Dear Applicant,

 We would like to thank you for your interest in working for the Berwick Police Department.

 Once the attached application is completed, you need to return it with a current photograph of yourself and a photocopy of your driver’s license. These submissions are required for background investigation purposes. You must sign the bottom of this sheet to authorize a thorough background investigation prior to employment. Please indicate if you do not wish your current employer contacted.

 All finalists for full or part-time Law Enforcement positions will be required to submit to a fingerprint check for background information purposes. You will also be required to provide Alert Test verification from the Maine Criminal Justice Academy and have received Maine Criminal Justice Academy Certification (100 hour course minimum).

 If selected as a full or part-time Law Enforcement officer for the Town of Berwick, you may also be required to submit to a polygraph test, post-offer psychological examination and post-offer physical examination (as required by the Maine Criminal Justice Academy).

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Signature of Applicant Date

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

Date of interview

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOWN OF BERWICK

P.O. BOX 696

BERWICK, ME 03901

207 698-1101 (Town Hall) ⬝ 207 698-1136 (Police)

**Application For Employment**

|  |  |
| --- | --- |
| POSITION(S) APPLIED FOR | DATE OF APPLICATION |
| SOURCE OF REFERAL🞎 Advertisement 🞎 Friend 🞎 Relative 🞎 Agency 🞎 Other: |

|  |  |  |
| --- | --- | --- |
| LAST NAME | FIRST NAME | MIDDLE NAME |
| STREET ADDRESS | CITY, STATE, ZIP |
| MAILING ADDRESS (IF DIFFERENT) | CITY, STATE, ZIP |
| TELEPHONE | SOCIAL SECURITY NUMBER |

|  |  |
| --- | --- |
| HAVE YOU FILED AN APPLICATION WITH THE TOWN OF BERWICK BEFORE?🞎 Yes 🞎 No | IF YES, GIVE DATE(S) |
| HAVE YOU EVER BEEN EMPLOYED BY THE TOWN OF BERWICK BEFORE?🞎 Yes 🞎 No | ARE YOU ON LAY OFF AND SUBJECT TO RECALL?🞎 Yes 🞎 No |
| ARE YOU EMPLOYED NOW?🞎 Yes 🞎 No | MAY WE CONTACT YOUR CURRENT EMPLOYER?🞎 Yes 🞎 No |
| ARE YOU A CITIZEN OF THE UNITED STATES?🞎 Yes 🞎 No | IF NATURALIZED, GIVE DATE AND PLACE OF NATURALIZATION🞎 Yes 🞎 No |
| ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE UNITED STATES BECAUSE OF VISA OR IMMIGRATION STATUS? (PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT) | 🞎 Yes 🞎 No |
| ARE YOU AVAILABLE TO WORK:🞎 Full-Time 🞎 Part-Time 🞎 Shift 🞎 Temporary |
| ON WHAT DATE WOULD YOU BE AVAILABLE TO WORK?🞎 Yes 🞎 No | CAN YOU TYPE?🞎 Yes 🞎 No | CAN YOU OPERATE A COMPUTER?🞎 Yes 🞎 No |
| ARE YOU WILLING TO TRAVEL IF THE JOB REQUIRES IT?🞎 Yes 🞎 No |
| DO YOU HAVE A VALID DRIVER’S LICENSE?🞎 Yes 🞎 No | IF YES, WHAT STATE? | DRIVER’S LICENSE NUMBER AND CLASS |
| HAVE YOU BEEN CONVICTED OF ANY MOTOR VEHICLE VIOLATIONS OTHER THAN PARKING TICKETS IN THE LAST FIVE YEARS?🞎 Yes 🞎 No |
| IF YES, PROVIDE DETAILS |
| HAVE YOU EVER BEEN CONVICTED OF A CRIME?🞎 Yes 🞎 No |
| IF YES, PROVIDE DETAILS |
| NAME, ADDRESS AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY |
| CAN YOU PERFORM THE ESSENTIAL AND NONESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATIONS? | 🞎 Yes 🞎 No |
| CAN YOU SPEAK A FOREIGN LANGUAGE?🞎 Yes 🞎 No | IF YES, WHICH ONE(S)? |
| ARE YOU A VETERAN OF THE UNITED STATES MILITARY SERVICE?🞎 Yes 🞎 No |
| IF YES, LIST BRANCH OF SERVICE | HIGHEST RANK OBTAINED | TYPE OF DISCHARGE |
| LIST THREE PERSONAL REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT FORMER EMPLOYERS |
| NAME | ADDRESS | PHONE |
| NAME | ADDRESS | PHONE |
| NAME | ADDRESS | PHONE |
| ***Employment Experience*** |
| STARTING WITH YOUR PRESENT OR MOST RECENT JOB, LIST YOUR EMPLOYMENT EXPERIENCE. INCLUDE MILITARY SERVICE TIME AND VOLUNTEER ACTIVITIES. |  |

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| --- | --- | --- |
| EMPLOYER | FROM | TO |
| ADDRESS | TELEPHONE |
| JOB TITLE | SUPERVISOR |
| DUTIES | REASON FOR LEAVING |

|  |  |  |
| --- | --- | --- |
| EMPLOYER | FROM | TO |
| ADDRESS | TELEPHONE |
| JOB TITLE | SUPERVISOR |
| DUTIES | REASON FOR LEAVING |

|  |  |  |
| --- | --- | --- |
| EMPLOYER | FROM | TO |
| ADDRESS | TELEPHONE |
| JOB TITLE | SUPERVISOR |
| DUTIES | REASON FOR LEAVING |

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| JOB TITLE | SUPERVISOR |
| DUTIES | REASON FOR LEAVING |

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| --- | --- | --- |
| EMPLOYER | FROM | TO |
| ADDRESS | TELEPHONE |
| JOB TITLE | SUPERVISOR |
| DUTIES | REASON FOR LEAVING |
| ***Educational Background*** |
| ELEMENTARY SCHOOL | ADDRESS | YEARS COMPLETED |
| HIGH SCHOOL | ADDRESS | YEARS COMPLETED |
| COLLEGE/UNIVERSITY | ADDRESS | YEARS COMPLETED/DEGREE |
| GRADUATE/PROFESSIONAL | ADDRESS | COURSE OF STUDY |
| SPECIALIZED TRAINING, APPRENTICESHIP, ETC. | HONORS/AWARDS RECEIVED |
| SPECIAL SKILLS & QUALIFICATIONS |

|  |
| --- |
| ***Agreement*** |
| I hereby certify that all answers given herein are true and complete to the best of my knowledge.I authorize investigation of all statements contained in this Application for Employment as may be necessary to arrive at an employment decision and I waive my rights under the Federal Privacy Act or any other relevant laws for this purpose. I understand that this application is not and is not intended to be a contract for employment. I understand that I may be asked to submit to a physical examination (required for positions in certain departments) the cost of which will be paid by the Town.In the event of employment by the Town, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that if I am hired, I will be required to abide by all the applicable rules and regulations pertaining to employees of the Town of Berwick. |
| SIGNATURE OF APPLICANT | DATE |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized member of the Berwick Police Department, whether the said records are of a public, private, or confidential nature. I hereby request and authorize you to furnish the Berwick Police Department with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record and past and present medical conditions. The intent of this authorization is to give consent for full and complete disclosure of records relative to medical treatment, psychiatric treatment, performance evaluations, training files, internal investigative files, disciplinary action, complaints or grievances filed by me or against me, efficiency rating from supervisors or training programs, commendations, records of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest and any other documents and files pertaining to personnel records or employment history. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment with the Berwick Police Department. I also certify that any person(s), agencies or businesses who may furnish such information concerning me shall not be held liable for providing such information and I do hereby release the Town of Berwick and all agents of the Berwick Police Department from any and all liability which may be incurred as a result of furnishing such information or from any subsequent use of such information in determining my qualifications and suitability for employment with the Town of Berwick. This release shall expire six (6) months after the date signed and a photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s name (printed or typed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date waiver was signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_