

## THIS FORM IS TO BE COMPLETED BY AGENCY HEAD OR DESIGNEE:

Submit this form any time beginning August 5th, 2024 but no later than December 6, 2024 at noon.

Statement of Completion of Background Investigation & Liability Waiver form must be submitted no later than December 6, 2024 at noon or your seat in the class will be forfeited.

PLEASE PRINT CLEARLY AND READ ALL INSTRUCTIONS

EMPLOYING AGENCY:	DOB:	
NAME:  (LAST) (FIRST	)	(MI)
LAST 4 DIGITS OF SSN:	Make/Model/Caliber of	(,,,,
	Duty Weapon:	
Entry standards are established per Vermont Criminal Justice Council Rule 14. All categories below must be checked, indicating documentation has been verified and is available for review.		
By signing below, I confirm that the above named applicant has:		
Attained a high school diploma, GED (Please provide documentation)		
Completed a psychological assessment or inventory and, in the reasonable opinion of the agency head, is presently emotionally suited for law enforcement work		
Agency Head Authorization:		
Signature of Agency Head or Designee	Title	Date

## **Criminal Justice Council**

317 Academy Road Pittsford, VT 05763 Phone: 802 483 6228