Please mail or bring your completed application to:

Gardiner Police Dept Attn: Tara Merrill 6 Church St. Gardiner ME 04345



Resumes may be attached, but will not be accepted in lieu of a completed application.

| Job Data                                                                                                                                                                                                             |                                |                |              |         |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------|--------------|---------|------------|
| Job Title:                                                                                                                                                                                                           |                                | Date ava       | ilable for e | employr | nent:      |
| Personal Data                                                                                                                                                                                                        |                                |                |              |         |            |
| Last Name:                                                                                                                                                                                                           | Name: First:                   |                | Middle:      |         |            |
| Address:                                                                                                                                                                                                             |                                |                |              |         |            |
| City:                                                                                                                                                                                                                |                                | State:         |              |         | Zip:       |
| Phone# Days:                                                                                                                                                                                                         | Evenings:                      | enings:        |              |         | Alternate: |
| Applicants who are offered employment must provide documents which establish their identity and employment eligibility for authorization to work in the U.S. Do you have the legal right to work in the U.S.? Yes No |                                |                |              |         |            |
| Date of birth (if less than 18):                                                                                                                                                                                     |                                |                |              |         |            |
| Have you ever worked or volunteered for the Municipality? Yes No<br>If yes, please give dates:                                                                                                                       |                                |                |              |         |            |
| Do you have any relatives employed with the Municipality? Yes No<br>If yes, please list:                                                                                                                             |                                |                |              |         |            |
| Name:                                                                                                                                                                                                                | Relationship:                  |                |              |         |            |
| Name:<br>Name:                                                                                                                                                                                                       | Relationship:<br>Relationship: |                |              |         |            |
| Driver's License No.:                                                                                                                                                                                                | State:                         | Class:         |              | Expira  | ition:     |
| Have you had any traffic convictions or accidents in the last three years? Yes No<br>If yes, please list:                                                                                                            |                                |                |              |         |            |
| Conviction or Accident:                                                                                                                                                                                              |                                |                | Date:        |         |            |
| Conviction or Accident:<br>Conviction or Accident:                                                                                                                                                                   |                                | Date:<br>Date: |              |         |            |
| Please list other names you have used:                                                                                                                                                                               |                                |                |              |         |            |
|                                                                                                                                                                                                                      |                                |                |              |         |            |
|                                                                                                                                                                                                                      |                                |                |              |         |            |
|                                                                                                                                                                                                                      |                                |                |              |         |            |

| Education                                                                                                  |                                  |                 |          |  |  |  |  |
|------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------|----------|--|--|--|--|
| Did you graduate from High School or do you have a G.E.D.? Yes No                                          | High School Name:<br>Location:   |                 |          |  |  |  |  |
| Name of School, College(s) or University                                                                   | Major                            | Credit Hours    | Degree*  |  |  |  |  |
|                                                                                                            |                                  |                 |          |  |  |  |  |
|                                                                                                            |                                  |                 |          |  |  |  |  |
| *Proof of degrees from College/University obtained will be                                                 | e required upon hire.            |                 |          |  |  |  |  |
| Name of Trade/Technical/Business<br>or Other School(s) Attended                                            | Course of Study Diplo            |                 | Diploma  |  |  |  |  |
|                                                                                                            |                                  |                 |          |  |  |  |  |
|                                                                                                            |                                  |                 |          |  |  |  |  |
| List other licenses held (date & #), professional registration                                             | ons (date), certificates and pro | ofessional memb | erships: |  |  |  |  |
|                                                                                                            |                                  |                 |          |  |  |  |  |
| List Honors, Awards, Fellowships:                                                                          |                                  |                 |          |  |  |  |  |
|                                                                                                            |                                  |                 |          |  |  |  |  |
| Skills Overview                                                                                            |                                  |                 |          |  |  |  |  |
| Approximate Typing Speed in words per minute:                                                              |                                  |                 |          |  |  |  |  |
| List computer software with which you are familiar:                                                        |                                  |                 |          |  |  |  |  |
| Fluent in a language other than English? Yes No                                                            | If yes, which language?          |                 |          |  |  |  |  |
| Please summarize relevant skills and experience that exemplify your qualifications for the above position: |                                  |                 |          |  |  |  |  |
|                                                                                                            |                                  |                 |          |  |  |  |  |
| Tools and machines you can use and operate:                                                                |                                  |                 |          |  |  |  |  |
| Light or heavy motor vehicle equipment you can operate:                                                    |                                  |                 |          |  |  |  |  |
| Light of heavy motor vehicle equipment you can operate.                                                    |                                  |                 |          |  |  |  |  |
| Summarize Leadership Roles:                                                                                |                                  |                 |          |  |  |  |  |
|                                                                                                            |                                  |                 |          |  |  |  |  |
| Summarize Volunteer Services work including dates:                                                         |                                  |                 |          |  |  |  |  |
|                                                                                                            |                                  |                 |          |  |  |  |  |

| Employment History                                                          |        |     |  |  |  |  |  |
|-----------------------------------------------------------------------------|--------|-----|--|--|--|--|--|
| Employer:                                                                   | Phone: |     |  |  |  |  |  |
| Address:                                                                    |        |     |  |  |  |  |  |
| Your Title:                                                                 |        |     |  |  |  |  |  |
| Employment Dates                                                            | From:  | To: |  |  |  |  |  |
| Supervisor's name/title:                                                    |        |     |  |  |  |  |  |
| Work Performed:                                                             |        |     |  |  |  |  |  |
| May we contact this employer if you are considered for the position? Yes No |        |     |  |  |  |  |  |
| Employer:                                                                   | Phone: |     |  |  |  |  |  |
| Address:                                                                    | L      |     |  |  |  |  |  |
| Your Title:                                                                 |        |     |  |  |  |  |  |
| Employment Dates                                                            | From:  | То: |  |  |  |  |  |
| Supervisor's name/title:                                                    |        |     |  |  |  |  |  |
| Work Performed:                                                             |        |     |  |  |  |  |  |
|                                                                             |        |     |  |  |  |  |  |
|                                                                             |        |     |  |  |  |  |  |
| May we contact this employer if you are considered for the position? Yes No |        |     |  |  |  |  |  |
| Employer:                                                                   | Phone: |     |  |  |  |  |  |
| Address:                                                                    |        |     |  |  |  |  |  |
| Your Title:                                                                 |        |     |  |  |  |  |  |
| Employment Dates                                                            | From:  | То: |  |  |  |  |  |
| Supervisor's name/title:                                                    |        |     |  |  |  |  |  |
| Work Performed:                                                             |        |     |  |  |  |  |  |
|                                                                             |        |     |  |  |  |  |  |
|                                                                             |        |     |  |  |  |  |  |
|                                                                             |        |     |  |  |  |  |  |
| May we contact this employer if you are considered for the position? Yes No |        |     |  |  |  |  |  |

| Employment History                                         |                  |     |  |  |  |  |  |
|------------------------------------------------------------|------------------|-----|--|--|--|--|--|
| Employer:                                                  | Phone:           |     |  |  |  |  |  |
| Address:                                                   |                  |     |  |  |  |  |  |
| Your Title:                                                |                  |     |  |  |  |  |  |
| Employment Dates                                           | From:            | То: |  |  |  |  |  |
| Supervisor's name/title:                                   |                  |     |  |  |  |  |  |
| Work Performed:                                            |                  |     |  |  |  |  |  |
|                                                            |                  |     |  |  |  |  |  |
| May we contact this employer if you are considered for the | ne position? Yes | No  |  |  |  |  |  |
| Employer:                                                  | Phone:           |     |  |  |  |  |  |
| Address:                                                   |                  |     |  |  |  |  |  |
| Your Title:                                                |                  |     |  |  |  |  |  |
| Employment Dates                                           | From:            | То: |  |  |  |  |  |
| Supervisor's name/title:                                   |                  |     |  |  |  |  |  |
| Work Performed:                                            |                  |     |  |  |  |  |  |
| May we contact this employer if you are considered for the | ne position? Yes | No  |  |  |  |  |  |
| Military Service                                           |                  |     |  |  |  |  |  |
| Have you ever served on active duty in the U.S. armed for  | rces? Yes        | No  |  |  |  |  |  |
| Dates From:                                                | То:              |     |  |  |  |  |  |
| Branch:                                                    |                  |     |  |  |  |  |  |
| Primary Duties:                                            |                  |     |  |  |  |  |  |
|                                                            |                  |     |  |  |  |  |  |

#### City of Gardiner Conditions of Consideration for Employment

All information contained on the application is subject to verification. The **CITY OF GARDINER** will conduct background checks including, but not limited to, work references, driving records, criminal background records and education attainment.

I understand an employment offer is also contingent upon successful review of work references, and satisfactory result of a background check. Certain positions are also conditioned on the successful completion of agility tests or skill evaluation and other appropriate investigations.

I also understand that specific positions at the **CITY OF GARDINER** may require me to provide evidence of an acceptable driving record.

I further understand that certain positions with the municipality may require the applicant to be eligible for bonding. In such instances, eligibility for bonding will be a consideration in determining an applicant's fitness for such position.

If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.

If employed, I agree to abide by all municipal policies, regulations, ordinances and established work safety practices.

When advised, reasonable accommodations will be made in order for an "otherwise qualified applicant" with a disability to participate in any phase of the application/recruitment process. (Americans with Disabilities Act of 1991)

I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with the Municipality of Gardiner and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from municipal service.

In addition, I give the **CITY OF GARDINER** the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the **CITY OF GARDINER** in providing relevant, job related information that will assist in this process.

It is my understanding that this application along with any resume and letters/notes of reference, other than those letters and notes of reference I expressly submit in confidence, become a public document should I be hired by the municipality.

As a result, I understand that the municipality cannot guarantee me its confidentiality.

I have read and understand the above "Conditions of Consideration for Employment." Yes No

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:\_\_\_\_\_