

# Springfield Police Department

APPLICATION FOR EMPLOYMENT  
TOWN OF SPRINGFIELD, VERMONT

DATE OF APPLICATION: \_\_\_\_\_ POSITION(S) APPLIED FOR: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE#: \_\_\_\_\_

\_\_\_\_\_ SALARY REQUIREMENTS \$ \_\_\_\_\_ PER WEEK

DATE UPON WHICH YOU WOULD BE AVAILABLE FOR EMPLOYMENT WITH THE TOWN: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_  
NAME ADDRESS TELEPHONE

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex or national origin. Public Law 90-202 prohibits discrimination on the basis of age with respect to individuals what are at least 40 but less than 65 years of age.

Your application will be considered incomplete if these questions are not answered unless the employer has circled the asterisk (\*) indicating that the requested information is needed for a bona fide occupational qualification or other legally permissible reasons.

\*DATE OF BIRTH: \_\_\_\_\_ \*HEIGHT \_\_\_\_\_ \*WEIGHT \_\_\_\_\_

\* MARITAL STATUS: \_\_\_\_\_ \* # OF DEPENDANTS (INCLUDING SELF) \_\_\_\_\_

\* HAVE YOU EVER BEEN BONDED: \_\_\_\_\_ \* IF YES, ON "WHAT JOBS: \_\_\_\_\_

\* HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST TEN (10) YEARS, INCLUDING MISDEMEANORS AND SUMMARY OFFENSES? \_\_\_\_\_ IF YES, PROVIDE DETAILS IN SPACE PROVIDED ON PAGE 3.

\* HAVE YOU ANY PHYSICAL AILMENTS, DEFECTS, OR DISABILITIES? \_\_\_\_\_ IF YES, PROVIDE DETAILS IN SPACE PROVIDED ON PAGE 3.

◆ \_\_\_\_\_ ◆

	NAME	DATES ATTENDED (OPTIONAL)	GRADE COMPLETED	COURSE OR MAJOR SUBJECT
HIGH SCHOOL				
COLLEGE				
BUSINESS/TRADE SCHOOL				
OTHER				

**FOR CLERICAL POSITIONS:**

**FOR OTHER POSITIONS:**

TYPING SPEED: \_\_\_\_\_

MACHINES OR EQUIPMENT OPERATED:

SHORTHAND SPEED: \_\_\_\_\_

\_\_\_\_\_

OFFICE MACHINES OPERATED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE ANY OTHER SPECIAL SKILLS, TRAINING OR EXPERIENCE WHICH ARE RELATED TO THE KIND OF WORK YOU WANT TO DO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

◆ \_\_\_\_\_ ◆

WERE YOU EVER PREVIOUSLY EMPLOYED BY US? \_\_\_\_\_ IF YES, WHEN AND IN WHAT CAPACITY? \_\_\_\_\_

LIST ANY FRIENDS OR RELATIVES CURRENTLY EMPLOYED BY THE TOWN: \_\_\_\_\_

\_\_\_\_\_

WERE YOU A MEMBER OF THE ARMED FORCES? \_\_\_\_\_ IF YES, WHAT BRANCH? \_\_\_\_\_

DATES OF DUTY: \_\_\_\_\_

MAJOR DUTIES: \_\_\_\_\_

PRESENT SELECTIVE SERVICE CLASS: \_\_\_\_\_

SPECIAL SCHOOLS: \_\_\_\_\_

PERSONAL REFERENCES (DO NOT INCLUDE FORMER EMPLOYERS, EMPLOYEES OR RELATIVES):

NAME AND OCCUPATION

ADDRESS

TELEPHONE#

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT BEGINNING WITH THE MOST RECENT

1. COMPANY NAME: \_\_\_\_\_ POSITION TITLE: \_\_\_\_\_  
COMPANY ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
\_\_\_\_\_  
EMPLOYMENT DATES: \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_ TYPE OF WORK PERFORMED: \_\_\_\_\_  
\_\_\_\_\_



2. COMPANY NAME: \_\_\_\_\_ POSITION TITLE: \_\_\_\_\_  
COMPANY ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
\_\_\_\_\_  
EMPLOYMENT DATES: \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_ TYPE OF WORK PERFORMED: \_\_\_\_\_  
\_\_\_\_\_



3. COMPANY NAME: \_\_\_\_\_ POSITION TITLE: \_\_\_\_\_  
COMPANY ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
\_\_\_\_\_  
EMPLOYMENT DATES: \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_ TYPE OF WORK PERFORMED: \_\_\_\_\_  
\_\_\_\_\_



THE SPACE BELOW IS PROVIDED FOR DETAILS OF ANSWERS ASKED IN THE PREVIOUS PAGES AND FOR ANY ADDITIONAL INFORMATION YOU FEEL RELATES TO YOUR EMPLOYMENT HISTORY AND STATUS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

## **ADVISORY**

This application will not be accepted unless it is notarized.

You must sign the completed application, in two separate places, in the presence of a Notary Public, who must then, in turn, notarize the form.

Any person who is a Notary Public may witness and sign the application.

You may bring the application to the Springfield Police Department if you wish. Most all State Troopers and Municipal Police Officers and Dispatchers are Notary Publics and can provide the service for you at no cost.

Other Notaries include Town Clerks, Justice of the Peace, etc.

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Springfield Police Department, whether the said records are of a public; private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and preemployment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of 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.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Springfield Police Department. I also certify that any person(s), agencies, or businesses who may furnish such information concerning my personal history shall not be held accountable for giving this information; and I do hereby release said person(s), agencies or businesses from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature (Included Maiden Name)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Legal Address

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

State of Vermont  
SS  
Windsor County

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Vermont Law Enforcement Waiver & Authorization for Disclosures Required by 20 VSA § 2362a

This written waiver and authorization fulfills the waiver requirements of 20 VSA § 2362a, which requires executive officers of hiring law enforcement agencies to obtain waivers from applicants with prior law enforcement employment as part of the hiring process. This waiver authorizes the current employer to disclose its analysis of the officer's performance, or if not currently employed, authorizes the last law enforcement agency to disclose the reason(s) for no longer being employed at the agency.

The executive officer of the law enforcement agency currently employing the candidate officer or the executive officer of the law enforcement agency that last employed the candidate officer, as applicable, is not required to provide the written analysis/disclosure to the executive officer of a potential hiring law enforcement agency if such disclosure is prohibited by: (i) a binding Non-Disclosure Agreement executed prior October 1, 2020; or (2) a Collective Bargaining Agreement executed prior to October 1, 2020; however, Collective Bargaining Agreements executed on or after October 1, 2020 must not prohibit such disclosure.

**The potential hiring agency cannot hire any officer that refuses to execute this waiver.**

Instructions for Applicants

Please check the appropriate box below. Fill In the name of your current law enforcement employer, or if not currently employed in law enforcement, the last law enforcement agency that employed you. This form will be sent to the appropriate agency to obtain the required disclosure or reason(s) you are no longer employed by that agency.

I am a law enforcement officer currently employed by \_\_\_\_\_, I understand this form will be provided to my current employer. I hereby authorize the executive officer or his/her designee to disclose its analysis of my performance in accordance with the above statute.

I am or was a law enforcement officer but am not currently employed by a law enforcement agency. My most recent law enforcement employer was \_\_\_\_\_. I understand this waiver and authorization will be provided to my last law enforcement employer. I hereby authorize the executive officer or his/her designee to disclose the reasons for my departure from that agency, in accordance with the above statute.

Acknowledgement

I understand that signing this document authorizes the potential hiring agency to provide my current, or prior law enforcement employer (as applicable) with this waiver and authorization with the knowledge that they will provide the potential hiring agency the disclosures required by 20 VSA § 2362a: I understand this is required as part of the hiring process. I also understand that any such disclosures provided by my current or former employer shall remain confidential. My signature below confirms my understanding the requirements and my approval to obtain this information from (check one)  my current or  former employer.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_