



EMPLOYMENT APPLICATION

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

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

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Additional Information

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)

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.

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.

If I am hired by the City, I understand that the City's Rules & Regulations, 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.

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 the City service, and I may be disqualified from applying in the future for any City position.

Signed: _____ Date: _____

The City of South Burlington does not discriminate on the basis of race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, gender identity, HIV status, or other status protected by state or federal law, in employment or the provision of services.

TO APPLICANT: All applications for employment are kept in the City's general application file for THREE MONTHS. If you would like to apply for another City position within THREE MONTHS of this initial application, please contact us at (802) 846-4118.



Release and Authorization to Obtain Employment Information

REFERENCES

Name	Address	Phone	Connection
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This release authorizes persons whom I have listed as references and/or my previous employers to furnish and discuss with the staff from the City of South 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 South 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 _____



humanresources

SOUTH BURLINGTON

Building excellence to serve our community.

Release and Authorization to Obtain Employment Information for Applicants

FOR APPLICANTS APPLYING FOR CDL EMPLOYMENT ONLY

First Name _____ Last Name _____

Current Address _____

Date of Birth _____ Social Security # _____

Commercial Driver’s License Information:

Please list all States in which you have held a CDL, the CDL number and expiration date of each unexpired license, what level(s) of CDL license held (such as A, B, or C), what endorsements are part of the license (such as Haz-Mat, tanker, bus, air brakes), and the addresses at which you resided for the last 3 years.

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.

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 391.12(i) you have due process Rights regarding information received as a result of these investigations.