



# Town of Sabattus Police Department

190 Middle Road  
Sabattus, Maine 04280  
Phone: (207) 375-6952 • Fax: (207) 375-2504



Position Applied For:

Date:

## APPLICATION FOR EMPLOYMENT

*An Equal Opportunity Employer*

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

*(Please print clearly in black ink.)*

**NAME:** \_\_\_\_\_  
Last First MI

**ADDRESS:** \_\_\_\_\_  
Number Street City State Zip

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*(Please be advised a Social Security Number will used **ONLY** in connection with a background check or pre-employment substance abuse testing.)*

**PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_ **WORK:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

Are you currently or have you ever been a certified law enforcement officer in the State of Maine?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you, within the past three years, applied to or been employed by another law enforcement agency?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you able to perform the essential functions of the duties of a law enforcement officer, with or without reasonable accommodations for disability-related reasons? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever applied for or been employed by the Town of Sabattus? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Department: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you related to any current Town of Sabattus employees? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the name and relationship to you: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country due to Visa or Immigration Status?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you available to work: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_ On-Call \_\_\_\_\_

On what date would you be available to work? \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you employed now? Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, License number: \_\_\_\_\_ State: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Were you ever a member of the United States Military? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what branch? \_\_\_\_\_ Type of discharge received: \_\_\_\_\_

If applicable, did you receive military experience directly relating to the job for which you are applying?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **EDUCATION AND TRAINING**

(CIRCLE HIGHEST GRADE COMPLETED)	NAME OF SCHOOL	LOCATION	GRADUATE
1 2 3 4 5 6 7 8 9 10 11 12			
Elementary School			
High School			
Other			
Colleges or Universities Attended	Number of Years	Major Subjects (List courses that apply to the job for which you are applying.)	Degree or Certificate
Business, Trade or Correspondence Schools			

Indicate any foreign languages you can speak, read and/write:			
	Fluent	Good	Fair
Speak			
Read:			
Write:			

List any additional skills, certifications or licenses you have acquired from employment or other experiences that you believe are relevant to the position for which you are applying (i.e. CPR, First Aid, EMT, etc.): \_\_\_\_\_

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**REFERENCES**

Provide three references that are not related to you and are NOT present or previous employees for the Town of Sabattus			
Name	Address	Phone Number	Years known

Do you know or do you have personal friends in the law enforcement profession? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following:

Name:	Agency:	How long (yrs):

**EXPERIENCE**

In the following, list in sequential order the occupations which you have held in the past ten (10) years. Include any periods served in the military. Show your present or most recent employer first. Under "Description of Duties", list the kind of work, responsibilities, and, if in a supervisory capacity, the number of employees and kind(s) of position(s) you supervised. Use additional sheets if needed.

*In lieu of completing the following sections, if you prefer to attach a resume, do so and check here accordingly: \_\_\_\_\_*

**(IF YOU CHECKED YES ON THE PREVIOUS PAGE AND YOU HAVE ATTACHED A RESUME,  
DISCARD THIS AND THE FOLLOWING PAGE)**

<b>From:</b>	<b>To:</b>	<b>Title of Position:</b>
<b>Name, Address and Phone Number of Employer:</b>		<b>Description of Duties:</b>
<b>Name of Your Supervisor:</b>		
<b>Number of Hours Per Week:</b>		<b>Reason for Leaving:</b>
<b>From:</b>	<b>To:</b>	<b>Title of Position:</b>
<b>Name, Address and Phone Number of Employer:</b>		<b>Description of Duties:</b>
<b>Name of Your Supervisor:</b>		
<b>Number of Hours Per Week:</b>		<b>Reason for Leaving:</b>
<b>From:</b>	<b>To:</b>	<b>Title of Position:</b>
<b>Name, Address and Phone Number of Employer:</b>		<b>Description of Duties:</b>
<b>Name of Your Supervisor:</b>		
<b>Number of Hours Per Week:</b>		<b>Reason for Leaving:</b>
<b>From:</b>	<b>To:</b>	<b>Title of Position:</b>
<b>Name, Address and Phone Number of Employer:</b>		<b>Description of Duties:</b>
<b>Name of Your Supervisor:</b>		
<b>Number of Hours Per Week:</b>		<b>Reason for Leaving:</b>

**(DISCARD THIS PAGE IF ROOM IS NOT NEEDED)**

<b>From:</b>	<b>To:</b>	<b>Title of Position:</b>
<b>Name, Address and Phone Number of Employer:</b>		<b>Description of Duties:</b>
<b>Name of Your Supervisor:</b>		
<b>Number of Hours Per Week:</b>		<b>Reason for Leaving:</b>
<b>From:</b>	<b>To:</b>	<b>Title of Position:</b>
<b>Name, Address and Phone Number of Employer:</b>		<b>Description of Duties:</b>
<b>Name of Your Supervisor:</b>		
<b>Number of Hours Per Week:</b>		<b>Reason for Leaving:</b>
<b>From:</b>	<b>To:</b>	<b>Title of Position:</b>
<b>Name, Address and Phone Number of Employer:</b>		<b>Description of Duties:</b>
<b>Name of Your Supervisor:</b>		
<b>Number of Hours Per Week:</b>		<b>Reason for Leaving:</b>
<b>From:</b>	<b>To:</b>	<b>Title of Position:</b>
<b>Name, Address and Phone Number of Employer:</b>		<b>Description of Duties:</b>
<b>Name of Your Supervisor:</b>		
<b>Number of Hours Per Week:</b>		<b>Reason for Leaving:</b>

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## RESIDENTIAL HISTORY

List below, starting with your current address, all prior residences rented or owned in the past ten (10) years.

From: ___/___/___		To: ___/___/___		Rent ___	Own ___
Street Address: _____					
City / Town		County		State	Zip Code
Landlord Name: _____				Phone: _____	
Landlord Address: _____					
City / Town		County		State	Zip Code

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From: ___/___/___		To: ___/___/___		Rent ___	Own ___
Street Address: _____					
City / Town		County		State	Zip Code
Landlord Name: _____				Phone: _____	
Landlord Address: _____					
City / Town		County		State	Zip Code

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From: ___/___/___		To: ___/___/___		Rent ___	Own ___
Street Address: _____					
City / Town		County		State	Zip Code
Landlord Name: _____				Phone: _____	
Landlord Address: _____					
City / Town		County		State	Zip Code

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**(DISCARD THIS PAGE IF ROOM IS NOT NEEDED)**

From: ___/___/___	To: ___/___/___	Rent ___	Own ___
Street Address: _____			
City / Town	County	State	Zip Code
Landlord Name: _____		Phone: _____	
Landlord Address: _____			
City / Town	County	State	Zip Code
From: ___/___/___	To: ___/___/___	Rent ___	Own ___
Street Address: _____			
City / Town	County	State	Zip Code
Landlord Name: _____		Phone: _____	
Landlord Address: _____			
City / Town	County	State	Zip Code
From: ___/___/___	To: ___/___/___	Rent ___	Own ___
Street Address: _____			
City / Town	County	State	Zip Code
Landlord Name: _____		Phone: _____	
Landlord Address: _____			
City / Town	County	State	Zip Code

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**The Sabattus Police Department conducts complete and thorough background checks.**

Have you ever been convicted of any violation of law by any court of law? Include any guilty plea(s) entered, military court martial(s), traffic violation conviction(s) that resulted from Operating Under the Influence (OUI) or any traffic violation(s) that resulted in your driving privileges being suspended.

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered, “Yes” for any of the above, provide the following details:

Date Committed	Offense	Jurisdiction (City / County / State)	Date of Conviction

*\* Omission or misrepresentation of this information in any capacity will result in immediate employment ineligibility.*

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## EMPLOYMENT WAIVER

DATE: \_\_\_\_\_

I, \_\_\_\_\_, thoroughly understand that I am being considered for employment as a law enforcement officer and that I must successfully complete a Background Investigation, Maine Criminal Justice Academy's ALERT Examination and Physical Assessment Examination. 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 Application for Employment and which I have otherwise explained in detail in 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 and, as such, I have no expectation of receiving funds of any kind during this process. I recognize and understand that the time required to process and select police applicants is lengthy and time consuming and that 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.

\_\_\_\_\_  
*Print Name and Date (mm/dd/yyyy)*

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

\_\_\_\_\_  
**Current Street Address**

\_\_\_\_\_  
**City/Town**

\_\_\_\_\_  
**State Zip Code**

State of Maine	
County of _____	
Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____,	
at _____, Maine, by _____.	
Signature of Notary Public _____	(SEAL)
Name of Notary Public (printed) _____	
Notary Public, State of Maine	
My commission expires: _____	

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## BACKGROUND INVESTIGATION

I understand these documents, when completed, will be used by the Sabattus Police Department as an investigative aid.

I understand all the requests and statements contained in this application, and I have no questions as to the need to produce the information. I further understand that I may be asked to take a polygraph (lie detector) examination to confirm the information I have provided is true and authentic.

I understand the purpose of the Background Investigation is to examine my past and that examples of what will be collected and reviewed may include, but may not be limited to, my educational history, military history, motor vehicle and driving history, law enforcement records and involvements, my character, my lifestyle and my family.

I understand the information collected may be done so by letter, telephone and/or by personal interview with both primary and secondary sources. The information may also be gathered by a professional from another law enforcement agency on behalf of the Sabattus Police Department.

Lastly, I understand the information gathered is used for the purpose of employment-related decisions and retention of this personal data will remain in my file as an applicant of the Sabattus Police Department.

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*Print Name and Date (mm/dd/yyyy)*

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*Signature of Applicant*

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***Current Street Address***

***City/Town***

***State Zip Code***

State of Maine	
County of _____	
Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____,	
at _____, Maine, by _____.	
Signature of Notary Public _____	(SEAL)
Name of Notary Public (printed) _____	
Notary Public, State of Maine	
My commission expires: _____	

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## APPLICANT'S CERTIFICATION AND RELEASE AGREEMENT

I hereby authorize the Town of Sabattus or authorized representative of the Sabattus Police Department to investigate my references, work record, education and other matters related to my suitability for employment. This includes without limitation investigation of criminal record, criminal convictions, and driving record. I specifically authorize the Town of Sabattus or authorized representative of the Sabattus Police Department to obtain credit history, credit reports and related information and records including from credit reporting agencies. I recognize that these may be used in whole or in part to make a decision about my employment, and I understand that I am entitled to and have been provided with notice and additional information related to the credit information or reports before a final decision is made on that basis. I further authorize my present employer or any former employer or any other party, including any government or law enforcement agency and the references I have listed, to disclose to the Town of Sabattus or authorized representative of the Sabattus Police Department any and all letters, files, performance reviews and other information related to my work records or work history without giving me prior notice of such disclosure. I understand that any and all such information may be considered and relied upon by the Town of Sabattus or the Sabattus Police Department in making a hiring decision.

In addition, I hereby release the Town of Sabattus or authorized representative of the Sabattus Police Department, my former employers, and all other persons, corporations, partnerships and associations, as well as any entities supplying such information, from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I agree and acknowledge that any false statements or consequential omissions by me of any kind in this application are sufficient grounds for refusing initial employment, or for immediate dismissal if subsequently hired.

I have read and understand the above statement and release. I certify that the information in my application and resume is complete and accurate to the best of my knowledge.

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*Signature*

*Date*

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*Printed (Full Name)*

*Contact Phone Number*

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*Current Street Address*

*City/Town*

*State Zip Code*

State of Maine	
County of _____	
Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____,	
at _____, Maine, by _____.	
Signature of Notary Public _____	(SEAL)
Name of Notary Public (printed) _____	
Notary Public, State of Maine	
My commission expires: _____	

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**Please read carefully and sign the following statement:**

I certify, under penalty of law, that the information given in this application and supporting documentation (resume, cover letter, etc.) is all true, correct and complete to the best of my knowledge. I am aware that, should any investigation at any time show falsification, I will not be considered for employment or, if employed, I may be dismissed from the Sabattus Police Department and the Town of Sabattus. I hereby authorize the Sabattus Police Department to make all necessary investigations concerning me, my work habits, character, or my action in any transaction. I authorize the Sabattus Police Department to check my driving record. I understand that I may be asked to submit to a pre-employment drug test, a credit history check, a criminal history background check, and a polygraph examination as a condition of employment. I authorize the Sabattus Police Department to receive my academic records and other materials pertinent to my qualifications, and I further authorize and request each former employer, person given as reference, educational institution or organization (including law enforcement agencies and criminal justice entities) to provide all information that may be sought in connection with my application. I understand and agree that I will be required to ratify the information contained in this application by signature as a condition of employment.

\_\_\_\_\_  
*Print Name and Date (mm/dd/yyyy)*

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

State of Maine	
County of _____	
Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____,	
at _____, Maine, by _____.	
Signature of Notary Public _____	(SEAL)
Name of Notary Public (printed) _____	
Notary Public, State of Maine	
My commission expires: _____	

Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 <sup>th</sup> Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

