

# FRANKLIN COUNTY SHERIFF'S OFFICE

## EMPLOYMENT APPLICATION

*An Equal Opportunity Employer*

Type or print clearly in ink.

<b>TITLE OF JOB APPLIED FOR:</b>	
NAME (Last, First, M.I.):	SOCIAL SECURITY NUMBER: - -
MAILING ADDRESS:	HOME TELEPHONE:
CITY, STATE, AND ZIP CODE:	WORK (or Message) TELEPHONE:
RESIDENTIAL ADDRESS: (if different from above)	EMAIL ADDRESS:

### STATEMENTS

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are you 18 years of age or older?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any relative, any domestic partner, or any other person(s) residing with you, who is employed by the State of Vermont, or the Franklin County Sheriff's Office?
<input type="checkbox"/>	<input type="checkbox"/>	Are you authorized to work in the United States?
<input type="checkbox"/>	<input type="checkbox"/>	In the past five years have you been convicted, imprisoned, placed on probation or under supervision, or fined for any violation of any law including motor vehicle violations? If "YES," give dates, details and penalties for each occurrence on an attached sheet (8.5" x 11") of paper.

### WORK DESIRED / APPLYING FOR

Check the type(s) of position you are interested in.	<input type="checkbox"/> DEPUTY			
Check the type(s) of employment you are interested in.	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> ALL
Check the shift(s) you are willing to work.	<input type="checkbox"/> DAY SHIFT	<input type="checkbox"/> EVENING SHIFT	<input type="checkbox"/> NIGHT SHIFT	<input type="checkbox"/> ANY SHIFT

### VETERANS' PREFERENCE

Complete this section if you wish to claim Veterans' preference points. See Instructions for more information.

BRANCH OF SERVICE:	DATE OF ENTRY (M,D,Y)	DATE OF DISCHARGE (M,D,Y)
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### OFFICE USE ONLY

DATA ENTERED _____ DATE _____	APPLICANT ID _____	DATE RECEIVED _____
ACCEPTED (code) _____		
REJECTED (code) _____ REVIEW ER/DATE _____		
COMMENTS _____		

**EDUCATION/TRAINING HISTORY**Do you have a high school diploma or GED certificate? YES  NO  If "NO", highest grade completed

List colleges, military, trade, nursing, business or other schools attended.

NAME AND LOCATION OF SCHOOL ATTENDED	DATES ATTENDED	FIELDS OF STUDY (major, minor)	NUMBER SEMESTER HOURS EARNED	GRADUATED (YES/NO)	DEGREE EARNED AND YEAR
	FROM: TO:				
	FROM: TO:				
	FROM: TO:				
	FROM: TO:				

**COURSE WORK (optional)**

Please list any specific course work pertinent to the job title for which you are applying. Indicate the number of credits earned; put "G" if graduate credit.

COURSE WORK AREA	CREDITS	COURSE WORK AREA	CREDITS

**LICENSE / REGISTRATION/ CERTIFICATE**

List any required professional license, registration, certificate, Vermont Commercial Driver's License, etc.

DESCRIPTION	STATE	NUMBER	EXPIRATION

**SPECIALIZED SKILLS AND KNOWLEDGE**

List any skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed, computer languages or software programs, foreign languages, etc.).

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**REFERENCES**

Please list the names, titles or relationships, addresses, and phone numbers of three (3) individuals not related to you who have knowledge of your work qualifications and can serve as a reference for you.

NAME AND TITLE OR RELATIONSHIP	ADDRESS	PHONE

**WORK HISTORY -- A RESUME WILL NOT SUBSTITUTE**

Describe your work history below beginning with your current or most recent job. See Instructions for additional information.

YOUR JOB TITLE:		NAME OF EMPLOYER:		KIND OF BUSINESS:	
ADDRESS:			SUPERVISOR'S NAME AND PHONE:		
TOTAL TIME IN POSITION:		FROM (mo./yr.):	TO (mo./yr.):	HOURS PER WEEK:	LAST HOURLY PAY:
Years:	Months:				
NUMBER AND JOB TYPES OF EMPLOYEES YOU SUPERVISED (if any):					
REASON FOR LEAVING:				MAY WE CONTACT THIS EMPLOYER?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
DUTIES (Describe in detail the duties you performed):					
YOUR JOB TITLE:		NAME OF EMPLOYER:		KIND OF BUSINESS:	
ADDRESS:			SUPERVISOR'S NAME AND PHONE:		
TOTAL TIME IN POSITION:		FROM (mo./yr.):	TO (mo./yr.):	HOURS PER WEEK:	LAST HOURLY PAY:
Years:	Months:				
NUMBER AND JOB TYPES OF EMPLOYEES YOU SUPERVISED (if any):					
REASON FOR LEAVING:				MAY WE CONTACT THIS EMPLOYER?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
DUTIES (Describe in detail the duties you performed):					
YOUR JOB TITLE:		NAME OF EMPLOYER:		KIND OF BUSINESS:	
ADDRESS:			SUPERVISOR'S NAME AND PHONE:		
TOTAL TIME IN POSITION:		FROM (mo./yr.):	TO (mo./yr.):	HOURS PER WEEK:	LAST HOURLY PAY:
Years:	Months:				
NUMBER AND JOB TYPES OF EMPLOYEES YOU SUPERVISED (if any):					
REASON FOR LEAVING:				MAY WE CONTACT THIS EMPLOYER?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
DUTIES (Describe in detail the duties you performed):					

YOUR JOB TITLE:		NAME OF EMPLOYER:		KIND OF BUSINESS:	
ADDRESS:			SUPERVISOR'S NAME AND PHONE:		
TOTAL TIME IN POSITION:	FROM (mo./yr.):	TO (mo./yr.):	HOURS PER WEEK:	LAST HOURLY PAY:	
Years:	Months:				
NUMBER AND JOB TYPES OF EMPLOYEES YOU SUPERVISED (if any):					
REASON FOR LEAVING:			MAY WE CONTACT THIS EMPLOYER?		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
DUTIES (Describe in detail the duties you performed):					
<input type="checkbox"/>					
YOUR JOB TITLE:		NAME OF EMPLOYER:		KIND OF BUSINESS:	
ADDRESS:			SUPERVISOR'S NAME AND PHONE:		
TOTAL TIME IN POSITION:	FROM (mo./yr.):	TO (mo./yr.):	HOURS PER WEEK:	LAST HOURLY PAY:	
Years:	Months:				
NUMBER AND JOB TYPES OF EMPLOYEES YOU SUPERVISED (if any):					
REASON FOR LEAVING:			MAY WE CONTACT THIS EMPLOYER?		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
DUTIES (Describe in detail the duties you performed):					
YOUR JOB TITLE:		NAME OF EMPLOYER:		KIND OF BUSINESS:	
ADDRESS:			SUPERVISOR'S NAME AND PHONE:		
TOTAL TIME IN POSITION:	FROM (mo./yr.):	TO (mo./yr.):	HOURS PER WEEK:	LAST HOURLY PAY:	
Years:	Months:				
NUMBER AND JOB TYPES OF EMPLOYEES YOU SUPERVISED (if any):					
REASON FOR LEAVING:			MAY WE CONTACT THIS EMPLOYER?		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
DUTIES (Describe in detail the duties you performed):					

**SIGNATURE -- TO BE ACCEPTED YOU MUST SIGN AND DATE THIS APPLICATION**

I certify that all information on this application is correct and complete to the best of my knowledge. I do hereby give the Franklin County Sheriff's Office and its agents free access to my MMPI and Police Academy Entrance Exam scores (if applicable). Additionally, the Franklin County Sheriff's Office may access any information necessary to perform a complete background investigation. I understand that untruthful or misleading answers are cause for rejection of this application, removal of my name from a register, or dismissal if employed.

\_\_\_\_\_ Signature  
Date (mo./day/yr.)

ADDITIONAL PERSONAL AND FAMILY INFORMATION

1. DATE OF BIRTH MONTH DAY YEAR 2. PLACE OF BIRTH CITY & STATE

3. NAME OF FATHER LAST FIRST MIDDLE HOUSE#/STREET#/APT# CITY STATE ZIP TELEPHONE

4. NAME OF MOTHER LAST FIRST MIDDLE HOUSE#/STREET#/APT# CITY STATE ZIP TELEPHONE

5. IF YOU WERE RAISED BY SOMEONE OTHER THAN YOUR NATURAL PARENTS, GIVE THE FOLLOWING INFORMATION - NAME OF THE PERSON WHO RAISED YOU:

LAST FIRST MIDDLE HOUSE#/STREET#/APT# CITY STATE ZIP TELEPHONE

6. BROTHERS AND SISTERS

Table with 4 columns: GENDER, NAME, AGE, FULL ADDRESS. Multiple rows for listing siblings.

7. CITIZENSHIP

US CITIZEN YES NO BY BIRTH NATURALIZATION

MARITAL STATUS

8. PRESENT MARITAL STATUS

MARRIED SINGLE DIVORCED WIDOW ED SEPARATED

9. MARRIAGE DATA

DATES OF MARRIAGE(S) PLACE(S) OF MARRIAGE(S)

10. SPOUSES NAME

NAME (INCLUDE MAIDEN NAME) SSN DATE OF BIRTH

11. NAME AND ADDRESS OF SPOUSES EMPLOYER

NAME ADDRESS CITY, STATE, ZIP TELEPHONE

**YOUR DEPENDENTS**

12. CHILDREN AND DEPENDENTS

GENDER	NAME	AGE	FULL ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. ARE YOU RECEIVING OR RESPONSIBLE FOR PAYING ANY COURT ORDERED CHILD SUPPORT?

\_\_\_\_\_ YES      \_\_\_\_\_ NO

TO WHOM PAID	FROM WHOM RECEIVED	AMOUNT PAID/RECEIVED PER MONTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FINANCIAL INFORMATION**

14. LIST ALL MAJOR OUTSTANDING DEBTS (I.E. MORTGAGES, VEHICLE LOANS, PERSONAL LOANS, CREDIT CARDS, FINANCE COMPANIES, ETC.)

ACCOUNT NUMBER	MONTHLY PMT	PRESENT BALANCE	TO WHOM OWED (NAME & ADDRESS)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. HAVE YOU EVER FILED FOR BANKRUPTCY? (IF YES, EXPLAIN BELOW – YEAR AND TYPE OF BANKRUPTCY)      YES      \_\_\_\_\_ NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. HAVE YOU EVER BEEN IN DEFAULT RESULTING IN REPOSSESSION? (IF YES, EXPLAIN BELOW)      \_\_\_\_\_ YES      \_\_\_\_\_ NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACADEMIC HISTORY**

17. SINCE THE 9<sup>TH</sup> GRADE, HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY SCHOOL OR COLLEGE FOR ANY ACADEMIC OR DISCIPLINARY REASON? (IF YES, GIVE PERTINENT FACTS (I.E. SCHOOL, DATE, AND TYPE OF ACTION BELOW):

\_\_\_\_\_ YES      \_\_\_\_\_ NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARMED FORCES EXPERIENCE**

18. HAVE YOU BEEN REGISTERED WITH THE SELECTIVE SERVICE AS REQUIRED BY LAW?  YES  NO

19. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A MILITARY SERVICE?  YES  NO

BRANCH	PRIMARY MOS	DATE ENTERED	DATE RELEASED	OFFICER OR ENLISTED?	SERVICE #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

20. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE MILITARY RESERVE?  YES  NO

BRANCH	PRIMARY MOS	DATE ENTERED	DATE RELEASED	OFFICER OR ENLISTED?	SERVICE #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

21. DURING YOUR SERVICE, WERE YOU EVER DISCIPLINED (I.E. WERE YOU EVER COURT MARTIALED [INCLUDING article 15s] OR DID YOU EVER APPEAR BEFORE YOUR COMMANDING OFFICER FOR DISCIPLINARY REASONS? (IF YES, LIST PERTINENT FACTS BELOW)

YES  NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. IF YOU RECEIVED OTHER THAN AN HONORABLE DISCHARGE, PLEASE LIST THE PERTINENT FACTS BELOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. PRESENT SELECTIVE SERVICE CLASSIFICATION NUMBER:

\_\_\_\_\_ DATE OF CLASSIFICATION: \_\_\_\_\_

24. HAVE YOU EVER BEEN DENIED ENTRANCE TO ANY OF THE ARMED FORCES? (IF YES, PLEASE EXPLAIN THE BASIS OF YOUR DENIAL)

YES  NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK HISTORY**

25. HAVE YOU EVER BEEN FIRED FROM EMPLOYMENT FOR ANY REASON? (IF YES, LIST PERTINENT FACTS BELOW):

YES  NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. HAVE YOU EVER RESIGNED (QUIT) AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO TERMINATE YOU FOR ANY REASON? (IF YES, LIST PERTINENT FACTS BELOW):

\_\_\_\_ YES      \_\_\_\_ NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. HAVE YOU EVER RESIGNED AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO TAKE ANY FORM OF DISCIPLINARY ACTION AGAINST YOU? (IF YES, LIST PERTINENT FACTS BELOW):

\_\_\_\_ YES      \_\_\_\_ NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESIDENCE DATA**

28. LIST YOUR RESIDENCES FOR THE LAST TEN YEARS, INCLUDING YOUR PRESENT LOCAL ADDRESS. GIVE NAMES AND PRESENT ADDRESS OF TWO NEAREST NEIGHBORS IN EACH CASE, OR THE NAMES OF ROOMMATES, FELLOW LODGERS, LANDLORDS OR REALTY COMPANIES (LIST ALL MILITARY ASSIGNMENTS SEPARATELY, TO INCLUDE ASSIGNMENT AND DATES FOR SAME):

DATES (MONTH/YEAR)	ADDRESSES (NUMBER/STREET/CITY/STATE)	NEIGHBORS (NAME/ADDRESS/PHONE #)
FROM: _____	_____	_____
TO: _____	_____	_____
FROM: _____	_____	_____
TO: _____	_____	_____
FROM: _____	_____	_____
TO: _____	_____	_____
FROM: _____	_____	_____
TO: _____	_____	_____
FROM: _____	_____	_____
TO: _____	_____	_____
FROM: _____	_____	_____
TO: _____	_____	_____
FROM: _____	_____	_____
TO: _____	_____	_____

29. IF YOU ARE PRESENTLY RENTING, PLEASE LIST NAME AND ADDRESS OF LANDLORD

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_



**DRIVING RECORD**

30. INDICATE BELOW ALL TRAFFIC VIOLATIONS OR CITATIONS THAT YOU HAVE RECEIVED. INCLUDE IN YOUR RESPONSE (BUT DO NOT LIMIT TO), SUCH VIOLATIONS AS: SPEEDING, RECKLESS DRIVING, CHANGING LANES WITHOUT CAUTION, DEFECTIVE EQUIPMENT, STOP SIGN VIOLATIONS AND RED-LIGHT VIOLATIONS.

DATE	VIOLATION	LOCATION	CHARGING POLICE AGENCY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

31. PROVIDE THE INFORMATION REQUESTED BELOW ON ALL DRIVER'S LICENSES WHICH ARE NOW OR HAVE BEEN ISSUED TO YOU FROM ANY STATE (EVEN LICENSES THAT MAY NOW BE EXPIRED OR HAVE BEEN REPLACED BY ANOTHER ISSUING AGENCY OR STATE):

ISSUING STATE	LICENSE NUMBER	EXPIRATION DATE	LICENSE TYPE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

32. IS YOUR DRIVER'S LICENSE NOW OR HAS IT EVER BEEN:

- DENIED OR REFUSED  YES  NO
- SUSPENDED  YES  NO
- REVOKED  YES  NO
- SUBJECTED TO ANY OTHER SIMILAR PENALTY OR ACTION  YES  NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE, EXPLAIN BELOW:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

33. ARE YOUR VEHICLES LICENSE PLATES NOW OR HAVE THEY EVER BEEN:

- DENIED OR REFUSED  YES  NO
- SUSPENDED  YES  NO
- REVOKED  YES  NO
- SUBJECTED TO ANY OTHER SIMILAR PENALTY OR ACTION  YES  NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE, EXPLAIN BELOW:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

34. HAVE YOU EVER BEEN (ALL INCIDENTS MUST BE INCLUDED EVEN THOUGH THEY WERE DISMISSED OR YOUR FORFEITED COLLATERAL WAS RETURNED. EXCLUDE ANY TRAFFIC VIOLATIONS WHICH WERE PREVIOUSLY NOTED):

CHARGED BY ANY LAW ENFORCEMENT AUTHORITY	___YES	___NO
CONVICTED OF ANY OFFENSE AGAINST THE LAW	___YES	___NO
SUBJECTED TO FORFEITURE OF COLLATERAL IN CONNECTION WITH AN ARREST	___YES	___NO
PLACED ON PROBATION	___YES	___NO
REQUIRED TO APPEAR BEFORE A JUVENILE COURT FOR AN ACT WHICH WOULD HAVE BEEN A CRIME IF COMMITTED BY AN ADULT	___YES	___NO

IF YES TO ANY OF THE ABOVE QUESTIONS, LIST PERTINENT FACTS:

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35. ARE YOU NOW OR HAVE YOU EVER BEEN INVOLVED AS A PLAINTIFF IN ANY CIVIL COURT ACTION? \_\_\_YES \_\_\_NO

IF YES, EXPLAIN BELOW:

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36. DO YOU NOW OR HAVE YOU IN THE PAST EXPERIMENTED WITH:

			LENGTH OF USE	LAST DATE USED
MARIJUANA (IN ANY FORM)	___YES	___NO	_____	_____
NARCOTICS (OF ANY KIND)	___YES	___NO	_____	_____
COCAINE	___YES	___NO	_____	_____
HALLUCINOGENS (LSD/PCP/MDA, ETC.)	___YES	___NO	_____	_____
DANGEROUS DRUGS (OF ANY KIND)	___YES	___NO	_____	_____

37. DO YOU DRINK ALCOHOLIC BEVERAGES? \_\_\_YES \_\_\_NO

38. DO YOU BELONG TO ANY ORGANIZATION AND/OR ADHERE TO ANY BELIEF WHICH WOULD IN ANY WAY:

A. LIMIT OR PROHIBIT YOUR USE OF WEAPONS OR FIREARMS?	___YES	___NO
B. RESTRICT YOU FROM CONFORMING TO DEPARTMENTAL STANDARDS OF APPEARANCE AND/OR GROOMING, WHICH MAY FROM TIME TO TIME BE SET?	___YES	___NO

IF YES, EXPLAIN BELOW:

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39. ARE YOU A MEMBER OF OR HAVE YOU EVER BEEN A MEMBER OF ANY COMMUNIST OR SUBVERSIVE ORGANIZATION OR ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES, OR DO YOU HAVE MEMBERSHIP IN, OR ANY AFFILIATION WITH ANY GROUP, ASSOCIATION OR ORGANIZATION WHICH ADVOCATES OR LENDS SUPPORT TO ANY ORGANIZATION OR MOVEMENT ADVOCATING TO OVERTHROW OUR CONSTITUTIONAL GOVERNMENT IN THE UNITED STATES?

\_\_\_\_YES      \_\_\_\_NO

IF SO, GIVE THE NAME OF THE ORGANIZATION AND COMPLETE DETAILS BELOW:

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40. HAVE YOU FILED AN APPLICATION OR ARE YOU AWAITING THE RESULTS OF A FILED APPLICATION WITH ANY OTHER POLICE OR LAW ENFORCEMENT AGENCY?

\_\_\_\_YES      \_\_\_\_NO

DEPARTMENT APPLIED WITH	POSITION(S) APPLIED FOR	ACCEPTED OR REJECTED?	REASON FOR REJECTION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

41. LIST ALL MEMBERS OF THE FRANKLIN COUNTY SHERIFF'S OFFICE WITH WHOM YOU ARE ACQUAINTED:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**SIGNATURE PAGE**

I consent to taking an employment polygraph, physical and/or psychological examination and such future polygraph, physical and/or psychological exam as may be required by the Franklin County Sheriff's Office.

I authorize a duly authorized agent of the Franklin County Sheriff's Office to contact any of my previous employer(s) and obtain information from them and to further investigate the truthfulness of this information.

I understand further than any false answers, statements or misleading omissions made by me on this personal history statement in connection with the above-mentioned investigation and/or any physical examination can be sufficient grounds for my rejection as a candidate for employment.

If information should surface during the early stages of this investigation, which would disqualify me from further consideration, the investigation will be terminated immediately, and I will be notified.

I hereby certify that all of the forgoing answers are accurate and true to the best of my knowledge.

Furthermore, I \_\_\_\_\_, having applied for employment as a sworn officer with the Franklin County Sheriff's Office, hereby authorize and request every physician, school, official and other person, firm, officer, corporation, association, organization or institute having control of any documents, records or other information pertaining to me, permit the Franklin County Sheriff's Office or any other representatives to inspect and make copies of any such documents, records and other information.

I hereby authorize all such persons and entities as set out above to answer inquiries, questions or interrogatories concerning me, which may be submitted to them by the Franklin County Sheriff's Office.

I hereby release and hold harmless every physician, school, official, officer, firm, corporation, association and organization or institute who complies with the authorization and request herein from all liability.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Sworn to and subscribed before me this:

\_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

**FRANKLIN COUNTY SHERIFF'S OFFICE**

**Authority for Release of Information regarding prior law enforcement employment**

*[This waiver is required pursuant to 20 VSA § 2362a for any applicant who is currently, or has previously been, employed as a law enforcement officer. If the applicant refuses to sign this waiver, they "**shall not be hired.**"]*

I hereby authorize any investigator or duly accredited representative of the Franklin County Sheriff's Office bearing this release, or a copy thereof, within one year of its date, to:

- i) Contact my current law enforcement agency employer to disclose its analysis of my performance at the agency (If currently employed as a law enforcement officer); or
- ii) Contact the last law enforcement agency employer to disclose the reason I am no longer employed with the agency (If previously employed as a law enforcement officer).

If the current or former agency is a law enforcement agency in Vermont, the executive officer of that current or former agency or designee shall disclose to the potential hiring agency in writing its analysis of the officer's performance at that agency or the reason the officer is no longer employed by the former agency, as applicable.

The executive officer or designee shall send a copy of the disclosure to the officer at the same time he or she sends it to the potential hiring agency.

SIGNATURE (full name): \_\_\_\_\_

DOB: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

FULL NAME (please print): \_\_\_\_\_

OTHER NAMES USED (include maiden name): \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME TELEPHONE NUMBER: (    ) \_\_\_\_\_

WORK TELEPHONE NUMBER: (    ) \_\_\_\_\_

CELLULAR TELEPHONE NUMBER: (    ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_