



Barre City Police Department
15 Fourth Street
Barre, Vermont 05641
Administration: 802.476.6613
Facsimile: 802.476.0249

Barre City Police Department

Full-time/Sworn: 21
Full-time/Civilian: 10

Annual Budget: \$2,872,819
Population: 8,500

The City of Barre, located in Washington County, is the fifth largest city in Vermont. Barre is made up entirely of urban area and consists of approximately four (4) square miles. Barre is often twinned with the nearby Vermont state capital of Montpelier in local media and businesses. It is the main city in the Barre-Montpelier micropolitan area, which has nearly 60,000 residents and is Vermont's third largest metropolitan area.

Barre is the self-proclaimed "Granite Center of the World" due to its predominant granite industry. Approximately one-third of the nation's monuments are produced in the Barre granite district.

The Barre City Police Department provides a wide range of services to the community and consists of a uniform patrol division, criminal investigative division, communications division, and parking enforcement division. The communications division provides dispatch services to police and fire/ambulance services in Barre as well as for fire services in two surrounding communities. The department handles nearly 12,000 incidents each year and is a strong advocate of community policing.

The City of Barre is an equal opportunity employer; women and minorities are encouraged to apply.

Equal access to programs, services and employment opportunities is available to all persons without regard to race, color, religion, national origin, sex (including pregnancy), sexual orientation, gender identity, ancestry, place of birth, age, physical or mental condition, genetic information, or any other basis protected by federal, state, and/or local law. In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the City's Human Resource Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

APPLICANT IDENTIFICATION

Position: Police Officer/Dispatcher
(circle one)

Information provided in this section is used for identification purposes only.

LAST NAME _____ FIRST _____ MIDDLE _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

US CITIZEN? Yes ___ No ___ IF NO, LAWFULLY AUTHORIZED TO WORK IN US? Yes ___ No ___

DRIVER'S LICENSE NUMBER _____ STATE _____

MAILING ADDRESS _____

PHYSICAL ADDRESS: _____

HOME TELEPHONE: _____ CELL TELEPHONE: _____

EMAIL ADDRESS: _____

NICKNAME, MAIDEN NAME, OR OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN:

WORK HISTORY: Beginning with your present or most recent job, list all employment held for the past 10 years, including part-time, temporary, or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary.

EMPLOYER: _____

ADDRESS: _____

JOB TITLE: _____ TELEPHONE: _____

SUPERVISOR: _____ TITLE: _____

NAMES OF CO-WORKERS: _____

DATE STARTED: _____ DATE LEFT: _____

REASON FOR LEAVING: _____

Are you fearful that this job would be in jeopardy if inquiries are made? Yes ___ No ___

EMPLOYER: _____

ADDRESS: _____

JOB TITLE: _____ TELEPHONE: _____

SUPERVISOR: _____ TITLE: _____

NAMES OF CO-WORKERS: _____

DATE STARTED: _____ DATE LEFT: _____

REASON FOR LEAVING: _____

Are you fearful that this job would be in jeopardy if inquiries are made? Yes ___ No ___

Work History continued...

EMPLOYER: _____

ADDRESS: _____

JOB TITLE: _____ TELEPHONE: _____

SUPERVISOR: _____ TITLE: _____

NAMES OF CO-WORKERS: _____

DATE STARTED: _____ DATE LEFT: _____

REASON FOR LEAVING: _____

Are you fearful that this job would be in jeopardy if inquiries are made? Yes ___ No ___

EMPLOYER: _____

ADDRESS: _____

JOB TITLE: _____ TELEPHONE: _____

SUPERVISOR: _____ TITLE: _____

NAMES OF CO-WORKERS: _____

DATE STARTED: _____ DATE LEFT: _____

REASON FOR LEAVING: _____

Are you fearful that this job would be in jeopardy if inquires is made? Yes ___ No ___

EMPLOYER: _____

ADDRESS: _____

JOB TITLE: _____ TELEPHONE: _____

SUPERVISOR: _____ TITLE: _____

NAMES OF CO-WORKERS: _____

DATE STARTED: _____ DATE LEFT: _____

REASON FOR LEAVING: _____

Are you fearful that this job would be in jeopardy if inquiries are made? Yes ___ No ___

MILITARY RECORD: HAVE YOU SERVED IN THE US ARMED SERVICES? Yes ___ No ___

DATE OF SERVICE: From: _____ To: _____

BRANCH: _____ UNIT: _____

MILITARY SERVICE #: _____ HIGHEST RANK ACHIEVED: _____

TYPE OF DISCHARGE: _____

IF YOU RECEIVED A DISCHARGE OTHER THAN HONORABLE, GIVE COMPLETE DETAILS:

EDUCATIONAL HISTORY:

HIGH SCHOOL/NAME: _____

ADDRESS: _____

DATES OF ATTENDANCE: From: _____ To: _____

DID YOU GRADUATE? Yes _____ No _____ (ATTACH COPY OF YOUR DIPLOMA)

COLLEGE/UNIVERSITY: _____

ADDRESS: _____

DATES OF ATTENDANCE: From: _____ To: _____

UNITS COMPLETED: _____ MAJOR/MINOR: _____

DID YOU GRADUATE? Yes _____ No _____ (ATTACH COPY OF YOUR DIPLOMA)

COLLEGE/UNIVERSITY: _____

ADDRESS: _____

DATES OF ATTENDANCE: From: _____ To: _____

UNITS COMPLETED: _____ MAJOR/MINOR: _____

DID YOU GRADUATE? Yes _____ No _____ (ATTACH COPY OF YOUR DIPLOMA)

OTHER SCHOOLS, TRADE, VOCATIONAL, BUSINESS, ETC.

NAME: _____

ADDRESS: _____

DATES OF ATTENDANCE: From: _____ To: _____

COURSE OF STUDY: _____

DIPLOMA/CERTIFICATE RECEIVED? Yes: _____ No: _____

SPECIAL QUALIFICATIONS AND SKILLS:

LIST ANY SPECIAL LICENSES YOU HOLD (SUCH AS PILOT, RADIO OPERATOR, SCUBA, ETC.)

LICENSING AUTHORITY: _____

DATE OF ISSUE: _____ EXPIRATION DATE: _____

LIST ANY FOREIGN LANGUAGE THAT YOU ARE FLUENT AND INDICATE YOUR DEGREE OF FLUENCY

(Reading, Writing, and Speaking): _____

LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS THAT YOU POSSESS: _____

REFERENCES OR ACQUAINTANCES: List four persons who know you well enough to provide current information about you. Do not list relatives or current/past employers:

NAME: _____ TELEPHONE: _____

ADDRESS: _____ YEARS KNOWN: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____ YEARS KNOWN: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____ YEARS KNOWN: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____ YEARS KNOWN: _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct. I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me. I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law. I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate, or third party is to be used solely to perform the services requested by the employer. This agency does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of race, color, religion, national origin, sex (including pregnancy), sexual orientation, gender identity, ancestry, place of birth, age, physical or mental condition, genetic information, or any other protected status under applicable federal, state, or local law. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

Applicant Signature: _____

Date: _____