

# **Sabattus Police Department**

## **APPLICATION FOR EMPLOYMENT**

The Town of Sabattus considers applicants for all positions without regard to race, color, religion, sex, national origin, age, martial status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE TYPE OR PRINT)

Position Applied for:	Date of Application:
-----------------------	----------------------

Last Name	First Name	Middle Name	Date of Birth
Address:		City/Town	State Zip
Telephone Number Home:	Work:	Social Security No. / /	

Have you ever filed an application with this municipality before?  Yes  No  
If yes, give date. \_\_\_\_\_

Have you ever been employed with the Town of Sabattus before?  Yes  No  
If yes, give date. \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because Visa or Immigration Status?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available for:  Full-time  Part-time  Shift work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If yes, please explain \_\_\_\_\_

---



---

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

LIST ANY SPECIAL SKILLS AND/OR QUALIFICATIONS YOU POSSESS WHICH YOU FEEL MAY QUALIFY YOU FOR THE POSITION FOR WHICH YOU HAVE APPLIED? \_\_\_\_\_

HAVE YOU, WITHIN THE PAST THREE YEARS, APPLIED FOR EMPLOYMENT, EITHER FULL-TIME OR PART-TIME, AT OTHER POLICE AGENCIES? If so, where and when: \_\_\_\_\_

**EDUCATION**

	Elementary	High	College	Other
School Name & Address				
Years completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe any specialized training, apprenticeship, skills, and extra curricular activities.				
State any additional information you feel may be helpful to us in considering your application				

Indicate any Foreign Languages you can speak, read and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. You may exclude member-ships which would reveal sex, race, religion, national origin, age, or handicap or other protected status:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

Give name, address and telephone number of three references that are not related to you and are not present or previous employers of the Town of Sabattus.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Were you ever a member of the United States Military? [ ] Yes [ ] No

Type of Discharge received: \_\_\_\_\_

Have you ever had any job-related training while in the United States Military? [ ] Yes [ ] No

If yes, please describe \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job that you are applying for? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments.

1.

Employer		Date Employed		JOB PERFORMED
Address		From	To	
Telephone				
Job Title	Supervisor	Hourly Salary		
		Start	Final	
Reason for Leaving:				

2.

Employer		Date Employed		JOB PERFORMED
Address		From	To	
Telephone				
Job Title	Supervisor	Hourly Salary		
		Start	Final	
Reason for Leaving:				

--

3.

Employer	Date Employed		JOB PERFORMED
Address	From	To	
Telephone			
Job Title	Supervisor	Hourly Salary	
		Start	Final
Reason for Leaving:			

4.

Employer	Date Employed		JOB PERFORMED
Address	From	To	
Telephone			
Job Title	Supervisor	Hourly Salary	
		Start	Final
Reason for Leaving:			

### Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

1.

From: _____	To: _____	[ ] Own	[ ] Rent
Street Address: _____			
City/Town _____	County _____	State _____	Zip Code _____
Landlord Name: _____		Telephone ( ) - _____	
Landlord Address: _____			
City/Town _____	County _____	State _____	Zip Code _____

2.

From: _____	To: _____	[ ] Own	[ ] Rent
Street Address: _____			
City/Town	County	State	Zip Code
Landlord Name: _____		Telephone ( ) - _____	
Landlord Address: _____			
City/Town	County	State	Zip Code

3.

From: _____	To: _____	[ ] Own	[ ] Rent
Street Address: _____			
City/Town	County	State	Zip Code
Landlord Name: _____		Telephone ( ) - _____	
Landlord Address: _____			
City/Town	County	State	Zip Code

4.

From: _____	To: _____	[ ] Own	[ ] Rent
Street Address: _____			
City/Town	County	State	Zip Code
Landlord Name: _____		Telephone ( ) - _____	
Landlord Address: _____			
City/Town	County	State	Zip Code

5.

From: _____	To: _____	[ ] Own	[ ] Rent
Street Address: _____			
City/Town _____	County _____	State _____	Zip Code _____
Landlord Name: _____		Telephone ( ) - _____	
Landlord Address: _____			
City/Town _____	County _____	State _____	Zip Code _____

6.

From: _____	To: _____	[ ] Own	[ ] Rent
Street Address: _____			
City/Town _____	County _____	State _____	Zip Code _____
Landlord Name: _____		Telephone ( ) - _____	
Landlord Address: _____			
City/Town _____	County _____	State _____	Zip Code _____

7.

From: _____	To: _____	[ ] Own	[ ] Rent
Street Address: _____			
City/Town _____	County _____	State _____	Zip Code _____
Landlord Name: _____		Telephone ( ) - _____	
Landlord 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, M.C.J.A. Alert Examination and Physical Assessment Evaluation. I understand that should unfavorable information be developed, I may be denied employment.**

**I am seeking employment on the basis that I know no unfavorable information will be developed by the Sabattus Police Department 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 Sabattus Police Department has no funds available to reimburse any expenses 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 a time when a hiring decision and/or actual hiring will take place.**

**I understand and agree to the contents of this statement.**

\_\_\_\_\_  
**Applicant Signature**

---

## **BACKGROUND INVESTIGATION**

**This document, when completed, will be used by the Sabattus Police Department as an investigative aid. Retention of this personal data will remain in the prospective candidate's file.**

**I understand all of the information contained in this questionnaire form. I also understand that I will 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 Sabattus Police Department 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 Sabattus Police Department. Consent is granted for the Sabattus Police Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release, as the custodian of such records, any 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.

_____	_____	
Signature (Full Name)	Date	
_____	_____	
Print Name (Full Name)	Date of Birth	
_____	_____	
Current Street Address	Telephone Number	
_____	_____	
City/Town	State	Zip Code

SWORN TO AN SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 19\_\_

\_\_\_\_\_  
Notary Public, State of Maine

My Commission Expires \_\_\_\_\_