



STATE OF VERMONT  
ADDISON COUNTY SHERIFF'S OFFICE  
35 COURT STREET  
MIDDLEBURY, VERMONT 05753

NOTICE

Conditions of employment  
require a polygraph test  
first.

## APPLICATION FOR EMPLOYMENT

**PERSONAL INFORMATION:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **SS#** \_\_\_\_\_  
(last) (first) (middle)

**Address:** \_\_\_\_\_  
(number) (street) (apt#)

\_\_\_\_\_  
(town) (state) (zip)  
**Telephone:** \_\_\_\_\_, \_\_\_\_\_, **DATE OF BIRTH** \_\_\_\_\_  
(home) (work)

**Place of Birth:** \_\_\_\_\_  
(city) (county) (state)

**Nickname(s) and/or maiden name if applicable:** \_\_\_\_\_

**Citizenship:** \_\_\_\_\_ **U.S. Citizen,** \_\_\_\_\_ **by birth, or** \_\_\_\_\_ **naturalization**  
\_\_\_\_\_ **Alien,** \_\_\_\_\_ **Alien Registration Number**

**EMPLOYMENT DESIRED:** **Position Desired:** \_\_\_\_\_

**Date you can start:** \_\_\_\_\_, **Salary Desired:** \_\_\_\_\_

**Are you employed now?** \_\_\_\_\_, **If so for whom?** \_\_\_\_\_

**May we inquire of your present employer?** \_\_\_\_\_

**Have you ever applied to this department before?** \_\_\_\_\_ **if so when:** \_\_\_\_\_

**Who referred you to file this application?** \_\_\_\_\_

**Do you have a valid VERMONT drivers license?** \_\_\_\_\_, **license #** \_\_\_\_\_

**Has your drivers license ever been suspended or revoked?** \_\_\_\_\_

**If so please explain when and for what:** \_\_\_\_\_

**Have you ever been asked to resign, been fired or quit involuntarily from any employment for any reason?** \_\_\_\_\_

**Have you ever served in the U.S. Armed Forces?** \_\_\_\_\_ **yes,** \_\_\_\_\_ **no**

**If so what branch:** \_\_\_\_\_, **Rank attained** \_\_\_\_\_ **Dates served:** \_\_\_\_\_

**Are you presently a member of National Guard or Reserves?** \_\_\_\_\_

Have you ever been arrested, convicted of any criminal offense and/or detained by police and/or summoned to court to answer to any charges?

\_\_\_\_\_, If so, explain: \_\_\_\_\_

Have you ever been a party to a relief from abuse order? \_\_\_\_\_

Are you a person subject to a final order for relief from abuse? \_\_\_\_\_

**EDUCATION:**

Grammar School: \_\_\_\_\_

High School: \_\_\_\_\_

Did you Graduate? \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Did you attend College? \_\_\_\_\_ yes, \_\_\_\_\_ no

\_\_\_\_\_  
(name of college) (city, state) (dates attended)

Did you graduate? \_\_\_\_\_, List any and all degrees earned: \_\_\_\_\_

**TRADE, BUSINESS OR CORRESPONDENCE SCHOOLS:** \_\_\_\_\_

**SPECIAL SKILLS OR ABILITIES:** \_\_\_\_\_

**ACTIVITIES: (Civic, Athletic, Hobbies, Etc.)** \_\_\_\_\_

List any special licenses you hold, (such as pilot, EMT, radio operator, electrician, etc.) \_\_\_\_\_

\*\*\*\*\*  
**REFERENCES: List five persons, who know you well enough to provide current information about you. DO NOT LIST RELATIVES!!**

- 1) \_\_\_\_\_  
(name) (address) (telephone #)
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**Do You Speak any foreign language? \_\_\_\_\_ If so what language?** \_\_\_\_\_

**List any Specialized Machinery or Equipment that you can operate:** \_\_\_\_\_

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**RESIDENCES:**

**Please list all addresses where you have lived during the past ten years.**

- 1) \_\_\_\_\_  
(number) (street) (town) (state) (zip) (years)
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**EMPLOYMENT:**

**Please list all jobs held within the last ten years. (Begin with most recent)**

- 1) \_\_\_\_\_, \_\_\_\_\_  
(Employer) (Address)
- \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(telephone number) (position held) (dates employed)
- \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Supervisors name) (Salary) (reason for leaving)
- 2) \_\_\_\_\_, \_\_\_\_\_  
(Employer) (Address)
- \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(telephone number) (position held) (dates employed)
- \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Supervisors name) (Salary) (Reason for leaving)
- 3) \_\_\_\_\_, \_\_\_\_\_  
(Employer) (Address)
- \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(telephone number) (position held) (dates employed)]
- \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Supervisors name) (Salary) (Reason for leaving)

**YOU MUST LIST ALL EMPLOYMENT WITHIN LAST TEN YEARS, PLEASE USE THE BACK OF THIS SHEET IF ADDITIONAL SPACE IS NECESSARY TO DO SO!!**

What was it about this job you did not like? \_\_\_\_\_  
Have you ever had a job that required you to handle confidential information?  
If so, which job? \_\_\_\_\_

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**IN CASE OF EMERGENCY**

**NOTIFY:** \_\_\_\_\_  
(name) (address)  
\_\_\_\_\_  
(relationship to you) (telephone number)

**I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE, CORRECT AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. I FURTHER UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS CONTINGENT UPON MY SUBMISSION TO AND SUCCESSFUL PASSING OF A DRUG TEST FOR ILLEGAL DRUGS. I FURTHER UNDERSTAND THAT IF EMPLOYED I MUST INFORM THE SHERIFF OF ANY INCIDENT THAT RESULTS IN MY BEING ARRESTED AND/OR CHARGED IN ANY MATTER DURING MY ENTIRE TIME OF EMPLOYMENT WITH THE ADDISON COUNTY SHERIFF'S DEPT. FAILURE TO DO SO, MAY RESULT IN MY TERMINATION OF EMPLOYMENT.**

\_\_\_\_\_  
(Signature of Applicant) (Date)

**DO NOT WRITE BELOW THIS LINE:**

interviewed by: \_\_\_\_\_ date: \_\_\_\_\_ remarks: \_\_\_\_\_

Remarks: \_\_\_\_\_

Neatness: \_\_\_\_\_ Hired:  Y  N, Position \_\_\_\_\_

Date Reporting to Work: \_\_\_\_\_ Salary/Wage offered: \_\_\_\_\_

Referred to: \_\_\_\_\_ for further review on \_\_\_\_\_