

WILMINGTON POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

2 East Main Street
P.O. Box 217 | Wilmington, VT 05363

(802) 464-8591 | VOICE
(802) 464-8477 | FAX

The Town of Wilmington 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

Department/Position desired _____

How did you hear of this vacancy? _____

First Name _____ Last Name _____

Mailing Address _____

City/Town _____ State _____ ZIP _____

Phone _____ E-mail Address _____ FAX # _____

If you are under the age of 18 years, can you provide
required proof of your eligibility to work? Yes No

Probationary Police Officer Applicants **ONLY**: Are you at least 20 years of age? Yes No

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 & STATE	MAJOR(S)	DEGREE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Certifications or Licenses: _____

SKILLS

Typing speed: _____ words/minute

List all computer software used along with your experience level (expert, advanced, average).

List machines/equipment you are trained to operate and any special skills you have related to the position(s) for which you are applying. (First Aid, WSI, Cash Register, Heavy Equipment Operating, etc.)

**WORK
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 attached 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: _____

**ADDITIONAL
INFORMATION**

1. Are you authorized to work in the United States? Yes No
2. Do you have reliable transportation? Yes No
If the position you are applying for requires you to travel locally, do you hold a driver's license or have another way to access prompt, reliable transportation?
Not Applicable Yes No
3. Do you have a valid Commercial Driver's License (CDL)? Yes No
4. Have you been disciplined or discharged by a former employer for conduct involving any type of dishonesty, ethical misconduct or violent behavior in the last 15 years?
If Yes, please attach an explanation. Yes No
5. Have you ever worked for the Town of Wilmington before? Yes No
If yes, identify department and dates of employment. _____
Reason for leaving? _____
6. Please list any relatives or domestic partner employed by the Town and the department(s) in which they work. _____
7. I understand that in making this application, the Town 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 Town is unable to communicate with my references or prior employers due to my conduct, it may affect my opportunity for employment. (Please attach an explanation if there are extenuating circumstances you feel the employer should know.).
8. 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 disabled, I may be subject to background or record checks which I must pass prior to full employment.
9. I understand that if I accept employment by the Town, as a result of my employment, I may receive Town owned property to fulfill my employment obligations. At the time my employment with the Town ends, I shall immediately return to the Town all of its property and pay any personal expenses I incurred on any of the Town's accounts. If I fail to do this, the Town may deduct the cost of such Town owned property and any such personal expenses from my pay.
10. If I am hired by the Town, I understand that the Town'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.
11. 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 Town service, and I may be disqualified from applying in the future for any Town position.

Signed: _____ Date: _____

The Town of Wilmington does not discriminate on the basis of race, color, national origin, sex, sexual orientation, religion, age or disability, in employment or the provision of services.

TO APPLICANT: All applications for employment are kept in the Town's general application file for ONE YEAR. If you would like to apply for another Town position within ONE YEAR of this initial application, please contact us at (802) 464-8591.

TOWN OF WILMINGTON

RELEASE AND AUTHORIZATION TO OBTAIN EMPLOYMENT INFORMATION

REFERENCES

Name	Address	Phone	Connection

This release authorizes persons whom I have listed as references and/or my previous employers to furnish to and discuss with the staff from the Town of Wilmington any and all information which may be requested regarding my prior employment or fitness for employment, to include a copy of my personnel records of files.

I waive any claims to privacy or confidentiality regarding the disclosure of or discussion of my prior employment. I release the Town of Wilmington 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.

*If I am applying for a position that requires a Commercial Driver's License I understand that the Town may contact my prior employers for the purpose of investigating my safety performance history information. (391.21). The Town will also conduct a Department of Motor Vehicle Record Check in accordance with 391.25.

Name (Signed)

(Printed name)

Date

TOWN OF WILMINGTON

RELEASE AND AUTHORIZATION

TO OBTAIN EMPLOYMENT INFORMATION FOR APPLICANTS APPLYING FOR A JOB REQUIRING A COMMERCIAL DRIVER'S LICENSE

FOR APPLICANTS APPLYING FOR CDL EMPLOYMENT ONLY

First Name _____ Last Name _____

Current Address _____

Date of Birth _____ Social Security Number _____

Commercial Driver's License Information:

1. Please list all States in which you have held a CDL, the CDL number and expiration date of each unexpired license, what level(s) of CDL license held (such as A, B, or C), what endorsements are part of the license (such as Haz-Mat, tanker, bus, air brakes), and the addresses at which you resided for the last 3 years.

2. List of names, addresses and phone numbers of previous employers for the last 10 years for which you were an operator of a commercial motor vehicle, including, dates of employment and reason for leaving. Also include whether or not you were subject to FMCSR's while employed by each employer, including stating whether or not the job was designated as a safety sensitive function and subject to alcohol and controlled substances testing as required by 49 CFR part 40.

3. List of all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the 3 years preceding the date this application was submitted.

This certifies that this application and the attached release were completed by me, and that all entries and information provided are true and complete to the best of my knowledge.

APPLICANT'S SIGNATURE: _____ DATE: _____

Please be informed that the information you provide may be used, and your prior employers may be contacted for the purpose of investigating your safety performance history. In accordance with 49 CFR§391.23(i) you have due process rights regarding information received as a result of these investigations.