

Limestone Police Department  
93 Main St.  
Limestone, Me  
04750

# EMPLOYMENT APPLICATION



An equal opportunity employer.

Date of application \_\_\_\_\_

## JOB INTERESTS

Position(s) applied for \_\_\_\_\_ Salary Desired \_\_\_\_\_

Have you applied for a position here before?  Yes  No If yes, when? \_\_\_\_\_

Type of employment requested  Full Time  Part Time  Temporary  Summer

Date you could begin working \_\_\_\_\_

## PERSONAL

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Area Code)

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Can you travel if your job requires it?  Yes  No Date of birth \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

Are you a veteran of the U.S. military service?  Yes  No Discharge type \_\_\_\_\_

If yes, what was your Branch of the U.S. military service? \_\_\_\_\_ Provide copy of DD 214

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying?  Yes  No

If yes, please explain below:

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Does any of your friends or relatives work here?  Yes  No

If yes, please explain below:

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Have you ever been convicted of a criminal or traffic offense? If yes, please explain below:  Yes  No

If yes, please explain below:

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## EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY	# OF YEARS	GRADE AVERAGE	MAXIMUM GRADE	DEGREE, DIPLOMA, CERTIFICATE AND HONORS RECEIVED
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
OTHER EDUCATION						
OTHER EDUCATION						

What foreign languages do you speak, read and/or write?

	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			

State any additional information you feel may be helpful to us in considering your application

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## EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

1. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Work Performed \_\_\_\_\_  
 \_\_\_\_\_

2. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Work Performed \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving \_\_\_\_\_

3. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Work Performed \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving \_\_\_\_\_

4. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Work Performed \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**PLEASE SUBMIT RESUME WITH APPLICATION**

**REFERENCES**

<i>Name</i>	<i>Relationship</i>	<i>Home Phone</i>	<i>Daytime Phone</i>

**ACKNOWLEDGEMENT**

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this company. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO CONDUCT A PRE-EMPLOYMENT LAW OFFICER BACKGROUND INVESTIGATION**

**AUTHORIZATION / ADVISEMENT  
INFORMED CONSENT RELEASE AND HOLD HARMLESS FOR CONFIDENTIALITY  
OF PRE-EMPLOYMENT BACKGROUND INVESTIGATION DATA**

CANDIDATE NAME:

I understand that I am authorizing an intensive investigation into all aspects of my personal, medical, and psychological fitness, and that such investigation will include contacting persons and/or organizations that have information relating to my fitness, including if I am or have been a Law Enforcement Officer in any State. I also understand that those persons and/or organizations may feel inhibited, intimidated, or otherwise reticent about furnishing information concerning my fitness unless confidentiality of their information can be guaranteed on a permanent basis.

I further recognize that although some of the information contained in this report is a matter of public record, or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I otherwise would not be privy.

Therefore, I exonerate, release, and discharge both my prospective employer, their officers, agents, or assigns, from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents, or assigns, for their refusal to make available any and all information contained in this pre-employment investigation declared confidential pursuant to law, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied which might identify that person.

I have had adequate time to review this form; I understand its meaning and purpose.

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**This release is valid for 120 days from the date of signature.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

In the County of \_\_\_\_\_ within the State of Maine.

▶ \_\_\_\_\_  
Candidate Signature

▶ \_\_\_\_\_  
Chief's Signature

