

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

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 _____