

VERMONT JUDICIAL BRANCH EMPLOYMENT APPLICATION

Please read the instructions below before completing this application

Part A

Position applying for:		Job Number:	
Job Location:			
Name: First, Middle, Last, Suffix (ex: Jr, Sr)			
Mailing Address: City, State, Zip Code			
Home Telephone	Work (or message) Telephone	Email	
Statements			
Yes	No	Are you 18 years of age or older?	
<input type="checkbox"/>	<input type="checkbox"/>		
		Does your spouse, domestic partner, civil union partner, any relative of any of the foregoing, or any relative of yours work for the Vermont Judiciary?	
<input type="checkbox"/>	<input type="checkbox"/>		
		Name _____	
<input type="checkbox"/>	<input type="checkbox"/>	Are you authorized to work in the United States?	

Instructions
<ol style="list-style-type: none"> 1. The information on this application and any attachments are used to determine the applicant's eligibility to compete for any current or future vacancies. <i>All sections of this application must be completed.</i> Resumes may be attached only for additional information. <i>Copies are acceptable.</i> 2. Print or type all entries. <u><i>Incomplete or illegible applications will be rejected.</i></u> 3. Because eligibility to compete for positions is based solely on a review of your application and any attachments, be sure to complete all items as fully as possible. Use additional sheets to respond to any items, if necessary. Be certain to include any self-employment, service in the armed forces, and substantial volunteer work with dates. Periods of six months or more must be accounted for. A detailed resume, in addition to the data listed here, is encouraged for all administrative, technical, and professional positions, as well as any other position for which applicants are ranked based on a rating of training and experience.

Education

Do you have a high school diploma or equivalent? Yes No

List any college, vocation or other schools attended.

Name and location of school attended	Dates attended	Fields of study (Major, minor)	Degree Earned Ex: BA, MA etc	If not graduated # of credits

Licenses and Certificates

Description	Date Issued	Number	Issued By

Training

List any relevant training courses you have taken

Course Title	School Name	Completion Date

Work History (Do Not Refer to Resume)

Describe your work history below beginning with your current or most recent job.

Job Title		Name of Employer:	
Supervisor's Name		Supervisor's Title	Phone Number
Address:		City, State, Zip Code:	
From (mo./yr.)	To (mo./yr)	Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Hours worked:	

Describe the duties you performed.

Did you supervise anyone? Yes No Number of years in supervisory position _____
Reason for leaving:

Job Title			Name of Employer:		
Supervisor's Name			Supervisor's Title		Phone Number
Address:			City, State, Zip Code:		
From (mo./yr.)	To (mo./yr)	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hours Worked:			
Describe the duties you performed.					
Did you supervise anyone? Yes <input type="checkbox"/> No <input type="checkbox"/> Number of years in supervisory position _____ Reason for leaving:					

Job Title			Name of Employer:		
Supervisor's Name			Supervisor's Title		Phone Number
Address:			City, State, Zip Code:		
From (mo./yr.)	To (mo./yr)	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hours Worked:			
Describe the duties you performed					
Did you supervise anyone? Yes <input type="checkbox"/> No <input type="checkbox"/> Number of years in supervisory position _____ Reason for leaving:					

Job Title			Name of Employer:		
Supervisor's Name			Supervisor's Title		Phone Number
Address:			City, State, Zip Code:		
From (mo./yr.)	To (mo./yr)	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hours Worked:			
Describe the duties you performed					
<p>Did you supervise anyone? Yes <input type="checkbox"/> No <input type="checkbox"/> Number of years in supervisory position _____</p> <p>Reason for leaving:</p>					

Job Title			Name of Employer:		
Supervisor's Name			Supervisor's Title		Phone Number
Address:			City, State, Zip Code:		
From (mo./yr.)	To (mo./yr)	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hours Worked:			
Describe the duties you performed					
<p>Did you supervise anyone? Yes <input type="checkbox"/> No <input type="checkbox"/> Number of years in supervisory position _____</p> <p>Reason for leaving:</p>					

General Information

1. The Judicial Branch, State of Vermont is an Equal Opportunity Employer. Discrimination because of age, sex, race, color, creed, national origin, disabling condition, gender identity, sexual orientation, and religion. Any applicant for Judicial Branch employment who feels discriminated against in his or her opportunity for employment may appeal, in writing, to the Court Administrator, no later than five (5) calendar days from the effective date of the action being appealed.
2. Before being hired you must provide proof of U.S. citizenship or documentation that you are authorized to work in the United States as required by the Immigration and Control Act of 1986.
3. I understand that the Judiciary may inquire about my criminal record history either during an interview or once it determines that I am otherwise qualified for the positions. I understand that if my criminal record history shows any convictions, I will have the opportunity to explain the information and the circumstances regarding any convictions, including postconviction rehabilitation. 21 VSA 495j (c)

I hereby certify that my application form and all attachments to it contain no false information and are complete to the best of my knowledge. I authorize the Court Administrator's Office Human Resources Department to make any investigation of my personal history academic/professional credentials, military service, criminal, and driving records through any investigative bureau of their choice. I am aware that if an investigation discloses misrepresentation or falsification, my application may be rejected, my name may be removed from the register and if already employed, I may be dismissed from State service, and I may be disqualified from applying in the future for any position covered by the Rules and Regulations of the State of Vermont. Applicant signature is required to be eligible for consideration.

Signature or typed name

Date