

# CITY OF BOONE

## 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 _____
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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? _____
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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 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:

