

**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)	

**STATEMENTS**

YES <input type="checkbox"/>	NO <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 _____	<b>APPLICANT ID</b>	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

<b>WORK HISTORY -- A RESUME WILL NOT SUBSTITUTE</b>				
<b>Describe your work history below beginning with your current or most recent job. See Instructions for additional information.</b>				
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?	
			<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:	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	
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?	
			<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:	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		
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?		
			<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:	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		
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



**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 #

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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 #

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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

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

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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

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**WORK HISTORY**

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

\_\_\_\_\_YES                      \_\_\_\_\_NO

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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

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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

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**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		



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
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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