



# Shelburne Police Department

5420 Shelburne Rd., Suite 100  
Shelburne, Vermont 05482-0058  
(802) 985-8051

## Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.

Date of Application: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

### Applicant Information

\_\_\_\_\_  
Last Name First Name Middle Name

Mailing Address: \_\_\_\_\_

Street Address

\_\_\_\_\_  
City/Town

State

Zip Code

Legal Address (if different from mailing): \_\_\_\_\_

How Long have you lived at this address? \_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number (s): \_\_\_\_\_

Driver's License State and No. \_\_\_\_\_

Can you prove you are 18 or Older?  Yes  No

Have you ever filed an application with us before?  Yes  No

If YES, give date: \_\_\_\_\_

Have you been employed with us before?  Yes  No

If YES, give date: \_\_\_\_\_

Are you currently employed?  Yes  No

On what date would you be available to work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary  Shift Work

Are you currently on "lay off" status and subject to recall?  Yes  No

If YES, describe: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No  
(Conviction will not necessarily disqualify an applicant from employment)

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a misdemeanor?  Yes  No

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had any job-related training in the United States Military?  Yes  No

If YES, please describe: \_\_\_\_\_

### Education

Elementary School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City/Town State Zip Code

Years Completed:  5  6  7  8

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

Mailing Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City/Town State Zip Code

Years Completed:  9  10  11  12

Diploma/Degree: \_\_\_\_\_ Course of Stud: \_\_\_\_\_

Undergraduate College/University

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

Mailing Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City/Town State Zip Code

Years Completed:  1  2  3  4

Diploma/Degree: \_\_\_\_\_ Course of Stud: \_\_\_\_\_

Graduate/Professional

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

Mailing Address: \_\_\_\_\_  
Street Address

City/Town State Zip Code

Years Completed:  1  2  3  4

Diploma/Degree: \_\_\_\_\_ Course of Stud: \_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If more room is required attach to application under heading **EDUCATION***

Describe any honors you have received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate any foreign languages you can speak, read and/or write:

Speak: \_\_\_\_\_  Fluent  Good  Fair

Read: \_\_\_\_\_  Fluent  Good  Fair

Write: \_\_\_\_\_  Fluent  Good  Fair

List professional, trade, business or civic activities and offices held: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Job Title:

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Job Duties:

May we contact this employer?  Yes  No

If NO, please explain why: \_\_\_\_\_  
\_\_\_\_\_

2. Employer: \_\_\_\_\_

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

Street Address

City/Town

State

Zip Code

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Hourly Rate/Salary

Starting: \_\_\_\_\_

Ending: \_\_\_\_\_

Period of Employment

From: \_\_\_\_\_

To: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_





May we contact this employer?  Yes  No

If NO, please explain why: \_\_\_\_\_  
\_\_\_\_\_

**Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 120 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

I, in making this application for employment, also understand that an investigative consumer report may be made through a bona fide credit bureau.

In making this application for employment, I also understand that information will be obtained through personal interviews with neighbors, friends or other with whom I am acquainted. This inquiry includes information as to my character, general reputation and mode of living.

In event of employment, I understand that false or misleading information given in my application or inter(s) may result in discharge.

Signature of Applicant: \_\_\_\_\_

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