



# Bennington County Sheriff's Department

## EMPLOYMENT APPLICATION

**This page details the Employment Application Process for applicants.**

- **Complete Employment Application** in your own handwriting and submit.
- **Your application will be reviewed**, and if acceptable, you will be contacted for the written examination.
- **Upon receiving a passing grade in the written examination**, you will be scheduled for an initial Oral Board Examination. Come dressed in business attire, arriving at least 15 minutes prior to your scheduled interview time. Report to the Bennington County Sheriff's Department at 811 US Route 7 South in Bennington, VT 05201. A failure to keep your scheduled appointment will result in your disqualification from the hiring process.
- **If you successfully pass the first oral board**, you will be asked to review and sign a Conditional Offer of Employment letter, a Release of Information letter and issued a Background Investigation Packet. You will complete the Background Investigation Packet and return it to the Sheriff's Department.
- **After your completed Background Investigation Packet is reviewed**, a Background Investigation will commence.
- **If the background investigation is favorable**, you will be scheduled for a second Oral Board.
- **If you successfully pass the second Oral Board**, you will be scheduled for a polygraph examination.
- **If you pass the polygraph examination** the Sheriff will be consulted for a final determination of hiring.

811 US Rte. 7 South,  
Bennington, VT 05201



Tel: (802) 442-4900  
Fax: (802) 442-7282

## EMPLOYMENT APPLICATION

*An Equal Opportunity Employer*

TITLE OF JOB APPLIED FOR:	DATE OF APPLICATION:
NAME (FIRST, LAST, M.I.):	SOCIAL SECURITY NUMBER:
MAILING ADDRESS:	HOME TELEPHONE:
	CELL OR OTHER TELEPHONE:
CITY, STATE, ZIP CODE:	EMAIL:

### 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.	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> ALL
Check the shift(s) you are willing to work.	<input type="checkbox"/> DAY SHIFT <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/> ANY SHIFT

### OFFICIAL USE ONLY

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



**EMPLOYMENT APPLICATION**  
*An Equal Opportunity Employer*

**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 (FROM/TO)	FIELDS OF STUDY (MAJOR, MINOR)	SEMESTER HOURS EARNED	GRADUATED (YES/NO)	DEGREE EARNED AND YEAR

**COURSE OF WORK**

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



## EMPLOYMENT APPLICATION

*An Equal Opportunity Employer*

### 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 OF 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 (YEARS & MONTHS):	FROM (MO./YR.):	TO (MO./YR.):	HOURS PER WEEK:	LAST HOURLY PAY:
--	-----------------	---------------	-----------------	------------------

NUMBER AND JOB TYPES OF EMPLOYEES YOU SUPERVISED (IF ANY):

REASON FOR LEAVING:

MAY WE CONTACT THIS EMPLOYER:

YES  NO

DUTIES (DESCRIBE IN DETAIL THE DUTIES YOU PERFORMED):

--

811 US Rte. 7 South,  
Bennington, VT 05201



Tel: (802) 442-4900  
Fax: (802) 442-7282

## EMPLOYMENT APPLICATION

*An Equal Opportunity Employer*

### WORK HISTORY (CONTINUED)

**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 (YEARS & MONTHS):	FROM (MO./YR.):	TO (MO./YR.):	HOURS PER WEEK:	LAST HOURLY PAY:	
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):					

YOUR JOB TITLE:		NAME OF EMPLOYER:		KIND OF BUSINESS:	
ADDRESS:		SUPERVISORS NAME AND PHONE:			
TOTAL TIME IN POSITION (YEARS & MONTHS):	FROM (MO./YR.):	TO (MO./YR.):	HOURS PER WEEK:	LAST HOURLY PAY:	
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):					

811 US Rte. 7 South,  
Bennington, VT 05201



Tel: (802) 442-4900  
Fax: (802) 442-7282

## EMPLOYMENT APPLICATION

*An Equal Opportunity Employer*

### WORK HISTORY (CONTINUED)

**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 (YEARS & MONTHS):	FROM (MO./YR.):	TO (MO./YR.):	HOURS PER WEEK:	LAST HOURLY PAY:	
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):					

YOUR JOB TITLE:		NAME OF EMPLOYER:		KIND OF BUSINESS:	
ADDRESS:		SUPERVISORS NAME AND PHONE:			
TOTAL TIME IN POSITION (YEARS & MONTHS):	FROM (MO./YR.):	TO (MO./YR.):	HOURS PER WEEK:	LAST HOURLY PAY:	
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):					

811 US Rte. 7 South,  
Bennington, VT 05201



Tel: (802) 442-4900  
Fax: (802) 442-7282

## EMPLOYMENT APPLICATION

*An Equal Opportunity Employer*

### WORK HISTORY (CONTINUED)

**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 (YEARS & MONTHS):	FROM (MO./YR.):	TO (MO./YR.):	HOURS PER WEEK:	LAST HOURLY PAY:
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):				

### SIGNATURE – TO BE ACCEPTED YOU MUST SIGN AND DATE THIS APPLICATION

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.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE (MO./DAY/YEAR)