

# York County Sheriff's Office



## Employment Application & Personal History Statement

Mailing Address: 1 Layman Way, Alfred, Maine 04002

Office (207) 324-1113 Fax (207) 324-3496

Job Applied For: **DEPUTY SHERIFF**

**Note:** This application must be filled out completely in ink. You must attach a resume. You may also attach any additional pages if needed. To obtain credit for any training, you must attach copies of your certificates and/or diplomas.

### PERSONAL HISTORY INFORMATION

1. Name: \_\_\_\_\_  
Last First Middle

2. Mailing Address: \_\_\_\_\_  
Street  
Town/City State Zip Code

3. Physical Address: \_\_\_\_\_  
Street  
Town/City State Zip Code

4. Primary Contact Number ( \_\_\_\_\_ ) \_\_\_\_\_ Alternate Number: ( \_\_\_\_\_ ) \_\_\_\_\_

5. Email Address: \_\_\_\_\_

6. Are you 21 years or older?  Yes  No

7. Have you ever legally changed your name?  Yes  No

8. List any other name(s), including nicknames, you have used: \_\_\_\_\_

9. How did you learn about this position? \_\_\_\_\_

10. Do you have any relatives who are currently employed, or were previously employed, by the York County Sheriff's Office?  Yes  No

11. Are you legally eligible to work in the United States?  Yes  No

12. Are you willing to take a Polygraph Test?  Yes  No

13. Are you able to work all shifts?  Yes  No

15. Are you able to adhere to a dress code?  Yes  No

16. Are you able to perform the job functions of a Deputy Sheriff?  Yes  No

If No, list only the accommodation(s) requested: \_\_\_\_\_

**EDUCATION AND TRAINING**

17. Indicate the highest education level completed: 1 2 3 4 5 6 7 8 9 10 11 12

Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_ Ph.D. \_\_\_\_\_

Did you graduate from high school?  Yes  No if no, have you passed a G.E.D. test?  Yes  No

Name and location of the last high school attended: \_\_\_\_\_

	School Name and Location	Number of Years Attended	Did you Graduate?	Degree	Major Area of Study
<b>College or University</b>					
<b>Other Education</b>					

List and training, skills, education, or professional qualifications that you believe may be an asset to the York County Sheriff's Office: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MILITARY SERVICE**

18. Have you ever been a member of any branch of the Armed Forces?  Yes  No

If Yes, which branch of the Armed Forces? \_\_\_\_\_

Date entered: \_\_\_\_\_ Date discharged if not currently serving: \_\_\_\_\_

Highest Rank: \_\_\_\_\_

Primary Duties: \_\_\_\_\_

Were you subject to any disciplinary action while in the Armed Forces?  Yes  No

If Yes, provide details: \_\_\_\_\_

**EXPERIENCE AND EMPLOYMENT HISTORY**

19. Beginning with your current or most recent position, list all of your experience, to include work, volunteer and military service. Be sure to include all requested information. If additional space is required, use the space provided on Page 8.

**A.** \_\_\_\_\_ Job Title: \_\_\_\_\_ From: \_\_\_\_\_ to: \_\_\_\_\_  
Present/Last Employer

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Supervisor's Name

Reason for Leaving: \_\_\_\_\_

Describe your position: \_\_\_\_\_

May we contact? Yes No \_\_\_\_\_

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**B.** \_\_\_\_\_ Job Title: \_\_\_\_\_ From: \_\_\_\_\_ to: \_\_\_\_\_  
Past Employer

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Supervisor's Name

Reason for Leaving: \_\_\_\_\_

Describe your position: \_\_\_\_\_

May we contact? Yes No \_\_\_\_\_

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**C.** \_\_\_\_\_ Job Title: \_\_\_\_\_ From: \_\_\_\_\_ to: \_\_\_\_\_  
Past Employer

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Supervisor's Name

Reason for Leaving: \_\_\_\_\_

Describe your position: \_\_\_\_\_

May we contact? Yes No \_\_\_\_\_

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**D.** \_\_\_\_\_ Job Title: \_\_\_\_\_ From: \_\_\_\_\_ to: \_\_\_\_\_  
Past Employer

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
Telephone

Describe your position: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Name

May we contact? Yes No \_\_\_\_\_

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**E.** \_\_\_\_\_ Job Title: \_\_\_\_\_ From: \_\_\_\_\_ to: \_\_\_\_\_  
Past Employer

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
Telephone

Describe your position: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Name

May we contact? Yes No \_\_\_\_\_

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**F.** \_\_\_\_\_ Job Title: \_\_\_\_\_ From: \_\_\_\_\_ to: \_\_\_\_\_  
Past Employer

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
Telephone

Describe your position: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Name

May we contact? Yes No \_\_\_\_\_

**MOTOR VEHICLE AND DRIVING HISTORY**

20. Do you possess a valid driver's license?     Yes     No        If Yes, issuing state: \_\_\_\_\_

License Number: \_\_\_\_\_    Expiration Date: \_\_\_\_\_

Have you ever held a driver's license from another state or jurisdiction?     Yes     No

If Yes, issuing state(s) or jurisdiction(s): \_\_\_\_\_

Has your right to operate a motor vehicle ever been suspended or revoked?     Yes     No

If Yes, Explain: \_\_\_\_\_

List all of your motor vehicle history including accidents and summonses, regardless of the disposition of the charge, for the past five (5) years. If additional space is required, use the space provided on Page 8.

Date	Accident or Summons	Charge (if applicable)	Agency	Disposition

**CRIMINAL HISTORY**

21. Have you ever been charged, summonsed, arrested, convicted, or adjudicated for any crime or attempted crime, including motor vehicle and fish and wildlife crimes?     Yes     No

If Yes, list each instance below. If additional space is required, use the space provided on Page 8.

Date	Charge	City/Town, State	Agency	Disposition

22. Have you ever had a Protection Order or Cease Harassment Order issued against you?  Yes  No  
 If Yes, provide details: \_\_\_\_\_

23. Is there anything in your life that you have not fully explained already, that may influence the York County Sheriff's Office evaluation of your suitability for employment?  Yes  No  
 If Yes, provide details: \_\_\_\_\_

**RESIDENTIAL HISTORY**

24. Beginning with where you currently reside, list all of your residences in reverse chronological order. If additional space is required, use the space provided on Page 8.

FROM Month Year	TO Month Year	Address	City/Town	State	Zip Code

**REFERENCES**

25. List five persons whom you have known for at least one year and are not related to you by blood or marriage.

Name	City/Town	State	Primary Contact Number	Secondary Contact Number







**YORK COUNTY SHERIFF’S OFFICE**

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize representatives of the York County, Maine Sheriff’s Office, a review of, and full disclosure of, all records or any part thereof, concerning myself, whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my full and complete disclosure of the records of education institutions, employment and pre-employment records, including background reports, proficiency ratings, complaints or convictions for alleged or actual violations of the law, including criminal and/or traffic records or complaints or a civil nature made by or against me, wherever located.

It is the intent of the authorization to provide full and free access to the background and history of my work and personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the York County Sheriff’s Office, to consider in determining my suitability for employment by the 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 enumerated above are not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the personal history background investigation, which is developed directly or indirectly, in whole or in part, upon the Release Authorization will be considered in determining my suitability for employment by the York County Sheriff’s Office. I have had this explained to me and I fully understand that the refusal to grant this authorization will not, of itself, constitute for rejection of my application.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
Town/City State Zip Code