



POLICE DEPARTMENT CITY OF WINOOSKI APPLICATION FOR EMPLOYMENT



27 West Allen Street | Winooski, VT 05401
www.winooskipolice.com
www.onioncity.com

(802) 655-0221 | VOICE
(802) 655-6427 | FAX

GENERAL INFORMATION

Position applying for: _____
First Name: _____ MI: _____ Last Name: _____
Mailing Address: _____
City/Town: _____ State: _____ ZIP: _____
Phone: _____ E-mail Address: _____
Date of Birth: _____ Social Security Number: _____

EDUCATION

Circle the number corresponding to the highest level of education completed:

ELEMENTARY - HIGH SCHOOL					COLLEGE				GRADUATE SCHOOL			
8	9	10	11	12	1	2	3	4	1	2	3	4

GED (list granting agency) _____

List in reverse order (present or most recent first) all schools attended (colleges/universities, technical training institutions, vocational/trade schools, and high schools)

NAME OF SCHOOL	CITY/TOWN & STATE	FROM / TO	MAJOR(S)	DEGREE
----------------	-------------------	-----------	----------	--------

Other Certifications or Licenses: _____

SKILLS

CAN YOU TYPE: Yes No

Typing speed: _____ words/minute

Computer Experience (1 indicates no experience, 5 indicates expert)

1 2 3 4 5

List all computer software used along with your experience level (expert, advanced, average).

**WORK
EXPERIENCE**

Describe below all previous work experience (including unpaid experience) in reverse chronological order (present or most recent employment first).

Name of Employer: _____

Address: _____

Your job title: _____

Supervisor (name & title): _____

Employed From (month/year): _____ To (month/year): _____

Salary (dollars/week): Start: _____ Final: _____ Hours/week: _____

Reason for leaving: _____

May we contact this employer: Yes No Phone: _____

Summary of your duties and responsibilities: _____

Name of Employer: _____

Address: _____

Your job title: _____

Supervisor (name & title): _____

Employed From (month/year): _____ To (month/year): _____

Salary (dollars/week): Start: _____ Final: _____ Hours/week: _____

Reason for leaving: _____

May we contact this employer: Yes No Phone: _____

Summary of your duties and responsibilities: _____

Name of Employer: _____

Address: _____

Your job title: _____

Supervisor (name & title): _____

Employed From (month/year): _____ To (month/year): _____

Salary (dollars/week): Start: _____ Final: _____ Hours/week: _____

Reason for leaving: _____

May we contact this employer: Yes No Phone: _____

Summary of your duties and responsibilities: _____

PHYSICAL

IF ANY ANSWER TO THE FOLLOWING QUESTIONS IS YES, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.

1. Have you any physical ailments, defects or disabilities which would limit your ability to perform the particular type of job you are applying for? Yes No

2. Would you object to a physical examination by our doctor at our expense? Yes No

MILITARY EXPERIENCE

Branch of Military Service: _____

Dates: From: ____/____/____ To: ____/____/____

Type of Discharge:

- Honorable General Medical
- Dishonorable Other

Specialty: _____ Present Obligation: _____

AUTHORIZE INFORMATION RELEASE

I hereby authorize any Investigator or duly accredited representative of the Winooski Police Department bearing this release, or a copy thereof, within one year of its' date, to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to; academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest and conviction records. I hereby direct you to release such information upon the request of the bearer. I understand that the information released is for official use by the Winooski Police Department and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians from any and all liability for damages of whatever kind or nature which may at anytime result to me on account of compliance or any attempts to comply with this authorization. I furthermore certify that all information presented in this application is correct.

Signed: _____

Print Name: _____

Date: _____

The City of Winooski does not discriminate on the basis of race, color, national origin, sex, sexual orientation, religion, age or disability, in employment or the provision of services.