ADMINISTRATIVE PROCEDURES
REGARDING HIRING

SECTION 1 – PURPOSE

To help ensure that the most qualified candidate is hired, to avoid discrimination and to minimize liability.

SECTION 2 – APPLICABILITY

This shall be applicable to hiring all Town of Stowe employees hired by the Town Manager except the Stowe Police Department, which shall follow their own hiring procedures as approved by the Town Manager.

SECTION 3 – ADVERTISING

a. All job ads shall be approved by the Town Manager prior to release.

b. The ad shall state the job title, beginning pay range, outline the major essential functions of the job, state the minimum qualifications and that the municipality is an equal opportunity employer (EOE). The ad shall stipulate that resumes/applications will be accepted until the position is filled. All resumes/applications shall be submitted to: Attn: Recruit, Town of Stowe, PO Box 730, Stowe, VT 05672 or recruit@stowevt.gov.

c. The job ad shall be posted at all municipal buildings (e.g., Akeley Memorial Building, Stowe Free Library, Stowe Arena, Gale Rec Center, Stowe Fire & Rescue, Stowe Police Department, Wastewater Facility, Highway Garage, Water Plant), sent to all employees via email, and placed on the municipal web site. All positions shall be publicly advertised, unless advertising is waived by the Town Manager (i.e. internal promotion, etc.).

d. The Town Manager's Executive Assistant shall place the ad in a newspaper of general circulation in the Town of Stowe and on the Town website a minimum of ten days prior to inviting candidates in for interviews. Other publications may be used as recommended and approved by the Department Head. The cost of the advertisement will be paid by the department for which the position is advertised.

SECTION 4 – APPLICATIONS AND PRE-SCREENING

a. All persons interested in any part-time or full-time position for the Town of Stowe shall be required to complete a Town of Stowe employment application.

b. The Department Head and/or direct Supervisor shall be responsible for screening applicants for interviews. If there is a hiring committee all applications shall be provided to the committee for review.

SECTION 5 – INTERVIEWS

a. The Department Head and/or direct Supervisor shall attend all interviews for new employees. The Department Head, direct Supervisor or Town Manager may also have others attend as well.

b. All questions shall be related to determining who is the most qualified candidate based on his/her ability to do the job.

c. No questions discriminatory in nature may be asked (e.g. race or color, religion, national origin/ancestry, place of birth, age, sex, sexual orientation, handicapped or veteran status, etc.). See the document entitled, "Legal and Illegal Questions for Job Interviews" (*Attachment A*).

d. If requested, a candidate shall be provided reasonable accommodations in accordance with the Americans with Disabilities Act (ADA). Information on how to reasonably accommodate a candidate for an interview can be obtained by calling 1-800-ADA-WORK.

e. All candidates representing that they have an operator's certificate or a degree required for the position shall provide a copy of the certification, academic transcripts or other suitable evidence.

SECTION 6 – PRE-JOB OFFER REFERENCE CHECKS

At a minimum, the current employer's reference will be checked by the Department Head/Supervisor or the Town Manager's Executive Assistant after the preferred candidate signs a consent to release information (*Attachment B*). Only questions to determine a candidate's qualifications for a job shall be asked. No questions of a discriminatory nature shall be asked. See telephone "Reference Check" form (*Attachment C*).

SECTION 7 – CONDITIONAL JOB OFFER

All conditional offers of employment shall be recommended by the Department Head and approved by the Town Manager. The Town Manager's Executive Assistant shall prepare a letter of conditional offer of employment that shall be reviewed by the Finance Director prior to being signed by the Manager. The conditional offer is subject to successful background check investigation listed below. The conditional offer letter will be mailed or hand delivered, along with the Town Ethics Policy, the job description for the position for which the offer is being made, required Federal and State employment paperwork and all the appropriate background check forms to be filled out by the candidate as discussed below. All documents are to be signed and returned to the Town Manager's Executive Assistant. If the offer is for a regular full-time position, the full-time employee benefit summary, personnel rules or union contract, and insurance and benefit information will also be included.

SECTION 8 – BACKGROUND CHECKS

a. All offers of employment are conditional upon completion of background checks and a finding by the Town Manager or his/her designee that the information provided by the applicant during the pre-employment process was accurate, complete and truthful. The Town Manager's Executive Assistant or Department Head will bring to the Manager's attention any areas of concern raised in the pre-job offer background checks. The Town Manager will consider information obtained through background checks when weighing the veracity, character and general suitability of candidates for employment.

b. The intentional provision by an applicant of false, incomplete or misleading information during the pre-employment process will result in automatic removal of the applicant from further consideration for employment or a volunteer position. An offer of employment conditioned on the completion of a background check may be terminated if it is determined that the applicant intentionally failed to fully disclose a criminal record or substantiated report of child abuse or neglect during the pre-employment process. When it is determined that the applicant failed to fully disclose his or her background through misunderstanding or inadvertence, such failure will be considered a significant factor in employment or termination considerations.

c. The following background checks will be run on potential employees:

   Verification of employment eligibility – To be completed for all potential employees by the Town Manager's Executive Assistant. To verify the right to work in the United States, Form I-9, Employment Eligibility Verification must be completed in the presence of the Town Manager's Executive Assistant (*Attachment D*).

   Vermont Adult Abuse Registry and Vermont Child Protection Registry – To be completed for all potential employees by the Town Manager's Executive Assistant. Potential employees must sign the enclosed Vermont Agency of Human Services Consent for Release of Registry Information (*Attachment E*).

   National Background Screening (Through NCSI) – To be completed for all potential employees by the Town Manager's Executive Assistant. Potential Employees must sign the enclosed National Background Screening Consent Form (*Attachment F*)

   Vermont Department of Motor Vehicles Screening – To be completed for all potential employees for a position where driving is a primary job responsibility shall be required by the Town Manager's Executive Assistant. Potential Employees must sign the "Authorization of Release of Information" section of the Vermont Department of Motor Vehicles Record Request Form allowing the municipality to obtain a certified copy of the candidate's complete operating record (*Attachment G*).

   Pre-employment medical exam – To be completed for all potential regular full-time or regular part-time employees (not at-will employees) of the Police, Highway, Parks,

Water and Sewer Departments. The pre-employment physical shall be scheduled by the Town Manager's Executive Assistant through the Town's designated physician.

Pre-Employment Drug Testing – To be completed for all potential employees required to have a CDL, the Town Manager's Executive Assistant will arrange for a pre-employment drug test to be completed prior to the employees being allowed to operate Town-owned machinery.

Commercial Driver's License – To be completed for all potential employees required to have a CDL, the Town Manager's Executive Assistant must verify the employees CDL is current and check for any past history of drug or alcohol tests and/or refusals to be tested through the National Drug & Alcohol Clearing House in accordance with DOT Regulation 49 CFR part 40, sec. 40.25. The potential employee must sign a written consent to release information.

Criminal Records Check: All recreation candidates shall undergo a Vermont Criminal Information Check. Other Department Heads may choose to run this background check if they service a vulnerable population. The Department Head is responsible for requesting this report and receiving the results. All results from the Criminal Records Check are to be sent to the Town Manager for retention in the employee's personnel file.

d. Results of Background checks: Providing a safe environment and ensuring a candidate is qualified for a position are primary considerations in decisions concerning employment. The Town Manager will base such decisions on all relevant information, qualifications and circumstances. The Town Manager's Executive Assistant will administer all background screening procedures and shall receive the results of the record checks. The hiring Department Manager will receive the results of the NCPA Fingerprint check, if one is completed. They are responsible to reporting the results of this check to the Town Manager. Upon receipt of a criminal record, or notification of the existence of an adult abuse or child protection record, the Town Manager's Executive Assistant shall notify the Town Manager, who shall determine whether or not an applicant is offered employment. Unfavorable background check information is not an automatic bar to employment.

Applicants may be disqualified from positions if they were ever convicted of any of the following:

1. Crimes against children or other vulnerable populations.
2. Felony conviction involving violence.
3. Sexual offense.
4. Crimes of moral turpitude.
5. Crimes involving embezzlement and/or stealing.
6. Other crimes that would make a candidate unsuitable for the position they have applied for, as determined by the Town Manager.

Applicants may be disqualified from positions if they have any of the following motor vehicle violations:

1. Three (3) or more moving violations in a 36-month period.
2. Driving under the influence of alcohol or drugs in the last three years.
3. Hit and Run accident.
4. Failure to report an accident.
5. Operating a vehicle under a suspended or revoked license.
6. Homicide, assault or a felony arising from the operation of a motor vehicle.
7. Careless & Negligent (C&N) driving violation in the last three years.
8. Other violations that would make a candidate unsuitable for the position they have applied for, as determined by the Town Manager.

e. The Town Manager's Executive Assistant and/or Town Manager shall notify the affected applicant that a disqualifying entry was reported on the background record check and present the report to the applicant. The Town of Stowe and its officers, employees and agents are not responsible for errors or omissions that may be reported in the background checks.

f. Criminal record, Vermont Adult Abuse Registry and the Vermont Child Protection Registry and National Security Consultants Inc information sent to the Town Manager's Executive Assistant shall be opened and reviewed by the Town Manager or his or her designee, who has a documented need to see the record. All information obtained in response to the background check shall be used by the Town exclusively in connection with its employment process. The Town shall not disseminate copies of criminal records or abuse registry information to any other person or entity. The contents of the criminal record check, abuse registry and other information obtained through the review process shall be kept confidential by the Town Manager's Executive Assistant, and shall not be disclosed to any person other than the applicant or a properly designated employee of the Town who has a documented need to know of the contents of the record. The Town Manager's Executive Assistant shall maintain all authorizations and records or reports in a confidential manner, and, as required by 20 V.S.A. 2056 c, shall comply with all statutes, rules and policies relating to the release of criminal records and the protection of individual privacy. The Town Manager's Executive Assistant shall not confirm the existence or nonexistence of criminal record information to any person who would not be eligible to receive the information pursuant to 20 V.S.A. 2051 et. seq.

g. Maintenance of Background Check Information: Criminal records and abuse registry information will be maintained in the employee's personnel file as a personnel document. Processed release forms and criminal record information will be maintained for at least three calendar years.

h. Should employment status be severed for longer than one calendar year, the employee shall be subject to all background checks prior to rehire.

SECTION 9 – ORIENTATION

a. The Department Head shall be responsible for ensuring that all employees receive an employee orientation and that time is scheduled prior to the first day of work to meet with the Town Manager's Executive Assistant to complete the I-9 Employment Eligibility Verification, return the signed offer letter and background check forms and to process payroll and benefits information. The employee orientation should include introduction to the Town Manager and a tour of all municipal facilities.

b. The Department Head shall ensure that the employee receives all necessary training prior to performing a work task or operating a piece of equipment and documenting that such training has been received.

SECTION 10 – FILE

The employee's application, resume, authorization to release information form, criminal background checks, and offers of employment shall be permanently kept in the employee's personnel file. In addition, a signed copy of the Ethics Policy shall be kept permanently in the employee's personnel file. Department Heads shall turn over the information to the Town Manager's Executive Assistant, so that a personnel file can be created prior to the start of employment.

EXHIBIT 10

LEGAL AND ILLEGAL QUESTIONS FOR JOB INTERVIEWS

DOs and DON'Ts of Interviewing

Subject	Unlawful Inquiry	Lawful Inquiry*
Name	What was your maiden/former name?	(Former names may be asked of applicant's *only* if absolutely necessary to obtain educational or employment records.
Age	How old are you? When did you graduate from high school/college? (You can only verify that the applicant is not an illegal minor. Otherwise, age is irrelevant, and you run the risk of an age discrimination suit.)	If hired, can you furnish proof of legal age? (You may state that employment is subject to verification that the applicant's age meets federal and state requirements.)
Citizenship	Are you a citizen of the United States? Are your parents or spouse citizens of the United States? On what dates did you, your parents, or your spouse acquire US citizenship? Are you, your parents, or spouse naturalized or native-born US citizens?	*None*. You may only state that employment is subject to verification of applicant's identity and eligibility for employment as required by federal and state laws.
National Origin and Ancestry	What is your nationality? lineage? ancestry? national origin? parentage? How did you acquire the ability to speak, read or write a foreign language? How did you acquire familiarity with a foreign country? What language is spoken in your home? What is your mother tongue?	You may ask about English/foreign language skills *only* if it is a requirement of the job.
Race or Color	Any question that directly or indirectly relates to race or color is not permissible.	None.
Education	Any question about racial, religious or national origin affiliation of school. (No dates.)	Questions about *relevant* educational background as required by the specific job are allowed.
Organizations	To what organizations, clubs and societies do you belong?	Membership in any professional or trade organizations *relevant* to job. Otherwise, none.
Arrests	Have you ever been arrested?	None.
Bankruptcy	Have you ever filed for bankruptcy?	None.
Convictions	Allowed.	Have you ever been convicted of any crime? If so, when, where, and disposition of case? Excluding minor traffic violations, have you been convicted under any criminal law within the past five years?
Work Schedule, Traveling	Any question related to childcare, ages of children, or other subject that is likely to be perceived by covered group members, especially women, as discriminatory.	Is there any reason why you would not consistently arrive at work on time and work according to the municipality's work schedule?

EXHIBIT 10

Subject	Unlawful Inquiry	Lawful Inquiry*
Weekend Schedules	Can you work weekends?	Can only ask if it is a necessary job requirement. Otherwise, it could result in religious discrimination by screening out applicants based on their religious beliefs.
Relocation	Any question related to spouse's attitudes or other subject that is likely to be perceived as discriminatory.	Would you be willing to relocate?
Miscellaneous	Any inquiry that is not job-related or necessary for determining an applicant's potential for employment.	Statement or notice to applicant that any misstatements or omissions of significant facts in written application forms or in an interview may be cause for rejection of the application or dismissal.
Religion	Do you attend religious services or a house of worship? What is your religious denomination or affiliation? Church? parish? pastor? What religious holidays do you observe?	None.
Sex/Children Pregnancy	(Any inquiry as to sex, such as the following:) Do you wish to be address as Mr., Mrs., Miss, or Ms.? What are your future plans regarding having children? Do you have the capacity to reproduce? Are you pregnant?	None.
Relatives, Marital Status, Pregnancy	What is your marital status? What is the name or address of relatives? spouse? children? With whom do you reside? Do you live with your parents? How old are your children? Do you have health care coverage through your spouse?	What are the names of relatives already employed by the company?
Physical Condition	Do you have any physical disabilities? What is your handicap? What caused your handicap? What is the prognosis of your handicap? Have you had any recent serious illness? Prior medical problems? Surgical procedures?	Are you able to perform all the tasks involved in the job applied form? Describe the tasks of the job and ask how the applicant would go about doing the job. (Include strenuous physical activity and heavy lifting requirements, if applicable.)
Worker's Compensation	Have you ever filed a worker's compensation claim?	None.
Height and Weight	What is your height? How much do you weigh?	None, unless absolutely required by the job (difficult to prove in a municipal employment setting).
Mental Problems	Do you have any emotional problems?	None.
Driver's License	Can ask only if specifically required by the job.	This job requires you to drive a vehicle. Are you licensed to do so?
Military	Do you have any military service reservist or training obligations? What is your discharge status?	Are you a veteran? What special training did you receive in the military that would assist you in the job? You must ask only questions that are job-related.

EXHIBIT 10

Subject	Unlawful Inquiry	Lawful Inquiry*
Union Activities	Do you belong to a union? Do you intend to organize or join a union?	None.
Drug Use	Do you use prescription drugs?	Can only ask about *current* illegal drug use.
Alcohol Use	Are you an alcoholic?	None. Stay away from alcohol-related questions except for narrow questions about discipline for drinking on current or former job.
Smoking	Do you smoke?	Can you comply with our workplace non-smoking policy?
Termination	OK to ask general question regarding prior work history, prior disciplines and the reasons for them.	Have you ever been disciplined or terminated from any job? If so, what were the reasons?
HIV Status	Are you HIV positive? Have you been tested?	None.
Sexual Preference	What is your sexual preference?	None.

* Lawful only if job-related.

Attachment B

CONSENT TO RELEASE INFORMATION

I consent to the disclosure and release to the Town of Stowe any information about me in the possession of any former employers or other references I have given to the Town of Stowe, whether such information is favorable or unfavorable.

_____ _____

Applicant's Signature Date

_____

Print Name

EXHIBIT 14

TELEPHONE REFERENCE CHECK (2)

Candidate's name _____

Job description _____

Employer contacted _____

Address _____

Contact person _____

(Note: Try to speak with the applicant's supervisor, but be sure the individual you talk to has a factual basis for his or her comments.)

1. _____ has applied for a job with our organization.

   When was he/she employed by you? From _____ To _____

2. What were his/her duties? _____

   _____

3. How would you rate his/her work? _____
4. Was the work above or below average? _____
5. Did he/she improve while on the job? ❑ Yes ❑ No
6. Why did he/she leave? _____
7. How much did he/she earn? _____
8. What were his/her strong points? _____

   _____

9. What were his/her weak points? _____

   _____

10. Would you re-hire this person? ❑ Yes ❑ No
11. Did he/she have trouble with:

    ❑ Attendance
    ❑ Dependability
    ❑ Attitude
    ❑ Getting along with others
    ❑ Personal problems

12. Is there anything else we should know? _____

    _____

_____ Signature

_____ Date

Attachment D

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

OR

3. Foreign Passport Number: _____

Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

List A Identity and Employment Authorization	**OR**	**List B** Identity	**AND**	**List C** Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*			**B.** Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any) (mm/dd/yyyy)*

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**For persons under age 18 who are unable to present a document listed above:**		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Attachment E

Agency of Human Services

Adult Protective Services, 103 S. Main Street, Ladd Hall, Waterbury, VT 05671-2306
AND
Child Abuse Registry Unit, 103 S. Main Street, Waterbury, VT 05671-2401

FORM C

CONSENT FOR RELEASE OF REGISTRY INFORMATION

This form is for use with the ON-LINE registry checking system ONLY

This consent form must be filled out completely and signed by the current employee, prospective employee, contractor or volunteer and kept on file at the requesting organization. The Agency of Human Services reserves the right to audit these consent forms at any time.

Current or Prospective Employee, Contractor, or Volunteer Information

Full Name: _____ Gender: ☐ Male ☐ Female
LAST FIRST Middle Initial

Address: _____

_____

Last four digits of social security number: XXX-XX-_____

Phone number: _____ Birth Date: _____ Place of Birth: _____
City, State, Country

Other ***FIRST*** names I have used, if any (i.e. Nicknames, Aliases): _____
(Type or Print)

_____

Other ***LAST*** names I have used, if any (i.e. Maiden Names, Aliases): _____
(Type or Print)

_____

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the **Vermont Adult Abuse Registry** and/or the **Vermont Child Protection Registry** to:

_____
(Print Organization Name)

_____ _____
(Prospective) Staff, Contractor, or Volunteer Signature **Date**

Attachment F

National Background Screening Consent Form

Applicant's **Legal** Name (printed)

_____

Social Security Number _____ Date of Birth _____

Applicant's Address

_____

City _____State _____Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local Criminal background records/information
- National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

☐ Motor Vehicle Check: Drivers License Number_____

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above named organization my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my employment with this organization.

Print Name:
_____Date:_____

Signature: _____

VERMONT Attachment G

Vermont DMV Record Request

DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation
dmv.vermont.gov

120 State Street
Montpelier, Vermont 05603-0001
802.828.2000

Requests for Vermont Department of Motor Vehicles records must be submitted on this form. This form may be photocopied for your convenience. The form must be completed in ink. Please print all information, except signatures, which must be written.

*** ALL APPLICABLE SECTIONS OF THIS FORM (FRONT AND BACK) MUST BE COMPLETED TO OBTAIN THE REQUESTED INFORMATION. ***

Signature Required on Back of Form

Requester Name:	DBA/Company:
Abigail Earle, Exec. Assist. to Town Manager	Town of Stowe

Mailing Address:	
Street/Box Number:	PO Box 730
City, State, Zip:	Stowe, VT 05672

Mail to (If different than above address):	Telephone Number:

❑ Listings of 1 through 4 current or expired registrations – $8.00	❑ Certified copy of suspension notice – $8.00
❑ Listing of 1 through 4 current or expired operator's license – $8.00	❑ Certified copy of reinstatement notice – $8.00
❑ Certified copy of current or original registration application – $8.00	❑ Certified copy of title – $6.00
❑ Certified copy of expired operator's license application – $8.00	❑ Certified copy of vehicle title search, title info, lien info. – $22.00
❑ Certified copy individual accident report – $12.00	❑ Certified copy of vessel, snowmobile or ATV title search – $13.00
❑ Certified copy police accident report – $18.00	■ Certified copy of 3 year operating record (Vermont only) – $14.00
❑ Insurance information of accident – $8.00	❑ Certified copy of complete operating record (Vermont only) – $20.00
❑ Statistics and research – $42.00 per hour	❑ Certified copy of proof of mailing – $8.00
❑ Periodic inspection sticker record – $8.00	❑ Certified copy of mail receipt – $8.00
❑ Lists of registered dealers, transporters, periodic inspection stations, rental vehicle companies, fuel dealers and distributors (including gallons sold or delivered) – $8.00 per page	
❑ Other – Write explanation on reverse side of this form. All other items of information requested will be furnished at a minimum charge of $8.00.	

- **DO NOT MAIL CASH!**
- **Make check or money order payable (in U.S. funds only) to: VT DEPARTMENT OF MOTOR VEHICLES.**

Rater #	FOR DEPARTMENT USE ONLY
	Audit Line: ➔

I am requesting information concerning:

VIN Number	Vehicle Make	Vehicle Year	VT License Plate #	Expiration Date

* Name	* VT Driver License Number	* Date of Birth

* Street/Box Number	* Social Security Number

* City	* State	* Zip Code

Date(s) you want covered, if applicable (does not apply to driving records)

Month	Day	Year	Through	Month	Day	Year

AUTHORIZATION OF RELEASE OF INFORMATION

I hereby, with my signature, authorize (print name of person or business you are authorizing):

❑ To perform a one-time search of the VT Department of Motor Vehicles files (pertaining to me) and any resulting reports.
❑ To perform a one-time authorization to transact business (pertaining to me) with the VT Department of Motor Vehicles.

* Signature of individual authorizing release:	* Date authorization given:

Information requested (be specific, if necessary use separate sheet of paper):

_____

_____

_____

The information requested may be disclosed if its use is authorized under the Driver Privacy Protection Act. The information being requested is:

↓	**You must initial inside the appropriate box(es)/category(ies) below:**
	1. For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person acting on behalf of a government agency in carrying out its functions. Appropriate documents identifying requester are **required***.
	2. For use in connection with matters of motor vehicles or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers. *An explanation that details the reason(s) why you feel you qualify under this category **must** be attached to this document.*
	3. For use in the formal course of business by a legitimate business or its agents, employees, or contractors: a. To verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and b. If the information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual. Appropriate documents identifying requester are **required***.
	4. For use in connection with any proceeding in any court or government agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of any court. *An explanation that details the reason(s) why you feel you qualify under this category **must** be attached to this document.*
	5. For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, re-disclosed, or used to contact individuals. *An explanation that details the reason(s) why you feel you qualify under this category **must** be attached to this document.*
	6. For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating, or underwriting. Appropriate documents identifying requester are **required***.
	7. For use in providing notice to the owner or lien-holder of a towed or impounded vehicle.
	8. For use by any licensed private investigative agency or licensed security service for any purpose permitted under this section. Appropriate documents identifying requester are **required***.
	9. For use by an employer, of its agent or insurer, to obtain or verify information relating to a holder of a commercial driver's license which is required under the Commercial Motor Vehicle Safety Act of 1996 [Title XII of Public Law 99-570].
	10. For use in connection with the operation of private toll transportation facilities.
	11. For any use specifically authorized by law that is related to the operation of a motor vehicle or public safety. *An explanation that details the reason(s) why you feel you qualify under this category **must** be attached to this document.*
	12. Unrestricted or specified use with written consent of the person who is the subject of the information. This includes information regarding oneself. ("Release portion" on other side of this form must be completed in full.)

In requesting and using this information I acknowledge that this disclosure and any re-disclosure is subject to the Driver Privacy Protection Act (18 USC §2723). This is signed and the request made subject to the penalties of 18 USC §2723 and 23 VSA §202.

Signature of Requester:		**Date:**	
Driver License/Corporate Number of Requester:			

Upon receipt of this request by the Vermont Department of Motor Vehicles, it will be reviewed by the appropriate department personnel to determine whether this request conforms to (DPPA) protocol and requirements. Failure to meet these qualifications will result in a denial of your request.

*** Appropriate documents identifying requester are required. You must include copies of your identification and documents verifying you are authorized to obtain this information. Failure to meet these qualifications will result in a denial of your request. If you are unsure what documents are required, call 802.828.2000**

FOR DEPARTMENT USE ONLY – DO NOT WRITE ANYTHING BEYOND THIS POINT

This request is hereby denied as the record(s) is/are exempt from inspection and copying for the following reason:

- ☐ They are records which, by law, are designated confidential or by a similar term.
- ☐ They are records which, by law, may only be disclosed to specifically designated persons.

You have the right to appeal this denial to the Commissioner of Motor Vehicles (appeals must be submitted in writing).

Vermont Department of Motor Vehicles: _____