



KENNEBUNK POLICE DEPARTMENT

KENNEBUNK, MAINE



Robert F. MacKenzie, Chief of Police

INSTRUCTIONS

Please read these instructions carefully before proceeding.

These instructions are provided as a guide to assist you in properly completing your *Application for Employment*. It is essential that information be accurate in all respects as it will be used as the basis for a background investigation, which will determine your eligibility for employment.

- **Your *Application for Employment* should be printed legibly in ink. Answer all questions to the best of your ability.**
- **If a question is not applicable to you, enter “N/A” in the space provided.**
- **Avoid errors by reading section directions carefully before making any entries on the form. Be certain your information is correct and in proper sequence before you begin.**
- **You are responsible for obtaining correct physical and/or mailing addresses. If you are not certain of an address, check it by personal verification. Your local library may have a directory service.**
- **If there is insufficient space on the form for you to include all required information please attach extra sheets to this *Application of Employment*. Make sure to reference the relevant section and question number before continuing to answer questions.**
- **An accurate and complete form will help expedite your background investigation. Conversely, deliberate omissions or falsifications may result in disqualification.**

4 SUMMER ST. • KENNEBUNK, ME. • 04043-6642

EMERGENCY: 9-1-1 • NON-EMERGENCY: (207) 985-6121 • FAX: (207) 985-8769

<http://kennebunkpolice.maine.org>

APPLICATION FOR EMPLOYMENT

DATE: _____

POSITION APPLYING FOR: _____

A. APPLICANT IDENTIFICATION

Information provided in this section is used for identification purposes only.

1. NAME: _____
Last First Middle

2. ADDRESS: _____
Number Street

City State Zip Code

3. TELEPHONE NUMBER: _____

4. E-MAIL ADDRESS: _____

5. NICKNAME(S), MAIDEN NAME, OR OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN: _____

6. SOCIAL SECURITY NUMBER: _____

7. ARE YOU AT LEAST 20 YEARS OF AGE? YES NO

8. PLACE OF BIRTH: _____

9. DRIVER'S LICENSE #: _____ STATE: _____ EXP. DATE: _____

B. REFERENCES

List all addresses where you have lived during the past ten (10) years, beginning with present address. List date by month & year. Attach extra page(s) if necessary.

FROM	TO	ADDRESS

C. WORK HISTORY

Beginning with your present or most recent job, list all employment held for the past ten (10) years, including part-time, temporary and/or seasonal employment. Also include periods of unemployment. Attach extra page(s) if necessary. Please indicate if you are fearful that your present job would be in jeopardy if inquiries are made.

1. FULL-TIME PART-TIME AVG. HRS. PER WEEK: _____
FROM: _____ TO: _____ EMPLOYER: _____
ADDRESS: _____
PHONE NUMBER: _____ JOB TITLE: _____
DUTIES: _____

SUPERVISOR: _____ NAME OF CO-WORKER: _____
REASON FOR LEAVING: _____

2. FULL-TIME PART-TIME AVG. HRS. PER WEEK: _____
FROM: _____ TO: _____ EMPLOYER: _____
ADDRESS: _____
PHONE NUMBER: _____ JOB TITLE: _____
DUTIES: _____

SUPERVISOR: _____ NAME OF CO-WORKER: _____
REASON FOR LEAVING: _____

3. FULL-TIME PART-TIME AVG. HRS. PER WEEK: _____
FROM: _____ TO: _____ EMPLOYER: _____
ADDRESS: _____
PHONE NUMBER: _____ JOB TITLE: _____
DUTIES: _____

SUPERVISOR: _____ NAME OF CO-WORKER: _____

REASON FOR LEAVING: _____

4. FULL-TIME PART-TIME AVG. HRS. PER WEEK: _____

FROM: _____ TO: _____ EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____ JOB TITLE: _____

DUTIES: _____

SUPERVISOR: _____ NAME OF CO-WORKER: _____

REASON FOR LEAVING: _____

5. FULL-TIME PART-TIME AVG. HRS. PER WEEK: _____

FROM: _____ TO: _____ EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____ JOB TITLE: _____

DUTIES: _____

SUPERVISOR: _____ NAME OF CO-WORKER: _____

REASON FOR LEAVING: _____

D. MILITARY RECORD

1. HAVE YOU SERVED IN THE U.S. ARMED FORCES ____ YES ____ NO

2. DATE OF SERVICE: FROM: _____ TO: _____

BRANCH OF SERVICE: _____

UNIT DESIGNATION: _____

MILITARY SERVICE NUMBER: _____

HIGHEST RANK HELD: _____

TYPE OF DISCHARGE: _____

E. EDUCATIONAL HISTORY

HIGH SCHOOL		GRADUATED			
<u>Attended</u>	<u>City - State</u>	<u>Yes</u>	<u>No</u>		

COLLEGE OR UNIVERSITY ATTENDED: _____

CITY & STATE: _____ MAJOR/MINOR: _____

DEGREE RECEIVED (IF ANY): _____

COLLEGE OR UNIVERSITY ATTENDED: _____

CITY & STATE: _____ MAJOR/MINOR: _____

DEGREE RECEIVED (IF ANY): _____

LIST OTHER SCHOOLS ATTENDED (TRADE, VOCATIONAL, BUSINESS, ETC.)
GIVE NAME AND ADDRESS OF SCHOOL, DATES ATTENDED, COURSE OF
STUDY, CERTIFICATES RECEIVED & ANY OTHER PERTINENT INFORMATION.

F. SPECIAL QUALIFICATIONS & SKILLS

1. Have you taken and passed the Maine Criminal Justice Academy's Alert Test?
Yes No Score: _____ Date Taken: _____

2. Are you a graduate of the Maine Criminal Justice Academy's Law Enforcement Pre-Service Program (100 hr. Course)? Yes No If yes, date completed: _____

3. Are you a graduate of the Maine Criminal Justice Academy's Municipal/County Basic Police School or Basic Law Enforcement Training Program? Yes No
If yes, date completed: _____ Class #: _____

4. LIST ANY SPECIAL LICENSES YOU HOLD (SUCH AS PILOT, RADIO OPERATOR, SCUBA, ETC.). SHOW LICENSING AUTHORITY, ORIGINAL DATE OF ISSUE, AND DATE OF EXPIRATION.

5. LIST ANY SPECIALIZED MACHINERY OR EQUIPMENT YOU CAN OPERATE.

6. IF YOU ARE FLUENT IN A FOREIGN LANGUAGE INDICATE EACH AREA AND THE DEGREE OF FLUENCY (I.E. EXCELLENT, GOOD, OR FAIR).

<u>Language</u>	<u>Reading</u>	<u>Speaking</u>	<u>Understanding</u>	<u>Writing</u>

7. LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS.

G. CONVICTIONS, ARRESTS, DETENTIONS

1. HAVE YOU EVER BEEN ARRESTED AND/OR DETAINED BY POLICE, SUMMONSED TO COURT OR CONVICTED OF A CRIME? YES NO

IF YES, COMPLETE THE FOLLOWING, LISTING JUVENILE, AS WELL AS ADULT OCCURRENCES.

<u>Crime Charged</u>	<u>Police Agency City & State</u>	<u>Date</u>	<u>Disposition</u>

2. HAVE YOU EVER BEEN THE SUBJECT OF A COURT ISSUED PROTECTION ORDER (TEMPORARY OR PERMANENT)? YES NO
IF YES, GIVE DATE, LOCATION AND REASON(S):

H. TRAFFIC RECORD

1. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?
 YES NO IF YES, GIVE DATE, LOCATION AND REASON(S):

J. REFERENCES OR ACQUAINTANCES

LIST FIVE INDIVIDUALS WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES OR FORMER EMPLOYERS.

NAME: _____ ADDRESS: _____

RESIDENCE PHONE: _____ BUSINESS PHONE: _____

BUSINESS ADDRESS: _____

YEARS KNOWN: _____

NAME: _____ ADDRESS: _____

RESIDENCE PHONE: _____ BUSINESS PHONE: _____

BUSINESS ADDRESS: _____

YEARS KNOWN: _____

NAME: _____ ADDRESS: _____

RESIDENCE PHONE: _____ BUSINESS PHONE: _____

BUSINESS ADDRESS: _____

YEARS KNOWN: _____

NAME: _____ ADDRESS: _____

RESIDENCE PHONE: _____ BUSINESS PHONE: _____

BUSINESS ADDRESS: _____

YEARS KNOWN: _____

NAME: _____ ADDRESS: _____

RESIDENCE PHONE: _____ BUSINESS PHONE: _____

BUSINESS ADDRESS: _____

YEARS KNOWN: _____

L. ORGANIZATION MEMBERSHIP(S)

(PAST AND/OR PRESENT)

<u>Name & Address</u>	<u>Type (Social, Fraternal, Professional, Etc.)</u>	<u>From</u>	<u>To</u>

I hereby certify there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

Applicant Signature

Date



KENNEBUNK POLICE DEPARTMENT

KENNEBUNK, MAINE



Robert F. MacKenzie, Chief of Police

Authorization to Release Information

I hereby request and authorize you to furnish, to the Chief of Police or his/her representative, any information they may request concerning my work record, educational history, military record, financial status, criminal record and past or present medical and/or psychological conditions, within one year of the date signed below.

This authorization is intended to include any and all information of a confidential nature, as well as photocopies of such documents if requested. Information will be used for the purpose of determining my eligibility for employment with the Kennebunk Police Department.

I hereby release you and your organization from any liability that may result from furnishing the information requested above, or from any subsequent use of such information in determining my qualifications for employment with the Kennebunk Police Department.

Applicant Printed Name

Applicant Signature

Date