
CONVICTION WAIVER APPLICATION FOR APPLICANTS SEEKING EMPLOYMENT

This form must be completed by any person who is applying to work for the Vermont Department of Corrections who has been convicted of a criminal offense. * required application components that must be filled in for the application to be reviewed.

Name:

Date of Birth:

Mailing Address:

Physical Address (if different then mailing):

Please identify conviction date, offense, and whether or not it was a felony or misdemeanor for each convicted offense. Identify of a misdemeanor (M) or a felony (F) after date and offense, for example, 10/15/2005, Arson, (F):

Which State(s) Were You Convicted In:

Which County(ies) Were You Convicted In:

Did your conviction(s) result in any of the following?
(check all that apply):

- Probation and/or Any Type of Supervision
- Incarceration

If placed on any type of supervision, did you ever
violate your supervision?:

- Yes
- No
- Not Applicable

If you have been incarcerated, how long was
your incarcerated sentence for?:

- Less than 3 months
- More than 3 months
- Not Applicable

When did your supervision and/or incarceration end
(which ever date is later):

Have you been convicted of any crime within the last
five years?:

- Yes
- No

Have you been convicted of a felony within the last ten
years?:

- Yes
- No

Have you attached any optional reference questionnaires?:

Applicants are encouraged to include completed reference questionnaires which the Department can use in consideration of a waiver application.

Were you convicted of any crime(s) in which another party was physically harmed?:

Yes

No

Yes

No

In addition to the above application, **please attach a letter** describing your offense(s), explaining why you are seeking a waiver, and any other pertinent information which you would like to be considered. Additionally, should you wish to have any drug and/or alcohol treatment considered as part of this application you must **sign the Commissioner's Waiver Drug & Alcohol Release.**

Signature:

Date:

FOR INTERNAL USE ONLY

Local Hiring Authority's Recommendation:

Signature:

Date:

Printed Name and Title:

Applicable Central Management's Recommendation:

Signature:

Date:

Printed Name and Title:

Commissioner's Decision:

Signature:

Date:

Approved

Denied