

RUTLAND COUNTY SHERIFF'S OFFICE

Sheriff David J. Fox

Command Staff

CAPTAIN
JOHNATHAN BIXBY

LIEUTENANT
JAMES BENNICK

LIEUTENANT, GHSP
KEVIN GENO
FBINA SESSION 196

SERGEANT
ANDREW CROSS

SERGEANT
BENJAMIN HERRICK

OFFICE MANAGER
AMY CAULIN

**DISPATCH
SUPERVISOR**
JENNIFER COFFIN

*"THE RUTLAND
COUNTY SHERIFF'S
OFFICE
WILL CONDUCT
ITS WORK
WITH
COMPETENCE,
PROFESSIONALISM
AND HONOR"*

**P.O. BOX 303
88 GROVE
STREET
RUTLAND, VT
05702**

**802-775-8002
FAX 802-775-1794**

To: Applicants for Position of Deputy Sheriff

Thank you for your interest in the Rutland County Sheriff's Department, and congratulations on taking the first step in becoming part of our team.

As a Deputy Sheriff at the Rutland County Sheriff's Department, you would have opportunities to fulfill many different roles within the agency. Some of these include working within the court system to provide a safe and secure environment for the orderly operation of the courts, transporting prisoners to and from many locations throughout the State of Vermont, enforcing Local, State and Federal laws and ordinances, performing criminal investigations, and providing other law enforcement services to the citizens of the county.

To be considered for appointment as a Deputy you will need to meet the following criteria.

- Be authorized to work in the United States.
- Be 18 years of age or older at the time of appointment.
- Hold a valid Vermont Driver's License upon appointment, and not have a history of careless or reckless driving.
- Not be a user of illicit drugs.
- Be of good moral character as determined by a thorough background investigation including a fingerprint search conducted of local, state, and national fingerprint files, have not been convicted of any felony or most misdemeanor crimes, and not have a history of moral turpitude.
- Be a high school graduate or hold a GED certificate.
- Be capable of meeting the physical demands of the position of Deputy Sheriff.
- Undergo psychological testing to include successfully passing a polygraph examination to the satisfaction of the agency.

The Rutland County Sheriff's Department follows the following hiring process for all applicants.

- Submission of application.
- Initial records-based background check.
- Psychological and physical testing at the Vermont Police Academy.
- Oral board interview and/or interview with the Sheriff.
- Conditional offer of employment, contingent on successful passing of polygraph examination and in-depth background investigation.
- Review of polygraph and background results by the Sheriff.
- Appointment as a provisional Deputy Sheriff.
- Successful completion of academy training and a field training program.

A candidate hired by the agency who has previous experience as a law enforcement officer with another public safety agency may be exempted from some of the above criteria at the discretion of the Sheriff.

The first requirement in the process is completing the following application. Please complete the application neatly, thoroughly, and accurately, paying attention to detail. The application should be handwritten and will provide us with our initial impression of you.

Sincerely,



Sheriff David J. Fox

**RUTLAND COUNTY SHERIFF'S DEPARTMENT
EMPLOYMENT APPLICATION FOR
DEPUTY SHERIFF**



The Rutland County Sheriff's Department is an Equal Opportunity Employer. Discrimination based upon race, color, religion, ancestry, national origin, sex, sexual orientation, place of birth, age, or against qualified person with disabilities, or any other non-merit factor is prohibited. Any applicant for employment who feels discriminated against in his or her opportunity for employment shall have the right to appeal.

APPLICATION CERTIFICATION

I hereby certify that this application form and all attachments to it are true and complete to the best of my knowledge. I am aware that if an investigation discloses intentional omissions, misrepresentations or falsification, my application will be rejected, my name will be removed from any list of eligible applicants, and if already employed, I may be dismissed from the Rutland County Sheriff's Department; and furthermore, I may be disqualified from applying in the future for any position with the Rutland County Sheriff's Department.

Applicant Signature

Date

Position Applied For:

Part-Time Deputy Sheriff

Full-Time Deputy Sheriff

GENERAL INFORMATION

Applicant Name: _____
Last First Middle

Address: _____
Street

_____ City State Zip

Length of time at this address: _____

Phone Numbers: _____
Home Cell Other

Date of Birth: _____ Place of Birth: _____

Driver's License State: _____ License Number: _____

Social Security #: _____

Email Address: _____

Nicknames/Aliases: _____

Have you previously submitted an application for this position? YES NO

If yes, when did you apply? _____
Month Year

Are you currently authorized to work in the United States? YES NO

Are you a person subject to an order for relief from abuse? YES NO

PREVIOUS ADDRESSES

List all addresses where you have lived during the past ten years.

Previous Address 1:

Street _____

City _____ State _____ Zip _____

Length of time at this address: _____

Previous Address 2:

Street _____

City _____ State _____ Zip _____

Length of time at this address: _____

Previous Address 3:

Street _____

City _____ State _____ Zip _____

Length of time at this address: _____

Previous Address 4:

Street _____

City _____ State _____ Zip _____

Length of time at this address: _____

Previous Address 5:

Street _____

City _____ State _____ Zip _____

Length of time at this address: _____

Previous Address 6:

Street _____

City _____ State _____ Zip _____

Length of time at this address: _____

(For additional addresses, use blank paper and attach to the end of this application)

FAMILY INFORMATION

Parent 1

Name:

Last

First

Middle

Current Address:

Street

City

State

Zip

Date of Birth:

Phone Number:

Parent 2

Name:

Last

First

Middle

Current Address:

Street

City

State

Zip

Date of Birth:

Phone Number:

Sibling 1

Name:

Last

First

Middle

Current Address:

Street

City

State

Zip

Date of Birth:

Phone Number:

Sibling 2

Name:

Last

First

Middle

Current Address:

Street

City

State

Zip

Date of Birth:

Phone Number:

Sibling 3

Name:

Last First Middle

Current Address:

Street

City State Zip

Date of Birth:

_____ Phone Number: _____

Sibling 4

Name:

Last First Middle

Current Address:

Street

City State Zip

Date of Birth:

_____ Phone Number: _____

Sibling 5

Name:

Last First Middle

Current Address:

Street

City State Zip

Date of Birth:

_____ Phone Number: _____

Sibling 6

Name:

Last First Middle

Current Address:

Street

City State Zip

Date of Birth:

_____ Phone Number: _____

(For additional siblings, use blank paper and attach to the end of this application)

MARITAL STATUS

Applicant Marital Status: Never Married Married/Civil Union Divorced Widow(er)

Spouse

Name:

Last

First

Middle

Current Address:

Street

City

State

Zip

Date of Birth:

Phone Number:

Date of Marriage:

Former Spouse 1

Name:

Last

First

Middle

Current Address:

Street

City

State

Zip

Date of Birth:

Phone Number:

Date of Marriage:

Date of Divorce:

Former Spouse 2

Name:

Last

First

Middle

Current Address:

Street

City

State

Zip

Date of Birth:

Phone Number:

Date of Marriage:

Date of Divorce:

(For additional former marriages, use blank paper and attach to the end of this application)

DEPENDENTS

List all persons dependent upon you for support.

Dependent 1

Name:

Last

First

Middle

Current Address:

Street

City

State

Zip

Date of Birth:

Relationship:

Dependent 2

Name:

Last

First

Middle

Current Address:

Street

City

State

Zip

Date of Birth:

Relationship:

Dependent 3

Name:

Last

First

Middle

Current Address:

Street

City

State

Zip

Date of Birth:

Relationship:

Dependent 4

Name:

Last

First

Middle

Current Address:

Street

City

State

Zip

Date of Birth:

Relationship:

Dependent 5

Name:

Last First Middle

Current Address:

Street

City State Zip

Date of Birth:

_____ Relationship: _____

Dependent 6

Name:

Last First Middle

Current Address:

Street

City State Zip

Date of Birth:

_____ Relationship: _____

Dependent 7

Name:

Last First Middle

Current Address:

Street

City State Zip

Date of Birth:

_____ Relationship: _____

Dependent 8

Name:

Last First Middle

Current Address:

Street

City State Zip

Date of Birth:

_____ Relationship: _____

(For additional dependents, use blank paper and attach to the end of this application)

PERSONAL HISTORY

Have you ever sold or furnished any person any form of illegal drugs, including marijuana?

YES NO

If yes, complete the following:

What type of illegal drugs? _____

Date last sold or furnished: _____

Have you ever used, experimented with, or possessed for use, any illegal drugs, including marijuana?

YES NO

If yes, complete the following:

What type of illegal drugs? _____

Date last used, experimented with, or possessed: _____

Have you ever taken non-prescribed steroids?

YES NO

If yes, complete the following:

What type of steroids? _____

Date last taken: _____

Do you have any employment applications pending with other police agencies?

YES NO

If yes, what agencies? _____

Have you ever been rejected for employment by a police agency?

YES NO

If yes, what agencies?

Have you ever taken a pre-employment polygraph?

YES NO

If yes, what agencies? _____

Date of Polygraph(s) _____

Have you ever been convicted of any violations of any law in any jurisdiction, other than motor vehicle violations? YES NO

If yes, provide details including dates: (A record of certain convictions is not an automatic rejection of your application.)

List all arrests and/or convictions for motor vehicle operation related offenses (including traffic tickets). If you have never been cited, ticketed, or arrested, state NONE.

Date	Offense	Location	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your right to operate a motor vehicle ever been suspended or revoked? YES NO

If yes, provide details:

List all traffic accidents in which you have been involved as a motor vehicle operator. If you have never been involved in a traffic accident, state NONE

Date	City	State	Investigating Agency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

High School(s) Attended: _____

College(s) Attended: _____

Do you have any lawsuits pending for or against you at this time? YES NO

Does any member of your family object to you becoming a police officer? YES NO

Do you know of anyone who you feel wishes to harm you? YES NO

Have you ever been asked to resign, been fired, or quit involuntarily from employment for any reason? YES NO

If yes, explain: _____

Are you able, with reasonable accommodation, to perform the essential job functions for this position? YES NO

Are you fluent in any other languages besides English, including sign language? YES NO

If so, what languages? _____

List any special licenses you hold (such as pilot, radio operator, emergency medical training, etc.)

List any other special skills or qualifications you may possess.

MILITARY HISTORY

Have you ever been rejected by any of the Armed Forces?

YES

NO

If yes, for what reason? _____

Have you ever served on active duty with the Armed Forces of the United States?

YES

NO

If yes complete the following and attach a copy of your DD214 to this application:

Branch of Service _____

Dates of Service _____

Description of duties: _____

Highest rank held: _____

Rank at separation: _____

Type of separation (Completed Enlistment, Court Martial, NJP, etc.): _____

Condition of separation (Honorable, General, etc.): _____

Did you receive any non-judicial punishment while in the Armed Forces?

YES

NO

If yes, explain: _____

Are you a current member of any active or reserve U.S. Military Units?

YES

NO

Current Unit: _____

Street

City

State

Zip

Present Rank: _____

Supervisor: _____

EMPLOYMENT HISTORY

List below, starting with your most recent employment, all work experiences you have had (Including part-time)

Position # 1

May we contact this employer?

YES

NO

Start Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____
Street

City State Zip

Supervisor Name: _____ Telephone Number: _____

Job Title: _____ Reason for Leaving: _____

Description of duties _____

Position # 2

May we contact this employer?

YES

NO

Start Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____
Street

City State Zip

Supervisor Name: _____ Telephone Number: _____

Job Title: _____ Reason for Leaving: _____

Description of duties _____

Position # 3

May we contact this employer? YES NO

Start Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____
Street

City State Zip

Supervisor Name: _____ Telephone Number: _____

Job Title: _____ Reason for Leaving: _____

Description of duties _____

Position # 4

May we contact this employer? YES NO

Start Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____
Street

City State Zip

Supervisor Name: _____ Telephone Number: _____

Job Title: _____ Reason for Leaving: _____

Description of duties _____

Position # 5

May we contact this employer? YES NO

Start Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____
Street

City State Zip

Supervisor Name: _____ Telephone Number: _____

Job Title: _____ Reason for Leaving: _____

Description of duties _____

Position # 6

May we contact this employer? YES NO

Start Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____
Street

City State Zip

Supervisor Name: _____ Telephone Number: _____

Job Title: _____ Reason for Leaving: _____

Description of duties _____

For additional employment history use the "additional employment history" page at the end of the application and insert the page(s) here.

REFERENCES

List five people who know you well enough to provide current information about you. Do not list relatives or former employers.

Reference 1

Name:

Last

First

Middle

Current Address:

Street

City

State

Zip

Phone Number:

Relationship:

Reference 2

Name:

Last

First

Middle

Current Address:

Street

City

State

Zip

Phone Number:

Relationship:

Reference 3

Name:

Last

First

Middle

Current Address:

Street

City

State

Zip

Phone Number:

Relationship:

Reference 4

Name:

Last

First

Middle

Current Address:

Street

City

State

Zip

Phone Number:

Relationship:

ADDITIONAL EMPLOYMENT HISTORY PAGE

Position # _____

May we contact this employer?

YES

NO

Start Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____
Street

City State Zip

Supervisor Name: _____ Telephone Number: _____

Job Title: _____ Reason for Leaving: _____

Description of duties _____

Position # _____

May we contact this employer?

YES

NO

Start Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____
Street

City State Zip

Supervisor Name: _____ Telephone Number: _____

Job Title: _____ Reason for Leaving: _____

Description of duties _____

AUTHORIZATION FOR RELEASE OF INFORMATION

APPLICANT INFORMATION

Name: _____
Last First Middle

Current Address: _____
Street
City State Zip

Phone Number: _____ Social Security Number: _____

I have made application to the Rutland County Sheriff's Department for employment as a law enforcement officer or dispatcher.

I hereby authorize any individual, agency, or organization to furnish the Rutland County Sheriff's Department, its employees or its agents, or any law enforcement agency or officer bearing or furnishing a copy of the release, within three (3) months of this date, all records or files concerning myself that may be related to my application for employment, whether the said records are public or private, and including those which may be deemed privileged or confidential in nature,

I authorize that full and complete disclosure of the records and files educational institutions; financial or credit agencies; medical and psychiatric consultation and/or treatment, including hospitals, clinics, private practitioners, the U.S. Veteran Administration, and all military and psychiatric ; public utility companies, employment and pre-employment records including background investigation reports; the results of polygraph examinations, efficiency ratings complaints or grievances filed by or against me; records of complaint of civil nature made my or against me, and including, but not limited to records and recollections of attorneys at law. Or other counsel representing or having represented me; and any records of any type whatsoever which concern any arrests or criminal charges involving me.

I further authorize the release of information to the Rutland County Sheriff's Department and officers my background investigation and any further information which has a bearing on my fitness or ability to become trained and certified as a law enforcement officer even though such information is not contained in written records and regardless of whether such information is considered in nature.

This release is executed with the full knowledge and understanding that the information is for official use in assessing my candidacy for employment with the Rutland County Sheriff's Department. I further understand that such information can be released to any law enforcement agency where I might later wish to make an application for employment.

I release from liability and hold the Rutland County Sheriff's Department and its employees and its agents, as well as the department and officers conducting my background investigation, harmless for all actions taken as a result of the information they receive though this release.

Subscribed and Sworn to before me on

this _____ day of _____ 20 _____

APPLICANT SIGNATURE

NOTARY PUBLIC

DATE