

Essex Police Department

Application for Employment



You are hereby informed that all statements and information submitted may be investigated and are subject to verification. Be sure to sign and return both release forms attached to this application.

Name:

Last First Middle

Address:

Street Address City / Town

County State Zip Code

Legal Address (If other than above):

Telephone Number:

Home Work Pager Cell

Email Address:

1) Date and Place of Birth: _____

2) Social Security Number: _____

3) Do you have a motor vehicle conviction record? Yes No

If Yes, please specify: _____

4) Do you have a criminal conviction record? Yes No

If Yes, please specify: _____

5) Were you ever involved in a motor vehicle accident that resulted in property damage, personal injury or death?

Yes No

If Yes, please specify: _____

6) Do you have a valid drivers license? Yes No

Driver License Number State

7) Do you own a car? Yes No

Registration Number State

8) Military Service Record:
 Organization & Final Rank: _____
 Date Entered: _____
 Date and Type of Discharge: _____
DateType of Discharge

9) While in the military were you ever convicted by a general court martial?
 Yes No If yes, please explain: _____

10) Are you a member of a military reserve organization? Yes No
 If Yes, name of organization: _____

11) Position applied for: _____

12) Are you a citizen of the United States? Yes No

13) Have you ever been barred by a governmental agency from taking examinations or accepting civil service employment? Yes No
 If Yes, please explain: _____

14) Are you an employee or an official of any state, county, or municipality? Yes No
 If Yes, where? _____

15) Have you ever been discharged (fired) from employment for any reason? Yes No
 If Yes, please explain: _____

16) Have you ever resigned after being informed that your employer intended to discharge you? Yes No
 If Yes, please explain: _____

17) List residence address for the past ten years to include the length or time and dates of each:

- 18) Previous employment: (List last three places of employment starting with your current or most recent employer)

Current of most recent employer:

Dates of Employment: From: _____ To: _____

Title of Position Held: _____

Salary or Earnings: Starting \$ _____ Per _____

Final \$ _____ Per _____

Name and Address of Employer: _____

Name & Title of Immediate Supervisor: _____

Reason for leaving: _____

Description of Work: _____

Former Employer:

Dates of Employment: From: _____ To: _____

Title of Position Held: _____

Salary or Earnings: Starting \$ _____ Per _____

Final \$ _____ Per _____

Name and Address of Employer: _____

Name & Title of Immediate Supervisor: _____

Reason for leaving: _____

Description of Work: _____

Former Employer:

Dates of Employment: From: _____ To: _____

Title of Position Held: _____

Salary or Earnings: Starting \$ _____ Per _____

Final \$

Per

Name and Address of Employer:

Name & Title of Immediate Supervisor:

Reason for leaving:

Description of Work:

19) Education:

Name of Grade School	Address	Grade Completed
Name of High School	Address	Grade Completed
Name of College	Address	Years Attended
Major / Minor		Degree Attained
Name of College	Address	Years Attended
Major / Minor		Degree Attained
Name of College	Address	Years Attended
Major / Minor		Degree Attained

List any schools in addition to the above and the time period in attendance. Include correspondence courses, night school, trade schools, and similar education. Include in-service schools in law enforcement, the armed forces, or Merchant Marine. You may submit copies of certificates or diplomas along with this application if you wish.

20) Athletic Activities:

High School:

College:

Other:

21) List and Describe Hobbies and Special Interests:

22) Special Skills:

License of Certificates: (for example: pilot, teacher, nurse, radio operator, etc.)

23) Other Skills and Qualifications:

NOTE: A FALSE OR DISHONEST ANSWER TO ANY QUESTION IN THIS APPLICATION MAY BE GROUNDS FOR RATING YOU INELIGIBLE OR FOR DISMISSING YOU AFTER APPLICATION EMPLOYMENT APPOINTMENT. ALL STATEMENTS MADE IN THIS APPLICATION ARE SUBJECT TO INVESTIGATION, INCLUDING A CHECK OF YOUR FINGERPRINTS, POLICE RECORDS AND FORMER EMPLOYERS.

I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Signature of Applicant

Date

Please send application and both signed releases to:

Essex Police Department
81 Main Street
Essex Jct, VT 05452

Chief of Police
Brad Larose
(802) 878-1335

Dispatch
(802) 878-8331

Department Fax
(802) 878-1340

Detective Division
(802) 879-4923
Fax (802) 878-8172

Records Division
(802) 878-1337



ESSEX POLICE DEPARTMENT

81 Main Street
Essex Junction, VT 05452-2101
www.essex.org

AUTHORIZATION TO RELEASE CREDIT REPORTING INFORMATION

Name: _____ Date of Birth: _____
Soc. Sec. # _____

I respectfully request and authorize you to permit the Town of Essex to receive my credit report upon request by any duly authorized agent of the Town of Essex, whether said credit records are public or private 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 any financial or credit institution, and the records of commercial or retail mercantile establishments and retail credit agencies.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the requested information.

A photocopy, or facsimile of this release form will be valid as an original hereof, even though the said photocopy or facsimile does not contain an original writing of my signature. The original form is maintained by the Town of Essex and will be made available upon request.

The information is to be used to assist the Town of Essex in determining my fitness and qualifications for a position of trust and responsibility.

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

Signature: _____

Date: _____

Chief of Police
Brad Larose
(802) 878-1335



Dispatch
(802) 878-8331

Department Fax
(802) 878-1340

Detective Division
(802) 879-4923
Fax (802) 878-8172

Records Division
(802) 878-1337

ESSEX POLICE DEPARTMENT

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Essex Junction, VT 05452-2101
www.essex.org

AUTHORIZATION FOR RELEASE INFORMATION

Name: _____ Date of Birth: _____
Home Address: _____ Soc. Sec. # _____
City, State, Zip: _____

I hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by / to any duly authorized agent of the Essex Police department, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information which will be utilized for investigation resource material.

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 investigation 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 me, and including, but not limited to the records and recollections of attorneys at law, or of other counsel who represent or have represented myself or another person in any case in which I presently have, or have had an interest.

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

(Applicants Signature)