CITY OF BOONE
FIRE DEPARTMENT
APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. We consider applicants without regard to race, color, religion, sex, national origin, age, marital status, disability, or any other legally-protected status. The City also complies with applicable veteran's preference requirements.

Last Name	First Name	Middle Name		Telephone Number
Address	City	State	Zip	Social Security Number
Position Applying For		Today's Date		Email Address

Are you at least 18 years of age?

Yes_____ No_____

Are you legally able to work n the U.S.?

Yes_____ No_____

May we contact your present or past employer?

Yes_____ No_____

Are you related to anyone who works for the City of Boone?
Yes_____ No_____ If yes, who and what is the Relationship?
_____

Have you ever been convicted of a crime other than a minor traffic violation?
Yes_____ No_____
A yes answer does not automatically disqualify you from consideration, If yes, please explain

Are you able, either with or without reasonable accommodations, to perform essential job functions of the job for which you are applying?
Yes_____ No_____

VETERAN'S PREFERENCE
Are you a U.S. Veteran? Yes_____ No_____
Those wishing to claim veteran's preference must submit Proof of Service (DO 214)

For Fire Dept / Law Enforcement Applicants Only Date of Birth _____
Month Date Year
(For background investigation only)

Education Record

School Name and Location	Elementary	High School	Undergraduate	Graduate
Years Completed (circle highest grade completed)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe course of study				

Have you received any Additional training – workshops, short courses, volunteer work, etc?

Do you have any other experience or qualifications not listed which relate to the position applied for?
List any office equipment or machines or equipment you operate.

EMPLOYMENT HISTORY

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status. It you need additional space, please continue on a separate sheet of paper.

Present or last employer _____	Date employed _____
Address_____City_____State_____	Date separated _____
Phone_____Immediate Supervisor_____	Full time? Yes ____ No ____
Your Title_____Department_____	Part-time: % or no. of hours:_____
Specific Duties:	
Reason for leaving:	

Employer _____	Date employed _____
Address_____City_____State_____	Date separated _____
Phone_____Immediate Supervisor_____	Full time? Yes ____ No ____
Your Title_____Department_____	Part-time: % or no. of hours:_____
Specific Duties:	
Reason for leaving:	

Employer _____	Date employed _____
Address_____City_____State_____	Date separated _____
Phone_____Immediate Supervisor_____	Full time? Yes ____ No ____
Your Title_____Department_____	Part-time: % or no. of hours:_____
Specific Duties:	
Reason for leaving:	

Employer _____	Date employed _____
Address_____City_____State_____	Date separated _____
Phone_____Immediate Supervisor_____	Full time? Yes ____ No ____
Your Title_____Department_____	Part-time: % or no. of hours:_____
Specific Duties:	
Reason for leaving:	

If required for the position, please answer the following questions:
Do you possess a valid Iowa driver's license? Yes_____ No_____
Do you possess a valid Iowa commercial driver's license? Yes_____ No_____
Do you use a typewriter? Yes_____ No_____ Speed _____
Do you use a computer? Yes_____ No_____ Speed_____

Please indicate in the space below and on additional blank sheets, if necessary, such experience, training, skills or ability that you believe will qualify you for the position for which this application is filed.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

In applying for employment I want the City to be fully informed of my previous record and I hereby authorize the City to investigate my background and to obtain any and all information which may concern me. I hereby release all persons, schools, companies, law enforcement agencies and other organizations or employers from any liability on account of furnishing such information.

If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City retains a similar right.

I understand that any withholding of information or misrepresentation on this application or on City medical forms could result in rejection for employment, or if employed, termination from the City.

_____

Signature of Applicant Date

Please be certain you have completed all 3 pages of this application form.

BOONE FIRE DEPARTMENT
923 8TH ST.
BOONE, IA 50036
www.boonegov.com/fire
515-432-3436