

Human Resources Office



Thank you for your interest in the Cumberland County Sheriff's Office. Please attach copies of the following documents along with your application:

- Birth certificate, valid Passport, or INS work Permit to establish eligibility to work in the U.S.
- High School diploma or GED
- Military records/DD-214
- College degree or transcripts
- Documentation of name change (if applicable)
- Driver's License

Please return the completed application and documents to:

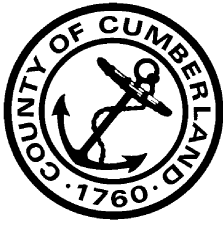
Human Resources Office
Cumberland County Courthouse
142 Federal Street, Room 100
Portland, Maine 04101
Tel./207.775.6809
Fax/207.871.8378

Sincerely,

Wanda P. Pettersen

Wanda P. Pettersen
Human Resources Director
Pettersen@cumberlandcounty.org

Employment Application
County of Cumberland, Maine



Human Resources Office
142 Federal Street, Room 100
Portland, Maine 04101
Tel/207.775.6809
Fax/207.871.8378
www.cumberlandcounty.org

Please print in ink or type. Answer every question clearly and **completely**. Where a question does not apply, answer N/A. All positions require a complete application, therefore, **do not use "See Resume."** Completed applications may be mailed or hand-delivered. Applications for positions with closing dates must be received by the Human Resources Office by 4:00 p.m. on the closing date.

PERSONAL DATA

Applications are only accepted for jobs which are currently open. Be sure to list the title of the job for which you are applying.

POSITION APPLIED FOR _____
(Give exact title)

1. Legal Name _____ 2. Social Security No. _____
Last First Middle

3. Address _____
Street City State Zip Code

4. Telephone, (Area Code)/Number (____) _____ (____) _____
Home Work

Email Address _____

5. Are you legally eligible to work in the U.S.? Yes No
6. The County of Cumberland supports the Americans with Disabilities Act. Are you able to perform the specific job functions for which you are applying? Yes No If no, list **only** the accommodation needed:
7. Are you related to a member of the Sheriff's Office? Yes No
If yes, which department? _____
8. Have you ever worked for the County of Cumberland? Yes No
If yes, which department? _____ When? _____
9. If the position for which you are hired requires driving a County vehicle, you must produce an appropriate, valid driver's license. Your driving record will be reviewed if your position requires driving a County vehicle. Your driving record must be within the standards set by the County's insurance company and the County in order for you to be permitted to operate a County vehicle.
10. When would you be available for employment? _____
11. What is the lowest salary you will accept? _____
12. How did you learn about the position for which you are applying? _____
If newspaper, which one, or if County employee referral, list name of employee. _____

EDUCATION AND TRAINING

13. Indicate the highest educational grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 12+

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					

SPECIAL QUALIFICATIONS AND SKILLS (typing, computer proficiency, foreign languages, professional licenses and certifications, publications, scholastic honors, etc.)

OTHER TRAINING YOU RECEIVED (for example special courses, work training programs, armed forces training)

If applying for a job requiring specific skills please complete as applicable:

Typing Speed: _____ wpm. Other: _____

EXPERIENCE HISTORY

Start with your present position and work back. Include military service/volunteer experience. **Explain fully any gaps in employment or between education and employment.** Additional experience should be listed on a separate sheet of paper. Be sure to include all requested information, especially as it relates to the job for which you are applying. **Do not use "See Resume."**

Present/Last Employer _____ Job Title: _____ Employed from: _____ to: _____

Street Address _____ Starting Salary: _____ Ending Salary: _____ Average hours per week: _____

City, State, Zip _____ Reason for leaving: _____

Telephone _____ Describe your work: _____

Supervisor's Name _____

May we Contact? Yes No

Past Employer _____ Job Title: _____ Employed from: _____ to: _____

Street Address _____ Starting Salary: _____ Ending Salary: _____ Average hours per week: _____

City, State, Zip _____ Reason for leaving: _____

Telephone _____ Describe your work: _____

Supervisor's Name _____

May we Contact? Yes No

Past Employer _____ Job Title: _____ Employed from: _____ to: _____

Street Address _____ Starting Salary: _____ Ending Salary: _____ Average hours per week: _____

City, State, Zip _____ Reason for leaving: _____

Telephone _____ Describe your work: _____

Supervisor's Name _____

May we Contact? Yes No

Past Employer _____ Job Title: _____ Employed from: _____ to: _____

Street Address _____ Starting Salary: _____ Ending Salary: _____ Average hours per week: _____

City, State, Zip _____ Reason for leaving: _____

Telephone _____ Describe your work: _____

Supervisor's Name _____

May we Contact? Yes No

Experience History

_____ Job Title: _____ Employed from: _____ to: _____
Past Employer

_____ Starting Salary: _____ Ending Salary: _____ Average hours per week: _____
Street Address

_____ Reason for leaving: _____
City, State, Zip

_____ Describe your work: _____
Telephone

_____ Supervisor's Name

May we Contact? Yes No

_____ Job Title: _____ Employed from: _____ to: _____
Past Employer

_____ Starting Salary: _____ Ending Salary: _____ Average hours per week: _____
Street Address

_____ Reason for leaving: _____
City, State, Zip

_____ Describe your work: _____
Telephone

_____ Supervisor's Name

May we Contact? Yes No

_____ Job Title: _____ Employed from: _____ to: _____
Past Employer

_____ Starting Salary: _____ Ending Salary: _____ Average hours per week: _____
Street Address

_____ Reason for leaving: _____
City, State, Zip

_____ Describe your work: _____
Telephone

_____ Supervisor's Name

May we Contact? Yes No

_____ Job Title: _____ Employed from: _____ to: _____
Past Employer

_____ Starting Salary: _____ Ending Salary: _____ Average hours per week: _____
Street Address

_____ Reason for leaving: _____
City, State, Zip

_____ Describe your work: _____
Telephone

_____ Supervisor's Name

May we Contact? Yes No

14. Background checks are routinely performed prior to hire. May we conduct? Yes No If no, please explain:

15. Do you possess a Maine:

A. Chauffeur's License? YES or NO If yes, list license number _____ Issue date: _____

B. Operator's (Driver's) License? YES or NO If yes, list license number _____

Issue Date: _____ Class: _____ State: _____

C. Did you ever possess a chauffeur's or Operator's license issued by any state other than Maine?

YES or NO

If yes, list City & State _____

Issue Date _____

16. References: Note: MUST be complete, include all data requested

_____	_____	_____
Name	Name	Name
_____	_____	_____
Address	Address	Address
_____	_____	_____
_____	_____	_____
Telephone	Telephone	Telephone
_____	_____	_____
Relationship	Relationship	Relationship

PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION AND AGREEMENT

AGREEMENTS:

PROBATIONARY PERIOD

It is understood that I shall be considered a temporary employee during a probation period and may be discharged or laid off before the expiration of that period without recourse.

It is agreed that any misrepresentation by me in this application will be sufficient cause for its cancellation, rejection or dismissal from service of the Sheriff's Office if I am appointed. It is also agreed that I have answered all of the questions on this form completely. If not, this application may be rejected.

List any names you have used or have been known by (include nicknames)

Are you willing to submit to a polygraph examination in order to establish the integrity of this questionnaire? _____

If "NO", state reason(s) _____

MILITARY SERVICE
(ANSWER ALL QUESTIONS)

Have you ever served in a Military Organization of the United States? _____

Give periods of military service (Active or Reserves)

From _____ To _____

From _____ To _____

From _____ To _____

Give branch of service _____

Were you ever court-martialed, tried on charges, the subject of Summary Court or received an Article 15? _____

If "YES", give details of charges and disposition _____

If space is insufficient, use a continuation sheet

Are you currently an Active or Inactive member of the Reserve Forces (any branch), or National Guard of the United States of any foreign government? _____

State which, active or inactive _____

Branch _____ Unit _____ Rank _____

Address _____ From _____ To _____

CUMBERLAND COUNTY SHERIFF'S OFFICE

MANDATORY QUESTIONNAIRE

MUST be completed and submitted with application

Name: (please print) _____

READ AND ANSWER EVERY QUESTION: A candidate shall be rejected who has intentionally made a false statement of a material fact, practiced or attempted to practice any deception or fraud in his/her application, examination or in securing his/her eligibility for appointment. All information on this form will be subject to review for truthfulness and integrity during a polygraph examination.

(Circle Yes or No)

- | | | |
|--|-----|----|
| 1. Have you ever been convicted of a felony? | Yes | No |
| 2. Have you ever been convicted of a misdemeanor? | Yes | No |
| 3. Have you ever been convicted of any felony or a misdemeanor involving perjury or a false statement? | Yes | No |
| 4. Have you received a dishonorable or an undesirable discharge from the Armed Forces? | Yes | No |
| 5. Have you sold, purchased or offered for sale any illegal drug? | Yes | No |
| 6. Have you induced or attempted to induce another person in the use of illegal drugs? | Yes | No |
| 7. Have you used cannabis, marijuana, hash, hash oil or any of its derivatives in the last six months? | Yes | No |
| 8. Have you ever injected illegal drugs, including steroids? | Yes | No |

Explain any "yes" answer, giving dates:

9. Have you ever used any of the following other than those prescribed for you while under the care of a physician?

DRUG	SLANG NAME	CIRCLE YES OR NO	IF YES, LIST NUMBER OF TIMES USED	IF YES, LIST LAST DATE USED
Cocaine, crack, freebase, or any cocaine derivative	Snow, blow, nose candy, toot	YES NO		
LSD	Acid	YES NO		
PCP	Angel dust, Tea	YES NO		
Opium		YES NO		
Heroin	Horse, smack, red eagle, monkey	YES NO		
Psilocybin	Mushrooms, schrooms	YES NO		
MDMA	XTC, Ecstasy	YES NO		
Barbiturates	Barbs, downers, yellow jackets, phennies	YES NO		
Amphetamines	Bennies, dexies, speed	YES NO		
Inhalants	Glue, gasoline, poppers, rush	YES NO		
Quaaludes	Ludes, downers	YES NO		
Methamphetamine	Crank, crystal, ice	YES NO		
Steroids	Human performance drugs, anabolics	YES NO		
Marijuana	Grass, weed, herb, smoke	YES NO		
Hashish	Hash, THC	YES NO		
Other (please list)		YES NO		

I hereby certify that the information set forth in this two page questionnaire is true and complete. I understand that failure to disclose any information requested **in this questionnaire or my application** will disqualify me from consideration. Cumberland County is hereby authorized to make any investigation into my personal history as it relates to my application for employment.

Applicant's Signature

Printed Name

Date

CUMBERLAND COUNTY SHERIFF'S OFFICE
Authorization for Release of Information Agreement

TO WHOM IT MAY CONCERN: I am an applicant for a position with the **Cumberland County Sheriff's Office (herein "CCSO")**. The **CCSO** needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history, be disclosed to the **CCSO**.

I hereby authorize any representative of the **CCSO** bearing this Release to obtain, review and receive full disclosure of any information, records or any part thereof in your files pertaining to my employment records concerning myself, whether said records are of a public, private or confidential nature and I hereby direct you to release such information upon request of the bearer. The intent of this Authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the **CCSO** to consider in determining my suitability for employment with the **CCSO**.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys-at-law or other counsel whether representing me or another person in any case, criminal or civil, in which I presently have or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any State or Federal Laws. I hereby release you as the custodian of such records of organization, including its officers, employees, or related personnel both individually and collectively from any and all liability for damages of whatever kind which may, at any time, result to me, my heirs, family, or associates because of compliance with this Authorization, and request to release information, or any attempt to comply with it.

I direct you to release such information upon request of the duly accredited representative of the **CCSO** regardless of any agreement I may have made with you previously to the contrary. The **CCSO** may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the **CCSO's** acceptance and processing of my application for employment, I agree to hold the **CCSO**, its agents and employees, harmless from any and all claims and liability associated with my application for employment, or in any way connected with the decision whether or not to employ me with the **CCSO**.

I understand that should information of a serious criminal nature surface, as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the **CCSO** in conjunction with its hiring process.

A photocopy or faxed copy of this Release Form will be valid as an original thereof, even though the said photocopy or faxed copy does not contain an original writing of my signature.

Should there be any questions as to the validity of this Release, you may contact me at the address listed on this form. I agree to pay any, and all, charges or fees concerning this request, and can be billed for such charges at the address listed on this Form.

I agree to indemnify, and hold harmless, the person to whom this request is presented, and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys fees arising out of, or by reason of, complying with this request.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. The **CCSO** is hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureau of the **CCSO's** choice.

Name: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____

Social Security Number: _____

Home Telephone: _____

Work Telephone: _____

Signature: _____

Date: _____

THANK YOU FOR COMPLETING THIS APPLICATION FOR EMPLOYMENT WITH THE COUNTY OF CUMBERLAND
Cumberland County is an Equal Opportunity/Affirmative Action Employer. We encourage diversity in our workforce.

VOLUNTARY DATA RECORD

To enable the County of Cumberland to meet statistical reporting regulations, applicants are requested (but not required) to complete this Personal Data Sheet. Information will be used solely for reporting purposes. This portion of your application will be detached and, if hired, will not become a part of your employee record. It will not be used as selection criteria and will be treated as personal and confidential.

Name: _____ Date: _____

Position applied for: _____

Date of Birth: _____ Check one: Male Female

Check one of the following (race/ethnic category descriptions are on the reverse side of this form):

- Hispanic Native American Asian/Pacific Islander White Black

Are you a Veteran? No Yes Vietnam Era Veteran? No Yes

If yes, dates of active duty: From _____ To _____ Type of discharge or release: _____

TO ALL APPLICANTS

Section 503 of the Rehabilitation Act of 1973, the Americans With Disabilities Act Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended, provide for employers to take affirmative action to employ and advance qualified disabled individuals, qualified disabled veterans, and veterans of the Vietnam Era respectively. If you would like to be considered under any of these Affirmative Action programs, please complete the information below.

Submission of this information is voluntary and refusal to provide it will not prevent consideration of employment.

Your information will be kept confidential and used only for the purpose of the Acts and the regulations issued under them, except (a) Supervisors and managers may be informed regarding restrictions on your work or duties and necessary accommodations; (b) safety personnel may be informed, as appropriate, if the condition might require emergency treatment; and (c) government officials investigating compliance with the Acts shall be informed.

If you are disabled and/or a veteran of the Vietnam Era, we would like to assist you in making appropriate career decisions. It would be helpful if you would complete the information below.

- I am disabled and would like assistance in appropriate employment placement.
 I am a Vietnam Era Veteran and would like assistance in appropriate employment placement.
 I am a disabled veteran and would like assistance in appropriate employment placement.

This is a list of my special skills, knowledge, or experience which may qualify me for positions that I might not otherwise be able to do because of my disability. This will permit my being considered for any position of that kind.

The following accommodations, if made, would enable me to perform the job for which I am applying successfully and safely:

RACE/ETHNIC CATEGORY DESCRIPTIONS

White (not of Hispanic origin)

All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (not of Hispanic origin)

All persons having origins in any of the Black racial groups of Africa.

Hispanic

All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regard-less of race.

Asian or Pacific Islander

All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native

All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.