

# Monmouth Police Department

## APPLICATION FOR EMPLOYMENT

(Use ink. Please print.)

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

### PERSONAL

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First Middle

Present address: \_\_\_\_\_  
Number Street Apt  
City/Town State Zip  
Home telephone Cell E-mail

How long have you lived at the above address? \_\_\_\_\_

Are you over the age of 18?  Yes  No Are you a U.S. Citizen?  Yes  No

Have you ever been convicted of a criminal offense, excluding traffic offenses?  Yes  No

If yes, explain in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you presently hold a valid Maine Operators License?  Yes  No Lic #: \_\_\_\_\_

If no, do you hold a valid operator's license from another state?  Yes  No  
State \_\_\_\_\_ Number (#) \_\_\_\_\_

Have you previously been employed by the Town of Monmouth?  Yes  No

If yes, when and in what capacity? \_\_\_\_\_

List any relatives presently working for the Town of Monmouth: \_\_\_\_\_  
\_\_\_\_\_

List any special skills, licenses and/or qualifications you possess which you feel may qualify you for the position for which you have applied: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any impairment or physical, mental, or medical disability which would interfere with your ability to do the job for which you have applied?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

List present and all past employment, beginning with your most recent. If more space is needed, please attach additional sheets.

I. Name and address of employer and type of business:

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Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_

Last weekly salary: \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of your immediate supervisor: \_\_\_\_\_

Describe, briefly, the type of work you did: \_\_\_\_\_

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II. Name and address of employer and type of business:

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Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_

Last weekly salary: \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of your immediate supervisor: \_\_\_\_\_

Describe, briefly, the type of work you did: \_\_\_\_\_

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III. Name and address of employer and type of business:

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Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_

Last weekly salary: \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of your immediate supervisor: \_\_\_\_\_

Describe, briefly, the type of work you did: \_\_\_\_\_

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MILITARY SERVICE RECORD

Were you in the U.S. Armed Services?  Yes  No If yes, what branch? \_\_\_\_\_

Dates of Duty: from \_\_\_\_\_ to \_\_\_\_\_

Rank at time of discharge? \_\_\_\_\_

Was your discharge honorable?  Yes  No

What is your current reserve status?  Active reserve  Inactive Reserve  None

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I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to the questions on my application for employment. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

To the Applicant:

*The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex or national origin. P. L. 90-202 prohibits discrimination on the basis of age with respect to individuals who are at least 40, but less than 70 years of age. If you do not wish to answer the questions in the blocked off area below, you are not compelled to do so. This information will be used only for statistical purposes, however, and will not be a part of the decision-making process in candidate selection.*

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M  F  Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Marital status: Single  Engaged  Married  Separated  Divorced  Widowed \_\_\_\_\_