

*"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 Marsha J. Alexander  
Corrections Administrator  
115 State Street  
Augusta, Maine 04330  
Telephone (207) 623-2270  
Fax (207) 621-0609

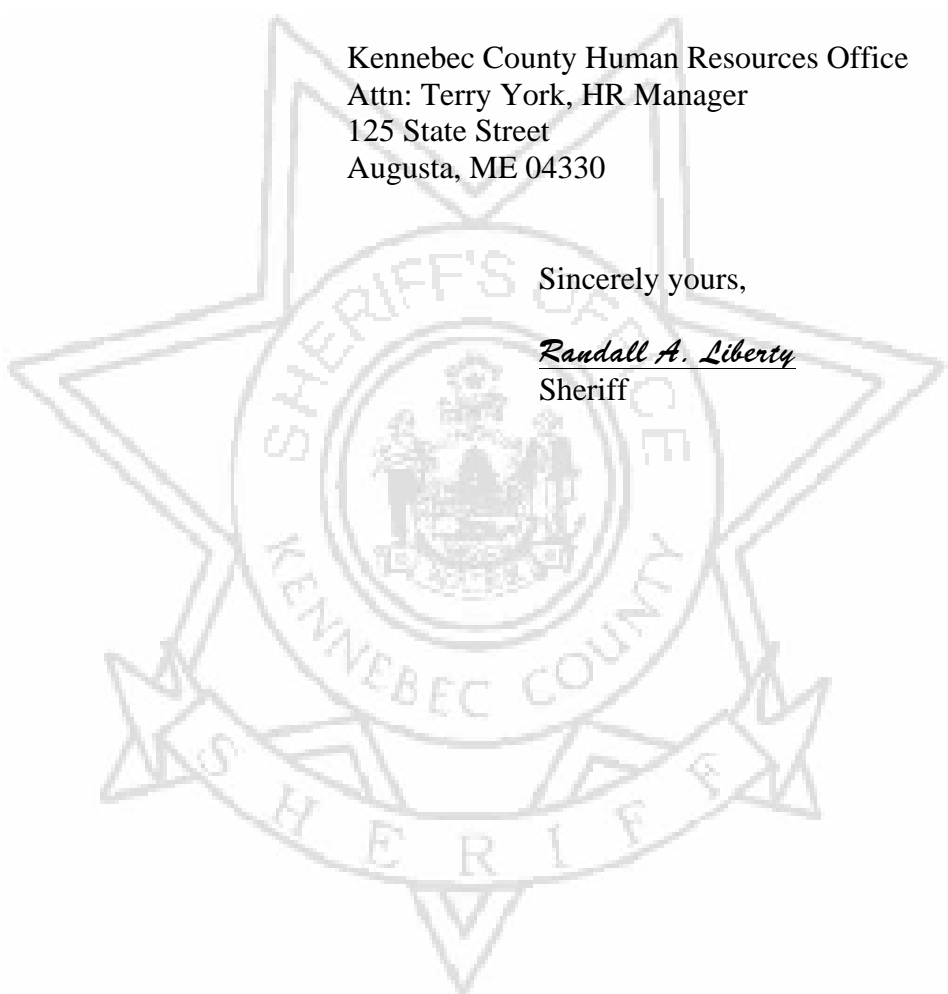
Dear Applicant,

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***



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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.

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Date

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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:

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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:

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