

## 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	DIC VEIGI	Middle Na	me	Telephone Number	
Last Name	riistivanie		wildule Na		*	
Address	City		State	Zip	Social Security Number	
Position Applying For			Today's Date	9	Email Address	
Are you at least 18 years of age?			Are you legally able to work n the U.S.?			
Yes No_					No	
May we contact your present or past employer?  Yes No			Are you rel Yes	ated to anyone w No	no works for the City of Boone? 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	Undergradu	ate 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	9					
Have you received any Additional training – workshops, short courses, volunteer work, etc?						
Do you have any other or qualifications not liste relate to the position ap List any office equipment or equipment you operate the state of the position applications are supported by the provided by the pro	experience ed which plied for? nt or machines					

## **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	
AddressCityState	Date separated	
PhoneImmediate Supervisor	Full time? Yes No	
Your TitleDepartment	Part-time: % or no. of hours:	
Specific Duties:		
Reason for leaving:		
Employer	Date employed	
AddressState	Date separated	
PhoneImmediate Supervisor	Full time? Yes No	
Your TitleDepartment	Part-time: % or no. of hours:	
Specific Duties:		
Reason for leaving:		
Employer	Date employed	
AddressState	Date separated	
PhoneImmediate Supervisor	Full time? Yes No	
Your TitleDepartment	Part-time: % or no. of hours:	
Specific Duties:		
Reason for leaving:		
Employer	Date employed	
AddressState	Date separated	
PhoneImmediate Supervisor	Full time? Yes No	
Your TitleDepartment	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 lowa driver's license? Yes No  Do you possess a valid lowa commercial driver's license? Yes  Do you use a typewriter? Yes No Speed  Do you use a computer? Yes No Speed	No	

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 8<sup>TH</sup> ST. BOONE, IA 50036 www.boonegov.com/fire 515-432-3436