



Orleans County Sheriff's Department
5578 US 5 PO Box 355
Newport Vt 05855
802-334-3333
Sheriff Jennifer Harlow



Dear Applicant,

Thank you for your interest in the Orleans County Sheriff's Department. Orleans County is located in the northeastern part of Vermont. Orleans County is approximately 697 square miles with an approximate population of 27,546. The Orleans County Sheriff's Department has a variety of responsibilities within the County to include Patrol Contracts, Court Security, Civil Process, Traffic Detail and many others. The Orleans County Sheriff's Department has shift coverage day/evening hours seven (7) days a week depending on which division you work. Other incentives include;

- Night Shift Differential Pay
- 12 Paid Holidays
- Plan D Retirement
- AFLAC
- Prior LEO Employment Credit
- Health Care
- Take Home Cruiser (Dependent on position)

We offer ample opportunity for Over-Time as we take part in Operation Stonegarden to include Roving Patrols, Marine Patrols AND ATV Patrols. We also are active with Speed and DUI Enforcement Patrols through the Governor Highway Safety Program.

We actively participate and hold grants in an effort to have a Deputy assigned to the Orleans County SIU (Sexual Investigation Unit) and the STOP grant through the Orleans County States Attorney's Office. Our Deputies far exceed the minimum training requirements as we have a heavy emphasis on high quality training.

Requirements that must be met prior to consideration for employment are; U.S. Citizenship, High School diploma or GED equivalent, a valid driver's license, no illicit drug use for one (1) year prior to application submittal, no convictions for felony crimes or any crime involving moral turpitude, and no domestic abuse orders in effect from any state or U.S. territory. Below you will find a step-by-step checklist outlining the process by which the Orleans County Sheriff's Department selects individuals for employment as a sworn deputy sheriff.

1. Letter of intent, resume and job application to be completed and submitted to the Orleans County Sheriff's Department.
2. Written and physical fitness tests to be completed with a passing score at the VT Police Academy. The written test is similar to the S.A.T. and is based upon mathematics and reading comprehension. No prior law enforcement knowledge is required for the written exam. The physical fitness standards are available on the VT Criminal Justice Training Council's website at <http://vcjtc.vermont.gov/training/three/physical-training-standards>. If both tests are passed you will take a standardized

psychological evaluation. This is not pass/fail. Results are assessed by a qualified professional psychologist. The testing process costs \$30.00 per person and you must be sponsored by this agency to attend.

3. Internal second level review by the Orleans County Sheriff's Department.
4. Oral board interview.
5. Conditional offer of employment and fingerprinting.
6. Background investigation.
7. Polygraph.
8. Command staff review.
9. Medical examination to include drug screening.

If you have any questions about this process please feel free to contact me. Thank you.

Sincerely,

Jennifer L Harlow

Sheriff of Orleans County

*The Orleans County Sheriff's Department is an equal opportunity provider, and employer.



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JOB DESCRIPTION SHERIFF DEPUTY

(Full time and part time)

A. SUMMARY

A Police Officer shall be responsible for the efficient performance of required duties in conformance with the rules, regulations, and policies contained in the Manual.

Duties shall consist of, but are not necessarily limited to, a number of general police responsibilities necessary to the stability and safety of the community. A Police Officer shall be expected to:

1. Identify criminal offenders and criminal activity and, where appropriate, apprehend offenders and participate in subsequent court procedures.
2. Enforce all federal, state and local laws within departmental jurisdiction.
3. Reduce the opportunities for the commission of crime through preventive patrol and other measures.
4. All individuals who are in danger of physical harm, and protect life and property.
5. Facilitate the movement of vehicular and pedestrian traffic.
6. Identify problems that are potentially serious law enforcement or governmental problems.
7. Create and maintain a feeling of security in the community.
8. Promote and preserve the peace.
9. Provide other services on an emergency basis.
10. Be thoroughly familiar with all laws and ordinances, departmental rules and regulations, policies and procedures.
11. Promote and work to improve good community relations.

B. GENERAL DUTIES AND RESPONSIBILITIES

It is the duty and responsibility of a Police Officer to:

1. Exercise authority consistent with the obligations imposed by oath of office and be accountable to superior officers. Promptly obey legitimate orders.
2. Coordinate efforts with those of other members of the Department so that teamwork may ensure continuity of purpose and maximum achievement of police objectives.
3. Communicate to supervisors and to fellow officers all information obtained which is pertinent to the achievement of police objectives.
4. Respond punctually to all assignments.
5. Make arrests when required. Restrain and transport prisoners as dictated by Department directives.
6. Be alert for wanted or suspicious persons and intelligence information.
7. Prepare and submit reports as required by Department directives.
8. Keep physically fit and alert.
9. Perform desk and dispatcher duties when so assigned.
10. Acquire and record information concerning events and activities that have taken place since the last tour of duty.
11. Record activity during tour of duty in the manner prescribed by proper authority.
12. Maintain weapons and equipment in a functional, presentable condition and report faulty, damaged or lost equipment.

13. Assist citizens requesting assistance or information. Courteously explain any instance where jurisdiction does not lie with the Police Department and suggest other procedures to be followed.
14. Be accountable for the securing, receipting, proper transporting and delivery of all evidence and property coming into custody.
15. Answer questions asked by the general public, counsel juveniles and adults when necessary and refer them to persons or agencies where they can obtain further assistance.
16. Preserve the peace at public gatherings, neighborhood disputes and family quarrels.
17. Serve or deliver warrants, summonses, subpoenas and other official papers pertaining to departmental cases, promptly and accurately when so directed.
18. Confer with court prosecutors and testify in Court.
19. Accomplish other general duties as they are assigned or become necessary.
20. Accomplish duties of Foot Patrolman, as necessary.
21. a. It shall be the responsibility of the Deputy in Charge to notify the on-call Deputy and Sheriff whether on or off duty, in any of the following circumstances that occur within our immediate jurisdiction:
 - 1) When a child under fourteen years of age has been reported missing and has not returned or been found during the course of initial investigation.
 - 2) In the event of the commission of a kidnapping.
 - 3) In all apparent homicides and questionable deaths, immediate notification of the Sheriff will be required. In definite suicides, accidental deaths and untimely deaths, notification of the Sheriff is to be made as soon as practicable.
 - 4) In the event of an armed robbery.
 - 5) When any serious incident occurs, such as an airplane crash, accident involving a fatality, major fire, or bomb threat.
 - 6) When a member or employee of the Department is involved in any confrontation resulting in his/her discharge of firearms.
 - 7) When any member or employee of the Department is seriously injured or killed while either on or off duty.
 - 8) Any serious accident involving a Department vehicle or other property being used in department capacity.

C. SPECIFIC DUTIES AND RESPONSIBILITIES – PREVENTIVE PATROL

1. Patrol an assigned area for general purposes of crime prevention and law enforcement.
Patrol includes
 - a. Being thoroughly familiar with the assigned patrol area. Such familiarity includes knowledge of residents, merchants, business, roads, alleyways, paths, etc. Conditions that contribute to crime should be reported. The location of fire boxes, telephones and other emergency services should be noted.
 - b. Apprehending persons violating the laws or wanted by the Police.
 - c. Completing detailed reports on all major crimes and reportable motor vehicle accidents. In cases where an arrest is made, an arrest report is submitted along with the required crime reports. When property is recovered or additional information is discovered pertaining to a previously reported offense, the officer adds this to the initial report.
 - d. Preserving any crime scene until a superior officer or detective arrives when such crime scene is encountered or when dispatched to the scene as the first responding officer.
 - e. Public assembly checks.
 - f. Building security checks.
 - g. Observing and ascertaining identity of suspicious persons.
 - h. Issuing traffic citations.
 - i. Being alert for and reporting fires.
 - j. Reporting street lights and traffic signal out of order, street hazards and any conditions that endanger public safety, damaged or missing signs.
 - k. Checking of schools, parks and playgrounds.
 - l. Responding to any public emergency.
2. Conduct a thorough investigation of all offenses and incidents within the area of assignment Scope of activity. Collect evidence and record data which will aid to identification, apprehension and prosecution of offenders, as well as the recovery of property. Conduct follow-up investigation when appropriate.
3. Be alert to the development of conditions tending to cause crime or indicative of criminal activity. Take preventive action to correct such conditions, and inform superiors as soon as the situation permits.
4. Respond to situations brought to the officer's attention while in the course of routine patrol or when assigned. Render first aid, when qualified, to persons who are seriously ill or injured. Assist persons needing emergency services.

5. Patrol areas giving particular attention to and frequently re-checking locations where the crime hazard is great. In so far as possible, a patrolman shall not patrol an area according to any fixed route or schedule, but shall alternate frequently and backtrack in order to be at the location least expected.
6. Be alert for all nuisance, impediments, obstructions, defects or other conditions that might endanger or hinder the safety, health or convenience of the public.
7. When assigned to operate a motor vehicle:
 - a. See that it is well maintained and that it is kept clean both inside and out.
 - b. Inspect the vehicle at the beginning of the tour of duty for any defects or missing equipment. Immediately report all defects and damage sustained to the vehicle to the Officer in Charge.
 - c. Remove the keys and lock the doors whenever the patrol car is left unattended, when practical.
 - d. Use the call number assigned to the officer to contact Headquarters.
 - e. Operate the radio in line with FCC regulations and current department procedures.
 - f. Ensure that the assigned vehicle's gas tank is full prior to completion of each day shift or when ½ tank remains on given shift.
 - g. Notify the Deputy in Charge if more than a temporary absence from regular duties is required.

D. SPECIFIC DUTIES AND RESPONSIBILITIES- TRAFFIC PATROL

1. Direct and expedite the flow of traffic at accident scenes and assigned intersections keeping in mind the duty as traffic officer in preventing accidents, protecting pedestrians and ensuring the free flow of traffic.
2. Enforce the parking ordinances and motor vehicle laws in the patrol areas.
3. Be alert for traffic safety conditions which may endanger or inconvenience the public and report such conditions to the Dispatcher.
4. Respond immediately when call from a traffic post to render emergency police service. Notify the Station at the earliest possible opportunity.
5. Perform any other duties assigned by proper authority.

E. Court Security



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APPLICATION FOR EMPLOYMENT

The Orleans County Sheriff's Department is committed to providing an equal employment opportunity to all persons. Assistance in reviewing job opportunities and completing this employment application will be provided to persons with disabilities upon request.

GENERAL INFORMATION

First Name _____ Last Name _____
 Date of Birth _____ City and State of Birth _____
 Mailing Address _____
 City/Town _____ State _____ ZIP _____
 Phone _____ E-mail Address _____
 Are you at least 18 years of age? Yes No
 Department/Position desired _____
 How did you hear of this vacancy? _____

EDUCATION

Circle the number corresponding to the highest level of education completed:
 ELEMENTARY - HIGH SCHOOL COLLEGE GRADUATE SCHOOL
 8 9 10 11 12 1 2 3 4 1 2 3 4
 GED (list granting agency) _____

List in reverse order (present or most recent first) all schools attended (colleges/universities, technical training institutions, vocational/trade schools, and high schools)

NAME OF SCHOOL	CITY/TOWN/TOWN & STATE	MAJOR(S)	DEGREE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Certifications or Licenses: _____

EXPERIENCE

Describe below all previous work experience (including unpaid experience) in reverse chronological order (present or most recent employment first). Include any information not listed on your resume.

Name of Employer: _____
 Address: _____
 Your job title: _____
 Supervisor (name & title): _____
 Employed From (month/year): To (month/year): _____
 Salary (dollars/week): Start: _____ Final: _____ Hours/week: _____
 Reason for leaving: _____
 May we contact this employer: Yes No Phone: _____
 Summary of your duties and responsibilities: _____

Name of Employer: _____
Address: _____
Your job title: _____
Supervisor (name & title): _____
Employed From (month/year): To (month/year): _____
Salary (dollars/week): Start: _____ Final: _____ Hours/week: _____
Reason for leaving: _____
May we contact this employer: Yes No Phone: _____
Summary of your duties and responsibilities: _____

Name of Employer: _____
Address: _____
Your job title: _____
Supervisor (name & title): _____
Employed From (month/year): To (month/year): _____
Salary (dollars/week): Start: _____ Final: _____ Hours/week: _____
Reason for leaving: _____
May we contact this employer: Yes No Phone: _____
Summary of your duties and responsibilities: _____

Name of Employer: _____
Address: _____
Your job title: _____
Supervisor (name & title): _____
Employed From (month/year): To (month/year): _____
Salary (dollars/week): Start: _____ Final: _____ Hours/week: _____
Reason for leaving: _____
May we contact this employer: Yes No Phone: _____
Summary of your duties and responsibilities: _____

1. Are you authorized to work in the United States? Yes No
2. Do you have reliable transportation? Yes No
3. Have you been disciplined or discharged by a former employer for conduct involving any type of dishonesty, ethical misconduct or violent behavior? Yes No
If yes, please attach an explanation.
4. Have you ever worked for the Orleans County Sheriff's Department before? Yes No
If yes, identify dates of employment. _____
Reason for leaving?

5. Please list any relatives or domestic partner employed by the Orleans County Sheriff's Department.

6. I understand that in making this application, the Orleans County Sheriff's Department may be contacting my references and/or prior employers. I have I have not signed the attached release regarding my prior employment and references. I understand that if the Orleans County Sheriff's Department is unable to communicate with my references or prior employers due to my conduct, it may affect my opportunity for employment.

7. I understand that if the position for which I am applying includes work with individuals or groups who are recognized as vulnerable, such as children, the elderly, or mentally disable, I may be subject to background or record checks which I must pass prior to full employment.

8. I understand that if I accept employment by the Orleans County Sheriff's Department, as a result of my employment, I may receive Department owned property to fulfill my employment obligations. At the time my employment with the Department ends, I shall immediately return to the Orleans County Sheriff's Department all of its property and pay any personal expenses I incurred on any of the Departments accounts. If I fail to do this, the Department may deduct the cost of such Department owned property and any such personal expenses from my pay.

9. If I am hired by the Orleans County Sheriff's Department, I understand that the Department's Handbook/Personnel Policy, as it may be changed in the future, shall be applicable to me and I shall read it and comply with its provisions during my employment.

10. I hereby certify that this form and any attachments to it contain no false information and are complete to the best of my knowledge. I am aware that if an investigation discloses misrepresentation or falsification, my application may be rejected, my name removed from the applicant list, and if already employed, I may be dismissed from service, and I may be disqualified from applying in the future for any position.

Signed: _____ Date: _____



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APPLICANT INFORMATION FORM

APPLICANT NAME: _____
 POSITION/DEPARTMENT DESIRED: _____

EQUAL EMPLOYMENT OPPORTUNITY

The Orleans County Sheriff's Department is committed to providing Equal Employment Opportunity to all persons without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, ancestry, place of birth, age, disability, political affiliation or any other non-merit factor, or age as defined by federal and state law. In order to evaluate the effectiveness of our recruitment efforts, the following information is requested on a *voluntary basis*. *The following information will be kept strictly confidential and will not adversely impact your opportunities for employment.*

GENDER: Male Female Transgender

RACIAL OR ETHNIC GROUP:

- Native American (American Indian or Alaskan Native. All persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification.)
- Asian/Pacific (Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands, including but not limited to China, Japan, Korea and Samoa.)
- Black (Persons having origins in the black racial groups of Africa not of Hispanic origin.)
- Hispanic (Persons having origins in Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish culture or origin, regardless of race.)
- White (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

INDIVIDUAL WITH A DISABILITY

"An individual with a disability" means any natural person who (A) has a disability which substantially limits one or more major life activities; (B) has a history or record of such an impairment; or (C) is regarded as having such an impairment. *Vermont statutes (21 V.S.A. S495d.)*

Do you have a disability? Yes No

VETERAN STATUS

Branch of Military Service _____

Type of Discharge: Honorable General Medical Dishonorable Other
 Dates: From ____/____/____ to ____/____/____

Did you serve in the National Guard/Reserve? Yes No

Did you serve more than 180 days of Active Duty? Yes No

Have you served in a Hostile Fire Area? Yes No
 If Yes, where? _____

Do you have a Service Connected Disability? Yes No

If Yes, what percentage? _____ %

Are you the Spouse of a service member? Yes No

If Yes:

Does your Spouse have Total Disability? Yes No

Was your Spouse Missing in Action? Yes No

Was your Spouse Captured/Detained by Hostile Forces? Yes No

Did your Spouse die while on Active Duty? Yes No

Did your Spouse die of a Service Connected Disability? Yes No

Signature: _____ Date: _____



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RELEASE AND AUTHORIZATION TO OBTAIN EMPLOYMENT INFORMATION

This release authorizes persons whom I have listed as references and/or my previous employers to furnish to and discuss with the Orleans County Sheriff's Department any and all information which may be requested regarding my prior employment or fitness for employment, to include a copy of my personnel records and/or files and reason(s) I am no longer employed by that previous employer.

I waive any claims to privacy or confidentiality regarding the disclosure of or discussion of my prior employment. I release the Orleans County Sheriff's Department and its representatives and the individual references that I have listed as well as the representatives of my previous employers from any claims related to the release or discussion of my employment information or information relevant to employment so long as the information released by my references and prior employers is truthful.

Name (signed)

Name (printed)

Date



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PERSONAL HISTORY INFORMATION QUESTIONNAIRE

CANDIDATE NAME

CONFIDENTIAL

INSTRUCTIONS

The hiring process for employment with the Orleans County Sheriff's Department includes a written examination, physical examination, interview, and background investigation. Upon conditional offer of employment, a candidate must successfully complete a psychological examination and medical/drug screening examination. Your Personal History Information (PHI) packet is an integral component of our hiring process. **CONSISTENCY THROUGHOUT THE ENTIRE PROCESS IS CRITICAL AND WILL BE ASSESSED.**

Each question must be answered completely and accurately. Do not leave any lines blank. Enter **N/A** (Not Applicable) if there are areas that do not pertain to you. **If you need more room for answers, please attach additional sheets. CAREFULLY** read the signature page before you fill out this packet.

INTENTIONAL OMISSIONS, INCONSISTENCIES, MISREPRESENTATIONS, OR FALSIFICATIONS IN THIS DOCUMENT, OR AT ANY STEP IN THE PROCESS, WILL BE GROUNDS FOR IMMEDIATE DISQUALIFICATION.

ATTACHMENTS TO THE PHI MUST INCLUDE THE FOLLOWING:

1. A resume AND cover letter
2. A copy of your birth certificate
3. Documentation of highest education level attained
4. DD-214(s) for each period of military service
5. Naturalization certificate/work authorization documentation
6. Documentation of name changes, bankruptcies, arrests, etc.
7. List of personal and employment references
8. Copy of valid driver's license
9. Notarized signature

PERSONAL DATA

1. NAME: LAST, FIRST, MIDDLE: _____

2. ALIASES, NICKNAMES, MAIDEN NAME, MARRIED NAME(S) AND ANY OTHER NAME(S) YOU HAVE BEEN KNOWN BY: _____

3. CURRENT STREET ADDRESS, CITY, STATE, ZIP:

4. HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

E-MAIL ADDRESSES: _____

5. DATE OF BIRTH: _____

6. PLACE OF BIRTH: _____

7. SOCIAL SECURITY NUMBER: _____

8. NAME OF FATHER: _____

FULL ADDRESS: _____

TELEPHONE AND EMAIL: _____

9. NAME OF MOTHER: _____

FULL ADDRESS: _____

TELEPHONE AND EMAIL: _____

10. NAME OF FATHER-IN-LAW: _____

FULL ADDRESS: _____

TELEPHONE AND EMAIL: _____

11. NAME OF MOTHER-IN-LAW: _____

FULL ADDRESS: _____

TELEPHONE AND EMAIL: _____

12. IF YOU WERE RAISED BY ANYONE OTHER THAN YOUR BIOLOGICAL PARENT(S), PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME OF PERSON(S) WHO RAISED YOU: _____

FULL ADDRESS: _____

TELEPHONE AND EMAIL: _____

13. SIBLINGS, HALF SIBLINGS, STEP SIBLINGS:

GENDER	NAME	AGE	ADDRESS	TELEPHONE & EMAIL
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14. PRESENT RELATIONSHIP STATUS: _____
(SINGLE, CIVIL UNION, MARRIED, SEPARATED, DIVORCED, WIDOWED, COHABITATING, DATING, ETC.)

15. CURRENT SIGNIFICANT OTHER/SPOUSE/PARTNER, ETC.:

NAME	AGE	ADDRESS	TELEPHONE & EMAIL
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16. EX-SPOUSE(S)/EX-GIRLFRIEND, BOYFRIEND, PARTNER, ETC.:

NAME	AGE	ADDRESS	TELEPHONE & EMAIL
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17. CHILDREN, STEP-CHILDREN, AND/OR DEPENDENTS:

GENDER	NAME	AGE	ADDRESS	TELEPHONE & EMAIL
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18. ARE YOU RESPONSIBLE FOR PAYING ANY COURT ORDERED CHILD SUPPORT OR SPOUSAL SUPPORT?

YES _____ NO _____ N/A _____

19. IF YOU ARE RESPONSIBLE FOR PAYING ANY COURT ORDERED CHILD/SPOUSAL SUPPORT, HAVE YOU MISSED ANY PAYMENTS? YES _____ NO _____ N/A _____

IF YES, EXPLAIN BELOW (INCLUDE DATES):

20. HAVE YOU EVER BEEN A PLAINTIFF OR DEFENDANT IN ANY CIVIL COURT ACTION?
YES _____ NO _____ N/A _____ IF YES, EXPLAIN BELOW (INCLUDING YEAR):

21. LIST ALL OUTSTANDING DEBTS (I.E. MORTGAGE, VEHICLES, PERSONAL LOANS, STUDENT LOANS, CREDIT CARDS, ETC.)

LENDING INSTITUTION/TYPE	MONTHLY PAYMENT	BALANCE

22. HAVE YOU EVER DECLARED BANKRUPTCY? YES _____ NO _____
IF YES, EXPLAIN BELOW (INCLUDING YEAR AND TYPE OF BANKRUPTCY):

23. DO YOU OR HAVE YOU HAD ANY DEBTS LISTED WITH A COLLECTION AGENCY OR AGENCIES?
YES _____ NO _____ IF YES, EXPLAIN BELOW (INCLUDING YEAR):

24. HAVE YOU EVER BEEN IN DEFAULT RESULTING IN REPOSSESSION?
YES _____ NO _____ IF YES, EXPLAIN BELOW (INCLUDING YEAR):

25. HAVE YOU EVER BEEN MORE THAN 90 DAYS LATE ON A LOAN PAYMENT?
YES _____ NO _____ IF YES, EXPLAIN BELOW (INCLUDING YEAR):

EDUCATIONAL DATA

26. LIST ALL SCHOOLS AND SPECIALIZED TRAINING YOU HAVE, BEGINNING WITH THE MOST RECENT AND ENDING WITH HIGH SCHOOL.

DATES	SCHOOL/TRAINING	ADDRESS	CERTIFICATION/DEGREE

27. HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY SCHOOL OR COLLEGE FOR ANY ACADEMIC OR DISCIPLINARY REASONS?

YES _____ NO _____

IF YES, EXPLAIN BELOW (INCLUDING YEAR):

MILITARY DATA

28. HAVE YOU REGISTERED WITH THE SELECTIVE SERVICE AS REQUIRED BY LAW? YES _____

NO _____

IF YES, PROVIDE YOUR SELECTIVE SERVICE CLASSIFICATION NUMBER.

THIS CAN BE FOUND AT: <https://www.sss.gov/Home/Verification>

29. ARE YOU NOW, OR HAVE YOU EVER BEEN, ON ACTIVE MILITARY SERVICE? YES _____ NO _____

IF YES, COMPLETE THE FOLLOWING:

SERVICE BRANCH _____

M.O.S. _____

DATE ENTERED _____

DATE RELEASED _____

30. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF A MILITARY RESERVE OR A NATIONAL GUARD UNIT? YES _____ NO _____

IF YES, COMPLETE THE FOLLOWING:

SERVICE BRANCH _____

M.O.S. _____

DATE ENTERED _____

DATE RELEASED _____

31. DURING YOUR SERVICE, WERE YOU EVER DISCIPLINED (I.E. COURT-MARTIAL, ARTICLE 15)?

YES _____ NO _____ IF YES, EXPLAIN BELOW:

32. IF YOU WERE DISCHARGED, OTHER THAN HONORABLY, PLEASE LIST THE REASON(S) BELOW:

EMPLOYMENT DATA

33. IN CHRONOLOGICAL ORDER, PLEASE LIST THE *PAST TEN YEARS* OF YOUR WORK EXPERIENCE, BEGINNING WITH YOUR MOST RECENT EMPLOYMENT. ANY PERIOD OF UNEMPLOYMENT, MILITARY SERVICE, AND PART-TIME EMPLOYMENT MUST ALSO BE INCLUDED.

DATES BUSINESS ADDRESS/ PHONE NUMBER POSITION SUPERVISOR REASON LEFT
(from-to)

NAME: _____
ADDRESS: _____
TELEPHONE & EMAIL: _____

DRIVING RECORD

52. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ANY DRIVER'S LICENSES YOU HAVE HELD OR CURRENTLY HOLD:

ISSUING STATE	LICENSE NUMBER	TYPE OF LICENSE

53. HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED, DENIED OR REVOKED? YES _____ NO _____
IF YES, EXPLAIN BELOW (INCLUDING YEAR):

54. HAVE YOUR REGISTRATION PLATES EVER BEEN SUSPENDED, DENIED OR REVOKED?
YES _____ NO _____
IF YES, EXPLAIN BELOW (INCLUDING YEAR):

55. LIST ALL TRAFFIC VIOLATIONS, CITATIONS AND WARNINGS YOU HAVE RECEIVED. PROVIDE THE FOLLOWING DATA FOR EACH INCIDENT:

DATE	VIOLATION	LOCATION	POLICE DEPT	RESULT (IE: TICKET/PAID)

CRIMINAL DATA

56. WHAT CRIMES HAVE YOU COMMITTED SINCE THE AGE OF 16?

57. HAVE YOU EVER USED, TRIED, OR EXPERIMENTED WITH:

MARIJUANA?

YES _____ NO _____ IF YES, WHAT WAS THE:

FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

COCAINE?

YES _____ NO _____ IF YES, WHAT WAS THE:

FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

HEROIN?

YES _____ NO _____ IF YES, WHAT WAS THE:

FIRST DATE USE? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

HALLUCINOGENIC DRUGS (LSD, PCP, MUSHROOMS, ECSTASY, MOLLY)?

YES _____ NO _____ DRUG TYPE(S) _____

IF YES, WHAT WAS THE:

FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

METHAMPHETAMINE?

YES _____ NO _____ IF YES, WHAT WAS THE:

FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

PRESCRIPTION DRUGS THAT WERE NOT PRESCRIBED TO YOU?

YES _____ NO _____ DRUG TYPE(S) _____

IF YES, WHAT WAS THE:

FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

OTHER DRUGS NOT PREVIOUSLY LISTED?

YES _____ NO _____ DRUG TYPE(S) _____

IF YES, WHAT WAS THE:

FIRST DATE USED? _____ LAST DATE USED? _____ FREQUENCY OF USE? _____

58. HAVE YOU EVER SOLD, DISTRIBUTED OR TRANSPORTED ANY DRUG? YES _____ NO _____

IF YES, EXPLAIN BELOW (INCLUDING YEAR):

59. HAVE YOU EVER CULTIVATED OR MANUFACTURED ANY DRUG? YES _____ NO _____

IF YES, EXPLAIN BELOW (INCLUDING YEAR): _____

60. DO YOU DRINK ALCOHOLIC BEVERAGES? YES _____ NO _____
 IF YES, DESCRIBE YOUR FREQUENCY OF USE: _____

61. HOW MANY TIMES HAVE YOU BEEN DRUNK IN THE LAST YEAR? _____

PLEASE ANSWER EACH QUESTION BY MARKING EITHER: YES or	YES	NO
62. ARE YOU INVOLVED OR DO YOU SUPPORT ANY HATE GROUPS?		
63. HAVE YOU EVER BEEN CHARGED WITH COMMITTING A CRIME?		
64. HAVE YOU EVER BEEN CONVICTED OF A CRIME?		
65. HAVE YOU EVER BEEN PLACED ON PROBATION?		
66. HAVE YOU EVER BEEN PLACED IN COURT DIVERSION?		
67. HAVE YOU EVER BEEN ARRESTED?		
68. HAVE YOU EVER BEEN CHARGED WITH COMMITTING A CRIME AS A JUVENILE?		
69. HAVE YOU EVER BEEN ARRESTED AS A JUVENILE?		
70. HAVE YOU EVER BEEN GIVEN A TRESPASS NOTICE?		
71. HAVE YOU EVER FILED A FALSE POLICE REPORT?		
72. HAVE YOU EVER POINTED A FIREARM AT SOMEONE?		
73. HAVE YOU EVER DRIVEN UNDER THE INFLUENCE OF INTOXICANTS?		
74. HAVE YOU EVER STRUCK OR INJURED A PERSON SINCE YOU WERE 12 YEARS OLD?		
75. HAVE YOU EVER DISCIPLINED A CHILD IN WHICH BRUISING OR INJURY OCCURRED?		
76. HAVE YOU EVER BEEN THE SUBJECT OF A POLICE INVESTIGATION?		
77. HAVE YOU EVER BEEN THE SUBJECT OF A RESTRAINING ORDER?		
78. HAVE YOU EVER BEEN THE SUBJECT OF STALKING?		
79. HAVE YOU EVER COMMITTED DOMESTIC ASSAULT?		

85. LIST ANY AND ALL EMPLOYEES OF THE ORLEANS COUNTY SHERIFF'S DEPARTMENT WITH WHOM YOU ARE ACQUAINTED:

86. PLEASE LIST ALL SOCIAL MEDIA ACCOUNTS YOU HAVE AND PROVIDE YOUR USERNAME:



Orleans County Sheriff's Department
 5578 US 5 PO Box 355
 Newport Vt 05855
 802-334-3333
 Sheriff Jennifer Harlow



SIGNATURE PAGE

I _____ (DOB) _____ CONSENT TO TAKING AN EMPLOYMENT POLYGRAPH, PHYSICAL, PSYCHOLOGICAL EXAMINATION AND A BACKGROUND INVESTIGATION AS MAY BE REQUIRED BY THE ORLEANS COUNTY SHERIFF'S DEPARTMENT.

I AUTHORIZE A DULY AUTHORIZED AGENT OF THE ORLEANS COUNTY SHERIFF'S EPARTMENT TO CONTACT ANY OF MY PREVIOUS EMPLOYER(S), TO OBTAIN INFORMATION FROM THEM, AND TO FURTHER INVESTIGATE THE TRUTHFULNESS OF THIS INFORMATION.

FURTHERMORE, HAVING APPLIED FOR EMPLOYMENT AS A SWORN OFFICER WITH THE ORLEANS COUNTY SHERIFF'S DEPARTMENT, I HEREBY AUTHORIZE AND REQUEST ANY AND EVERY PHYSICIAN, SCHOOL OFFICIAL, CREDIT BUREAU, AND OTHER PERSON, FIRM, OFFICER, CORPORATION, ASSOCIATION, ORGANIZATION, OR INSTITUTE HAVING CONTROL OF ANY DOCUMENTS, RECORDS, OR OTHER INFORMATION PERTAINING TO ME TO PERMIT THE NEWPORT POLICE DEPARTMENT OR ANY OF ITS 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 ORLEANS COUNTY SHERIFF'S DEPARTMENT OR ANY OF ITS REPRESENTATIVES. I HEREBY RELEASE AND HOLD HARMLESS ANY AND EVERY PHYSICIAN, SCHOOL, OFFICIAL, CREDIT BUREAU, AND OTHER PERSON, FIRM, OFFICER, CORPORATION, ASSOCIATION, ORGANIZATION, OR INSTITUTION WHO OR WHICH COMPLIES WITH THE AUTHORIZATION AND REQUEST MADE HEREIN FROM ANY AND ALL LIABILITY OF EVERY NATURE AND KIND ARISING OUT OF OR IN ANY WAY PERTAINING TO THE FURNISHING OR DISCLOSURE OF SUCH DOCUMENTS, RECORDS, AND OTHER INFORMATION TO THE ORLEANS COUNTY SHERIFF'S DEPARTMENT OR ANY OF ITS REPRESENTATIVES.

I UNDERSTAND THAT MY DISCLOSURE OF INFORMATION ABOUT MY CRIMINAL HISTORY, FINANCIAL HISTORY, AND/OR HISTORY OF DRUG OR ALCOHOL USE WILL NOT NECESSARILY SERVE AS AN ABSOLUTE BAR TO MY EMPLOYMENT. HOWEVER, I UNDERSTAND AND AGREE THAT THESE ISSUES MAY BE CONSIDERED, ALONG WITH FACTORS SUCH AS THE NATURE, SERIOUSNESS AND DURATION OF THE CONDUCT, THE DATE OF ITS OCCURRENCE, AND REHABILITATION EFFORTS IN DETERMINING MY FITNESS FOR THE POSITION OF A POLICE OFFICER. I VOLUNTARILY PROVIDE SUCH INFORMATION IN CONSIDERATION FOR MY DESIRE TO BE CONSIDERED AS A CANDIDATE FOR A POSITION AT THE ORLEANS COUNTY SHERIFF'S DEPARTMENT. I FREELY PROVIDE ALL OF THE INFORMATION REQUESTED IN THE PERSONAL HISTORY INFORMATION PACKET AND HEREBY WAIVE ANY RIGHT TO PRIVACY OR CONFIDENTIALITY, INCLUDING ANY STATUTORY OR CONSTITUTIONAL RIGHTS THAT I MAY HAVE TO THE CONFIDENTIALITY OF SUCH INFORMATION. THIS WAIVER IS MADE FOR THE LIMITED PURPOSE OF THE DEPARTMENT'S CONSIDERATION OF ME AS A DEPUTY CANDIDATE AND WITH THE UNDERSTANDING THE DEPARTMENT WILL OTHERWISE MAINTAIN THIS INFORMATION IN A CONFIDENTIAL MANNER.

I understand further that any false answers, statements, or misleading omissions made by me on this Personal History Information packet in connection with the above mentioned investigation and/or any physical examination can be sufficient grounds for my rejection as a candidate for employment or denial of any other request. I HEREBY CERTIFY THAT ALL OF THE FOREGOING ANSWERS ARE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNED: _____

DATE: _____