

Vermont Works for Women  
STEP UP TO LAW ENFORCEMENT APPLICATION

<b>Name:</b> First		Middle	Last
<b>Current Address:</b> 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
Present Unit		Address

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:

Do you have any family members employed by the state of Vermont?  
 Yes  No  
 If yes, what is their position with the state?

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	Resolution

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

Date	Offense	Town/City/State	Resolution

Do you have any family members, friends, or a partner currently under the supervision of the Department of Corrections?

Yes  No

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 <b>starting with your most recent</b> employment, all work experiences you have had. Include part time work.			
<b>Employer Name</b>		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			
<b>Employer Name</b>		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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<b>Employer Name</b>		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			
<b>Employer Name</b>		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			
<b>Employer Name</b>		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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<b>Employer Name</b>		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			
Please list any volunteer experience you have had (club membership, etc.).			
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 or professional references. Do not include relatives			
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			
How do you know this person?			

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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			
How do you know this person?			
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			
How do you know this person?			

*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:
Could 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 (Tuesday & Thursday evenings 6:00 - 8:30pm and Saturday 9:00 – 5:00)? 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 complete assignments outside of program hours (Approximately 10 hours/week)? 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:

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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):

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:  
Vermont Works for Women  
Attention: Step Up to Law Enforcement Program  
32A Mallett's Bay Ave.  
Winooski, VT 05404