



BENNINGTON COUNTY SHERIFF'S DEPARTMENT EMPLOYMENT APPLICATION



An equal Opportunity Employer
212 Lincoln Street
Bennington, VT 05201
(802) 442-4900
Sheriff Gary J. Forrest

TITLE OF JOB APPLIED FOR	DATE OF APPLICATION
NAME (Last, First, M.I.)	SOCIAL SECURITY NUMBER:
MAILING ADDRESS:	HOME TELEPHONE:
CITY, STATE, AND ZIP CODE:	WORK OR OTHER TELEPHONE:

STATEMENTS

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are you 18 years of age or older?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any relative, any domestic partner, or any other person(s) residing with you who is employed by the Bennington County Sheriff's Department?
<input type="checkbox"/>	<input type="checkbox"/>	Are you authorized to work in the United States?
<input type="checkbox"/>	<input type="checkbox"/>	In the past five years have you been convicted, imprisoned, placed on probation or under supervision, or fined for any violation of any law including motor vehicle violations? If "YES" give dates, details and penalties for each occurrence on an attached sheet of 8.5 x 11" paper.

WORK SCHEDULE

Check the type(s) of employment you are interested in. FULL-TIME PART-TIME ALL

Check the shift(s) you are willing to work. DAY SHIFT EVENINGS NIGHTS ANY SHIFT

OFFICIAL USE ONLY

	APPLICANT ID	DATE RECEIVED
<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	REVIEWER/DATE _____	



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EDUCATION/TRAINING HISTORY

Do you have a high school diploma or GED certificate? YES NO If "NO", highest grade completed

LIST COLLEGES, MILITARY, TRADE, NURSING, BUSINESS OR OTHER SCHOOLS ATTENDED.

NAME AND LOCATION OF SCHOOL ATTENDED	DATES ATTENDED	FIELDS OF STUDY (major, minor)	NUMBER SEMESTER HOURS EARNED	GRADUATED (YES/NO)	DEGREE EARNED AND YEAR
	FROM: TO:				
	FROM: TO:				
	FROM: TO:				
	FROM: TO:				

COURSE WORK (optional)

Please list any specific course work pertinent to the job title for which you are applying. Indicate the number of credits earned; put "G: if graduate credit.

COURSE WORK AREA	CREDITS	COURSE WORK AREA	CREDITS

LICENSE / REGISTRATION / CERTIFICATE

DESCRIPTION	STATE	NUMBER	EXPIRATION



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SPECIALIZED SKILLS AND KNOWLEDGE

List any skills or knowledge that show your ability to perform the job for which you are applying
(such as typing, computer languages, or software programs, foreign languages, etc)

REFERENCES

Please list the names, titles or relationships, addresses, and phone numbers of three (3) individuals
not related to you who have knowledge of your work qualifications and can serve as a reference for you.

NAME AND TITLE OR RELATIONSHIP	ADDRESS	PHONE

WORK HISTORY * A RESUME WILL NOT SUBSTITUTE

Describe your work history below beginning with your current or most recent job.

YOUR JOB TITLE:		NAME OF EMPLOYER:		KIND OF BUSINESS:	
ADDRESS:			SUPERVISORS NAME AND PHONE:		
TOTAL TIME IN POSITION:		FROM (mo/yr)	TO (mo/yr)	HOURS PER WEEK	LAST HOURLY PAY:
Years:	Months:				
NUMBER AND JOB TYPES OF EMPLOYEES YOU SUPERVISED (if any)					
REASON FOR LEAVING:				MAY WE CONTACT THIS EMPLOYER	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES (Describe in detail the duties you performed):					



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SIGNATURE – TO BE ACCEPTED YOU MUST SIGN AND DATE THIS APPLICATION
<p>I certify that all the information on this application is correct and complete to the best of my knowledge. I understand that the Bennington County Sheriff's Department may verify information, and that untruthful or misleading answers are cause for rejection of this application, removal of my name from a register, or dismissal if employed.</p>
<div style="display: flex; justify-content: space-between;"> Date (mo/day/year.) Signature </div>