

EMPLOYMENT EXPERIENCE

(START WITH PRESENT EMPLOYER AND LIST BACK)

NAME OF EMPLOYER: _____
POSITION: _____ DATES EMPLOYED: _____
SUPERVISOR: _____ TELEPHONE: _____

NAME OF EMPLOYER: _____
POSITION: _____ DATES EMPLOYED: _____
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LAW ENFORCEMENT EXPERIENCE

(PREVIOUS LAW ENFORCEMENT EXPERIENCE)

NAME OF DEPARTMENT: _____ TELEPHONE: _____
POSITION: _____ SUPERVISOR: _____

NAME OF DEPARTMENT: _____ TELEPHONE: _____
POSITION: _____ SUPERVISOR: _____

NAME OF DEPARTMENT: _____ TELEPHONE: _____
POSITION: _____ SUPERVISOR: _____

(SPECIAL SCHOOLING OR TRAINING IN LAW ENFORCEMENT)

COURSE: _____ LOCATION: _____ DATE: _____ HOURS: _____
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PERSONAL BACKGROUND

Have you ever been convicted of a motor vehicle violation, if so, where and what date?

Have you ever been charged or convicted of any crime, other than motor vehicle violations? If so, give offense, date, and where: If No write No. _____

Do you consume alcoholic beverages? _____

Do you use drugs of any kind? _____

Are you familiar with firearms? Yes _____ No _____
Circle which types: Rifles Shotguns Handguns

Have you had any formal training in the use of handguns? Yes _____ No _____

Where? When? Who gave the instruction? _____

Why I want to become a Deputy Sheriff?

Please list three references, not related to you, whom you have been associated with during the past few years:

NAME: _____ ADDRESS: _____
OCCUPATION : _____ TELEPHONE: _____

NAME: _____ ADDRESS: _____
OCCUPATION: _____ TELEPHONE: _____

NAME: _____ ADDRESS: _____
OCCUPATION: _____ TELEPHONE: _____

Are you interested in FULL TIME _____
PART TIME _____

I understand that, if appointed, a minimum number of hours of instruction will be required before any law enforcement is allowed. I also understand that a probationary period of six months, minimum will exist after being appointed. If appointed, I agree to abide by all rules and regulations of the Department, as set forth by the Sheriff.

DATE: _____ SIGNED: _____

Return application to :

Caledonia County Sheriff's Dept.
Sheriff Michael H. Bergeron
1126 Main Street Suite 2
St. Johnsbury, VT 05819

CALEDONIA COUNTY SHERIFF'S OFFICE
AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Caledonia County Sheriff's Office. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied.

I hereby authorize any representative of the Caledonia County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Caledonia County Sheriff's Office, whether said records are of public, private, or confidential nature. The intent of the authorization is to give my consent for full and complete disclosure.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, education records, my financial status, my criminal history record, including any arrest records or recollections of attorneys at law, or other counsel whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest. Attendance records, polygraph examinations and any internal affairs investigation and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of the records of _____ organization including its officers, employees, or related personnel, both individually and collectively, from compliance with this authorization and request to release information, or of the Caledonia County Sheriff's Office regardless of any agreement I may have made with you previously to the contrary.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Caledonia County Sheriff's Office in conjunction with employment procedures. A photocopy or fax copy Of this release form will be valid as an original thereof, even though the said copy does not contain an original writing of my signature.

The waiver is valid for a period of one year from the date of my signature. I agree to Pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising our of or by reason of complying with this request.

Signature of Applicant

Witness

Address of Applicant (road, PO Box)

Title

City, State and Zip Code

Date