

PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION AND AGREEMENT

ATTENTION: THIS STATEMENT MUST BE SIGNED

I certify that all of the statements made in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not employing me or dismissing me after I have begun work. I understand that all the information contained in this application may be subject to verification.

For certain job categories, I may be required to pass, after a conditional offer of employment is made, a physical examination to establish ability to perform the essential functions of the job. I authorize the County of Cumberland to conduct a criminal history check of my record. I understand that any offer of employment is conducted upon the County's concurrence, before or after such offer is made, that the results of the criminal history check are consistent with the County's employment standards or expectations of the job for which I am applying.

Signature of Applicant

Date

THANK YOU FOR MAKING APPLICATION FOR EMPLOYMENT WITH THE COUNTY OF CUMBERLAND

Cumberland County is an Equal Opportunity/Affirmative Action Employer.

We encourage diversity in our workforce.

Disclosure of PREA Hiring and Promotions Checklist

In compliance with the federal Prison Rape Elimination Act (PREA) standard § 115.17 relating to hiring and promotion decisions for a jail facility, the questions on this form must be asked of CCSO applicants in written applications, for any promotions, or other in-house assignments.

Applicant/Employee Name	Employee #	Date
<p>1. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (See below definition for institution)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Definition of Institution:</u> Any facility or institution owned, operated, managed by, or provides services on behalf of any state or political subdivision of a state and which is:</p> <ul style="list-style-type: none"> • for persons who are mentally ill, disabled, or retarded, or chronically ill or handicapped; • a jail, prison, or other correctional facility; • a pretrial detention facility; • for juveniles held awaiting trial, residing in such facility or institution for purposes of receiving care or treatment, or residing for any state purpose in such facility or institution (other than a residential facility providing only elementary or secondary education that is <i>not</i> an institution in which reside juveniles who are adjudicated delinquent, in need of supervision, neglected, placed in state custody, mentally ill or disabled, mentally retarded, or chronically ill or handicapped); or • providing skilled nursing, intermediate or long-term care, or custodial or residential care. 		
<p>2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>3. Have you ever been civilly or administratively adjudicated to have engaged in the activity described in question #2? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>4. Have you ever been civilly or administratively adjudicated, disciplined or had any governmental issued license revoked or suspended for having engaged in conduct defined as sexual harassment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Important Notice:

- If you answer yes to any of these questions indicating that you have violated a PREA standard, you are not eligible for hire or continued employment with CCSO.
- If you are hired or if you are a current CCSO employee, you have a continuing affirmative duty to immediately disclose to CCSO any misconduct that would result in a “yes” answer to any of the above four questions.
- Providing untruthful answers to the above questions or failing to disclose any misconduct that would result in a “yes” answer to any of the above questions will be grounds for termination through the disciplinary process.

Applicant/Employee Signature	Date
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STATE OF MAINE
Department of Public Safety
MAINE CRIMINAL JUSTICE ACADEMY
15 Oak Grove Road
Vassalboro, Maine 04989



MOTOR VEHICLE LICENSE STATUS VERIFICATION

MRSA 25, Section 2803-A, empowers the Board of Trustees of the Maine Criminal Justice Academy to set standards for admission to board approved courses. As a result, the Board of Trustees has set Entrance Standards under the Administrative Rules, Department of Public Safety, Maine Criminal Justice Academy Board of Trustees. Chapter 3, section 1, subsection C states that **In order to be admitted to the law enforcement Pre-service/Reserve and Basic Training Courses, an applicant shall possess a valid motor vehicle operator's license. If such license is not a Maine license at the time of admission to the Academy, the applicant shall obtain a State of Maine license within the time limits prescribed by Maine law.** In order to comply with this standard, please complete this form and forward it to the Academy as part of the required forms package.

Applicant's Name

STATEMENT OF EMPLOYING / SPONSORING AGENCY

The above named applicant has been the subject of a motor vehicle operator's license records check. I certify that the applicant possess a valid motor vehicle operator's license.

Chief Administrative Officer

Date

OFFICE LOCATED AT: 15 OAK GROVE ROAD, VASSALBORO, MAINE 04989

(207) 877-8000 (Voice)

(207) 877-8027 (Fax)

(207) 287-8058 (TTY)

Cumberland County Sheriff's Office
Authorization for Release of Information Agreement

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Cumberland County Sheriff's Office (**herein "CCSO"**). The **CCSO** needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history, be disclosed to the **CCSO**.

I hereby authorize any representative of the **CCSO** bearing this Release to obtain, review and receive full disclosure of any information, records or any part thereof in your files pertaining to my employment records concerning myself, whether said records are of a public, private or confidential nature and I hereby direct you to release such information upon request of the bearer. The intent of this Authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the **CCSO** to consider in determining my suitability for employment with the **CCSO**.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys-at-law or other counsel whether representing me or another person in any case, criminal or civil, in which I presently have or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any State or Federal Laws. I hereby release you as the custodian of such records of organization, including its officers, employees, or related personnel both individually and collectively from any and all liability for damages of whatever kind which may, at any time, result to me, my heirs, family, or associates because of compliance with this Authorization, and request to release information, or any attempt to comply with it.

I direct you to release such information upon request of the duly accredited representative of the **CCSO** regardless of any agreement I may have made with you previously to the contrary. The **CCSO** may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the **CCSO's** acceptance and processing of my application for employment, I agree to hold the **CCSO**, its agents and employees, harmless from any and all claims and liability associated with my application for employment, or in any way connected with the decision whether or not to employ me with the **CCSO**.

I understand that should information of a serious criminal nature surface, as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the **CCSO** in conjunction with its hiring process.

A photocopy or faxed copy of this Release Form will be valid as an original thereof, even though the said photocopy or faxed copy does not contain an original writing of my signature.

Should there be any questions as to the validity of this Release, you may contact me at the address listed on this form.

I agree to pay any, and all, charges or fees concerning this request, and can be billed for such charges at the address listed on this Form.

I agree to indemnify, and hold harmless, the person to whom this request is presented, and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys fees arising out of, or by reason of, complying with this request.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. The **CCSO** is hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureau of the **CCSO's** choice.

Name: _____

Address: _____

City/State/ZIP: _____

Date of Birth: _____ Social Security Number: _____

Home Phone: _____ Work Phone: _____

Signature: _____ Date: _____

Thank you for completing this application for employment with the County of Cumberland. Cumberland County is an Equal Opportunity/Affirmative Action Employer. We encourage diversity in our workforce.

County of Cumberland



RELEASE FOR AGILITY TESTING

If you are applying for a Corrections Officer position,
you must have your physician complete this form.

TO THE PHYSICIAN:

Applicant: _____ has applied to participate in the Basic Correction Training Program.
(PRINT NAME)

This candidate should be free of medical conditions which would interfere with his/her ability to safely participate in and successfully perform certain activities including, but not limited to the following program requirements:

1. Basic Corrections Training Program:

- Participation in a physical fitness program consisting of running, standing, power walking, and/or sports activity to the limits of the individual
- Physically rigorous defense tactics training (joint manipulation/handcuffing/take downs/kicks/strikes)
- Climb/crawl/wrestle/jump/box/lift/drag heavy weights
- Participate in interactive use of force training
- Sustain this level of functioning for 12- 14 hours a day.

Based on a review of the corresponding program the above named candidate is:

- a. _____ Medically SUITABLE to participate in training at the Maine Criminal Justice Academy, OR
- b. _____ Medically UNSUITABLE to participate in training at the Maine Criminal Justice Academy for the following reasons: _____

Comments:

Are ADA Accommodations Requested? Yes No

Physician's signature: _____ Date _____

Physician name: (printed) _____

Candidate's signature: _____ Date _____

THIS PAGE MUST BE COMPLETED TO INCLUDE REQUIRED SIGNATURES.