

# CAPE ELIZABETH POLICE DEPARTMENT

325 Ocean House Road, Cape Elizabeth, Maine 04107

Tel. (207) 767-3323

## APPLICATION for EMPLOYMENT

**\*IMPORTANT - READ CAREFULLY** Return this form completed with a copy of your driver's license. If you were in the Military please supply a DD214.

**\*Incomplete applications will be rejected without notice to the applicant**

### PERSONAL

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_

Email: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Applying for:  Full Time Police Officer  Full Time Dispatcher  Reserve Police Officer  
 Reserve Dispatcher

List any relatives who are now (or were formerly) in the employ of the Town of Cape Elizabeth \_\_\_\_\_

List any experiences, skills or qualifications, which will be of special benefit in the job for which you are applying. (Applicant should not list any information that Federal and State law precludes obtaining in pre-employment stage)

### RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Last Year Completed (Circle)	List Diploma or Degree
Elementary	_____	_____	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
High School	_____	_____	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
College	_____	_____	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
Other	_____	_____	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____

### MILITARY SERVICE RECORD

Were you in the Armed Forces? Yes  No  If yes, what Branch? \_\_\_\_\_

List Military ID # \_\_\_\_\_ Give dates of enlistment: \_\_\_\_\_

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for?

\_\_\_\_\_ (

**LIST PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT**

Name and Address of Company and Type of Business	From	To	Last Weekly Salary	Reason for Leaving	Supervisors Full Name
<b>I</b>					

Describe the work you did:

---



---

Name and Address of Company and Type of Business	From	To	Last Weekly Salary	Reason for Leaving	Supervisors Full Name
<b>II</b>					

Describe the work you did:

---



---

Name and Address of Company and Type of Business	From	To	Last Weekly Salary	Reason for Leaving	Supervisors Full Name
<b>II</b>					

Describe the work you did:

---



---

Name and Address of Company and Type of Business	From	To	Last Weekly Salary	Reason for Leaving	Supervisors Full Name
<b>II</b>					

Describe the work you did:

---



---

*I hereby give permission to contact the employers listed above concerning my prior work experience.*

**Signed** \_\_\_\_\_

*If there is a particular employer(s), you do not wish us to contact, please indicate which one(s)* \_\_\_\_\_

---

**PERSONAL REFERENCES**  
(Not former employers or relatives)

Name and Occupation	Address	Phone Number

**PLEASE READ AND SIGN BELOW**

The facts set forth in my application are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract for employment, nor does this application obligate the Town of Cape Elizabeth in any way if the Cape Elizabeth Police Department decides to employ me. I understand and agree that my employment is at-will and can be terminated by either myself or the Town of Cape Elizabeth with or without notice, at any time during my one year probationary period and (with notice and *for cause*) by the respective parties at any time thereafter.

I hereby authorize the Cape Elizabeth Police Department, its agents and assigns to make any investigation of my personal history, character and credit record through any investigation or credit agencies or bureaus of its choice. In making this application for employment I further authorize the Cape Elizabeth Police Department to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have a right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

X \_\_\_\_\_  
**Signature of Applicant**

The Cape Elizabeth Police Department and the Town of Cape Elizabeth have determined that the following information is needed for a legally permissible reason including, without limitation, national and local security requirements, a bona fide occupational qualification or business necessity.

Have you ever been convicted of an offense?    Yes                       No                       If yes, give complete details:

Date	Offense	Location	Department	Disposition of Case

Do you have any cases pending against you?    Yes                       No                       If yes, give complete details:

\_\_\_\_\_

\_\_\_\_\_

**IMPORTANT:** The Cape Elizabeth Police Department utilizes the ALERT test as a pre-employment, general knowledge testing instrument. To be considered for employment, you **MUST** submit your ALERT T-SCORE here \_\_\_\_\_ and supply a copy of your ALERT test results with this application:

