

FRANKLIN COUNTY SHERIFF'S OFFICE
EMPLOYMENT APPLICATION
An Equal Opportunity Employer

Type or print clearly in ink.

TITLE OF JOB APPLIED FOR:	
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)	

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	<input type="checkbox"/> DISPATCH	<input type="checkbox"/> ADMIN STAFF	<input type="checkbox"/> ALL
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
<input type="checkbox"/> ACCEPTED (code) _____		
<input type="checkbox"/> REJECTED (code) _____	REVIEWER/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:	
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ADDRESS:			SUPERVISOR'S NAME AND PHONE:		
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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):
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REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
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DUTIES (Describe in detail the duties you performed):

YOUR JOB TITLE:		NAME OF EMPLOYER:		KIND OF BUSINESS:	
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ADDRESS:			SUPERVISOR'S NAME AND PHONE:		
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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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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DUTIES (Describe in detail the duties you performed):

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

Date (mo./day/yr.) Signature

ADDITIONAL PERSONAL AND FAMILY INFORMATION

1. DATE OF BIRTH _____ 2. PLACE OF BIRTH _____
MONTH DAY YEAR 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

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

7. CITIZENSHIP

US CITIZEN ____YES ____NO ____BY BIRTH ____NATURALIZATION

MARITAL STATUS

8. PRESENT MARITAL STATUS

____MARRIED ____SINGLE ____DIVORCED ____WIDOWED ____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
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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
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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)
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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 9TH 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: -----	----- -----	----- -----
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
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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
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-----	-----	-----	-----
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-----	-----	-----	-----
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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:

35. ARE YOU NOW OR HAVE YOU EVER BEEN INVOLVED AS A PLAINTIFF IN ANY CIVIL COURT ACTION? _____ YES _____ NO

IF YES, EXPLAIN BELOW:

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

	_____ YES	_____ NO	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:

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:

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
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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 pervious 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 which 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