



RUTLAND TOWN POLICE DEPARTMENT

181 Business Route 4
Center Rutland, Vermont 05736
(802) 772-4327



Edward E. Dumas II
Chief of Police

Application for Employment

Police Officer Application

General Instructions

The following sections (exception being page 3) must be completed in order for the Town of Rutland to accept the application as complete. Print or type an answer into every question. If a particular question does not apply to you, state with N/A. If space is insufficient, use the reverse side and proceed with the number of the referenced block.

Do not misstate or omit material facts since the statements made herein are subject to verification to determine your qualifications for employment. Any false, misleading, or incomplete information will result in your application being rejected.

Once submitted, this application becomes property of the Town of Rutland Police Department and shall remain on file for the term of two (2) years.

The Rutland Town Police Department requests that all applicants voluntarily provide the following information. This information will be available only to authorized personnel for research and evaluation purposes. The information needed to document the hiring practices of the Rutland Town Police Department and (except for the last section) to access the effectiveness of its equal opportunity commitment. Your cooperation is essential and appreciated. This section will be removed from your application prior to review and destroyed after data compilation.

A. What is your sex? - Female Male

B. Date of Birth: / /

C. How do you describe yourself?

BLACK: (not of Hispanic origin): Persons having origins in any of the Black racial groups of Africa.

HISPANIC: Persons of Mexican, Puerto Rican, Cuban, Central or South American or any other Spanish culture or origin, regardless of race.

WHITE: (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

AMERICAN INDIAN OR ALASKAN NATIVE: Persons having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliation or community recognition.

ASIAN OR PACIFIC ISLANDER: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

D. Do you have a disability? - Yes No

A disabled individual is any person who (1) has a disability which substantially limits one or more major life activities, (2) have a record of such impairment, or (3) is regarded as having such impairment.

E. How did you learn about this employment opportunity?

Vermont Job Service

A Town Employee

Other Town Office

School Placement Office

Newspaper Ad

Job Fair

Professional Magazine/Journal

Other (specify) _____

A Friend or Relative

PERSONAL

POSITION APPLIED FOR:			
NAME	Last:	First:	Initial:
ADDRESS	Street:		
	City:	State:	Zip:
SOCIAL SECURITY NO.: - -			
TELEPHONE NO.: () -			
EMAIL ADDRESS:			
IN CASE OF EMERGENCY, NOTIFY	Name:		
	Address:		
	Phone: () -		

SCHOOLS

NAME OF SCHOOL	DATE ATTENDED		GRADE COMPLETED	COURSE OR MAJOR SUBJECT
	Month/Year			
	From	To		
Grade School:	/	/		
High School:	/	/		
Business or Trade School:	/	/		
College or University:	/	/		

MISCELLANEOUS TRAINING

OFFICE MACHINES OPERATED (Fill out if applying for office work)	OTHER MACHINES OR EQUIPMENT OPERATED
SHORTHAND SPEED ___ WPM TYPING SPEED ___ WPM	

DESCRIBE ANY OTHER SPECIAL SKILLS WHICH ARE IN ANY WAY RELATED TO THE KIND OF WORK YOU WANT TO DO:

1. Name of PRESENT or LAST employer:

Business:		Job Title:	
Address:	Street:		
	City:	State:	Zip:
Starting Date (Month/Year): /	Wages	Reason for leaving	May we contact?
Leaving Date (Month/Year): /			
Name of Supervisor:		Supervisor's Job Title:	
Description of Work and Responsibilities:			

2. Name of PRESENT or LAST employer:

Business:		Job Title:	
Address:	Street:		
	City:	State:	Zip:
Starting Date (Month/Year): /	Wages	Reason for leaving	May we contact?
Leaving Date (Month/Year): /			
Name of Supervisor:		Supervisor's Job Title:	
Description of Work and Responsibilities:			

3. Name of PRESENT or LAST employer:

Business:		Job Title:	
Address:	Street:		
	City:	State:	Zip:
Starting Date (Month/Year): /	Wages	Reason for leaving	May we contact?
Leaving Date (Month/Year): /			
Name of Supervisor:		Supervisor's Job Title:	
Description of Work and Responsibilities:			

MILITARY

Branch of Service:	From:	To:
Type of Discharge:	Major Duties:	
Service Schools Attended:		
Present Military Obligations (Reserves):		

REFERENCES

Personal References (Not former Employers or Relatives)		
Name and Occupation	Address	Phone
1.		()- -
2.		()- -
3.		()- -
4.		()- -

Have you ever been convicted of any crime? Yes No
 (If answer is yes, please explain on separate sheet)

If you are applying for a job that may involve driving a municipal vehicle please answer the following:

Do you possess a valid VT Driver's License? Yes No License Number: _____
 Please check license type: Operators
 CDL
 Expiration Date: ___ / ___ / ___

Signature of Applicant _____

If you wish to give additional information, use space below:

**DO NOT WRITE IN THIS SPACE
FOR INTERVIEWER'S USE**

INTERVIEWER	DATE	COMMENTS
	/ /	
	/ /	
	/ /	
	/ /	

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATIONS
	/ /			
	/ /			
	/ /			
	/ /			

*POSITION NUMBER	RESULTES OF REFERENCE CHECK
1	
2	
3	
4	

***See page 6**

Updated 3/15