

PISCATAQUIS COUNTY SHERIFF'S OFFICE

52 Court Street
Dover-Foxcroft, ME 04426

Sheriff Robert Young
Chief Deputy Todd Lyford



1-207-564-3304
1-800-432-7372

PISCATAQUIS COUNTY SHERIFF'S OFFICE APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to ethnicity, age, marital status, gender, or physical/mental disability. We offer reasonable accommodations to qualified disabled persons.

*******INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED*******

Position(s) applied for: _____ Date of application _____

Name _____
Last First MI (Maiden if applicable)

Address _____
Street City/Town State Zip Code

Date of birth _____ Place of birth _____ SS# ____ / ____ / ____

Home telephone _____ Cell phone _____

Are you employed now? (Y) / (N)

May we contact your current employer? (Y) / (N)

Are you a veteran of the US Military? (Y) / (N)

If YES, Branch _____ Years of service _____ Please attach a copy of DD214

List Professional, trade, business/civic activities, and offices held. You may exclude memberships which reveal gender, ethnicity, religion, age, disability, or protected status.

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? (Y) / (N)

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? (Y) / (N)

Have you ever been denied unemployment benefits due to misconduct? (Y) / (N)

If yes, why? _____

Do you have any relatives (by blood or marriage) employed here? (Y) / (N)

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

Employer #1 _____ Employer telephone _____

Address _____

Dates employed _____ Hourly rate/salary _____

Supervisor's name _____ Job title _____

Work performed _____

Reason for leaving _____ May we contact employer (Y) / (N)

Employer #2 _____ Employer telephone _____

Address _____

Dates employed _____ Hourly rate/salary _____

Supervisor's name _____ Job title _____

Work performed _____

Reason for leaving _____ May we contact employer (Y) / (N)

Employer #3 _____ Employer telephone _____

Address _____

Dates employed _____ Hourly rate/salary _____

Supervisor's name _____ Job title _____

Work performed _____

Reason for leaving _____ May we contact employer (Y) / (N)

Employer #4 _____ Employer telephone _____
Address _____
Dates employed _____ Hourly rate/salary _____
Supervisor's name _____ Job title _____
Work performed _____
Reason for leaving _____ May we contact employer (Y) / (N)

Employer #5 _____ Employer telephone _____
Address _____
Dates employed _____ Hourly rate/salary _____
Supervisor's name _____ Job title _____
Work performed _____
Reason for leaving _____ May we contact employer (Y) / (N)

Other special skills and qualifications. Summarize skills and qualifications acquired from employers or other experiences. Make sure to include any certifications pertinent to the job for which you are applying.

Please provide three references who are not related to you and are not previous employers.

Reference #1

Name: _____

Address _____

Phone number(s) _____

Relationship _____

Reference #2

Name: _____

Address _____

Phone number(s) _____

Relationship _____

Reference #3

Name: _____

Address _____

Phone number(s) _____

Relationship _____

EDUCATION

High School _____

Address _____

Highest grade completed _____ Date of graduation _____

Date and location of GED _____

College/University _____

Address _____

Highest grade completed _____ Field of study _____ Degree (AS/BS) _____

Graduate School _____

Address _____

Highest grade completed _____ Field of study _____ Degree _____

Have you completed Law Enforcement Pre-Service at MCJA? (Y) / (N)

If yes, date _____

Have you completed A&B and C Correctional training? (Y) / (N)

If yes, date _____ Name of institution where completed _____

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BACKGROUND CHECK FOR EMPLOYMENT AT THE PISCATAQUIS COUNTY SHERIFF'S OFFICE

In order to process your application for a position 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 Investigation

Any criminal conviction and/or juvenile adjudication may disqualify you from consideration for employment. This includes motor vehicle violations that constitute crimes including OUI / DWI / OAS committed as adult and/or a juvenile.

Have you ever been convicted of any crime? (Y) / (N)

Have you been convicted or adjudicated of any juvenile offense or crime? (Y) / (N)

If YES to either question above, please explain:

Signature of applicant _____ Date _____

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

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STATEMENT OF APPLICANT

I understand the following information will be utilized solely for the purpose of obtaining a background check as described in this application form.

SSN# _____ DOB _____ Driver's license number and state _____

Name printed _____

Any other name used by applicant (ex. maiden) _____

Applicant's signature _____ Date _____

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AUTHORIZATION TO RELEASE INFORMATION

TO: _____

(To be completed by Department Personnel)

I have applied for employment at the Piscataquis 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 Piscataquis 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 condition 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 Piscataquis 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 Piscataquis County Sheriff's Office.

Date of birth _____ Date _____

Printed name _____ Signed _____