

York County Sheriff's Office



Application and Personal History Statement

Position Applied For: _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Mailing Address: _____
Street

_____ Town/City State Zip Code

Physical Address: _____
Street

_____ Town/City State Zip Code

Primary Contact Number (_____) _____ Alternate Number: (_____) _____

Email Address: _____

Are you over 18 years of age? Yes No

Have you ever legally changed your name? Yes No

List any other name(s), including nicknames, you have used: _____

How did you learn about this position? _____

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

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

When would you be available for employment? _____

Are you able to work all shifts? Yes No

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

Are you able to perform the job functions of a Corrections Officer? Yes No

If No, list only the accommodation(s) needed: _____

EDUCATION AND TRAINING

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

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
College or University					
Other Education					

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

MILITARY SERVICE

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

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.

_____ Job Title: _____ From: _____ to: _____
Present/Last Employer

_____ Average hours per week: _____
Street Address

_____ Reason for Leaving: _____
City, State, Zip Code

_____ Describe your position: _____
Telephone

_____ Supervisor's Name

May we contact? Yes No _____

_____ Job Title: _____ From: _____ to: _____
Past Employer

_____ Average hours per week: _____
Street Address

_____ Reason for Leaving: _____
City, State, Zip Code

_____ Describe your position: _____
Telephone

_____ Supervisor's Name

May we contact? Yes No _____

_____ Job Title: _____ From: _____ to: _____
Past Employer

_____ Average hours per week: _____
Street Address

_____ Reason for Leaving: _____
City, State, Zip Code

_____ Describe your position: _____
Telephone

_____ Supervisor's Name

May we contact? Yes No _____

Past Employer Job Title: _____ From: _____ to: _____

Street Address _____ Average hours per week: _____

City, State, Zip Code Reason for Leaving: _____

Telephone Describe your position: _____

Supervisor's Name _____

May we contact? Yes No _____

Past Employer Job Title: _____ From: _____ to: _____

Street Address _____ Average hours per week: _____

City, State, Zip Code Reason for Leaving: _____

Telephone Describe your position: _____

Supervisor's Name _____

May we contact? Yes No _____

Past Employer Job Title: _____ From: _____ to: _____

Street Address _____ Average hours per week: _____

City, State, Zip Code Reason for Leaving: _____

Telephone Describe your position: _____

Supervisor's Name _____

May we contact? Yes No _____

Past Employer Job Title: _____ From: _____ to: _____

Street Address _____ Average hours per week: _____

City, State, Zip Code Reason for Leaving: _____

Telephone Describe your position: _____

Supervisor's Name _____

May we contact? Yes No _____

MOTOR VEHICLE AND DRIVING HISTORY

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

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

Have you ever had a Protection Order or Cease Harassment Order issued against you? Yes No

If Yes, provide details: _____

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

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

List five persons whom you have know 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

ADDITIONAL INFORMATION

Use this space to provide additional information or explanation.

Contact Our Human Resources Department Today!

Human Resources—County of York
45 Kennebunk Rd, Alfred, Maine 04002
(207) 459 –2459 or (207) 459-2314

(Linda) lincorliss@yorkcountymaine.gov and/or (Doreen) dtstaples@yorkcountymaine.gov
Or you can visit our website at www.yorkcountymaine.gov/careers to download a detailed job description and application. The completed application should be e-mailed or mailed to the Human Resources Department at the above address.

The facts set forth in my application are true and complete to the best of my knowledge. I understand that false statements or willful omissions on this application may subject me to disqualification, or result in my dismissal from employment. I further acknowledge that this application is not intended to be a contract of employment, nor does it obligate the York County Sheriff’s Office to employ me.

Applicant’s Signature

Date