



EMPLOYMENT APPLICATION

NAME: _____
(Last) (First) (Middle)

Position Applied For: Deputy Administrative Intern



Employment Application

Equal access to programs, services and employment opportunities is available to all persons without regard to race, color, religion, national origin, sex (including pregnancy), sexual orientation, gender identity, ancestry, place of birth, age, physical or mental condition, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name _____

Date of Birth _____

Address _____

Telephone # _____ Cellular Phone # _____

E-mail Address _____

Position(s) applied for _____

Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.) _____

Best time to call you is? _____

May we contact you at work? Yes No

If yes, work number and best time to call:

Work number _____ Time _____

If you are under 18 and it is required,

Can you furnish a work permit? N/A Yes No

If no, please explain: _____

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s): _____

Have you ever been employed here before? Yes No

If yes, give dates: From _____ To _____

Is this application a request for reemployment following an extended military leave of absence from this company? Yes No If yes, additional information may be requested.

Are you lawfully authorized to work in the United States? Yes No

When are you able to start working? _____

Type of employment desired: Full-Time Part-Time Seasonal Temporary

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Will you work overtime if required? Yes No If no, please explain: _____

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the "job's essential" function to respond

Driver's license number required if driving may be required in the job for which you are applying:

_____ State _____

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? Yes No

If yes, please explain: _____

Explain any gaps in your employment, other than those due to personal illness, injury, or disability?

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If yes, please explain _____

Have you previously tested for entrance to the Vermont Police Academy? Yes No

If yes, approximately when and for what police agency

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Did you take the Psychological (MMPI) test? Yes No

Have you taken a Polygraph test Yes No

When _____ For Who _____

Skill and Qualifications

Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills

- △ Word Processing
- △ Spreadsheet
- △ Presentation

- △ E-Mail
- △ Internet
- △ Other _____

Employment History *Attach additional pages if necessary*

Employer	Dates of employment	Position/Title
Address	Reason for leaving	Supervisor

Employer	Dates of employment	Position/Title
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Employer	Dates of employment	Position/Title
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Employer	Dates of employment	Position/Title
Address	Reason for leaving	Supervisor

Educational Background

School (include city and state)	# years completed	Degree earned

References

Name	Title	Relationship to you	Phone number	E-Mail

Related Information

When answering these questions, please exclude any information that would reveal race, color, religion, national origin, sex (including pregnancy), sexual orientation, gender identity, ancestry, place of birth, age, physical or mental condition, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong?

List special accomplishments, publications, awards, etc.

List any relevant volunteer work.

Is there any other job-related information you want us to know about you?

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her race, color, religion, national origin, sex (including pregnancy), sexual orientation, gender identity, ancestry, place of birth, age, physical or mental condition, genetic information, or any other protected status under applicable federal, state, or local law.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

Do not sign until you have read the above applicant statement.

I certify that I have read, fully understand and accept all term of the foregoing Applicant Statement

Signature of Applicant

Date

(Optional)

The information below is not required but is helpful in understanding how to better recruit future employees.

How did you hear about this position? (Check all that apply)

- Word of mouth
- Current employee (who) _____
- Police Academy Website
- Sheriff Dept website
- Other website (which one) _____
- School/Employment Fair (which one) _____
- Internship

Social Media

- Facebook
- Instagram
- Twitter
- Other (which one) _____