VERMONT JUDICIAL BRANCH EMPLOYMENT APPLICATION

Please read the instructions below before completing this application

		Offic	ce Use Only		
Appli	cant #	Meets Minimums: Yes No	T & E Score Date		
Job 7	Γitle:		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 old	der?		
			c partner, civil union partner, any relative of any of of yours work for the Vermont Judiciary?		
		Name			
		Are you authorized to work in	the United States?		
		or under supervision, or fined vehicle violations? In the past Felony? If "YES" to either que	bu been convicted, imprisoned, placed on probation of for any violation of any law including motor that fifteen years have you been convicted of a sestion, give dates, details and penalties for each set of paper (8.5" x 11"), which must accompany		

Instructions

- 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. *All sections of this application must be completed.* Resumes may be attached only for additional information. You *must submit a separate application including the job title for each position applied for. Copies are acceptable.*
- 2. Print or type all entries. Incomplete or illegible applications will be rejected.
- 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, 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.

			Ec	ducation				
Do you have a high school diploma or equivalent? ☐ Yes ☐ No								
				on or other so				-
Name and location Dates atte of school attended		tended			Degree Ex: BA,	Earned MA, etc.	If not graduated # of credits	
		Lic	enses	and Certificat	tes			
Description			Date Issued Number		Number		Issued By	
			Т	raining				
	List an	y relevar		ing courses y	ou h	ave take	n	
Course Title			School Name			Co	Completion Date	
	\\/.	ork Histo	ry (Do	Not Refer to	Posi	ıma)		
Describe v							r most r	ecent job.
Describe your work history below beginning with your current or most recent job. Job Title Name of Employer:				•				
Supervisor's Name			Supervisor's Title P			Pho	Phone Number	
Address:			City, State, Zip Code:					
From (mo./yr.) To (mo./yr.)			Full Time ☐ Curl			Current	Salary	
Describe the duti	es you perfor							
Did you supervise	•	s 🗆 No		Number of ye	ears i	n supervi	sory po	sition
Reason for leav	ing:							

Job Title		Name of Employer:			
Supervisor's Nam	e	Supervisor's Title Phone Number			
Address:		City, State, Zip Code:			
From (mo./yr.)	To (mo./yr.)	Full Time ☐ Salary Part Time ☐ Hours Worked:			
Describe the dutie	es you performed.				
Did you supervise Reason for leavi	anyone? Yes □ N ng:	o □ Number of years in su	pervisory position		
Job Title		Name of Employer:			
Supervisor's Nam	e	Supervisor's Title	Phone Number		
Address:		City, State, Zip Code:			
From (mo./yr.)	To (mo./yr.)	Full Time ☐ Part Time ☐ Hours Worked:	Salary		
Describe the duti	es you performed.				
Did you supervise Reason for leav	e anyone? Yes □ N ing:	lo □ Number of years in su	pervisory position		

Job Title		Name of Employer:			
Supervisor's Nam	е	Supervisor's Title Phone Number			
Address:		City, State, Zip Code:			
From (mo./yr.)	To (mo./yr.)	Full Time Part Time Hours Worked: Salary			
Describe the duties you performed.					
Did you supervise Reason for leavi	anyone? Yes □ N ng:	o □ Number of years in su	pervisory position		
		None of Earle or			
Job Title		Name of Employer:			
Supervisor's Nam	е	Supervisor's Title	Phone Number		
Address:		City, State, Zip Code:			
From (mo./yr.)	To (mo./yr.)	Full Time Part Time Hours Worked:	Salary		
Describe the duties you performed.					
Did you supervise Reason for leav	anyone? Yes □ Ning:	lo ☐ Number of years in su	pervisory position		

Veterans' Preference Complete this section if you wish to claim Veterans' preference points

Preference points will be added to the passing scores of eligible veterans of the United States Armed Forces, as provided in 20 V.S.A. 1543 and 3 V.S.A. 310(f). In general, an eligible veteran is any person who served in the United States Armed Forces for at least 90 days and was separated under Honorable or other acceptable condition. Additional preference points may be claimed if you meet any of the following requirements: (1) a veteran with a service connected disability; (2) the spouse of a totally disabled veteran with a service connected disability; or (3) the unmarried widow or widower of a veteran.

Please check any of the following which apply and <u>provide a copy of a Letter of Certification</u> from the Veterans Administration.

□ Yes □ No	Have you served on active duty in the United States Armed Forces for at least 90 days and been discharged under Honorable or other acceptable conditions?
□ Yes □ No	Have you served on active duty in the United States Armed Forces for at least 90 days and been discharged under Honorable or other acceptable conditions AND have a service-connected disability of 10% or more?
□ Yes □ No	Are you a spouse of a totally disabled veteran (100%) with a service-connected disability? (Note: the veteran must have served on active duty in the United States Armed Forces for a least 90 days and been discharged under Honorable or other acceptable conditions).
□ Yes □ No	Are you an unmarried widow or widower of a veteran? (Note: the veteran must have served on active duty in the United States Armed Forces for at least 90 days and been discharged under Honorable or other acceptable conditions).

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, sexual orientation, religion or any other non-merit factor is prohibited. 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.

Return fully completed application and address any further inquiries to:

Office of the Court Administrator 109 State Street Montpelier, VT 05609-0701 Phone: (802) 828-3278 TTY (802) 828-3234

and are complete to the best of my k Human Resources Department to ma academic/professional credentials, n investigative bureau of their choice. misrepresentation or falsification, my from the register and if already empl disqualified from applying in the futu	orm and all attachments to it contain no false information nowledge. I authorize the Court Administrator's Office ake any investigation of my personal history nilitary service records, criminal, and driving through any I am aware that if an investigation discloses y application may be rejected, my name may be removed oyed, I may be dismissed from State service, and I may be are for any position covered by the Rules and Regulations of ature is required to be eligible for consideration.		
Signature of Applicant	Date		
	eferral Source es the way you FIRST learned about the job opportunity you		
☐ The Internet	☐ Other State of Vermont Office		
☐ Newspaper Ad	☐ A referral from a current employee		
\square Judiciary Human Resources Office	☐ Employment and Training Career Resource Center		
□ Other	_		

APPLICANT EEO SURVEY

The Vermont Judiciary is an Equal Opportunity/Affirmative Action Employer. The information requested below is gathered to comply with Federal record keeping regulations and Equal Employment Opportunity/Affirmative Action requirements. You are not required to furnish this information; however, your cooperation is strongly encouraged and appreciated. The information on this form is CONFIDENTIAL and will be available only to authorized personnel for research and evaluation purposes. This page is separated from your application prior to review and destroyed after data entry.

review and destroyed after data entry.
What is your gender?
□ Male □ Female
How do you describe yourself?
☐ Black (not of Hispanic origin): Persons having origins in any of the Black racial groups of Africa.
☐ American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
☐ Asian or Pacific Islander: Persons having origins in any of the original peoples of the far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.
☐ Hispanic: Persons of Mexican, Puerto Rican, Cuban, Central or South American or any other Spanish culture or origin, regardless of race.
☐ White: (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.