

TOWN OF WILMINGTON

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): _____

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): _____

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): _____

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
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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)

Name (Printed)

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 _____

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.

Wilmington Police Department Job Descriptions

PATROL OFFICER

A. Summary

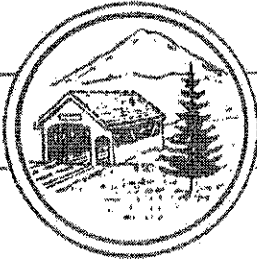
To enforce state laws and municipal ordinances, and to protect life and property and preserve peace within the Wilmington community. Abides by the policies and procedures of the department including strict adherence to the Law Enforcement Code of Conduct. Works varying days, hours and holidays as determined by the chief of police. Duties shall consist of, but are not limited general police responsibilities necessary to the stability and safety of the community.

B. General Duties and Responsibilities

It is the duty and responsibility of the patrol officers to:

1. Identify criminal offenders and criminal activity, and where appropriate, apprehend offenders. Observe area to detect possibly criminal activity or violations of ordinances. Be on lookout for wanted and missing persons, stolen vehicles and property.
2. Patrol and become familiar with the town of Wilmington and surrounding areas for the general purpose of reducing the opportunities for commission of crime. Such familiarity includes the knowledge of residents, businesses and roads. Any conditions that contribute to crime or public safety should be reported to a superior officer.
3. Aid individuals who are in danger of physical harm. Assist citizens requesting assistance or information.
4. Facilitate the movement of vehicular and pedestrian traffic. Investigate accidents, issue traffic tickets and make arrests for motor vehicle offenses
5. Provide other services as needed and directed by superior officers
6. Respond punctually to all assignments
7. Maintain equipment in a functional, presentable condition
8. Communicate to superiors and fellow officers all information obtained which is pertinent to police objectives
9. Acquire information concerning events that have transpired since their last tour of duty. Record activity during tour of duty in the prescribed manner.

10. Prepare court cases; confer with states attorneys testify in court and in official hearings.
11. Complete reports on all crimes, vehicle accidents and other incidents requiring police action.
12. Bring unusual personnel problems or violations to attention of a supervisor.
13. Speak to the public on occasion concerning crime prevention and various police related topics.
14. Attend required trainings to maintain certifications as well as additional advanced trainings in areas beneficial to the department and officer.
15. Other police related duties as assigned by the Chief of Police.



WILMINGTON POLICE DEPARTMENT

Box 217, 2 E. Main Street
Wilmington, VT 05363
802-464-8593

WILMINGTON POLICE OFFICER REQUIREMENTS

- Age:** Minimum 21 years of age at appointment.
- Education:** Minimum High School Graduate or GED
- Testing:** Any applicant not certified as a full-time or part time police officer in Vermont will be required to take and pass a written Vermont Police Academy entrance examination as well as physical agility testing. Applicants will be required to undergo an oral review process, physical examination, undergo drug testing, background investigation, polygraph exam, psychological examination, written personality examination and participate in a "ride along" with Wilmington Police Officers on patrol.
- Personal History:** Applicants must be free of felony convictions or overdue civil liabilities. Ability to work harmoniously with the public and co-workers is a must. Misdemeanor convictions may also eliminate the applicant from further consideration.
- Health:** Applicants must undergo a medical examination performed under the direction of a physician chosen by the Chief of Police. Applicants must provide a written statement from an attending physician stating there are no known physical or medical conditions, which would prevent or impair the applicant's performance of the essential job functions of a police officer.
- Probation Period:** The successful candidate will be on probation for twelve (12) months from the date of completion of the Vermont Police Academy or 12 months from date of hire if already certified as a police officer in Vermont. Dismissal may come at any time during the probation period without benefit of a hearing.
- Job Description:** A police officer in Wilmington is assigned various duties and work shifts by the Chief of Police.

Effective 07/22/2009 JMS

Wilmington Police Department

BOX 217, 2 East Main Street

Wilmington, VT 05363

802-464-8593

Applicant's Waiver of Liability And Release Form

In order to permit the Wilmington Police Department to make a thorough investigation of my background, pursuant to the laws of the State of Vermont, I, _____ do hereby release from liability and promise to hold harmless from any liability, under any and all possible causes of legal action, opinions regarding my background or reputation.

The undersigned hereby authorizes any person or legal entity who may be contacted by officers, agents or employees of the Wilmington Police Department to release any information, data or opinions they may have regarding my background.

The undersigned further agrees to hold harmless and release from liability, under any and all possible causes of legal action, the Wilmington Police Department, its officers, agents and employees, for any statements, acts or omissions in the course of its investigation into my background and reputation.

This release from liability given by me to the Wilmington Police Department, its officers, employees, agents and all others, as heretofore provided, shall apply to any right of action that might accrue to myself, my heirs and my personal representatives.

I have read and fully understand the above waiver.

Signature of Applicant

Date

Wilmington Police Department

BOX 217, 2 East Main Street

Wilmington, VT 05363

802-464-8593

Authority For Release Of Information

To whom it may concern,

I hereby authorize any Investigator or duly accredited representative of the Wilmington Police Department, bearing this release or copy thereof, within one (1) year of its date, to obtain any information from schools, residential management agents, employers, criminal justice agencies, credit agencies, or individuals, relating to my activity. This information may include, but is not limited to, academic, residential, achievement performance, attendance, personal history, disciplinary, arrest and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the Wilmington Police Department and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

The purpose of furnishing said information is for use in making a determination as to my fitness for employment with the Wilmington Police Department.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, credit bureau or consumer reporting agency, including its officers, employees, or related personnel, both individually and collectively from any and all liability for damages or whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

Applicant's full name (Last, First, Middle)

Date of birth

Current Address (Street or Box #)

(City/Town)

(State)

(Zip)

Telephone (Home)

Telephone (Cell)

Telephone (Work)

Signature of Applicant

Date