



TOWN OF WILTON

WILTON POLICE DEPARTMENT



EMPLOYMENT APPLICATION PACKET

Name: _____

Position(s) applying for: _____

How did you hear about this opening? _____

Date of application: _____

The Wilton Police Department welcomes you as an applicant.

It is the policy of the Town of Wilton to provide equal opportunity to all employees and applicants for employment. Additionally, it is the policy of the Town of Wilton not to discriminate on the basis of age, race, religion, sex, color, national origin, citizenship, disability, veteran's status or any other unlawful basis.

The Wilton Police Department conducts pre-employment criminal history background checks, polygraph, psychological, medical/physical exams, and pre-employment drug testing for all sworn positions. Driving record history checks are conducted for all positions that require a current driver's license.

If you need assistance in completing or filling out this application packet or during any phase of the application, interview, or employment process, please notify the Office of the Chief of Police at 207-645-4222 and every reasonable effort will be made to accommodate your needs in a timely manner.



**874 Main Street
Wilton, ME 04294
(207) 645-4222**

INFORMATION TO APPLICANTS & APPLICATION GUIDELINES

1. List all positions for which you are applying on the first page of this application packet.
2. Read the job announcement for the position(s) to which you are applying carefully. Note the minimum qualifications and conditions of employment required for the position(s) to ensure that you are qualified for the position(s).
3. Complete the application packet in its entirety and please handwrite the application. Incomplete applications may not be considered. Answer all questions completely and accurately. If an item does not apply to you, or if there is no information to be given, please write or type the letters N.A. for "not applicable."
4. The application form is the primary tool used in the application process. Other job-related information such as resumes, letters of application, certifications, recommendations, and college transcripts may be attached to your application, but will not substitute for any information on your application.
5. You will normally be contacted by telephone only if you are selected as a finalist for the position. The telephone number listed on your application will be used to contact you. Inability to contact an applicant due to a wrong number or repeated calling with no answer or response may delay consideration and could mean a loss of employment opportunity.

PERSONAL INFORMATION

Please provide your legal name:

Name: _____
 Last *First* *Middle*

Other Names (including nicknames and maiden names) you have used or been known by:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (if different than mailing address): _____

City: _____ State: _____ Zip: _____

Social Security Number: ____ - ____ - ____ (In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure proper records are obtained).

Email address: _____

Provide only if email is an acceptable means for the Wilton Police Department to contact & correspond with you regarding your application.

PERSONAL INFORMATION (Continued)

Social Website Addresses (Facebook, Twitter, etc): _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Between hours of: _____ and _____

May we contact you at work? Yes No

If hired, when would you be able to begin work? _____

Are you at least 21 years of age? Yes No

You must meet the Maine prerequisite to become a police officer in the State of Maine. 21 years old, or 20 years old with at least 60 credits from an accredited college, or age 19, currently enrolled in an accredited post-secondary education program, with at least 40 credit hours. Copies of transcripts or current grade reports are required with the application for those under 21. (You may refer to <http://www.maine.gov/dps/mcja>)

Motor Vehicle Operation:

Operation of a motor vehicle is an integral part of the position of a police officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

MAINE Driver's License #:		Expiration Date:
Name under which license was granted:		
List other states (below) where you have been licensed to operate a motor vehicle		
State:	Name under which license was granted:	
State:	Name under which license was granted:	
State:	Name under which license was granted:	

Residences:

List chronologically all addresses, including residences while at school and in military. For college on campus residence, give dormitory name, city and state. If residences in the military service cannot be shown as street addresses, indicate complete military unit designation and location by city and state. If post office box, give location of post office. If you need additional space, please photocopy this page, provide all information and attach to the application.

Dates (mm/yy)		Apt. #	Street Address	City	Zip Code	County	State
From	To						

PERSONAL INFORMATION (Continued)

Education:

Did you graduate from high school or obtain a GED Certificate? Yes No

If yes, Name & Location of school: _____

If no, what was the highest grade completed?: _____

Name(s) and Locations(s) of Colleges, Universities or Trade Schools Attended	Major/Minor (area of study)	Did You Graduate?	Degree Earned (If none, list number of credits received)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Language Skills:

In what languages, other than English, are you proficient? Please list language(s) and check the areas that are applicable.

Language	Read	Speak	Write	Understand
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Computer Skills & Ability:

List computer software with which you have knowledge and experience:

Licenses/Certifications:

Maine Criminal Justice Academy Basic Law Enforcement Training Program (BLETP)

Graduate. Yes No If yes, Date of Completion: _____

Maine Criminal Justice Law Enforcement Pre-Service Training Program. Yes No

If yes, Completion Date: Phase 1 _____, Phase 2 _____, Phase 3 _____

Other _____

PERSONAL INFORMATION (Continued)

Please list any license(s) and/or certification(s) that you currently possess that are applicable to the position that you are applying for:

1. Can you provide proof of both your identity and your right to work in the United States?

Yes No

2. Are you a current employee of the Town of Wilton? Yes No

3. Have you ever been employed by the Town of Wilton? Yes No

If yes, please list date(s) of employment

4. Do you have any relatives currently employed by the Town of Wilton? Yes No

If yes, please list name, relationship and department

5. Are you currently or have you ever been a party to any misdemeanor or felony criminal matter (other than minor traffic violations for which no arrest was made) in which you were charged, convicted, served probation, participated in a deferred dispositions or other program to avoid a conviction, or made restitution or participated in pre-trial diversion or other program to avoid prosecution? (Note: Answering "yes" will not automatically bar you from employment.) Yes No

If yes, please list date, place, violation and fine (or sentence), and whether you were an adult or juvenile for each

6. Are you currently pending trial or judgment or have you been convicted within the past five years of any moving traffic violations? Yes No

If yes, please list date, place, violation and fine (or sentence) for each

PERSONAL INFORMATION (Continued)

7. Controlled Substances

Do you NOW or EVER possessed, tried, purchased or sold any illegal drugs or controlled substances? (“Tried” includes smoking; inhaling; swallowing; placing/rubbing on gums, lips, or tongue; injecting; or ingesting by any other means as a juvenile or as an adult)

Yes No

If Yes, list details below.

NAME of Drug or Controlled Substance	Total # of Times TRIED	Total # of Times POSSESSED	Total # of Times PURCHASED	Total # of Times SOLD	FIRST TIME (MM/YY)	LAST TIME (MM/YY)
Marijuana/ “Pot”						
Cocaine/ “Crack”						
Steroids	Total # of Cycles _____					
GHB/ Ecstasy						
Methamphetamine “Meth”						
Hallucinogenic/ PCP/ LSD/ “Acid”						
Heroin/Fentanyl						
Prescribed Medications not Prescribed to You: Name: _____						
Other: Name Drug _____						

PERSONAL INFORMATION (Continued)

Personal References:

List three (3) references (not relatives, former or present employers, fellow employees, police officers or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. You must give *complete* information for each reference. If retired, give former occupation.

Name:		
Address City, State, Zip:		
Home Phone:		Work Phone:
Occupation:	Relationship:	Years Known:
Name:		
Address City, State, Zip:		
Home Phone:		Work Phone:
Occupation:	Relationship:	Years Known:
Name:		
Address City, State, Zip:		
Home Phone:		Work Phone:
Occupation:	Relationship:	Years Known:

EMPLOYMENT HISTORY

List all/ each/ every employment experience, beginning with your current or most recent employer. Include military experience and account for all periods you were unemployed.

Please make copies of the next page if additional space is needed.

Current or Most Recent Employer:

Employer: _____

Address: _____

Telephone #: _____ Employment: From _____ to _____

Your Title/Rank: _____ Department/Division: _____

Supervisor Name: _____ Supervisor Title/Rank: _____

Specific Skills/Training: _____

Major Duties or Responsibilities: _____

Reason for Leaving/Wanting to Leave: _____

May we contact this employer regarding your work record? Yes No

Previous Employer:

Employer: _____

Address: _____

Telephone #: _____ Employment: From _____ to _____

Your Title/Rank: _____ Department/Division: _____

Supervisor Name: _____ Supervisor Title/Rank: _____

Specific Skills/Training: _____

Major Duties or Responsibilities: _____

Reason for Leaving/Wanting to Leave: _____

May we contact this employer regarding your work record? Yes No

EMPLOYMENT HISTORY (Continued)

Previous Employer:

Employer: _____

Address: _____

Telephone #: _____ Employment: From _____ to _____

Your Title/Rank: _____ Department/Division: _____

Supervisor Name: _____ Supervisor Title/Rank: _____

Specific Skills/Training: _____

Major Duties or Responsibilities: _____

Reason for Leaving/Wanting to Leave: _____

May we contact this employer regarding your work record? Yes No

Previous Employer:

Employer: _____

Address: _____

Telephone #: _____ Employment: From _____ to _____

Your Title/Rank: _____ Department/Division: _____

Supervisor Name: _____ Supervisor Title/Rank: _____

Specific Skills/Training: _____

Major Duties or Responsibilities: _____

Reason for Leaving/Wanting to Leave: _____

May we contact this employer regarding your work record? Yes No

Employment History: If you answer YES to any of the following questions, *please provide the details on a separate sheet of paper (you may use pages 12-14 of this packet).*

Have you ever had any disciplinary action taken against you by an employer or in any position you have held? Yes No

Have you ever been dismissed or asked to resign from any employment or position you have held? Yes No

Have you ever left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No

Have you ever left a job for other reasons under unfavorable conditions? Yes No

Have you ever been the subject of an Internal Affairs, civilian complaint, or any other misconduct investigation? Yes No

Have you intentionally omitted any information that could affect your suitability to be a certified law enforcement officer? Yes No

Have you ever been a successful or unsuccessful candidate for another position requiring police officer powers? Yes No (If yes, include details that include date, name of agency, and circumstances)

Reason(s) for lapses in employment history:

Date: _____ Reason: _____

Date: _____ Reason: _____

Date: _____ Reason: _____

Initial here to certify that you have provided a complete employment history: _____

ADDITIONAL SPACE: There are several questions in this Employment Application that may require a written answer and/or further explanation. Please use this page to provide the information requested, and/or any other information that did not fit elsewhere on this application. Identify the corresponding question and specific item being referenced.

ADDITIONAL SPACE: There are several questions in this Employment Application that may require a written answer and/or further explanation. Please use this page to provide the information requested, and/or any other information that did not fit elsewhere on this application. Identify the corresponding question and specific item being referenced.

ADDITIONAL SPACE: There are several questions in this Employment Application that may require a written answer and/or further explanation. Please use this page to provide the information requested, and/or any other information that did not fit elsewhere on this application. Identify the corresponding question and specific item being referenced.

Applicant Checklist

Along with your application, please submit copies of any of the documents listed below that apply to you. Copies should be on 8.5"x11" paper and inserted in the order listed. Failure to submit all of the items listed below that apply to you may disqualify your application.

Please note that the Wilton Police Department will not make copies of documents.

- Valid Driver's License

- Social Security Card

- Birth Certificate issued by State Vital Records (not hospital)

- High School Diploma or GED

- College Degree; College Transcripts if No Degree (If Applicable)

- Proof of Legal Name Change (If Applicable)

- Certificate of Naturalization (If Applicable)

- DD Form 214 "Member 4" Copy (Character of Service, Re-enlistment Code, and Nature & Type of Discharge) (If Applicable)

- MCJA Physical Fitness Test Results Within Last Year

- MCJA Certificate of Completion from Training Academy (If Applicable)

- Court Disposition Papers (If Applicable)

- Applicant's Authority for Release of Information Phase #1 (Pg. 16 - Included in this packet)

- Resume (Optional)

AUTHORITY FOR RELEASE OF INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	(BIRTH NAME)
			MONTH DAY YEAR
OF BIRTH SSN SEX RACE			

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of The Town of Wilton, whether the said records are public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposit, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or conviction of alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wherever located, and to include the records and collections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had, an interest.

I reiterate, and emphasize that 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 which may provide pertinent data for the Town of Wilton to consider in determining my suitability for employment in the Wilton Police 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 identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Town of Wilton. I understand that all materials pertaining to this background investigation become the property of the Town of Wilton and will not be returned to me.

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 attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with The Wilton Police Department is on an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Wilton Police Department.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

SIGNATURE	PRINT FULL NAME
-----------	-----------------

STREET ADDRESS CODE	CITY	STATE	ZIP
------------------------	------	-------	-----

CURRENT CONTACT PHONE NUMBER

Please return this completed application packet to:

Wilton Police Department - Chief of Police

Mail: 874 Main Street, Wilton, Maine 04294

Fax #: (207) 645-4511

Email: office@wpdme.com

The Wilton Police Department will accept a hand-delivered, mailed, faxed or email copy of your application if received by the closing date and time of the job announcement and if the application packet contains all necessary supporting documentation.