

# KENNEBEC COUNTY SHERIFF'S OFFICE



## CORRECTIONS EMPLOYMENT APPLICATION FORM

The Sheriff's Office is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion, or any other legally protected status.

**NOTICE:** The following additional documents must be attached to this application:

1. A copy of high school diploma or G.E.D.
3. A copy of military discharge DD Form 214 - Long Form (if applicable)
4. A copy of college diploma (If applicable)

### TYPE OF EMPLOYMENT

(SELECT ONE)

FULL-TIME       PART-TIME       PAID INTERNSHIP       SEASONAL

How Did You Learn About Us?

Advertisement       Friend       Walk-In       Newspaper  
 Radio       Relative       Job Fair       Other \_\_\_\_\_

## INSTRUCTIONS

Application must be typewritten or printed legibly in ink. You must provide an answer to every question. If the question does not apply to you, indicate so with "N/A". **All questions must be answered.** **Applications which are not complete will not be considered.**

If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number your answers to correspond with the related questions. If you are applying for a paid internship in Corrections, please complete the Internship Application and submit with the employment application.

Do not misstate or omit material facts. Your statements are subject to verification and any attempt to deceive, falsify information, or to omit pertinent information will be cause for your immediate elimination from the process.



**3. CONTACT INFO:**

( ) -  
TELEPHONE NUMBER

( ) -  
CELL PHONE

( ) -  
OTHER

EMAIL ADDRESS

**EDUCATION/TRAINING**

**1. High School Education:**

High School Name/Address	Years Completed	Did You Graduate?	Type of Diploma

**2. Post High School Education:**

College/University Name/Address	Did you Graduate?	Type of Degree

**EMPLOYMENT HISTORY**

Name & Address of Employer	Dates Worked Mo./Yr.		Title or Position	Name of Supervisor	Reason for Leaving
	From	To			
Name			<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time		
Address					
City, State, Zip					
Area Code & Phone No.					
Name			<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time		
Address					
City, State, Zip					
Area Code & Phone No.					
Name					

Address		<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time		
City, State, Zip				
Area Code & Phone No.				
Name		<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time		
Address				
City, State, Zip				
Area Code & Phone No.		<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time		
Name				
Address				
City, State, Zip		<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time		
Area Code & Phone No.				
Name				
Address		<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time		
City, State, Zip				
Area Code & Phone No.				

<b>RESIDENCE HISTORY</b>
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In chronological order (Present to Past), list each and every place you have resided, including residences while at school and in the military. For college on campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state or county. If post office box, give location of post office.

Dates Mo./Yr.		Apt. No.	Street Address	City	County	State
From	To					

## MILITARY HISTORY

Have you ever served on active duty in the Armed Forces of the United States?  Yes  No

Are you now or have you ever been a member of a reserve unit or the National Guard?

Yes  No.

Have you ever served in the Armed Forces of a foreign country?  Yes  No

## PERSONAL REFERENCES

Personal References: Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Complete Name		Home address: City, State, Zip: Home Phone: Business Address: City, State, Zip: Business Phone:
(Last, First, Middle)		
Yrs. Acq.	Occupation	
Complete Name		Home address: City, State, Zip: Home Phone: Business Address: City, State, Zip: Business Phone:
(Last, First, Middle)		
Yrs. Acq.	Occupation	
Complete Name		Home address: City, State, Zip: Home Phone: Business Address: City, State, Zip: Business Phone:
(Last, First, Middle)		
Yrs. Acq.	Occupation	

## DRUG HISTORY

**The information contained herein MAY BE a confidential medical record under the Americans with Disabilities Act if the applicant is a rehabilitated drug or alcohol abuser or under section 119.071(4)(b) whether the medical information, if disclosed, would identify the applicant.**

1. Do you currently use any narcotic or controlled substance, such as cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturate, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature, or have you used such a narcotic or controlled substance within the last year?  
 Yes  No.
  
2. Do you claim to be a rehabilitated alcohol, narcotics, or drug user of any of the controlled substances as set forth above?  Yes  No.

By signing this application, I certify that the information contained within is true and accurate to the best of my ability and understand that any falsifications or omissions may disqualify me from the employment process or result in my termination if hired.

\_\_\_\_\_  
Signature of the applicant as usually written

\_\_\_\_\_  
Date