

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                 | Str            | eet                             |  |
|    |  | City                   | State          | Zip Code                        |  |
| 3. | Telephone Nun  | nber (s):              |                |                                 |  |
|    | Email address  |                        |                | l/or cell phone if appropriate) |  |
|    | Email address:   |                        |                |                                 |  |
|    | Best time to be  | e reached:             |                |                                 |  |
| 4. | 4. Have you ever filed an application with us before?: |                        |                |                                 |  |
| _  | 4 1 11   |                        |                |                                 |  |
| 5. | Are you legal  | ly eligible to work in | n 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. <u>RESIDENCE</u> - 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.

| From | To | Address |
|------|----|---------|
|      |    |         |
|      |    |         |
|      |    |         |
|      |    |         |

C. <u>WORK HISTORY</u> - 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 |  |
|                    |        |           |  |
|                    |        |           |  |
| Reason for leaving | р<br>Э |           |  |
| <b>3.</b> From     | То     | Employer  |  |
| Address            |        |           |  |
| Phone Number       |        | Job Title |  |
| Duties             |        |           |  |
|                    |        |           |  |
| Supervisor         |        |           |  |
| Reason for leaving | g      |           |  |
| <b>4.</b> From     | То     | Employer  |  |
| Address            |        |           |  |
| Phone Number       |        | Job Title |  |
| Duties             |        |           |  |
| Supervisor         |        |           |  |
| Reason for leaving | g      |           |  |

#### D. <u>MILITARY RECORD</u>

|       | 1.          | Have you served i                             | n the US A   | rmed Forc    | es? (YES)(NO                                   | D)                             |
|-------|-------------|---|--------------|--------------|--|--------------------------------|
|       | 2.          | Date of Service: F<br>Highest rank held       |              |              | Branch of Servi                                | ce                             |
|       | 3.<br>(YES) | Were you ever dis<br>Masts, Company I<br>(NO) | Punishmen    | t, Article 1 |  | nclude Court Martial, Captain' |
|       | Charge      | Agene   | cy           | Date         | Dispo  | sition                         |
| f you | i receive   | d a discharge other                           |              |              |  |                                |
| 2.    |             | CATION HISTORY                                |              | able, give   | -  | n a separate sheet of paper.   |
| 2.    |             | C   | <del>,</del> |              | complete details or<br>Graduated<br><u>Yes</u> | n a separate sheet of paper.   |
| 2.    | <u>EDUC</u> | CATION HISTORY<br>High School                 | <del>,</del> |              | Graduated                                      |                                |

| Semesters completed Major/Minor |
|---------------------------------|
|---------------------------------|

City & State \_\_\_\_\_

Degree received \_\_\_\_\_

3. List other schools attended (trade, vocational, business etc...). Give name and address of school, course of study, certificate, etc.

\_\_\_\_\_

#### F. <u>SPECIAL QUALIFICATIONS & SKILLS</u>

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. <u>CONVICTIONS, ARRESTS, DETENTION AND LITIGATION</u>

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

#### H. <u>REFERENCES OR ACQUAINTANCES</u> -

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: |
|-------------|-----------------|
| 1           | - I             |

| Business address: |  |
|-------------------|--|
|                   |  |

Years known: \_\_\_\_\_

| Home phone: | Business pho | one: |
|-------------|--------------|------|
|             |              |      |

Years known: \_\_\_\_\_

| Name:                 | Address:        |
|-----------------------|-----------------|
| Home phone:           | Business phone: |
| Business address:     |                 |
| Years known:          |                 |
| PERSONAL DECLARATIONS |                 |
|                       |                 |

I.

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."

## 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:<br>DATE:  |  |
|---|--|
| State Of Maine  |  |
| The foregoing instrument was acknowledged before me this                            |  |
| Signature of Notary:  |  |
| Name of Notary (Printed):<br>Notary Public State of Maine<br>My commission expires: |  |



Maine Criminal Justice Academy Basic Law Enforcement Training Program ENTRANCE PFT STANDARD (40<sup>th</sup> Percentile) EXIT PFT STANDARD (50% Percentile)



The following three (3) test items constitute the physical fitness test (PFT) REQUIREMENTS for the Basic Law Enforcement Training Program (BLETP). Applicants must successfully complete each test at the 40<sup>th</sup> percentile entrance standard (within one month from the start of the BLETP) and the 50<sup>th</sup> percentile exit standard (prior to graduation of the BLETP) based on their age and gender.

- 1. One Minute Push-up test;
- 2. One Minute Sit-up test; and
- 3. 1.5 mile run

### ......

## PHYSICAL FITNESS TEST DESCRIPTIONS:

**ONE MINUTE PUSH-UP TEST:** You will assume the standard position for a push-up, which is the body rigid and straight from head to their heels (plank position) with the feet together and the hands slightly wider than shoulder-width apart in the "UP" position. An administrator will place a 3-inch measuring device on the surface directly under your chest, between and in line with the nipples of your chest. With the back and remainder of the body straight at all times, you will lower the body towards the floor until your sternum touches the 3-inch measuring device being held by the administrator's hand. You will then push to the fully extended UP position, so that the elbows come to a near locked position. You can not wiggle to get to the UP position. This will complete one repetition. You will complete as many correct push-ups as possible in 1 minute. You may rest only in the UP position while maintaining your body in a straight position at all times during the test. If you do not touch the 3-inch measuring device or do not go all the way up, those individual push-ups do not count. If you come out of the plank position or any parts of your body touch the floor other than your hands and feet, the test is over. The test administrator will count out loud only the number of correct push-ups completed.

Scoring: The total number of correct push-ups in 1 minute.

**ONE MINUTE SIT-UP TEST:** The test will begin in the down position. You will lie down on your back with knees bent and heels flat on the same level surface that you are lying down on. A partner will hold your feet down. Your hands will be placed clasped behind your head. Fingers are interlocked throughout the exercise. A correct sit-up is performed by sitting up until the upper body is perpendicular to the floor. Usually this will mean that your elbows must touch the top of your knees or extend beyond your lower legs. The complete sit-up is finished in the correct "UP" position. You will return to a full lying position (with upper back touching the floor) before starting the next sit-up. The buttocks must be kept in contact with the surface during the sit-up with no thrusting of the hips. You will perform as many sit-ups as possible in 1 minute. If your buttocks come off the floor, your fingers come unclasped, you do not come all the way up to perpendicular or your shoulders do not touch the floor, those individual sit-ups will not count. The test administrator will count out loud only the number of correct sit-ups completed.

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.

| FITNESS                 | MA    | ALE (40 <sup>th</sup><br>AC | Percenti<br>GE | le)   | FEMALE (40 <sup>th</sup> Percentile)<br>AGE |       |       |       |
|-------------------------|-------|-----------------------------|----------------|-------|---|-------|-------|-------|
| TEST                    | 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

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| FITNESS                  | MA    | ALE (50 <sup>th</sup><br>AC | Percenti<br>GE | le)   | FEMALE (50 <sup>th</sup> Percentile)<br>AGE |       |       |       |
|--------------------------|-------|-----------------------------|----------------|-------|---|-------|-------|-------|
| TEST                     | 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 |

# 2020 Lincoln County Employment Benefits Sheriff's Office - Fraternal Order of Police (Union Employees) Effective 1/1/2020

| HEALTH INSURANCE BENEFITS |                               | MONTHLY<br>AMOUNT MONTHLY AMOUNT<br>CONTRIBUTED CONTRIBUTED BY<br>BY COUNTY EMPLOYEE  |    | ITRIBUTED BY  | ANNUAL COUNTY-FUNDED<br>HEALTH REIMBURSEMENT<br>ACCOUNT<br>(FT EMPLOYEES ONLY) |        |         |  |
|---------------------------|-------------------------------|---|----|---|--|--------|---------|--|
| Includes Lif              | e Insurance (<br>Supplemental | mployees Health Trust Plan:<br>annual salary, rounded to the next<br>Life and Dependent Life Insurance<br>ilable (rates vary) | R  | Rates for Full-Time (35-40hrs)<br>Sheriff Union Employees |  |        |         |  |
| POS - 200                 |                               |   |    | 85%   |  | 15%    |         |  |
| Total Plan                | \$ 1,076.22                   | Employee  | \$ | 914.79  | \$   | 161.43 | \$0     |  |
| Cost Per                  | \$ 1,756.02                   | Employee w/Child(ren)   | \$ | 1,492.62  | \$   | 263.40 | \$0     |  |
| Month                     | \$ 2,414.14                   | Employee/Spouse +/- Child(ren)  | \$ | 2,052.02  | \$   | 362.12 | \$0     |  |
| PPO - 2500                |                               |   |    |   |  |        |         |  |
| Total Plan                | \$ 852.89                     | Employee  | \$ | 724.95  | \$   | 127.93 | \$1,500 |  |
| Cost Per                  | \$ 1,391.64                   | Employee w/Child(ren)   | \$ | 1,182.90  | \$   | 208.75 | \$3,000 |  |
| Month                     | \$ 1,913.21                   | Employee/Spouse +/- Child(ren)  | \$ | 1,626.23  | \$   | 286.98 | \$3,000 |  |

| Full-Time Health Insurance Annual Opt-Out Stipends |         |  |  |  |  |  |
|--|---------|--|--|--|--|--|
| (pro-rated for eligible PT employees)              |         |  |  |  |  |  |
| 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 1/1/2020. Employees will be notified in advance if any benefit plan changes occur prior to 12/31/2020.

| OTH   | HER BENEFITS                          | MONTHLY<br>AMOUNT<br>CONTRIBUTEI<br>BY COUNTY |             | UNT MONTHLY AMOUNT<br>BUTED CONTRIBUTED |                | CONTRIBUTED  |  |  |
|---|---------------------------------------|---|-------------|---|----------------|--|--|--|
| /SP Vision Insurance  | Employee Only                         | \$  | -           | \$                                      | 5.58           |  |  |  |
|   | Employee and Spouse                   | \$  | -           | \$                                      | 11.15          |  |  |  |
| See plan documents  | Employee and Child(ren)               | \$  | -           | \$                                      | 11.94          |  |  |  |
| or program coverage   | Employee and Family                   | \$  | -           | \$                                      | 19.09          |  |  |  |
| Ameritas Dental Insuran   | ce                                    |   |             |   |                |  |  |  |
|   | Employee                              | \$  | 12.50       | \$                                      | 27.22          | Employee Assistance Program                            |  |  |
| ee plan documents   | Employee and Spouse                   | \$  | 12.50       | \$                                      | 68.90          |  |  |  |
| or program coverage   | Employee with Child(ren)              | \$  | 12.50       | \$                                      | 79.62          | Up to three face-to-face consultations per             |  |  |
|   | Employee, Spouse, child(ren)          | \$  | 12.50       | \$                                      | 121.30         | employee/household member per issue at no cost.        |  |  |
| MMEHT Dental (Delta) Ir   | nsurance                              |   |             |   |                |  |  |  |
|   | Employee                              | \$  | 12.50       | \$                                      | 30.86          |  |  |  |
| ee plan documents   | Employee and Spouse                   | \$  | 12.50       | \$                                      | 62.35          |  |  |  |
| or program coverage   | Employee with Child(ren)              | \$  | 12.50       | \$                                      | 130.36         |  |  |  |
|   | Employee, Spouse, child(ren)          | \$  | 12.50       | \$                                      | 130.36         |  |  |  |
|   | Sheriff's Department, Sheriff,        | CON   | TRIBUTED    | С                                       | ONTRIBUTED BY  |  |  |  |
| Maine PERS Plan 2C  | Major, Jail                           | BY  | COUNTY      |   | EMPLOYEE       | Voya 457 Deferred Compensation Plan                    |  |  |
|   |                                       |   |             |   |                | Match of Employee withholding up to 8% of annual       |  |  |
| aw Enforcement Only   | % of Earnings (7/1/19-6/30/20)        |   | 10.6%       |   | 8.0%           | wage following six month probationary period.          |  |  |
| Retire/Rehire   |                                       |   | 0%          |   | 5%             | Employees participating in MainePERS may also          |  |  |
|   |                                       |   |             |   |                | contribute to 457 Plan without County match.           |  |  |
|   |                                       |   |             |   |                | County will contribute to either MainePERS or 457 Plar |  |  |
| Retired County and Mun  | icipal Law Enforcement Officers and F | irefigh                                       | nters Healt | h In                                    | surance Subsid | y  |  |  |
| Eligible Employees: Sheriff's Dept., Sheriff, Major, Patrol, Detectives 1.5% of Earnings paid by employee |                                       |   |             |   |                | of Earnings paid by employee                           |  |  |

*Effective 6/20/2019, new employees are eligible to enroll in this program through Lincoln County.* 

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)