



**ORLEANS COUNTY SHERIFF'S DEPARTMENT
EMPLOYMENT APPLICATION**
An Equal Opportunity Employer



Type or print clearly in ink.

TITLE OF JOB APPLIED FOR:	
NAME (Last, First, M.I.):	BIRTHDATE:* / /
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 Orleans County Sheriff's Department?
<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)

OFFICE USE ONLY		
DATA ENTERED _____ DATE _____	APPLICANT ID _____	DATE RECEIVED _____
<input type="checkbox"/> ACCEPTED (code) _____ <input type="checkbox"/> REJECTED (code) _____		REVIEWER/DATE _____
COMMENTS _____		

* - "Applicants are considered and employees are treated during employment without regard to age, race, color, religion, sex, national origin, marital or veteran status, medical condition, or disability. Date of birth is required from all applicants and employees to facilitate a background check."

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.).

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: 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):					
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ADDRESS:			SUPERVISOR'S NAME AND PHONE:		
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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):					

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ADDRESS:			SUPERVISOR'S NAME AND PHONE:		
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Years:	Months:				
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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 Orleans County Sheriff's Department and its agents free access to my MMPI and Police Academy Entrance Exam scores (if applicable). Additionally, the Orleans County Sheriff's Department 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 _____