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

January 26, 2021

Dear Applicant,

Thank you for your interest in the Wilmington Police Department. The Wilmington Police Department employs six full-time officers and additional part-time officers to serve the residents and visitors of the community. Wilmington is an excellent place to live in, raise a family and work in. We work very closely with the Twin Valley School system which has an excellent reputation statewide in both academics and sports. In addition to attending the Vermont full-time police academy as required, our officers receive specialized training in many areas such as accident investigation, firearms, criminal investigation and others. We participate in various statewide traffic safety and enforcement projects.

Attached you will find an application packet for the Police Officer position. Please forward the completed forms to my attention. Applications will be accepted until the position is filled.

If you have any questions, you may contact me directly.

Sincerely,

Matthew Muranc

Matthew Murano Chief of Police

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	\square	Department/Position desired				
INFORMATION		How did you hear of this vacancy?				
		First Name		_ Last Name	2	
		Mailing Address				
		City/Town			State	ZIP
		Phone		_ E-mail Ad	dress	FAX #
		required proof of y	e age of 18 years, ca our eligibility to wo e Officer Applicants	rk? Yes	No	s of age? Yes No
EDUCATION		Circle the number of	corresponding to the	e highest leve	el of education compl	eted:
		ELEMENTARY - H	IGH SCHOOL	COLLEGE	2	GRADUATE SCHOOL
		8 9 10 1	1 12	1 2	3 4	1 2 3 4
		GED (list granting	agency)			
List in reverse order (present or most retechnical training institutions, vocation NAME OF SCHOOL CITY/TOWN of SCHOOL CITY/TOWN of SCHOOL CITY/TOWN of SCHOOL SCHOOL CITY/TOWN of SCHOOL				al/trade scho		6
		Other Certification	s or Licenses:			
SKILLS		Typing speed: List all computer so		with your exp	perience level (expert	, advanced, average).
					and any special skills WSI, Cash Register, I	s you have related to the Heavy Equipment

EXPERIENCE ch	escribe below all previous work experience (including unpaid experience) in reverse nronological order (present or most recent employment first). Include any information not sted on your attached resume.			
	ame of Employer:			
А	ddress:			
Y	our job title:			
Si	upervisor (name & title):			
E	mployed From (month/year): To (month/year):			
Н	ours/week:			
R	eason for leaving:			
Μ	May we contact this employer: Yes No Phone:			
Si	ummary of your duties and responsibilities:			
Т	ame of Employer:			
	ddress:			
	our job title:			
	upervisor (name & title):			
	mployed From (month/year): To (month/year):			
	ours/week:			
	eason for leaving:			
	lay we contact this employer: Yes No Phone:			
S	ummary of your duties and responsibilities:			
-				
-				
	ame of Employer:			
	ddress:			
	our job title:			
	upervisor (name & title):			
	mployed From (month/year): To (month/year):			
	ours/week:			
	eason for leaving:			
	lay we contact this employer: Yes No Phone:			
	ummary of your duties and responsibilities:			

ADDITIONAL	\Box	1.	Are you authorized to work in the United States?	Yes	No		
INFORMATION		2.	Do you have reliable transportation? If the position you are applying for requires you to travel loc or have another way to access prompt, reliable transportation		□No driver's license		
			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 dishonesty, ethical misconduct or violent behavior in the last 15 y If Yes, please attach an explanation.		g any type of □No		
		5.	Have you ever worked for the Town of Wilmington before? If yes, identify department and dates of employment.	Yes	No		
			Reason for leaving?				
		6.	Please list any relatives or domestic partner employed by the Tow 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 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.				
	Th sey TC for	10.		that this form and any attachments to it contain no false information and are complete by knowledge. I am aware that if an investigation discloses misrepresentation or y application may be rejected, my name removed from the applicant list, and if already by be dismissed from Town service, and I may be disqualified from applying in the			
		11.	to the best of my knowledge. I am aware that if an investigation falsification, my application may be rejected, my name removed				
			Signed:	_ Date:			
		sex TO for	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.				
					Rev. 05/16		

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)

Name (Printed)

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 -

WILMINGTON POLICE OFFICER REQUIREMENTS

Age:	Minimum 21 years of age at appointment.
Education:	Minimum High School Graduate or GED
<u>Testing:</u>	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.
<u>Personal History:</u>	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 <u>may</u> also eliminate the applicant from further consideration.
<u>Health:</u>	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

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 if 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)		4	Date of birth	
Current Address (Street or Box #)	(City/Town)	(State)	(Zip)	м., м., н., н., н., н., н., н., н., н., н., н
Telephone (Home)	Telephone (Cell)	·	Felephone (Work)	
Signature of Applicant		had de anticidad de la companya de la	Date	

This written waiver and authorization fulfills the waiver requirements of 20 VSA § 2362a, which requires executive officers of hiring law enforcement agencies to obtain waivers from applicants with prior law enforcement employment as part of the hiring process. This waiver authorizes the current employer to disclose its analysis of the officer's performance, or if not currently employed, authorizes the last law enforcement agency to disclose the reason(s) for no longer being employed at the agency.

The executive officer of the law enforcement agency currently employing the candidate officer or the executive officer of the law enforcement agency that last employed the candidate officer, as applicable, <u>is not required to provide the written analysis/disclosure to the executive officer of a potential hiring law enforcement agency if such disclosure is prohibited by: (i) a binding Non-Disclosure Agreement executed prior October 1, 2020; or (2) a <u>Collective Bargaining Agreement executed prior to October 1, 2020;</u> however, Collective Bargaining Agreements executed on or after October 1, 2020 must not prohibit such disclosure.</u>

The potential hiring agency cannot hire any officer that refuses to execute this waiver.

Instructions for Applicants

Please check the appropriate box below. Fill in the name of your current law enforcement employer, or if not currently employed in law enforcement, the last law enforcement agency that employed you. This form will be sent to the appropriate agency to obtain the required disclosure or reason(s) you are no longer employed by that agency.

I am a law enforcement officer currently employed by ______. I understand this form will be provided to my current employer. I hereby authorize the executive officer or his/her designee to disclose its analysis of my performance in accordance with the above statute.

I am or was a law enforcement officer but am not currently employed by a law enforcement agency. My most recent law enforcement employer was _______. I understand this waiver and authorization will be provided to my last law enforcement employer. I hereby authorize the executive officer or his/her designee to disclose the reasons for my departure from that agency, in accordance with the above statute.

Acknowledgement

I understand that signing this document authorizes the potential hiring agency to provide my current, or prior law enforcement employer (as applicable) with this waiver and authorization with the knowledge that they will provide the potential hiring agency the disclosures required by 20 VSA § 2362a. I understand this is required as part of the hiring process. I also understand that any such disclosures provided by my current or former employer shall remain confidential. My signature below confirms my understanding the requirements and my approval to obtain this information from (circle one) my current or former employer.

Applicant Signature: D	Date:
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Printed Name: _____