



Town of Castleton, Vermont  
**POLICE DEPARTMENT**

273 Vermont Route 30 North  
Castleton, Vermont 05735  
Phone (802) 468-5012  
Fax (802) 468-5482

*You are hereby informed that all statements and information submitted may be investigated and are subject to verification. Be sure to sign and return both release forms attached to this application.*

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address City/Town

County State Zip Code  
Legal Address (If other than above): \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_  
Home Work Cell

Email Address: \_\_\_\_\_

1) Date and Place of Birth: \_\_\_\_\_

2) Social Security Number: \_\_\_\_\_

3) Do you have a motor vehicle conviction record? Yes No

If Yes, please specify: \_\_\_\_\_

4) Do you have a criminal conviction record? Yes No

If Yes, please specify: \_\_\_\_\_

5) Were you ever involved in a motor vehicle accident that resulted in property damage, personal injury or death of another?

Yes No

If Yes, please specify: \_\_\_\_\_

Chief of Police  
Peter J. Mantello  
Phone (802) 468-2750

6) Do you have a valid driver's license? Yes No

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State

7) Do you own a car? Yes No

\_\_\_\_\_  
Registration Number

\_\_\_\_\_  
State

8) Military Service Record:

Organization & Final Rank: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Date and Type of Discharge: \_\_\_\_\_

9) While in the military were you ever convicted by a general court martial?

Yes

No

If Yes, please specify: \_\_\_\_\_

10) Are you a member of a military reserve organization?

Yes

No

If Yes, name of organization: \_\_\_\_\_

11) Position applied for: \_\_\_\_\_

12) Are you a citizen of the United States?

Yes

No

13) Have you ever been barred by a governmental agency from taking examinations or accepting civil service employment?

Yes

No

If Yes, please explain: \_\_\_\_\_

14) Are you an employee or an official of any state, county, or municipality?

Yes

No

If Yes, where? \_\_\_\_\_

15) Have you ever been discharged (fired) from employment for any reason?

Yes

No

If Yes, please explain: \_\_\_\_\_

Chief of Police  
Peter J. Mantello  
Phone (802) 468-2750

16) Have you ever resigned after being informed that your employer intended to discharge you?

Yes

No

If Yes, please explain: \_\_\_\_\_

17) List residence address for the past ten years to include the length or time and dates of each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18) Previous Employment: (List last three places of employment starting with you current to most recent employer)

**Current of most recent employer:**

Dates of Employment:

From: \_\_\_\_\_

To: \_\_\_\_\_

Title of Position Held:

\_\_\_\_\_

Salary or Earnings:

Starting: \_\_\_\_\_

Per \_\_\_\_\_

Final: \_\_\_\_\_

Per \_\_\_\_\_

Name and Address of Employer:

\_\_\_\_\_  
\_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Description of Work: \_\_\_\_\_

**Former Employer:**

Dates of Employment:

From: \_\_\_\_\_

To: \_\_\_\_\_

Title of Position Held:

\_\_\_\_\_

Salary or Earnings:

Starting: \_\_\_\_\_

Per \_\_\_\_\_

Final: \_\_\_\_\_

Per \_\_\_\_\_

Name and Address of Employer:

\_\_\_\_\_  
\_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Chief of Police  
Peter J. Mantello  
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**Former Employer:**

Dates of Employment:

From: \_\_\_\_\_

To: \_\_\_\_\_

Title of Position Held:

Salary or Earnings:

Starting: \_\_\_\_\_

Per \_\_\_\_\_

Final: \_\_\_\_\_

Per \_\_\_\_\_

Name and Address of Employer:

\_\_\_\_\_  
\_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Description of Work: \_\_\_\_\_

## 19) Education:

\_\_\_\_\_  
Name of Grade School Address Grade Completed\_\_\_\_\_  
Name of High School Address Grade Completed\_\_\_\_\_  
Name of College Address Years Attended\_\_\_\_\_  
Major/Minor Degree Attained\_\_\_\_\_  
Name of College Address Years Attended\_\_\_\_\_  
Major/Minor Degree Attained

List any schools in addition to the above and the time period in attendance. Include correspondence courses, night school, trade schools, and similar education. Include in-service schools in law enforcement, the armed forces, or Merchant Marine. You may submit copies of certificates or diplomas along with this application if you wish.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 20) Athletic Activities:

High School: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

Chief of Police  
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21) List and Describe Hobbies and Special Interests:

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22) Special Skills:

License of Certificates: (for example: pilot, teacher, nurse, radio operator, etc.)

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23) Other Skills and Qualifications:

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Note: A FALSE OR DISHONEST ANSWER TO ANY QUESTION IN THIS APPLICATION MAY BE GROUNDS FOR RATING YOU INELIGIBLE OR FOR DISMISSING YOU AFTER APPLICATION EMPLOYMENT APPOINTMENT. ALL STATEMENTS MADE IN THIS APPLICATION ARE SUBJECT TO INVESTIGATION, INCLUDING A CHECK OF YOUR FINGERPRINTS, POLICE RECORDS OR FORMER EMPLOYERS.

I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please send application and both signed releases to:

Castleton Police Department  
ATTN: Chief Peter Mantello  
P.O. Box 727  
Castleton, Vermont 05735

Chief of Police  
Peter J. Mantello  
Phone (802) 468-2750



Town of Castleton, Vermont  
**POLICE DEPARTMENT**

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**AUTHORIZATION TO RELEASE CREDIT REPORTING INFORMATION**

Name \_\_\_\_\_  
(Print Clearly)

Date of Birth \_\_\_\_\_  
Social Security # \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I respectfully request and authorize you to permit the Town of Castleton to receive my credit report upon request by any duly authorized agent of the Town of Castleton, whether said credit records are public or private including those which may be deemed to be privileged or confidential nature.

I authorize the full and complete disclosure of the records of any financial or credit institution, and the records of commercial or retain mercantile establishments and retail credit agencies.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the requested information.

A photocopy, or facsimile of this release form will be valid as an original hereof, even though the said photocopy or facsimile does not contain an original writing of my signature. The original form is maintained by the Town of Castleton and will be made available upon request.

The information is to be used to assist the Town of Castleton in determining my fitness and qualifications for a position of trust and responsibility

This release will expire one (1) year after the date signed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Chief of Police  
Peter J. Mantello  
Phone (802) 468-2750



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**AUTHORIZATION FOR RELEASE INFORMATION**

Name: \_\_\_\_\_  
(Print Clearly)

Date of Birth \_\_\_\_\_  
Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

I hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized agent of the Castleton Police Department, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information which will be utilized for investigation resource material.

I authorize the full and complete disclosure of the records of educational institutions, financial or credit institutions, and the records of commercial or retail mercantile establishments and retail credit agencies; medical and psychiatric consultation and/or treatment, including those of hospitals, clinics, private practitioners, the U.S. Veteran's Administration, and all military and psychiatric facilities; public utility companies; employment and pre-employment records including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances files by or against me; records of complaints of a civil nature made by or against me; and including, but not limited to the records and recollections of me, and including, but not limited to the records and recollections of attorneys at law, or of other counsel who represent or have represented myself or another person in any case in which I presently have, or have had an interest.

A photocopy, or facsimile of this release form will be valid as an original hereof, even though the said photocopy or facsimile does not contain an original writing of my signature.

\_\_\_\_\_  
Applicants Signature

Chief of Police  
Peter J. Mantello  
Phone (802) 468-2750