



Office of the Sheriff
Kennebec County, Maine

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EMPLOYMENT APPLICATION INSTRUCTIONS

Please read these instructions carefully before proceeding

These instructions are provided as a guide to assist you in properly completing your Application for Employment. It is essential that the information be accurate in all respects. The information supplied on the following pages will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your Application for Employment should be printed legibly in black ink or typed. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space(s) provided. Do not leave any questions unanswered or blanked spaces.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Application for Employment. Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.
7. Please submit photocopies of all diplomas, certificates, and proof of training with this statement.
8. You will need to supply one State Bureau of Identification Non-Criminal Fingerprint Card at the time you submit your Application for Employment.

125 State Street, Augusta, ME 04330

KENNEBEC COUNTY SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT

THE KENNEBEC COUNTY SHERIFF'S OFFICE CONSIDERS APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP, OR ANY OTHER LEGALLY PROTECTED STATUS.

POSITION(S) APPLIED FOR: _____ DATE: _____

HOW DID YOU LEARN ABOUT US?

- [] Advertisement [] Friend [] Walk-In [] Employment Agency [] Relative [] Other _____

NAME: _____ SSN: _____

PRESENT ADDRESS: _____

Number Street Apt #

City/Town State County Zip Code

Home Telephone Business Telephone

ARE YOU OVER THE AGE OF 18? [] YES [] NO ARE YOU A U.S. CITIZEN? [] YES [] NO

HOW YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE, EXCLUDING TRAFFIC OFFENSES? If yes, explain in full: _____

DO YOU PRESENTLY HOLD A VALID MAINE OPERATORS LICENSE? [] YES [] NO

If yes, License# _____ if no, do you hold a valid license in another state?

State _____ License# _____

HAVE YOU EVER BEEN EMPLOYED BY KENNEBEC COUNTY BEFORE?

[] YES [] NO if yes, in what capacity: _____

Have you ever filed an application with us before? Yes No
If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work

List any relatives working for Kennebec County: _____

List any special skills and/or qualifications you possess which you feel may qualify you for the position for which you have applied? _____

Do you have any impairments, physical, mental, or medical disabilities that would interfere with your ability to do the job for which you have applied? Yes No
If yes, please explain: _____

LIST ALL RESIDENCES FOR THE PAST TEN YEARS, BEGINNING WITH YOUR PRESENT ADDRESS. LIST THE NAME, ADDRESS, AND PHONE NUMBER OF LANDLORD.

FROM: _____ TO: _____ OWN RENT

STREET ADDRESS: _____

City/ Town County State Zip Code

Landlord's Name: _____ Telephone# () _____

Landlord's Address: _____

City/Town County State Zip Code

FROM: _____ TO: _____ [] OWN [] RENT

STREET ADDRESS: _____

City/ Town County State Zip Code

Landlord's Name: _____ Telephone# () _____

Landlord's Address: _____

City/Town County State Zip Code

FROM: _____ TO: _____ [] OWN [] RENT

STREET ADDRESS: _____

City/ Town County State Zip Code

Landlord's Name: _____ Telephone# () _____

Landlord's Address: _____

City/Town County State Zip Code

FROM: _____ TO: _____ [] OWN [] RENT

STREET ADDRESS: _____

City/ Town County State Zip Code

Landlord's Name: _____ Telephone# () _____

Landlord's Address: _____

City/Town County State Zip Code

FROM: _____ TO: _____ OWN RENT

STREET ADDRESS: _____

City/ Town County State Zip Code

Landlord's Name: _____ Telephone# () _____

Landlord's Address: _____

City/Town County State Zip Code

FROM: _____ TO: _____ OWN RENT

STREET ADDRESS: _____

City/ Town County State Zip Code

Landlord's Name: _____ Telephone# () _____

Landlord's Address: _____

City/Town County State Zip Code

FROM: _____ TO: _____ OWN RENT

STREET ADDRESS: _____

City/ Town County State Zip Code

Landlord's Name: _____ Telephone# () _____

Landlord's Address: _____

City/Town County State Zip Code

EMPLOYMENT WAIVER

DATE: _____

I, _____, thoroughly understand that I am being considered for employment as a police officer and that I must successfully complete a background investigation and ARCO Police Entry examination. I understand that should unfavorable information be developed, I may be denied employment.

I understand seeking employment on the basis that I know of no unfavorable information will be developed by the Kennebec County Sheriff's Office with the exception of what I have indicated on my employment application and which I have explained in detail during the interview process.

I understand that the Kennebec County Sheriff's Office has no funds to reimburse any expense I may incur in seeking the position for which I have applied. I recognize that the time required to process and select police applicants is lengthy and time consuming. No promises or commitments are expected as to the time when the hiring decision and/or actual hiring will take place.

I understand and agree to the contents of this statement.

Applicant's Signature

BACKGROUND INVESTIGATION

This document, when completed, will be used by the Kennebec County Sheriff's Office as an investigation aid. Retention of this personal data will remain in the protective candidate's file.

I understand all of the information contained in this questionnaire form. I also understand that I may be asked to take a polygraph (Lie Detector) examination to determine the authenticity of the information provided in this questionnaire.

The following types of information are examples of what will be collected:

Employment and Educational Histories, Medical, Military, Motor Vehicle, Police Records, Information about your abilities, Family, Character and Lifestyle.

Information will be obtained by letter, by telephone, and by personal interview with both primary and secondary sources. This information is used as one basis for employment decisions.

Date

Applicant Signature

AUTHORIZATION TO RELEASE INFORMATION

To whom it may concern,

I hereby authorize any police officer or authorized representative of the Kennebec County Sheriff's Office bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records and/or educational records, including but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records.

I hereby direct you to release such information upon request of the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of the Kennebec County Sheriff's Office. Consent is granted for the Kennebec County Sheriff's Office to furnish such information, as is described above, to third parties in the course of fulfilling official responsibilities.

I hereby release, as the custodian of such records, and Employer, Educational Institution, Physician, Hospital, or other repository of medical records, Credit Bureau or other Consumer Reporting Agency, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of information, or any attempt to comply with it.

Should there be any questions as to the validity of this release, you may contact me as indicated below.

Date

Signature (Full Name)

Date of Birth

Print (Full Name)

Telephone Number

Current Street Address City/Town State Zip Code

Sworn to and subscribed before me this _____ day of _____, 20__

Notary Public, State of Maine

My commission expires

EMPLOYMENT HISTORY

List below your present and all past employment beginning with your most recent. If more space is needed, please complete and attach on white paper.

EMPLOYER NAME: _____

ADDRESS: _____

City/Town State Zip Code

Telephone# _____ Type of Business _____

Name of Immediate Supervisor: _____

Dates of employment: From _____ To _____

Weekly salary: \$ _____ Explain reason for leaving _____

Describe briefly what type of work you did: _____

EMPLOYER NAME: _____

ADDRESS: _____

City/Town State Zip Code

Telephone# _____ Type of Business _____

Name of Immediate Supervisor: _____

Date of employment: From _____ To _____

Weekly salary: \$ _____ Explain reason for leaving _____

Describe briefly what type of work you did: _____

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EMPLOYMENT HISTORY

EMPLOYMENT HISTORY CONTINUED

Employer Name: _____

ADDRESS: _____

_____ City/Town State Zip Code

Telephone# _____ Type of Business _____

Name of Immediate Supervisor: _____

Dates of employment: From _____ To _____

Weekly salary: \$ _____ Explain reason for leaving _____

Describe briefly what type of work you did: _____

Employer Name: _____

Address: _____

_____ City/Town State Zip code

Telephone# _____ Type of Business _____

Name of Immediate Supervisor: _____

Dates of employment: From _____ To _____

Weekly salary: \$ _____ Explain reason for leaving _____

Describe briefly what type of work you did: _____

EMPLOYMENT HISTORY

EMPLOYMENT HISTORY CONTINUED

EMPLOYER NAME: _____

ADDRESS: _____

City/Town State Zip code
Telephone# _____ Type of Business _____

Name of Immediate Supervisor: _____

Dates of employment: From _____ To _____

Weekly salary: \$_____ Explain reason for leaving _____

Describe briefly what type of work you did: _____

EMPLOYER NAME: _____

ADDRESS: _____

City/Town State Zip code
Telephone# _____ Type of Business _____

Name of Immediate Supervisor: _____

Dates of employment: From _____ To _____

Weekly salary: \$_____ Explain reason for leaving _____

Describe briefly what type of work you did: _____

EDUCATION

ARE YOU A HIGH SCHOOL GRADUATE? [] YES [] NO

If yes, from where? _____ when? _____

If no, have you receive a G.E.D. certification? [] Yes [] No

DO YOU HAVE A COLLEGE DEGREE? [] YES [] NO

If yes, Type? _____ Major _____ When _____

HAVE YOU COMPLETED THE MAINE CRIMINAL JUSTICE ACADEMY PRE-SERVICE SCHOOL? [] YES [] NO

When? _____ Where? _____

HAVE YOU COMPLETED THE MAINE CRIMINAL JUSTICE ACADEMY BASIC SERVICE SCHOOL? [] YES [] NO

When? _____ Where? _____

HAVE YOU COMPLETED THE CRIMINAL JUSTICE ACADEMY BASIC POLICE SCHOOL IN ANOTHER STATE? [] YES [] NO

When? _____ Where? _____

ARE YOU PRESENTLY CERTIFIED AS A POLICE OFFICER IN THIS STATE? [] YES [] NO

If yes, please give certificate number: _____

Is your certificate as: [] Full Time [] Part Time

HAVE YOU TAKEN THE "ALERT" LITERACY TEST? [] YES [] NO

If yes, what was your score?

Reading: _____ Writing: _____ Conversion: _____

If you have received any other training in the field of Law Enforcement or in any other Public Safety field which would further qualify you for this position, please list below:

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REFERENCES

NAME: _____ TELEPHONE# _____

ADDRESS: _____

City/Town

State

Zip Code

NAME: _____ TELEPHONE# _____

ADDRESS: _____

City/Town

State

Zip Code

NAME: _____ TELEPHONE# _____

ADDRESS: _____

City/Town

State

Zip Code

MILITARY SERVICE RECORD

1. Were you in the U.S. Armed Services? Yes No

If yes, what branch? _____

2. Dates of active service: From _____ to _____

3. Rank at time of discharge? _____

4. What was your primary MOS? _____

5. Type of discharge received? _____

6. What is your present Selective Service Status? _____

XX

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO THE QUESTIONS ON MY APPLICATION FOR EMPLOYMENT. I AM FULLY AWARE THAT ANY SUCH MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS WILL BE GROUNDS FOR MY IMMEDIATE REJECTION OR TERMINATION OF EMPLOYMENT.

Signature of Applicant

Date

XX

To the applicant;

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex or national origin.

P.L. 90-902 prohibits discrimination on the basis of age with respect to individuals who are at least 40, but less than 70 years of age. If you do not wish to answer the questions in the blocked area below, you are not compelled to do so. This information will be used only for statistical purposes, however, and will not be a part of the decision making process in the candidate selection.

Date of Birth: _____

Sex: Male Female

Height: _____

Weight: _____

Marital Status: Single Married Engaged Divorced Widowed Separated

MEDICAL STATEMENT

A. Have you ever or do you now have any of the following: For "yes" answers, supply full details in the hospital selection. If the condition required hospitalization check the corresponding box.

	NO	YES	HOSPITAL
Head Injury			
Back Trouble or Pain			
Defect of Bones or Joints			
Lameness			
Rheumatics or Arthritis			
Trick/Locked Knee/Injury			
Foot Trouble			
Eye Injury/Surgery/Disease			
Ever Worn Glasses/Contacts			
Hearing Problems/Loss			
Worn a hearing Aid			
Headaches			
Mental Illness or Nervous Breakdown			
Addiction to Drugs or Alcohol			
Fainting or Dizzy Spells			
Epilepsy or Fits			
Disorder of the Nervous System			
Tuberculosis or Lung Troubles			
Shortness of Breath			
Asthma			
Bronchitis			
Poison Oak or Ivy			
Skin Trouble			

MEDICAL STATEMENT

	NO	YES	HOSPITAL
Sensitive to Dust			
Other Allergies			
Frequent Colds			
Cancer or Malignancy			
Tumor/Growth/Cyst			
Complication from Childhood Disease			
Polio			
Rheumatic Fever			
Heart or Circulatory Trouble			
High or Low Blood Pressure			
Varicose Veins			
Pernicious Anemia/Leukemia/Blood Disorder			
Hepatitis/Jaundice/Liver Ailment			
Diabetes, Blood or sugar in Urine			
Ulcers or Stomach Trouble			
Colitis			
Gall Bladder Trouble			
Kidney or Bladder Trouble			
Piles or Hemorrhoids			
Rupture or Hernia			
Mononucleosis			
Venereal Disease			

Have you ever had an operation? Yes No

If yes, give reasons and dates of operations:

FINANCIAL HISTORY

SOURCES OF INCOME

1. What is your present salary or wages? _____

2. Do you have income from any other source other than your principal occupation?
 Yes No

If yes, how much? _____

3. Do you own any real estate? Yes No

Location: _____

4. Do you own any bonds, government or other? Yes No

Value: _____

5. Do you own any corporate stocks? Yes No

Value: _____

6. Do you have a bank account? Yes No

Savings Average Balance: _____

Name and address of bank _____

Checking Average Balance: _____

Name and address of bank _____

MEMBERSHIP IN ORGANIZATIONS (Past and/or Present)

NAME AND ADDRESS	TYPE	FROM TO
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL DECLARATIONS

1. Describe in your own words the frequency and extent of your use of intoxicating liquors.

2. Have you ever used marijuana, cocaine, hash, LSD, or any other drug not prescribed by your physician? Yes No

If yes, what were the circumstances:

3. Have you ever sold or furnished drugs or narcotics to anyone? Yes No

If yes, explain in detail:

MEMBERS IN ORGANIZATIONS (continued)

4. If it became necessary to take a human life in the course of your duties as a law enforcement officer, would religious or other beliefs prevent you from doing so?

Yes No

If Yes, explain:
