

KENNEBEC COUNTY SHERIFF'S OFFICE



LAW ENFORCEMENT 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 certified copy of birth certificate
2. A certified copy of high school diploma or G.E.D.
3. A copy of military discharge (DD Form 214 - Long Form)
4. A copy of Alert Test - MCJA
5. Physician's Certification - MCJA

TYPE OF EMPLOYMENT

(SELECT ONE)

FULL-TIME

PART-TIME

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.

PERSONAL INFORMATION

THE INFORMATION CONTAINED HEREIN IS NECESSARY TO CONDUCT THE BACKGROUND INVESTIGATION AND MAY BE CONFIDENTIAL AND NOT AVAILABLE FOR PUBLIC INSPECTION.

1. PERSONAL IDENTIFICATION:

LAST NAME	FIRST	MIDDLE
_____/_____/_____ SOCIAL SECURITY NUMBER		_____/_____/_____ DATE OF BIRTH
DRIVER'S LICENSE NUMBER: _____	STATE: _____	EXP. DATE _____

2. CURRENT ADDRESS:

PHYSICAL HOME ADDRESS			
CITY	COUNTY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)			

3. CONTACT INFO:

(____)____-_____ TELEPHONE NUMBER	(____)____-_____ CELL PHONE	(____)____-_____ OTHER
EMAIL ADDRESS		

EDUCATION/TRAINING

1. High School Education:

High School Name/Address	Dates Attended Mo./Yr.	Years Completed	Did You Graduate?	Type of Diploma

2. Post High School Education:

College/University Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned		Did you Graduate?	Type of Degree
	From	To	Qtr.	Sem.		

EMPLOYMENT HISTORY

Name & Address of Employer	Dates Worked Mo./Yr.		Salary	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				<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				<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.						

MILITARY HISTORY

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

Branch of Service: _____ Highest Rank: _____

Serial #: _____ Duty Dates: From: _____ To: _____ From: _____ To: _____
 From: _____ To: _____ From: _____ To: _____

Date and type of discharge: _____ (Provide copy of DD Form 214)

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

Yes No.

If yes, state the branch of service, name and location of your unit, and whether you attend drills, meetings, or camps: _____

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

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.

Printed full name

Signature of the applicant as usually written

Date

Witnessed by:

APPLICANT'S CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test for Law Enforcement. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Sheriff's Office.

I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment with the Sheriff's Office.

I further authorize the Sheriff's Office or agent of the Sheriff's Office, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law.

I further agree to execute any authorization as may be required by the Health Insurance Portability Accountability Act of 1996 (HIPAA) for health care providers to release the necessary medical information to process my application for employment.

I understand and agree that any employment or appointment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash, in payment for overtime hours that I work, to the extent allowed by law. I understand, however, that the Sheriff has the absolute discretion to periodically substitute cash, in whole or part, for my accrued compensatory time.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Sheriff's Office and I release all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office.

I agree to conform to the rules, regulations and orders of the Sheriff's Office and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Sheriff's Office, at its discretion, at any time and without any prior notice to me.

I understand an investigation will be conducted on all of the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character or ability? Yes No. If yes, provide your version or explain fully any such incident.

Signature of the applicant as usually written

Date

Witnessed by:

TO: Concerned Person or
Authorized Representative of
Any Organization, Institution
or Repository of Records

APPLICANT'S NAME:

DATE OF BIRTH:

SOCIAL SECURITY NO.:

EMPLOYING AGENCY REQUESTING BACKGROUND INFO: _____

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment 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 full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, education institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and 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 compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

Applicant's Signature

Date

Applicant's Address

Email Address

AFFIDAVIT

STATE OF MAINE, COUNTY OF KENNEBEC

Before me personally appeared _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20____. My commission expires on _____, 20____.

Produced Identification: _____

Notary Public

Type of Identification Produced: _____