

*"First to Serve ~ 1799"*



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

***Randall A. Liberty, Sheriff***

***Everett B. Flannery, Jr., Chief Deputy***

Captain Jonathan H. Perkins  
Law Enforcement  
125 State Street  
Augusta, Maine 04330  
Telephone (207) 623-3614  
Fax (207) 623-6387

Captain Richard E. Worpel  
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 Commissioners' Office  
Terry York, HR Director  
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.

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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)*

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### **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):

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

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**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.

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Signature of Applicant

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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

## **WE WILL NEED A COPY OF YOUR DD214 (MILITARY PAPERS)**

### **VETERAN'S PREFERENCE**

If you are claiming veteran's preference, you must indicate the preference eligibility category that applies to you. Please check only one box and provide the necessary documentation as indicated. All required documentation must be received prior to the closing date of the vacant position. Upon request, you may be required to show original documentation.

1. A veteran with a compensable service connected disability who is eligible for, or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veteran's Administration and the U.S. Department of Defense.

**DOCUMENTATION:** DD214 showing the character of service and certification of presently existing service connected disability.

2. The spouse of a veteran who cannot qualify for employment because of a total permanent service-connected disability, or a spouse of a veteran missing in action, captured or forcibly detained by a foreign power.

**DOCUMENTATION:** DD214 showing the character of service and certification of marriage to the disabled veteran and a statement that the spouses are still married.

3. A veteran of any war who has served at least one day during a wartime era and was discharged or separated therefrom with an honorable discharge or under honorable conditions from the Armed Forces of the United States of America.

**DOCUMENTATION:** DD214 showing the character of service.

4. The unmarried widow or widower of a veteran who died of a service connected disability.

**DOCUMENTATION:** DD214 showing the character of service and certification of spouse's service connected death, marriage license, and a statement that the surviving spouse has not remarried.

Have you claimed preference eligibility and been employed using veterans preference at anytime? Yes  No