**STATE OF VERMONT**

**CHITTENDEN COUNTY SHERIFF’S OFFICE**

**Kevin M. McLaughlin, Sheriff**

**P.O. Box 1426**

**Burlington, Vermont 05402**

**(802) 863-4341**

AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Last) (First) (Middle) (Date of Birth) (Social Security)

Do hereby authorize a review and full disclosure of any and all records, or reports, any part thereof, concerning myself to any duly authorized agent of the Chittenden County Sheriff’s Office, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature.

I authorize the full and complete disclosure of the records of educational institutions, financial or credit institutions, and the records of commercial or retail mercantile establishments and retail credit agencies, medical and psychiatric consultation and/or treatment, including those of hospitals, clinics, private practitioners, the U.S. Veteran’s Administration, and all military and psychiatric facilities, public utility companies, employment and pre-employment records including background investigations reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me, records of complaints of a civil nature made by or against me and including, but not limited to the records and recollections of attorneys at law, or of other counsel represent or have represented myself or another person in a case in which I presently have or have had and interest.

A photo copy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

This release will expire one (1) year after the date signed.

 SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATE OF VERMONT**

**CHITTENDEN COUNTY SHERIFF’S OFFICE**

**Kevin M. McLaughlin, Sheriff**

**P.O. Box 1426**

**Burlington, Vermont 05402**

**(802) 863-4341**

Applicant:

If your application is considered favorably the following entry standards have been established by the Vermont Criminal Justice Training Council for Basic Training. All students seeking entry to the Police Academy for basic training courses for both full and part-time law enforcement officers shall meet the minimum standards as set forth below

1. Candidate must be at least eighteen (18) years of age.

2. Each candidate must – as a minimum standard – be a high school graduate or possess a high school equivalency diploma (G.E.D.).

3. A comprehensive physical examination (conducted no more than six months prior to the date of entry into the academy). The examination to be performed by a licensed physician, is to reflect that the candidate is free of any disease or disability which would interfere with his physical performance at the Academy. The physician’s report must state that the candidate is physically capable of undergoing a rigorous physical exercise program. A form to be completed by the physician will be provided by the department.

4. Each candidate must complete a written examination and achieve a minimum passing score of seventy on the current Vermont Police Academy entrance examination as a prerequisite to acceptance into the Academy. The examination shall consist of the following subjects: Arithmetic; Reading Comprehension and Judgement; Observation and Retention; and Vocabulary.

5. Each candidate must successfully undergo a thorough, comprehensive background and character check conducted by the candidate’s prospective agency. Those individuals convicted of a felony and those convicted of a crime involving moral turpitude will not be considered. The background investigation shall include submission of the applicant’s fingerprints to the Federal Bureau of Investigation to ascertain if a criminal history record exists. All fingerprint cards submitted to the FBI Shall be routed through the fingerprint section of the Vermont Criminal Information Center.

6. Each candidate must complete a psychological test indicating that the subject is presently emotionally suited for law enforcement employment.

**STATE OF VERMONT**

**CHITTENDEN COUNTY SHERIFF’S OFFICE**

**Kevin M. McLaughlin, Sheriff**

**P.O. Box 1426**

**Burlington, Vermont 05402**

**(802) 863-4341**

Applicant:

Enclosed are the application forms needed to join the Chittenden County Sheriff’s Office. These and the following requested information **must** be returned to the Chittenden County Sheriff’s Department prior to your continuing the application process.

You will not receive a follow up request to return these forms. If you fail to return them, you will not be contacted to continue in the application process.

In addition to the application and medical questionnaire, you must furnish the following information:

* Color Photo (“Head Shot” less than 6 months old)
* Copy of certified birth certificate
* Documentation of highest level of education
* Documentation of all name changes

Return all forms to:

**Sheriff Kevin M. McLaughlin**

**CHITTENDEN COUNTY SHERIFF’S OFFICE**

**P.O. Box 1426**

**Burlington, Vermont 05402**

**APPLICATION**

**FOR EMPLOYMENT**

**CHITTENDEN COUNTY SHERIFF’S OFFICE**

****

The Chittenden County Sheriff’s Office is an Equal Opportunity Employer. Discrimination because of race, color, religion, ancestry, national origin, sex, sexual orientation, place of birth, age or against a qualified person with disabilities, or any other non-merit factor is prohibited. Any applicant for employment who feels discriminated against in his or her opportunity for employment shall have the right to appeal. Such appeals shall be submitted in writing to the County Sheriff, P.O. Box 1426, Burlington, Vermont 05402 no later than 30 calendar days from the effective date of the action being appealed.

**Chittenden County Sheriff’s Office**

P.O. Box 1426

Burlington, VT 05402

802-863-4341

Applicant:

Read this introduction carefully answering any questions. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, religion, sex or national origin. Federal Law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of this state also prohibit all of the above types of discrimination as well as additional types, such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

The Chittenden County Sheriff’s Office requests the following information as the position for which you are applying requires the information as a bona fide occupational qualification or business necessity.

All Information contained in your application will be verified. Please type or print clearly the following information:

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY/STATE/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SOCIAL SECURITY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLACE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DRIVERS LICENSE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_**

**CITIZENSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Chittenden County Sheriff’s Department Page 2*

*Employment Application*

Check One: Deputy Sheriff: [ ]  Civilian Staff: [ ]

Would you accept part-time employment? Yes: [ ]  No: [ ]

Were you previously employed by us? Yes: [ ]  No: [ ]

If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your application is considered favorably, on what date will you be available for work?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been arrested or convicted of any violation of any law, including motor vehicle offenses, in any jurisdiction? If yes, explain fully: (A record of certain arrests or convictions is not an automatic rejection of your application.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List other states that you have possessed a driver’s license in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been involved in a motor vehicle accident that resulted in property damage, personal injury or death?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your privilege to operate a motor vehicle ever been suspended or revoked in any jurisdiction?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you taken the Vermont Criminal Justice Training Council written exam? Yes: [ ]  No: [ ]

If yes, when, where and for what agency or school?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had an MMPI (psychological) exam? Yes: [ ]  No: [ ]  When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been administered a polygraph test? Yes: [ ]  No: [ ]  When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a certified full or part-time Vermont Police Officer? Yes: [ ]  No: [ ]

*Chittenden County Sheriff’s Department Page 3*

*Employment Application*

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| --- |
| Educational Background: |

|  |
| --- |
| Elementary SchoolName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| High SchoolName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Highest Grade Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Did you graduate?Yes: [ ]  No: [ ]  | If you did not graduate do you have a G.E.D.?Yes: [ ]  No: [ ]  |
| College or UniversityName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years Completed: \_\_\_\_\_\_\_\_ Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Did you graduate?Yes: [ ]  No: [ ]  | If no degree, list number of units completed:Semesters: \_\_\_\_Quarters: \_\_\_\_\_\_ |
| College or UniversityName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years Completed: \_\_\_\_\_\_\_\_ Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Did you graduate?Yes: [ ]  No: [ ]  | If no degree, list number of units completed:Semesters: \_\_\_\_Quarters: \_\_\_\_\_\_ |

List any schools, specialized training or classes, in addition to above and dates of attendance:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Chittenden County Sheriff’s Department Page 4*

*Employment Application*

Did you participate in any athletic or extra-curricular activities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List any awards or achievements received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List and describe any hobbies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are there any skills or qualification that you have which you feel would especially qualify you for work within our office?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you speak, read or write any foreign languages? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you feel are the necessary qualities for a deputy sheriff and why do you wish to become a member of the Chittenden County Sheriff’s Office?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Chittenden County Sheriff’s Department Page 5*

*Employment Application*

|  |
| --- |
| Employment History: |

List below, beginning with your most recent position, all of your work experience, including military service (specify highest rank held) and all volunteer activities. Attach an additional sheet of paper if necessary.

If your title and duties charged substantially in the course of your service in any one organization, indicate such changes clearly and as separate employment.

Include any periods of unemployment or school time.

**Provide all information requested; do not substitute a resume.** (A resume may be attached).

|  |  |  |  |
| --- | --- | --- | --- |
| Title of present or previous job: | From (MM/DD/YYYY) | To: (MM/DD/YYYY) | Approximate number of hours worked per week: |
| Name of Employer / Organization and address | Telephone number |
|  |  |
| Name of Supervisor / Title |
|  |
| Describe the duties of your position. |
|  |
|  |
|  |
|  |
|  |
|  |
| Reason for leaving |
|  |
|  |
| May we contact this employer? Yes: [ ]  No: [ ]  Later: [ ]  |

*Chittenden County Sheriff’s Department Page 6*

*Employment Application*

|  |  |  |  |
| --- | --- | --- | --- |
| Title of present or previous job: | From (MM/DD/YYYY) | To: (MM/DD/YYYY) | Approximate number of hours worked per week: |
| Name of Employer / Organization and address | Telephone number |
|  |  |
| Name of Supervisor / Title |
|  |
| Describe the duties of your position. |
|  |
|  |
|  |
|  |
| Reason for leaving |
|  |
|  |
| May we contact this employer? Yes: [ ]  No: [ ]  Later: [ ]  |
| Title of present or previous job: | From (MM/DD/YYYY) | To: (MM/DD/YYYY) | Approximate number of hours worked per week: |
| Name of Employer / Organization and address | Telephone number |
|  |  |
| Name of Supervisor / Title |
|  |
| Describe the duties of your position. |
|  |
|  |
|  |
|  |
| Reason for leaving |
|  |
|  |
| May we contact this employer? Yes: [ ]  No: [ ]  Later: [ ]  |
| Name of Employer / Organization and address | Telephone number |
|  |  |

*Chittenden County Sheriff’s Department Page 7*

*Employment Application*

|  |  |  |  |
| --- | --- | --- | --- |
| Title of present or previous job: | From (MM/DD/YYYY) | To: (MM/DD/YYYY) | Approximate number of hours worked per week: |
| Name of Employer / Organization and address | Telephone number |
|  |  |
| Name of Supervisor / Title |
|  |
| Describe the duties of your position. |
|  |
|  |
|  |
|  |
| Reason for leaving |
|  |
|  |
| May we contact this employer? Yes: [ ]  No: [ ]  Later: [ ]  |
| Title of present or previous job: | From (MM/DD/YYYY) | To: (MM/DD/YYYY) | Approximate number of hours worked per week: |
| Name of Employer / Organization and address | Telephone number |
|  |  |
| Name of Supervisor / Title |
|  |
| Describe the duties of your position. |
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|  |
| Reason for leaving |
|  |
|  |
| May we contact this employer? Yes: [ ]  No: [ ]  Later: [ ]  |
| Name of Employer / Organization and address | Telephone number |
|  |  |

*Chittenden County Sheriff’s Department Page 8*

*Employment Application*

|  |  |  |  |
| --- | --- | --- | --- |
| Title of present or previous job: | From (MM/DD/YYYY) | To: (MM/DD/YYYY) | Approximate number of hours worked per week: |
| Name of Employer / Organization and address | Telephone number |
|  |  |
| Name of Supervisor / Title |
|  |
| Describe the duties of your position. |
|  |
|  |
|  |
|  |
| Reason for leaving |
|  |
|  |
| May we contact this employer? Yes: [ ]  No: [ ]  Later: [ ]  |
| Title of present or previous job: | From (MM/DD/YYYY) | To: (MM/DD/YYYY) | Approximate number of hours worked per week: |
| Name of Employer / Organization and address | Telephone number |
|  |  |
| Name of Supervisor / Title |
|  |
| Describe the duties of your position. |
|  |
|  |
|  |
|  |
| Reason for leaving |
|  |
|  |
| May we contact this employer? Yes: [ ]  No: [ ]  Later: [ ]  |
| Name of Employer / Organization and address | Telephone number |
|  |  |

*Chittenden County Sheriff’s Department Page 9*

*Employment Application*

|  |
| --- |
| Military Stutus |
| [ ]  Active[ ]  Discharged[ ]  Reserve | Branch |
| Rank |
| Entry Date | Exit Date |
| ATTACH COPY OF DD FORM 214 |

List any professional, trade, business, or civic activities and offices held. (You may exclude memberships which would reveal; gender, race, religion, national origin, age ancestry, disability or other protected status.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments including explanation of any gaps in employment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been discharged (fired) from employment for any reason? Yes: [ ]  No: [ ]

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any additional information you would like us to consider. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Employment Application*

How long have you lived at your present address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List of residence addresses for past ten years, include length of time and dates at each, use additional sheet if necessary:

|  |  |
| --- | --- |
| FROM: | TO: |
| Address (Number, Street, city, state, zip code) |
| Landlord Name: | Phone Number: |

|  |  |
| --- | --- |
| FROM: | TO: |
| Address (Number, Street, city, state, zip code) |
| Landlord Name: | Phone Number: |

|  |  |
| --- | --- |
| FROM: | TO: |
| Address (Number, Street, city, state, zip code) |
| Landlord Name: | Phone Number: |

|  |  |
| --- | --- |
| FROM: | TO: |
| Address (Number, Street, city, state, zip code) |
| Landlord Name: | Phone Number: |

|  |  |
| --- | --- |
| FROM: | TO: |
| Address (Number, Street, city, state, zip code) |
| Landlord Name: | Phone Number: |

|  |  |
| --- | --- |
| FROM: | TO: |
| Address (Number, Street, city, state, zip code) |
| Landlord Name: | Phone Number: |

|  |  |
| --- | --- |
| FROM: | TO: |
| Address (Number, Street, city, state, zip code) |
| Landlord Name: | Phone Number: |

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*Employment Application*

|  |
| --- |
| References (Please do not list relatives or former employers) |

|  |  |
| --- | --- |
| Name of Reference: | Area Code and telephone number: |
| Address (number and street,city, state, zip code |

|  |  |
| --- | --- |
| Name of Reference: | Area Code and telephone number: |
| Address (number and street,city, state, zip code |

|  |  |
| --- | --- |
| Name of Reference: | Area Code and telephone number: |
| Address (number and street,city, state, zip code |

|  |  |
| --- | --- |
| Name of Reference: | Area Code and telephone number: |
| Address (number and street,city, state, zip code |

|  |  |
| --- | --- |
| Name of Reference: | Area Code and telephone number: |
| Address (number and street,city, state, zip code |

|  |  |
| --- | --- |
| Name of Reference: | Area Code and telephone number: |
| Address (number and street,city, state, zip code |

|  |  |
| --- | --- |
| Name of Reference: | Area Code and telephone number: |
| Address (number and street,city, state, zip code |

|  |  |
| --- | --- |
| Name of Reference: | Area Code and telephone number: |
| Address (number and street,city, state, zip code |

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*Employment Application*

|  |  |
| --- | --- |
| Parents Name: | Area Code and Telephone Number: |
| Address (number and street, city, state, zip code) |

|  |  |
| --- | --- |
| Parents Name: | Area Code and Telephone Number: |
| Address (number and street, city, state, zip code) |

|  |
| --- |
| Person to contact in case of emergency: |
| Name: |
| Address: |
| Telephone Number: Home: Cell: |

|  |
| --- |
| Person to contact in case of emergency: |
| Name: |
| Address: |
| Telephone Number: Home: Cell: |

List any friends or relatives working for this department:

|  |  |
| --- | --- |
| Name: | Relationship |

|  |  |
| --- | --- |
| Name: | Relationship |

|  |  |
| --- | --- |
| Name: | Relationship |

|  |  |
| --- | --- |
| Name: | Relationship |

|  |  |
| --- | --- |
| Name: | Relationship |

**Certificate of Applicant and Authorization of Reference and/or Employment Verification**

Please read and sign:

The facts set forth in my application for employment with the Chittenden County Sheriff’s Department are true and complete. I certify that there are no misrepresentations in or falsifications of these statements and answers. I understand that should investigations disclose such, my application may be disqualified and my name removed from all eligible lists, and my future applications may not be accepted. I also understand that falsification of this application, or any accompanying data, shall be considered sufficient cause for dismissal.

You are hereby authorized to make any investigation of my personal history, educational records, financial, and credit records through any investigative or credit agencies or bureaus of your choice.

In making this application for employment I authorize the Chittenden County Sheriff’s Department to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

The undersigned gives permission to the Chittenden County Sheriff’s Department to release the results of my written and psychological examination to any Police Department that requests this information in writing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date

**Health Information Form**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City & State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

A physical examination is required before any new deputies are hired. Applicants must understand that any health condition existing, which may cause them to be a hazard to themselves or to others on the job, will constitute grounds for disqualification.

Physical examination is paid for by the applicant.

Describe briefly your present health:

­­­­­­­­­­­­­­­­­­­­­­

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been hospitalized or treated for any illness, accident or mental condition within the past five years?

If yes, give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever drawn workman’s compensation? If yes, when and why?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Information Page 2

Briefly list any past illnesses, operations, and injuries, including hospitalizations.

|  |  |  |
| --- | --- | --- |
| When | Where | Reason |
| \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Have you ever had, or do you have now: (Check any that apply)

|  |  |  |
| --- | --- | --- |
| [ ]  Asthma | [ ]  High Blood Pressure | [ ]  Hay Fever |
| [ ]  Foot Trouble | [ ]  Back Problems | [ ]  Diabetes |
| [ ]  Shortness of Breath | [ ]  Air Sickness | [ ]  Hepatitis |
| [ ]  Chest pains | [ ]  Car Sickness | [ ]  Epilepsy |
| [ ]  Ear trouble | [ ]  Heart disease or trouble |  |

Have you ever been refused employment because of your health? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been denied insurance (medical or life)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been advised to have an operation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever received treatment for alcohol or drug habits? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the information provided is correct to the best of my knowledge. I agree that any false or misleading information given on this form in connection with this report shall be cause for refusal of employment or immediate dismissal. I authorize the Chittenden County Sheriff’s Office to investigate any of the information given. I hereby grant permission to the examining physicians to disclose any and all information hereafter furnished by me to the Chittenden County Sheriff’s Office as may be deemed necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date