

Vermont Works for Women
STEP UP TO LAW ENFORCEMENT APPLICATION

Name: First		Middle	Last
Current Address: Street			
City/Town		State	Zip Code
Telephone Number (Home)		Telephone Number (Work)	
Telephone Number (Cell)		Email:	
Nicknames or other names you have used:			
Head of Household: Yes: No:		Dependents & Ages:	
Do you presently owe any back pay for child support? Yes: No:			
If yes do you have a payback plan in place? Yes: No:			
Do you currently have a valid Vermont Drivers License?			
If yes License #: _____			
Social Security Number	Date of Birth	Place of Birth	
Have you been a legal resident of Vermont for at least two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is your marital status (check at least one)	<input type="checkbox"/> Never Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Annulled	<input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Divorced	<input type="checkbox"/> Widow(er)
Have you ever served on active duty with the Armed Forces of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, complete the following:			
Branch of Service	Service #:	Date of Service From To	
Highest Rank Held		Rank at Separation	
Type of Separation: (Court Martial, other non-judicial punishment)		Conditions of Separation: Honorable, General, Medical, etc.	

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Were you ever charged criminally, or for a non-judicial offense while in the Armed Service?
 Yes No If yes, state the facts.

Are you a member of any active or reserve U.S. military units? Yes No - If yes, complete the following:

Branch of Service	Service Number	Present Rank
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Present Unit	Address
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Have you ever sold or furnished any person any form of illegal drugs, including marijuana?
 Yes No - If yes, complete the following:

What types of illegal drugs?	Date last sold or furnished:
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Have you ever used, or possessed for use, any illegal drugs, including marijuana?
 Yes No - If yes, complete the following:

What types of illegal drugs?	Date last used:
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Have you ever taken non-prescribed steroids? Yes No
 If yes, explain:

Do you have an employment application pending with a law enforcement agency?
 Yes No - If yes, what agency? (If more than one please list.)

Have you ever applied for employment with a law enforcement agency and were rejected or not hired?

Yes No

Please explain reason not hired:

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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	Jurisdiction	Disposition

List all arrests and/or convictions of offenses not covered above. If none - so state.

Date	Offense	Town/City/State	Disposition

Have you ever had a relief from abuse order served on you? Yes No

Has your right to operate a motor vehicle ever been suspended or revoked? Yes No - If yes, complete the following:

Where	Suspension Date	Reason	Reinstatement Date

Are you presently required to furnish proof of financial responsibility? Yes No If yes, what state(s)

Reason financial responsibility is required:

List all traffic accidents in which you have been involved as a motor vehicle operator. If none, so state -

Date of Accident	Town/City/State	Investigating Agency

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Name of High School you Attended		High School Address	
Have you attended college? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, complete the following:			
Name of College		Dates Attended	
Field of Study		Degree Obtained	
List below starting with your most recent employment, all work experiences you have had. Include part time work.			
Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title	Salary/Benefits	
Description of Duties:			
Reason for Leaving?			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title	Salary/Benefits	
Description of Duties:			
Reason for Leaving?			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title	Salary/Benefits	
Description of Duties:			
Reason for Leaving?			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title	Salary/Benefits	
Description of Duties:			
Reason for Leaving?			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title	Salary/Benefits	
Description of Duties:			
Reason for Leaving?			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title	Salary/Benefits	
Description of Duties:			
Reason for Leaving?			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any lawsuits pending for or against you at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, explain:			
Does any member of your family object to you becoming a law enforcement officer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you know of anyone who you feel wishes to harm you? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, explain:			
List below the names and addresses of three personal references. Do not include relatives or former employers.			
Name		Address Number and Street	
City/Town		State	Zip Code
Telephone - Home (include area code)		Telephone - Work (include area code)	
Best time to contact: a.m. p.m. at <input type="checkbox"/> Home <input type="checkbox"/> Work			
Name		Address Number and Street	
City/Town		State	Zip Code
Telephone - Home (include area code)		Telephone - Work (include area code)	
Best time to contact: a.m. p.m. at <input type="checkbox"/> Home <input type="checkbox"/> Work			
Name		Address Number and Street	
City/Town		State	Zip Code
Telephone - Home (include area code)		Telephone - Work (include area code)	
Best time to contact: a.m. p.m. at <input type="checkbox"/> Home <input type="checkbox"/> Work			

Please do not complete this section prior to your interview. You will be asked to complete it at that time.

In 200 words or less, describe the reasons you are interested in Step Up to Law Enforcement for Women and becoming a law enforcement officer. This must be written in your own legible handwriting.

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Have you ever used a firearm for work or recreation? Yes___ No___ If yes please explain circumstances:
Can you work standing, walking, or driving for long periods of time while carrying a firearm? Yes___ No___
Can you work during exposure to all types of inclement weather? Yes___ No___
Law Enforcement can put officers in harms way. Are you willing to work in dangerous situations or around dangerous and/or difficult people? Yes___ No___
Can you think and work under pressure, or believe that you are able to? Yes___ No___
How do you react to stressful situations?
Do you have reliable childcare for the program hours (9:00 – 4:30)? Yes___ No___
Do you have, or will you be able to find adequate childcare to cover shift work? Shifts would be 7:00 a.m. to 3:00 p.m., 3:00 p.m. – 11:00 p.m., and 11:00 p.m. – 7:00 a.m., (generally) and are a part of law enforcement. Yes___ No___
Do you have reliable transportation? Yes___ No___
Will you be able to support yourself during this nine-week program? Yes___ No___
Are you in good physical condition at this time? Yes___ No___ When did you last have a physical? Date: _____ Did the doctor point out any areas of concern? Yes___ No___ If yes please explain:
Are there any other obstacles not listed here that would effect your ability to complete Step Up to Law Enforcement for Women, or effect your ability to become a law enforcement officer? Please describe obstacles (if any):

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If you are receiving any services from the Department of Children and Families (Reach Up) or the Department of Labor, please fill in the following information:

Caseworker at DOL: _____ Contact #: _____

Caseworker at Reach Up: _____ Contact #: _____

I hereby certify that this personal history questionnaire and all attachments to it contain no false information and is complete to the best of my knowledge. I am aware that if an investigation discloses intentional omissions, misrepresentation or falsification, my application will be rejected. If I am already enrolled in the Step Up to Law Enforcement Program, I may be terminated from the program. If I am already employed with a law enforcement agency, I may be dismissed from employment.

Date

Applicant Signature

Please attach a resume to the back of this form if you have one.

If you are mailing this form, please send it to:

Kristen C. Mullins
Director Women's Programs
Vermont Works for Women
51 Park Street
Essex Junction, VT 05452