Burlington, VT 05401
www.burlingtonvt.gov/HR

(802) 865-7145 | VOICE
(802) 864-1777 | FAX

Vermont Relay: call 7-1-1 or 800-253-0191

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 18 years of age? Yes No

Probationary Police Officer Applicants **ONLY**: 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.



HUMAN RESOURCES DEPARTMENT

APPLICANT INFORMATION FORM

Department of Human Resources |
179 South Winooski Ave. | Burlington, VT 05401
www.burlingtonvt.gov/HR

(802) 865-7145 | VOICE
(802) 865-7142 | TTY
(802) 864-1777 | FAX

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 (ex., 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



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

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

Respect ~ Honor ~ Remember Officer James P. McGrath, end of watch May 12, 1904; Officer J. Albert Fisher, end of watch December 15, 1947 3

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: _____

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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

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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:

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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** _____

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

32. HAVE YOU EVER BEEN FIRED, SUSPENDED OR DISCIPLINED BY AN EMPLOYER? YES _____ NO _____ IF YES, EXPLAIN BELOW:

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

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. PROVIDE THE FOLLOWING DATA FOR EACH INCIDENT:
DATE VIOLATION LOCATION POLICE DEPT/ACTION

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**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:

2.

ARRESTED? YES _____ NO _____

CHARGED WITH A CRIME/OFFENSE? YES _____ NO _____

CONVICTED OF A CRIME/OFFENSE? YES _____ NO _____

PLACED ON PROBATION? YES _____ NO _____

PLACED IN COURT DIVERSION? YES _____ NO _____

ARRESTED AS A JUVENILE? YES _____ NO _____

CHARGED WITH A CRIME/OFFENSE AS A JUVENILE? YES _____ NO _____

BROUGHT BEFORE A JUVENILE COURT? YES _____ NO _____

THE SUBJECT OF A POLICE INVESTIGATION? YES _____ NO _____

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

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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 COMMITTED 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? _____ FREQUENCY OF USE? _____**

**COCAINE?
YES _____ NO _____ IF YES, WHAT WAS THE:
FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____**

**HEROIN?
YES _____ NO _____ IF YES, WHAT WAS THE:
FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____**

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HALLUCINOGENIC DRUGS (LSD, PCP, MUSHROOMS, ECSTASY)?

YES ___ NO ___ DRUG TYPE(S) _____

IF YES, WHAT WAS THE:

FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

METHAMPHETAMINE?

YES ___ NO ___ IF YES, WHAT WAS THE:

FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY 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? _____ FREQUENCY OF USE? _____

OTHER DRUGS NOT PREVIOUSLY LISTED?

YES ___ NO ___ DRUG TYPE(S) _____

IF YES, WHAT WAS THE:

FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

42. 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 ___

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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

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

kps 10/08

Respect ~ Honor ~ Remember Officer James P. McGrath, end of watch May 12, 1904; Officer J. Albert Fisher, end of watch December 15, 1947 *Respect ~ Honor ~ Remember Officer James P. McGrath, end of watch May 12, 1904; Officer J. Albert Fisher, end of watch December 15, 1947* 14

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 BEACH AND PARKS OFFICER 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__)