



Lincoln County Sheriff's Office

PO Box 611
42 Bath Road
Wiscasset, ME 04578
(207) 882-6576

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

POSITION APPLIED FOR: _____ DATE: _____

DIVISION APPLYING TO: Check each division you wish to apply for.

- Patrol Division
- Criminal Investigation Division
- Special Services Division
- Civil Division

How did you learn about us? Advertisement: Newspaper, Facebook, On-line Job Site,
 Friend Inquiry Employment Agency Relative Other

PERSONAL HISTORY STATEMENT

A. APPLICANT IDENTIFICATION

1. Name: _____
Last First Middle

2. Address: _____
Number Street

_____ City State Zip Code

3. Telephone Number (s): _____
(Include pager and/or cell phone if appropriate)

Email address: _____

Best time to be reached: _____

4. Have you ever filed an application with us before?: _____

5. Are you legally eligible to work in the U.S.?: _____

6. Date available to work: ___/___/___ What is your desired salary range? _____

7. Are you available to work: () Full Time
() Part Time
() Temporary

B. RESIDENCE - List all addresses where you have lived during the past ten years, beginning with present address. List date by month and year attach extra page, if necessary.

| <u>From</u> | <u>To</u> | <u>Address</u> |
|-------------|-----------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

C. WORK HISTORY - Beginning with your present or most recent job, list all employment held for the past ten years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages, if necessary. Please indicate if you are fearful that your present job would be in jeopardy if inquiries are made.

1. From _____ To _____ Employer _____

Address _____

Phone Number _____ Job Title _____

Duties _____

Supervisor _____

Reason for leaving _____

2. From _____ To _____ Employer _____

Address _____

Phone Number _____ Job Title _____

Duties _____

Supervisor _____

Reason for leaving _____

3. From _____ To _____ Employer _____

Address _____

Phone Number _____ Job Title _____

Duties _____

Supervisor _____

Reason for leaving _____

4. From _____ To _____ Employer _____

Address _____

Phone Number _____ Job Title _____

Duties _____

Supervisor _____

Reason for leaving _____

D. MILITARY RECORD

1. Have you served in the US Armed Forces? (YES)___ (NO)___
2. Date of Service: From _____ To _____ Branch of Service _____
Highest rank held _____
3. Were you ever disciplined while in the military service? (Include Court Martial, Captain's Masts, Company Punishment, Article 15, etc.)
(YES) _____ (NO) _____

| <u>Charge</u> | <u>Agency</u> | <u>Date</u> | <u>Disposition</u> |
|---------------|---------------|-------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

If you received a discharge other than honorable, give complete details on a separate sheet of paper.

E. EDUCATION HISTORY

1.

| | | | |
|----------------|--------------------|-----------|----------|
| High School | | Graduated | |
| Attended _____ | City & State _____ | Yes _____ | No _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
2. College or University attended _____
City & State _____
Semesters completed _____ Major/Minor _____
Degree received _____
3. List other schools attended (trade, vocational, business etc...). Give name and address of school, course of study, certificate, etc. _____

F. SPECIAL QUALIFICATIONS & SKILLS

1. List any special licenses you hold (such as pilot, radio operator, scuba, etc...), showing licensing authority, original date of issue, and date of expiration.

2. List any specialized equipment or machinery that you can operate.

3. List any special skills or qualifications you may possess.

G. CONVICTIONS, ARRESTS, DETENTION AND LITIGATION

1. Have you ever been convicted, in court or are currently under indictment or investigation of a felony? (YES) _____ (NO) _____

H. REFERENCES OR ACQUAINTANCES -

List three persons who know you well enough to provide current information about you. Do not list relatives or former employers.

Name: _____ Address: _____

Home phone: _____ Business phone: _____

Business address: _____

Years known: _____

Name: _____ Address: _____

Home phone: _____ Business phone: _____

Business address: _____

Years known: _____

Name: _____ Address: _____

Home phone: _____ Business phone: _____

Business address: _____

Years known: _____

I. PERSONAL DECLARATIONS

1. Do you have any other beliefs or prejudices which would prevent you from fully performing the duties of a Law Enforcement Officer?

(YES)___ (NO)___

If YES, explain: _____

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

“I certify that the information submitted by me in this application is true and complete with no omissions to the best of my knowledge, and understand that, if employed, falsified statements on this application could be grounds for dismissal. I also understand that a person who makes a written false statement, with the intent to deceive a public official in the performance of his official duty, may be found guilty of **Unsworn Falsification**, 17-A MRSA Section 453, a Class D Misdemeanor.”

Signature _____ Date _____

AUTHORIZATION TO RELEASE INFORMATION

TO: WHOM IT MAY CONCERN:

I hereby request and authorize you to furnish the Lincoln County Sheriff's Office with 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 condition. 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 purpose of determining my eligibility for employment as a Law Enforcement Officer.

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 in determining my qualifications to serve as a Law Enforcement Officer. This release will expire 60 days after date signed.

SIGNED: _____
DATE: _____

State Of Maine

County of _____

The foregoing instrument was acknowledged before me this _____
by _____

Signature of Notary: _____

Name of Notary (Printed): _____

Notary Public State of Maine

My commission expires: _____

Scoring: *Your total number of correct sit-ups in 1 minute.*

1.5 MILE RUN: The applicant will walk, jog, run, or any combination thereof, a distance of one and one-half miles. A measured, level course will be used, such as an indoor or outdoor track. Exact distances will be indicated. A monitor will keep record of the distance and time the applicant has completed. If using a track, a monitor will inform the applicant at the end of each lap the cumulative running time or a visual timing device will be observable by the applicant. The assigned monitor will count out loud the number of laps completed.

Scoring: *The time it takes to finish 1.5 miles.*

Adopted by the MCJA Board of Trustees: 09/20/2013, effective 10/01/2013

| FITNESS TEST | MALE (40 th Percentile) AGE | | | | FEMALE (40 th Percentile) AGE | | | |
|-------------------------|---|-------|-------|-------|---|-------|-------|-------|
| | 20-29 | 30-39 | 40-49 | 50-59 | 20-29 | 30-39 | 40-49 | 50-59 |
| One Minute Push-up Test | 29 | 24 | 18 | 13 | 15 | 11 | 9 | 3 |
| One Minute Sit-up Test | 38 | 35 | 29 | 24 | 32 | 25 | 20 | 14 |
| 1.5 Mile Run | 12:38 | 13:04 | 13:49 | 15:03 | 14:50 | 15:38 | 16:21 | 18:07 |

Adopted by the MCJA Board of Trustees: 09/20/2013, effective 10/01/2013

| FITNESS TEST | MALE (50 th Percentile) AGE | | | | FEMALE (50 th Percentile) AGE | | | |
|--------------------------|---|-------|-------|-------|---|-------|-------|-------|
| | 20-29 | 30-39 | 40-49 | 50-59 | 20-29 | 30-39 | 40-49 | 50-59 |
| One Minute Push -up Test | 33 | 27 | 21 | 15 | 18 | 14 | 11 | 5 |
| One Minute Sit-up Test | 40 | 36 | 31 | 26 | 35 | 27 | 22 | 17 |
| 1.5 Mile Run | 11:58 | 12:25 | 13:11 | 14:16 | 14:07 | 14:34 | 15:24 | 17:13 |

2022 Lincoln County Employment Benefits
Sheriff's Office - Fraternal Order of Police (Union Employees)
Effective 7/1/2022

| HEALTH INSURANCE BENEFITS | | MONTHLY | MONTHLY | ANNUAL COUNTY-FUNDED HEALTH REIMBURSEMENT ACCOUNT (FT EMPLOYEES ONLY) | |
|--|--|---|---|--|--|
| | | AMOUNT CONTRIBUTED BY COUNTY | AMOUNT CONTRIBUTED BY EMPLOYEE | | |
| Maine Municipal Employees Health Trust Plan: Includes Life Insurance (annual salary, rounded to the next thousand) Supplemental Life and Dependent Life Insurance also available (rates vary) | | Rates for Full-Time (35-40hrs) Sheriff Union Employees | | | |
| POS - 200 | | 85% | 15% | | |
| Total Plan | \$ 1,152.63 Employee | \$ 979.74 | \$ 172.89 | \$0 | |
| Cost Per | \$ 1,880.70 Employee w/Child(ren) | \$ 1,598.60 | \$ 282.11 | \$0 | |
| Month | \$ 2,585.54 Employee/Spouse +/- Child(ren) | \$ 2,197.71 | \$ 387.83 | \$0 | |
| PPO - 2500 | | | | | |
| Total Plan | \$ 939.55 Employee | \$ 798.62 | \$ 140.93 | \$1,500 | |
| Cost Per | \$ 1,533.03 Employee w/Child(ren) | \$ 1,303.08 | \$ 229.95 | \$3,000 | |
| Month | \$ 2,107.59 Employee/Spouse +/- Child(ren) | \$ 1,791.45 | \$ 316.14 | \$3,000 | |

| Full-Time Health Insurance Annual Opt-Out Stipends | |
|--|---------|
| <small>(pro-rated for eligible PT employees)</small> | |
| Employee | \$1,200 |
| Employee w/Child(ren) | \$3,700 |
| Employee/Spouse +/- Child(ren) | \$5,700 |

REFER TO YOUR HR POLICY FOR ADDITIONAL BENEFIT INFORMATION

Benefits effective 7/1/2022. Employees will be notified in advance if any benefit plan changes occur prior to 12/31/2022.

| OTHER BENEFITS | | MONTHLY | MONTHLY AMOUNT |
|--|---|--|--------------------------------|
| | | AMOUNT CONTRIBUTED BY COUNTY | CONTRIBUTED BY EMPLOYEE |
| VSP Vision Insurance See plan documents for program coverage | Employee Only | \$ - | \$ 5.58 |
| | Employee and Spouse | \$ - | \$ 11.15 |
| | Employee and Child(ren) | \$ - | \$ 11.94 |
| | Employee and Family | \$ - | \$ 19.09 |
| Ameritas Dental Insurance | | | |
| See plan documents for program coverage | Employee | \$ 12.50 | \$ 27.22 |
| | Employee and Spouse | \$ 12.50 | \$ 68.90 |
| | Employee with Child(ren) | \$ 12.50 | \$ 79.62 |
| | Employee, Spouse, child(ren) | \$ 12.50 | \$ 121.30 |
| MMEHT Dental (Delta) Insurance | | | |
| See plan documents for program coverage | Employee | \$ 12.50 | \$ 31.29 |
| | Employee and Spouse | \$ 12.50 | \$ 63.10 |
| | Employee with Child(ren) | \$ 12.50 | \$ 131.79 |
| | Employee, Spouse, child(ren) | \$ 12.50 | \$ 131.79 |
| Maine PERS Plan 3C | Sheriff's Department, Sheriff, Major, Jail | CONTRIBUTED BY COUNTY | CONTRIBUTED BY EMPLOYEE |
| Law Enforcement Only | % of Earnings (7/1/22-6/30/23) | 13.4% | 9.7% |
| Retire/Rehire | | 0% | 5% |
| Voya 457 Deferred Compensation Plan | | | |
| Match of Employee withholding up to 8% of annual wage following six month probationary period. | | | |
| Employees participating in MainePERS may also contribute to 457 Plan without County match. County will contribute to either MainePERS or 457 Plan. | | | |
| Retired County and Municipal Law Enforcement Officers and Firefighters Health Insurance Subsidy | | | |
| Eligible Employees: Sheriff's Dept., Sheriff, Major, Patrol, Detectives | | 1.5% of Earnings paid by employee | |
| Income Protection Plan (IPP) Provided through MMEHT/UNUM | | | |
| This is a short-term disability plan that provides income benefits to employees who are unable to work due to a non-job related accident, injury or illness. | | | |
| Employee may select from three options: 40%, 55% or 70% of salary | | \$2.04 per month for each \$100 of monthly coverage (effective 1/1/2015) | |