

York County Sheriff's Office



Employment Application & Personal History Statement

Mailing Address: 1 Layman Way, Alfred, Maine 04002

Office (207) 324-1113 Fax (207) 324-3496

Job Applied For: **DEPUTY SHERIFF**

Note: This application must be filled out completely in ink. You must attach a resume. You may also attach any additional pages if needed. To obtain credit for any training, you must attach copies of your certificates and/or diplomas.

PERSONAL HISTORY INFORMATION

1. Name: _____
Last First Middle

2. Mailing Address: _____
Street
Town/City State Zip Code

3. Physical Address: _____
Street
Town/City State Zip Code

4. Primary Contact Number (_____) _____ Alternate Number: (_____) _____

5. Email Address: _____

6. Are you 21 years or older? Yes No
6a. Will you be 21 years old by January 31, 2020? Yes No

7. Have you ever legally changed your name? Yes No

8. List any other name(s), including nicknames, you have used: _____

9. How did you learn about this position? _____

10. Do you have any relatives who are currently employed, or were previously employed, by the York County Sheriff's Office? Yes No

11. Are you legally eligible to work in the United States? Yes No

12. Are you willing to take a Polygraph Test? Yes No

13. Are you able to work all shifts? Yes No

15. Are you able to adhere to a dress code? Yes No

16. Are you able to perform the job functions of a Deputy Sheriff? Yes No

If No, list only the accommodation(s) requested: _____

EDUCATION AND TRAINING

17. Indicate the highest education level completed: 1 2 3 4 5 6 7 8 9 10 11 12

Undergraduate _____ Graduate _____ Ph.D. _____

Did you graduate from high school? Yes No if no, have you passed a G.E.D. test? Yes No

Name and location of the last high school attended: _____

	School Name and Location	Number of Years Attended	Did you Graduate?	Degree	Major Area of Study
College or University					
Other Education					

List and training, skills, education, or professional qualifications that you believe may be an asset to the York County Sheriff's Office: _____

MILITARY SERVICE

18. Have you ever been a member of any branch of the Armed Forces? Yes No

If Yes, which branch of the Armed Forces? _____

Date entered: _____ Date discharged if not currently serving: _____

Highest Rank: _____

Primary Duties: _____

Were you subject to any disciplinary action while in the Armed Forces? Yes No

If Yes, provide details: _____

EXPERIENCE AND EMPLOYMENT HISTORY

19. Beginning with your current or most recent position, list all of your experience, to include work, volunteer and military service. Be sure to include all requested information. If additional space is required, use the space provided on Page 8.

A. _____ Job Title: _____ From: _____ to: _____
Present/Last Employer

_____ Street Address

_____ Reason for Leaving: _____
City, State, Zip Code

_____ Describe your position: _____
Telephone

_____ Supervisor's Name

May we contact? Yes No _____

B. _____ Job Title: _____ From: _____ to: _____
Past Employer

_____ Street Address

_____ Reason for Leaving: _____
City, State, Zip Code

_____ Describe your position: _____
Telephone

_____ Supervisor's Name

May we contact? Yes No _____

C. _____ Job Title: _____ From: _____ to: _____
Past Employer

_____ Street Address

_____ Reason for Leaving: _____
City, State, Zip Code

_____ Describe your position: _____
Telephone

_____ Supervisor's Name

May we contact? Yes No _____

D. _____ Job Title: _____ From: _____ to: _____
Past Employer

Street Address

City, State, Zip Code

Telephone

Supervisor's Name

Reason for Leaving: _____

Describe your position: _____

May we contact? Yes No _____

E. _____ Job Title: _____ From: _____ to: _____
Past Employer

Street Address

City, State, Zip Code

Telephone

Supervisor's Name

Reason for Leaving: _____

Describe your position: _____

May we contact? Yes No _____

F. _____ Job Title: _____ From: _____ to: _____
Past Employer

Street Address

City, State, Zip Code

Telephone

Supervisor's Name

Reason for Leaving: _____

Describe your position: _____

May we contact? Yes No _____

MOTOR VEHICLE AND DRIVING HISTORY

20. Do you possess a valid driver's license? Yes No If Yes, issuing state: _____
 License Number: _____ Expiration Date: _____
 Have you ever held a driver's license from another state or jurisdiction? Yes No
 If Yes, issuing state(s) or jurisdiction(s): _____
 Has your right to operate a motor vehicle ever been suspended or revoked? Yes No
 If Yes, Explain: _____

List all of your motor vehicle history including accidents and summonses, regardless of the disposition of the charge, for the past five (5) years. If additional space is required, use the space provided on Page 8.

Date	Accident or Summons	Charge (if applicable)	Agency	Disposition

CRIMINAL HISTORY

21. Have you ever been charged, summonsed, arrested, convicted, or adjudicated for any crime or attempted crime, including motor vehicle and fish and wildlife crimes? Yes No
 If Yes, list each instance below. If additional space is required, use the space provided on Page 8.

Date	Charge	City/Town, State	Agency	Disposition

22. Have you ever had a Protection Order or Cease Harassment Order issued against you? Yes No

If Yes, provide details: _____

23. Is there anything in your life that you have not fully explained already, that may influence the York County Sheriff's Office evaluation of your suitability for employment? Yes No

If Yes, provide details: _____

RESIDENTIAL HISTORY

24. Beginning with where you currently reside, list all of your residences in reverse chronological order. If additional space is required, use the space provided on Page 8.

FROM Month Year	TO Month Year	Address	City/Town	State	Zip Code

REFERENCES

25. List five persons whom you have known for at least one year and are not related to you by blood or marriage.

Name	City/Town	State	Primary Contact Number	Secondary Contact Number

YORK COUNTY SHERIFF'S OFFICE

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize representatives of the York County, Maine Sheriff's Office, a review of, and full disclosure of, all records or any part thereof, concerning myself, whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my full and complete disclosure of the records of education institutions, employment and pre-employment records, including background reports, proficiency ratings, complaints or convictions for alleged or actual violations of the law, including criminal and/or traffic records or complaints or a civil nature made by or against me, wherever located.

It is the intent of the authorization to provide full and free access to the background and history of my work and personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the York County Sheriff's Office, to consider in determining my suitability for employment by the department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the personal history background investigation, which is developed directly or indirectly, in whole or in part, upon the Release Authorization will be considered in determining my suitability for employment by the York County Sheriff's Office. I have had this explained to me and I fully understand that the refusal to grant this authorization will not, of itself, constitute for rejection of my application.

Applicant's Signature: _____ Date: _____

Address: _____
Street Address

_____ Town/City State Zip Code