



**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
Position Applying For	Today's Date		Email Address

Are you at least 18 years of age? Yes _____ No _____	Are you legally able to work in 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 _____	
<b>VETERAN'S PREFERENCE</b> 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. If you need additional space, please continue on a separate sheet of paper.

Present or last employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Your Title \_\_\_\_\_ Department \_\_\_\_\_

Date employed \_\_\_\_\_  
Date separated \_\_\_\_\_  
Full time? Yes \_\_\_\_ No \_\_\_\_  
Part-time: % or no. of hours: \_\_\_\_\_

Specific Duties:

Reason for leaving:

Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Your Title \_\_\_\_\_ Department \_\_\_\_\_

Date employed \_\_\_\_\_  
Date separated \_\_\_\_\_  
Full time? Yes \_\_\_\_ No \_\_\_\_  
Part-time: % or no. of hours: \_\_\_\_\_

Specific Duties:

Reason for leaving:

Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Your Title \_\_\_\_\_ Department \_\_\_\_\_

Date employed \_\_\_\_\_  
Date separated \_\_\_\_\_  
Full time? Yes \_\_\_\_ No \_\_\_\_  
Part-time: % or no. of hours: \_\_\_\_\_

Specific Duties:

Reason for leaving:

Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Your Title \_\_\_\_\_ Department \_\_\_\_\_

Date employed \_\_\_\_\_  
Date separated \_\_\_\_\_  
Full time? Yes \_\_\_\_ No \_\_\_\_  
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 \_\_\_\_\_

