

"First to Serve ~ 1799"



**Office of the Sheriff
Kennebec County, Maine**

Randall A. Liberty, Sheriff

Everett B. Flannery, Jr., Chief Deputy

Captain Daniel C. Davies
Law Enforcement
125 State Street
Augusta, Maine 04330
Telephone (207) 623-3614
Fax (207) 623-6387

Captain Richard E. Wurlpel
Corrections Administrator
115 State Street
Augusta, Maine 04330
Telephone (207) 623-2270
Fax (207) 621-0609

Dear Applicant,

Thank you very much for your interest in the Kennebec County Sheriff's Office. Please print off a copy of this application and mail your completed application and supportive documentation to:

Kennebec County Human Resources Office
Attn: Terry York, HR Manager
125 State Street
Augusta, ME 04330

Sincerely yours,

Randall A. Liberty
Sheriff

125 State Street, Augusta, ME 04330

Have you ever been arrested or convicted of a crime? Yes No

Note: Please state type of offense, how long ago, and related factors). Please indicate date, charge and disposition.

Driver's License: No Yes State: _____

License No. _____ Class _____ Endorsements _____ Exp. Date _____

Commercial Driver's License? Yes No

(Please supply us with a copy of your driver's license)

EMPLOYMENT RECORD

Starting with your current or last job, discuss all periods of employment, including self-employment, military service and volunteer work. Please account for all periods of unemployment. Use additional sheets if necessary. **Note:** A résumé of your employment record will not be accepted in lieu of the requested information, although you may include a résumé as a supplement to the application.

May we contact your current employer? Yes No (Past employers may be contacted to verify your work history).

| | |
|------------------------------|---|
| Name of Employer: _____ | <u>Dates of Employment (M/Y)</u> From _____ to _____ |
| Address of Employer: _____ | Salary: Beginning: _____ |
| Job Title: _____ | Ending: _____ |
| Description of Duties: _____ | Supervisor's Name/Title: _____ |
| _____ | _____ |
| _____ | _____ |
| Reason for Leaving: _____ | Bus. Phone #: _____ |
| | Hrs. of Work/Week: _____ |

| | |
|------------------------------|---|
| Name of Employer: _____ | <u>Dates of Employment (M/Y)</u> From _____ to _____ |
| Address of Employer: _____ | Salary: Beginning: _____ |
| Job Title: _____ | Ending: _____ |
| Description of Duties: _____ | Supervisor's Name/Title: _____ |
| _____ | _____ |
| _____ | _____ |
| Reason for Leaving: _____ | Bus. Phone #: _____ |
| | Hrs. of Work/Week: _____ |

Name of Employer: _____
 Address of Employer: _____
 Job Title: _____
 Description of Duties: _____

Dates of Employment (M/Y)
 From _____ to _____
 Salary: Beginning: _____
 Ending: _____
 Supervisor's Name/Title: _____

Reason for Leaving: _____

Bus. Phone #: _____
 Hrs. of Work/Week: _____

Name of Employer: _____
 Address of Employer: _____
 Job Title: _____
 Description of Duties: _____

Dates of Employment (M/Y)
 From _____ to _____
 Salary: Beginning: _____
 Ending: _____
 Supervisor's Name/Title: _____

Reason for Leaving: _____

Bus. Phone #: _____
 Hrs. of Work/Week: _____

EDUCATIONAL TRAINING

We will need a copy of your high school diploma or G.E.D.

| Type of School | Name of School | Location (City & State) | Circle last Year Completed | Date Attended From/To | Major Subject | Graduated? Degrees? |
|----------------------------------|----------------|----------------------------|----------------------------------|-----------------------------|---------------|--|
| Grade School | | | 1 2 3 4 5 6 7 8 | | | Yes <input type="radio"/> No <input type="radio"/> |
| High School | | | 9 10 11 12 | | | Yes <input type="radio"/> No <input type="radio"/> |
| College | | | 1 2 3 4 5 6 | | | Yes <input type="radio"/> No <input type="radio"/> |
| Graduate | | | 1 2 3 4 | | | Yes <input type="radio"/> No <input type="radio"/> |
| Business, Trade or Apprentice | | | | | | Yes <input type="radio"/> No <input type="radio"/> |

REFERENCES

(List three Professional References)

Name Occupation Address Phone Yrs. Known

PROFESSIONAL REGISTRATION, LICENSES OR CERTIFICATION

| Type | Number | Authorizing Board |
|------|--------|-------------------|
| | | |
| | | |

Special Skills (Include skills with computers, machines, tools, and motor equipment):

In your own words, explain how you qualify for this position. Be specific.

PRE-EMPLOYMENT STATEMENT

I hereby certify that all statements made on this application are true and that I agree and understand that any misstatements, misrepresentations, or omission of material facts herein may result in any offer of employment by the Kennebec County Sheriff's Office to be withdrawn or my employment with Kennebec County to be terminated. The Kennebec County Sheriff's Office is authorized to verify information contained in this application and any attachments and to contact employers, former employers, and references about my performance of duty while in their employ, and my character.

Signature of Applicant

Date

Kennebec County Sheriffs Office
 Corrections Division
 115 State Street
 Augusta, Maine 04330
 Fax # 621-0609

Date: _____

TO: _____

Employment References For

 SSN: _____

The above named applicant has applied for employment at the Kennebec County Correctional Facility. He/she has indicated that he/she was employed by you as _____.

We are requesting, the following information for references purposes. The applicant has consented to our making this inquiry. Please mail the completed form to the above address, ATT: Lt. Marsha Page. If you prefer to discuss this personally, please call 623-8787 between 8 a.m. and 4 p.m..

LT. Marsha Page
 Assistant Jail Administrator

Applicant's Statement

I understand and authorize the Kennebec County Sheriff's Office to conduct a routine investigation based upon official records only, of my past employment, character information, work and attendance record, abilities, and reason for terminating employment.

I agree to cooperate with the Kennebec County Sheriff's Office in conducting this inquiry and release KSO and all persons who respond to this inquiry from any and all liability and responsibility resulting from this inquiry.

 Signature _____
 Date

| | | |
|--------------------------------------|--|----------|
| Employed as: | From (M/Y) | To (M/Y) |
| Reason for Leaving: | | |
| Would you rehire applicant: | Yes <input type="radio"/> No <input type="radio"/> | |
| If No, please state reasons why: | | |
| Would you recommend for position as: | Yes <input type="radio"/> No <input type="radio"/> | |
| If No, please state reasons why: | | |

Please check the rating that accurately describes the applicant:

| | Above Average | Average | Satisfactory | Unsatisfactory |
|----------------------------------|---------------|--------------|--------------|----------------|
| Attitude & Performance of Duties | | | | |
| Attendance/Punctuality | | | | |
| Ability to work with others | | | | |
| Appearance & Grooming | | | | |
| Remarks: | | | | |
| | | | | |
| Signature: _____ | | Title: _____ | | |



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CRIMINAL HISTORY RELEASE FORM

I hereby authorize and direct you to release to the requesting authority or its representative bearing this release, or a copy thereof, any information in your possession or control concerning me pertaining to having a criminal record.

TO ALL GOVERNMENT ENTITIES:

I hereby authorize and direct you to release to the requesting authority named below or its representative bearing this release, or a copy thereof, any information in your possession or control concerning me, pertaining to the following:

- 1.) My full name
- 2.) Any criminal history under my current name or any other name

Date: _____ Applicant's Full Name: _____
(Typed or Printed)

Applicant's Full Name: _____
(Signature)

Applicant's Date of Birth: _____

Applicant's Mailing Address: _____ Applicant's Telephone # _____

(Name of Requesting Authority)

Kennebec County Sheriff's Office
(Name of Agency)

NOTE: All information obtained as a result of this request is for the purpose of criminal justice employment and will not be disclosed to the public unless the applicant gives written notice to the requesting authority.

Kennebec County Correctional Facility

Agility Test

Name: _____ Date: _____

Date of Birth: ____ / ____ / ____ Age: ____ Sex: ____

Person/s Supervising Test: _____

Test Performance

One-minute sit-up test: _____ Result ___ Pass ___ Fail

One-minute Push-ups _____ Result ___ Pass ___ Fail

Non-stop Stair run (2 X up & down): _____ Result ___ Pass ___ Fail

~ SEE NEXT PAGE FOR PHYSICAL ASSESSMENT CHART ~

I certify that I have taken and successfully passed the physical fitness assessment test and have passed the requirements for my age and sex categories according to the chart on the **next page**.

Signature of applicant: _____ **Date:** _____

I certify that the above applicant for employment at the Kennebec County Correctional Facility meets the physical fitness standards as required by the Kennebec County Sheriff's Office.

Signature of person(s) supervising test: _____ **Date:** _____

| FITNESS TEST | MALE AGE | | | | | FEMALE AGE | | | |
|------------------------|--|--|--|--|--|--|--|--|--|
| | 20-29 | 30-39 | 40-49 | 50-59 | | 20-29 | 30-39 | 40-49 | 50-59 |
| One Minute Sit-Up Test | 33 | 30 | 24 | 20 | | 27 | 22 | 20 | 14 |
| One Minute Push-ups | 29 | 24 | 18 | 13 | | 15 | 11 | 9 | 3 |
| Stairs Run X2 Non-Stop | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |