

Norway Police Department

19 Danforth Street
Norway, ME 04268



Phone (207) -743 - 5303

Fax (207) -743 - 5306

Jeffrey Campbell, Chief of Police

APPLICATION FOR EMPLOYMENT

Minimum requirements

The successful candidate;

1. Must be 21 years of age, or 20 years of age with 60 college credits at the time of application closing;
2. Must be in good physical condition;
3. Must possess a valid Maine Driver's License, or the ability to obtain one within 30 days after the employment start date;
4. Must have no criminal record which would make the successful candidate ineligible to obtain a certificate from the Maine Criminal Justice Academy;
5. Must not have an extensive driving record, including traffic violations or criminal violations punishable by time in jail within the last three (3) years;
6. Must pass all phases of the MCJA Physical Agility Test (PAT) prior to the candidate's start date;
7. Must pass the MCJA Alert Test with a score of 45 or more (***test results must be submitted with the completed application package***).
8. Must submit a current resume.

PERSONAL INFORMATION

Education:

Did you graduate from high school or obtain a GED Certificate? Yes No

If yes, Name & Location of school: _____

If no, what was the highest grade completed?: _____

Name(s) and Locations(s) of Colleges, Universities or Trade Schools Attended	Major/Minor (area of study)	Did You Graduate ?	Degree Earned (If none, list number of credits received)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Language Skills:

In what languages, other than English, are you proficient? Please list language(s) and check the areas that are applicable.

Language	Read	Speak	Write	Understand
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Computer Skills & Ability:

List computer software with which you have knowledge and experience:

Licenses/Certifications:

Maine Criminal Justice Academy Basic Law Enforcement Training

Program (BLETP) Graduate. Yes No If yes, Date of Completion: ____

Maine Criminal Justice Law Enforcement Pre-Service Training Program. Yes No

If yes, Completion Date: Phase 1 _____, Phase 2 _____, Phase 3 _____

Other _____

PERSONAL INFORMATION

Please list any license(s) and/or certification(s) that you currently possess that are applicable to the position that you are applying for:

PERSONAL INFORMATION

1. Can you provide proof of both your identity and your right to work in the United States?

Yes No

2. Are you a current or past employee of the Town of Norway? Yes No

If yes, please list date(s) of employment

3. Do you have any relatives currently employed by the Town of Norway ?

Yes No

If yes, please list name, relationship and department

4. Are you currently or have you ever been a party to any misdemeanor or felony criminal matter (other than minor traffic violations for which no arrest was made) in which you were charged, convicted, served probation, participated in a deferred dispositions or other program to avoid a conviction, or made restitution or participated in pre-trial diversion or other program to avoid prosecution? (Note: Answering "yes" will not automatically bar you from employment.)

Yes No

If yes, please list date, place, violation and fine (or sentence), and whether you were an adult or juvenile for each

5. Are you currently pending trial or judgment or have you been convicted within the past five years of any moving traffic violations? Yes No

If yes, please list date, place, violation and fine (or sentence) for each

6. Controlled Substances

Do you NOW or EVER possess, tried, purchased or sold any illegal drugs or controlled substances? ("Tried" includes smoking; inhaling; swallowing; placing/rubbing on gums, lips, or tongue; injecting; or ingesting by any other means as a juvenile or as an adult)

Yes No

PERSONAL INFORMATION

If Yes, list details below.

NAME of Drug or Controlled Substance	Total # of Times TRIED	Total # of Times POSSESS ED	Total # of Times PURCHAS ED	Total # of Times SOLD	FIRST TIME (MM/YY)	LAST TIME (MM/YY)
Marijuana/ "Pot"						
Cocaine/ "Crack"						
Steroids	Total # of Cycles ____					
GHB/ Ecstasy						
Methamphetamine "meth"						
Hallucinogenic/ PCP/ LSD/ "Acid"						
Heroin						
Prescribed Medications not Prescribed to You: Name:						
Other: Name Drug						

PERSONAL INFORMATION

Personal References:

List three (3) references (not relatives, former or present employers, fellow employees, police officers or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. You must give *complete* information for each reference. If retired, give former occupation.

Name:		
Address City, State, Zip:		
Home Phone:		Work Phone:
Occupation:	Relationship:	Years Known:
Name:		
Address City, State, Zip:		
Home Phone:		Work Phone:
Occupation:	Relationship:	Years Known:
Name:		
Address City, State, Zip:		
Home Phone:		Work Phone:
Occupation:	Relationship:	Years Known:

EMPLOYMENT HISTORY

List all/ each/ every employment experience, beginning with your current or most recent employer. Include military experience and account for all periods you were

unemployed. Please make copies of the next page if additional space is needed.

Current or Most Recent Employer:

Employer: _____

Address: _____

Telephone #: _____ Employment: From _____ to _____

Your Title/Rank: _____ Department/Division: _____

Supervisor Name: _____ Supervisor Title/Rank: _____

Specific Skills/Training: _____

Major Duties or Responsibilities: _____

Reason for Leaving/Wanting to Leave: _____

May we contact this employer regarding your work record? Yes No

Previous Employer:

Employer: _____

Address: _____

Telephone #: _____ Employment: From _____ to _____

Your Title/Rank: _____ Department/Division: _____

Supervisor Name: _____ Supervisor Title/Rank: _____

Specific Skills/Training: _____

Major Duties or Responsibilities: _____

Reason for Leaving/Wanting to Leave: _____

May we contact this employer regarding your work record? Yes No

EMPLOYMENT HISTORY

Previous Employer:

Employer: _____

Address: _____

Telephone #: _____ Employment: From _____ to _____

Your Title/Rank: _____ Department/Division: _____

Supervisor Name: _____ Supervisor Title/Rank: _____

Specific Skills/Training: _____

Major Duties or Responsibilities: _____

Reason for Leaving/Wanting to Leave: _____

May we contact this employer regarding your work record? Yes No

Previous Employer:

Employer: _____

Address: _____

Telephone #: _____ Employment: From _____ to _____

Your Title/Rank: _____ Department/Division: _____

Supervisor Name: _____ Supervisor Title/Rank: _____

Specific Skills/Training: _____

Major Duties or Responsibilities: _____

Reason for Leaving/Wanting to Leave: _____

May we contact this employer regarding your work record? Yes No

Employment History: If you answer YES to any of the following questions, *please provide the details on a separate sheet of paper (you may use pages 10-12 of this packet).*

Have you ever had any disciplinary action taken against you by an employer or in any position you have held? Yes No

Have you ever been dismissed or asked to resign from any employment or position you have held? Yes No

Have you ever left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No

Have you ever left a job for other reasons under unfavorable conditions? Yes No

Have you ever been the subject of an Internal Affairs, civilian complaint, or any other misconduct investigation? Yes No

Have you intentionally omitted any information that could affect your suitability to be a certified law enforcement officer? Yes No

Have you ever been a successful or unsuccessful candidate for another position requiring police officer powers? Yes No (If yes, include details that include date, name of agency, and circumstances)

Reason(s) for lapses in employment history:

Date: _____ Reason: _____

Date: _____ Reason: _____

Date: _____ Reason: _____

ADDITIONAL SPACE: There are several questions in this Employment Application that may require a written answer and/or further explanation. Please use this page to provide the information requested, and/or any other information that did not fit elsewhere on this application. Identify the corresponding question and specific item being referenced.

Initial here to certify that you have provided a complete employment history: _____

Applicant Checklist

Along with your application, please submit copies of any of the documents listed below that apply to you. Copies should be on 8.5"x11" paper and inserted in the order listed.

Please note that the police department will not make copies of documents.

- Valid Driver's License
- Social Security Card
- Birth Certificate issued by State Vital Records (not hospital)
- High School Diploma or GED
- College Degree; College Transcripts if No Degree (If Applicable)
- Proof of Legal Name Change (If Applicable)
- Certificate of Naturalization (If Applicable)
- DD Form 214 "Member 4" Copy (Character of Service, Re-enlistment Code, and Nature & Type of Discharge) (If Applicable)
- MCJA Physical Fitness Test Results Within Last Year
- MCJA Certificate of Completion from Training Academy (If Applicable)
- Court Disposition Papers (If Applicable)
- Applicant's Authority for Release of Information Phase #1 (Included in this packet)
- Resume

Please return this completed application packet to:

Norway Police Department - Chief of Police

Mail: 19 Danforth St. Norway, ME 04276

Fax #: (207) 743-5306

Email: j.campbell@norwaymaine.com

AUTHORITY FOR RELEASE OF INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	(BIRTH NAME)
MONTH DAY YEAR OF BIRTH	SSN	SEX	RACE

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Town of Norway, whether the said records are public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposit, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or conviction of alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wherever located, and to include the records and collections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had, an interest.

I reiterate, and emphasize that 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 which may provide pertinent data for the Town of Norway to consider in determining my suitability for employment in the Police 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 identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Town of Norway. I understand that all materials pertaining to this background investigation become the property of the Town of Norway and will not be returned to me.

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 attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

SIGNATURE

PRINT FULL NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

CURRENT CONTACT PHONE NUMBER