



PENOBSCOT COUNTY SHERIFF'S OFFICE APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, or physical or mental disability. We offer reasonable accommodation to qualified disabled persons.

*******Incomplete Applications Will Not Be Processed*******

Revised 6/2015

Date of Application _____

Position(s) Applied For _____

Name _____

Last

First

Middle

Address _____

Street

City/Town

State

Zip

E-Mail Address _____

Home Telephone () _____ Cellular Phone () _____

Social Security Number _____ / _____ / _____

- Yes No Are you over age 21?
- Yes No Have you filed an application here before? If Yes, give date _____
- Yes No Have you ever been employed here before? If Yes, give date _____
- Yes No Are you employed now?
- Yes No May we contact your present employer?
- Yes No Have you been fired or asked to resign from any job?
If Yes, where/When _____
- Yes No Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.)
- Yes No Are you willing to undergo a polygraph examination for any involvement in criminal acts, illegal drug use, immoral activities?

Yes No Are you a Veteran of the US Military Service?

If Yes, Branch _____ Years of Service _____ Attach Copy of DD214

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

Give name, address and telephone numbers of three references who are not related to you and are not previous employers.

Reference #1

Name: _____

Address: _____

Phone Number: _____

Reference #2

Name: _____

Address: _____

Phone Number: _____

Reference #3

Name: _____

Address: _____

Phone Number: _____

Are you mentally and physically able to perform all of the duties of the position for which you are applying, with or without reasonable accommodations? Yes No

If no, please explain: _____

Have you ever had a civil judgment entered against you for fraud or for converting or misappropriating the property of another? Yes No

Have you ever been denied unemployment benefits due to misconduct? Yes No

If yes, please explain _____

Do you have any relatives (by blood or marriage) employed here? Yes No

If yes, who? _____

EMPLOYMENT EXPERIENCE

Start with your present or last job, and **LIST ALL EMPLOYERS DURING THE PAST TEN YEARS**, Do not omit any employer or requested information within this period.

1.	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	Name:	FROM	TO	
	Address:			
	Supervisor's Name:	Hourly Rate/Salary		Reason for Leaving:
	Phone number:	Starting	Final	
	Your Job Title:			
2.	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	Name:	FROM	TO	
	Address:			
	Supervisor's Name:	Hourly Rate/Salary		Reason for Leaving:
	Phone number:	Starting	Final	
	Your Job Title:			
3.	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	Name:	FROM	TO	
	Address:			
	Supervisor's Name:	Hourly Rate/Salary		Reason for Leaving:
	Phone number:	Starting	Final	
	Your Job Title:			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experience.

EDUCATION:

High School: _____
Address of High School: _____
Years Completed: 1 2 3 4
Date of Graduation: _____
Date and location of GED: _____

College/University

College/University: _____
Address of School: _____
Years Completed: 1 2 3 4
Degree: _____
Date of Graduation: _____

Graduate/Professional

Name of School: _____
Address of School: _____
Years Completed: _____
Diploma/Degree: _____

Have you completed Law Enforcement Pre-service at MCJA? Yes No
If yes, Date _____

Have you completed Basic Correctional Training (BCOR)? Yes No If yes, Date _____
Name of Institution where completed: _____

For Law Enforcement Positions only:

If you have completed the Basic Law Enforcement Training Program (BLETP) at the Maine Criminal Justice Academy or, were waived by the Board of Trustees from attendance, please indicate when _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I authorize an investigation into all statements in this application. I authorize the Penobscot County Sheriff's Office to contact any present or former employer and references that I have given. I further release all such persons from liability for providing any information and encourage each reference to speak candidly about their knowledge of my work ethics and character.

This application for employment shall be considered active for a period of one year. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at this time. Accepting applications does not necessarily mean that an opening exists.

The applicant understands that neither this document nor any offer of employment constitutes an employment contract unless a specific document to that effect is executed by the Sheriff to the employee in writing.

I understand that false or misleading information given or omissions in my application or interview(s) may result in denial of employment or discharge. I understand, also, that I am required to abide by all rules and regulations of the employer, which it may change at its sole discretion.

Signature of Applicant _____ Date _____

APPLICANTS ARE REQUIRED TO SUBMIT TO A POLYGRAPH AND URINALYSIS

If you are a current and or recent illegal drug user you will not be employed by the Penobscot County Sheriff's Office.

**BACKGROUND CHECK FOR EMPLOYMENT AT THE
PENOBSCOT COUNTY SHERIFF'S OFFICE**

IN ORDER TO PROCESS YOUR APPLICATION FOR A POSITION AT THE SHERIFF'S OFFICE WE NEED TO CONDUCT A BACKGROUND CHECK WHICH INCLUDES THE FOLLOWING:

- Motor Vehicle records
- Law enforcement records
- Maine State Bureau of Identification
- Federal Bureau of Identification

ANY CRIMINAL CONVICTION AND/OR JUVENILE ADJUDICATION **MAY** DISQUALIFY YOU FROM CONSIDERATION FOR EMPLOYMENT.

This includes motor vehicle violations that constitute crimes including OUIs/DWIs/OASs committed as an Adult and/or as a Juvenile.

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? Yes No

HAVE YOU BEEN CONVICTED OR ADJUDICATED OF ANY JUVENILE OFFENSE OR CRIME? Yes No

This includes crimes or juvenile crimes or their equivalent in any jurisdiction including federal, military, tribal, and other states or countries.

If YES, please explain:

Signature of Applicant _____ Date _____

Failure to disclose any of the above may be cause for disqualification and/or termination of your employment.

STATEMENT OF APPLICANT

I understand the following information will be utilized solely for the purpose of obtaining a background check as described above.

Applicant's Signature

Date of Birth

Name Printed

Any Other Name Used By Applicant

Social Security Number

Driver's License Number/Specify State



Troy J. Morton
Sheriff

William E. Sheehan
Chief Deputy

Richard R. Clukey
Jail Administrator

AUTHORIZATION TO RELEASE INFORMATION

TO: _____
(to be completed by Department Personnel)

I have applied for employment at the Penobscot County Sheriff's Office. I understand that as a part of the application process a background check will be required.

I hereby request and authorize you to furnish the Penobscot County Sheriff's Office, through its investigator, any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical conditions (only to be requested after a conditional offer of employment). 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. The information will be used for the purposes of determining my eligibility for employment with the Penobscot County Sheriff's Office.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information to help determine my qualifications to serve as an employee of the Penobscot County Sheriff's Office.

Signed: _____

Printed Name: _____

Date: _____

Date of Birth: _____

(for identification purposes only)