



# Lincoln County Sheriff's Office

PO Box 611  
42 Bath Road  
Wiscasset, ME 04578  
(207) 882-6576

## APPLICATION FOR EMPLOYMENT

*An Equal Opportunity Employer*

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

DIVISION APPLYING TO: Check each division you wish to apply for.

- Patrol Division
- Criminal Investigation Division
- Special Services Division
- Civil Division

How did you learn about us?  Advertisement:  Newspaper,  Facebook,  On-line Job Site,  
 Friend  Inquiry  Employment Agency  Relative  Other

### PERSONAL HISTORY STATEMENT

#### A. APPLICANT IDENTIFICATION

1. Name: \_\_\_\_\_  
Last First Middle

2. Address: \_\_\_\_\_  
Number Street

\_\_\_\_\_ City State Zip Code

3. Telephone Number (s): \_\_\_\_\_  
(Include pager and/or cell phone if appropriate)

Email address: \_\_\_\_\_

Best time to be reached: \_\_\_\_\_

4. Have you ever filed an application with us before?: \_\_\_\_\_

5. Are you legally eligible to work in the U.S.?: \_\_\_\_\_

6. Date available to work: \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_

7. Are you available to work: ( ) Full Time  
( ) Part Time  
( ) Temporary

B. RESIDENCE - List all addresses where you have lived during the past ten years, beginning with present address. List date by month and year attach extra page, if necessary.

| <u>From</u> | <u>To</u> | <u>Address</u> |
|-------------|-----------|----------------|
| _____       | _____     | _____          |
| _____       | _____     | _____          |
| _____       | _____     | _____          |
| _____       | _____     | _____          |
| _____       | _____     | _____          |

C. WORK HISTORY - Beginning with your present or most recent job, list all employment held for the past ten years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages, if necessary. Please indicate if you are fearful that your present job would be in jeopardy if inquiries are made.

1. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Job Title \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

Supervisor \_\_\_\_\_

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

2. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Job Title \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

Supervisor \_\_\_\_\_

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

3. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Job Title \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

Supervisor \_\_\_\_\_

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

4. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Job Title \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

Supervisor \_\_\_\_\_

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

D. MILITARY RECORD

1. Have you served in the US Armed Forces? (YES)\_\_\_ (NO)\_\_\_
2. Date of Service: From \_\_\_\_\_ To \_\_\_\_\_ Branch of Service \_\_\_\_\_  
Highest rank held \_\_\_\_\_
3. Were you ever disciplined while in the military service? (Include Court Martial, Captain's  
Masts, Company Punishment, Article 15, etc.)  
(YES) \_\_\_\_\_ (NO) \_\_\_\_\_

| <u>Charge</u> | <u>Agency</u> | <u>Date</u> | <u>Disposition</u> |
|---------------|---------------|-------------|--------------------|
| _____         | _____         | _____       | _____              |
| _____         | _____         | _____       | _____              |

If you received a discharge other than honorable, give complete details on a separate sheet of paper.

E. EDUCATION HISTORY

1. 

|                |                    |           |          |
|----------------|--------------------|-----------|----------|
| High School    |                    | Graduated |          |
| Attended _____ | City & State _____ | Yes _____ | No _____ |
| _____          | _____              | _____     | _____    |
| _____          | _____              | _____     | _____    |

2. College or University attended \_\_\_\_\_  
City & State \_\_\_\_\_  
Semesters completed \_\_\_\_\_ Major/Minor \_\_\_\_\_  
Degree received \_\_\_\_\_

3. List other schools attended (trade, vocational, business etc...). Give name and address of school, course of study, certificate, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. SPECIAL QUALIFICATIONS & SKILLS

1. List any special licenses you hold (such as pilot, radio operator, scuba, etc...), showing licensing authority, original date of issue, and date of expiration.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List any specialized equipment or machinery that you can operate.

\_\_\_\_\_

3. List any special skills or qualifications you may possess.

\_\_\_\_\_

G. CONVICTIONS, ARRESTS, DETENTION AND LITIGATION

1. Have you ever been convicted, in court or are currently under indictment or investigation of a felony? (YES) \_\_\_\_\_ (NO) \_\_\_\_\_

H. REFERENCES OR ACQUAINTANCES -

List three persons who know you well enough to provide current information about you. Do not list relatives or former employers.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Business address: \_\_\_\_\_

Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Business address: \_\_\_\_\_

Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Business address: \_\_\_\_\_

Years known: \_\_\_\_\_

I. PERSONAL DECLARATIONS

1. Do you have any other beliefs or prejudices which would prevent you from fully performing the duties of a Law Enforcement Officer?

(YES)\_\_\_ (NO)\_\_\_

If YES, explain: \_\_\_\_\_  
\_\_\_\_\_

**Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.  Yes  No

“I certify that the information submitted by me in this application is true and complete with no omissions to the best of my knowledge, and understand that, if employed, falsified statements on this application could be grounds for dismissal. I also understand that a person who makes a written false statement, with the intent to deceive a public official in the performance of his official duty, may be found guilty of **Unsworn Falsification**, 17-A MRSA Section 453, a Class D Misdemeanor.”

Signature \_\_\_\_\_ Date \_\_\_\_\_

AUTHORIZATION TO RELEASE INFORMATION

TO: WHOM IT MAY CONCERN:

I hereby request and authorize you to furnish the Lincoln County Sheriff's Office with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature, as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a Law Enforcement Officer.

I hereby release you and your organization from any liability, which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a Law Enforcement Officer. This release will expire 60 days after date signed.

SIGNED: \_\_\_\_\_  
DATE: \_\_\_\_\_

State Of Maine

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_  
by \_\_\_\_\_

Signature of Notary: \_\_\_\_\_

Name of Notary (Printed): \_\_\_\_\_

Notary Public State of Maine

My commission expires: \_\_\_\_\_





**Scoring:** *Your total number of correct sit-ups in 1 minute.*

**1.5 MILE RUN:** The applicant will walk, jog, run, or any combination thereof, a distance of one and one-half miles. A measured, level course will be used, such as an indoor or outdoor track. Exact distances will be indicated. A monitor will keep record of the distance and time the applicant has completed. If using a track, a monitor will inform the applicant at the end of each lap the cumulative running time or a visual timing device will be observable by the applicant. The assigned monitor will count out loud the number of laps completed.

**Scoring:** *The time it takes to finish 1.5 miles.*

**Adopted by the MCJA Board of Trustees: 09/20/2013, effective 10/01/2013**

| FITNESS TEST            | MALE (40 <sup>th</sup> Percentile)<br>AGE |       |       |       | FEMALE (40 <sup>th</sup> Percentile)<br>AGE |       |       |       |
|-------------------------|---|-------|-------|-------|---|-------|-------|-------|
|                         | 20-29                                     | 30-39 | 40-49 | 50-59 | 20-29                                       | 30-39 | 40-49 | 50-59 |
| One Minute Push-up Test | 29  | 24    | 18    | 13    | 15  | 11    | 9     | 3     |
| One Minute Sit-up Test  | 38  | 35    | 29    | 24    | 32  | 25    | 20    | 14    |
| 1.5 Mile Run            | 12:38                                     | 13:04 | 13:49 | 15:03 | 14:50                                       | 15:38 | 16:21 | 18:07 |

**Adopted by the MCJA Board of Trustees: 09/20/2013, effective 10/01/2013**

| FITNESS TEST             | MALE (50 <sup>th</sup> Percentile)<br>AGE |       |       |       | FEMALE (50 <sup>th</sup> Percentile)<br>AGE |       |       |       |
|--------------------------|---|-------|-------|-------|---|-------|-------|-------|
|                          | 20-29                                     | 30-39 | 40-49 | 50-59 | 20-29                                       | 30-39 | 40-49 | 50-59 |
| One Minute Push -up Test | 33  | 27    | 21    | 15    | 18  | 14    | 11    | 5     |
| One Minute Sit-up Test   | 40  | 36    | 31    | 26    | 35  | 27    | 22    | 17    |
| 1.5 Mile Run             | 11:58                                     | 12:25 | 13:11 | 14:16 | 14:07                                       | 14:34 | 15:24 | 17:13 |

**2025 Lincoln County Employment Benefits  
Sheriff's Office - Fraternal Order of Police (Union Employees)**

**Effective 1/1/2025**

| HEALTH INSURANCE BENEFITS   |  | MONTHLY AMOUNT CONTRIBUTED BY COUNTY               | MONTHLY AMOUNT CONTRIBUTED BY EMPLOYEE | ANNUAL COUNTY-FUNDED HEALTH REIMBURSEMENT ACCOUNT (FT EMPLOYEES ONLY) | MONTHLY AMOUNT CONTRIBUTED BY COUNTY               | MONTHLY AMOUNT CONTRIBUTED BY EMPLOYEE |
|---|--|--|--|---|--|--|
|   |  | Rates for Full-Time (35-40hrs) Non-Union Employees |  |   | Rates for Part-Time (21-34hrs) Non-Union Employees |  |
| <b>Maine Municipal Employees Health Trust Plan:</b><br>Includes Life Insurance (annual salary, rounded to the next thousand) Supplemental Life and Dependent Life Insurance also available (rates vary) |  |  |  |   |  |  |
| <b>POS - 200 (Acadia)</b>   |  | <b>85%</b>   | <b>15%</b>                             |   | <b>70%</b>   | <b>30%</b>                             |
| Total Plan  | \$ 1,313.33 Employee                       | \$ 1,116.33  | \$ 197.00                              | \$0   | \$ 919.33  | \$ 394.00                              |
| Cost Per  | \$ 2,142.91 Employee w/Child(ren)          | \$ 1,821.47  | \$ 321.44                              | \$0   | \$ 1,500.04  | \$ 642.87                              |
| Month   | \$ 2,946.02 Employee/Spouse +/- Child(ren) | \$ 2,504.12  | \$ 441.90                              | \$0   | \$ 2,062.21  | \$ 883.81                              |
| <b>PPO - 2500 (Pemaquid)</b>  |  |  |  |   |  |  |
| Total Plan  | \$ 1,131.10 Employee                       | \$ 961.44  | \$ 169.67                              | \$1,500   | \$ 791.77  | \$ 339.33                              |
| Cost Per  | \$ 1,845.58 Employee w/Child(ren)          | \$ 1,568.74  | \$ 276.84                              | \$3,000   | \$ 1,291.91  | \$ 553.67                              |
| Month   | \$ 2,537.28 Employee/Spouse +/- Child(ren) | \$ 2,156.69  | \$ 380.59                              | \$3,000   | \$ 1,776.10  | \$ 761.18                              |

| <b>Full-Time Health Insurance Annual Opt-Out Stipends</b> |         |
|---|---------|
| (pro-rated for eligible PT employees)                     |         |
| Employee  | \$1,200 |
| Employee w/Child(ren)                                     | \$3,700 |
| Employee/Spouse +/- Child(ren)                            | \$5,700 |

REFER TO YOUR HR POLICY FOR ADDITIONAL BENEFIT INFORMATION

Benefits effective 1/1/2025. Employees will be notified in advance if any benefit plan changes occur prior to 12/31/2025.

| <b>OTHER BENEFITS</b>  |   | <b>MONTHLY</b>   | <b>MONTHLY AMOUNT</b> |
|--|---|--|-----------------------|
|  |   | <b>AMOUNT</b>  | <b>CONTRIBUTED</b>    |
|  |   | <b>CONTRIBUTED</b>   | <b>CONTRIBUTED</b>    |
|  |   | <b>BY COUNTY</b>   | <b>BY EMPLOYEE</b>    |
| <b>VSP Vision Insurance</b>  | Employee Only   | \$ -   | \$ 5.58               |
|  | Employee and Spouse   | \$ -   | \$ 11.15              |
| See plan documents   | Employee and Child(ren)   | \$ -   | \$ 11.94              |
| for program coverage   | Employee and Family   | \$ -   | \$ 19.09              |
| <b>Ameritas Dental Insurance</b>   |   |  |                       |
|  | Employee  | \$ 12.50   | \$ 28.82              |
| See plan documents   | Employee and Spouse   | \$ 12.50   | \$ 72.18              |
| for program coverage   | Employee with Child(ren)  | \$ 12.50   | \$ 83.30              |
|  | Employee, Spouse, child(ren)                                    | \$ 12.50   | \$ 126.66             |
| <b>MMEHT Dental (Delta) Insurance</b>  |   |  |                       |
|  | Employee  | \$ 12.50   | \$ 31.73              |
| See plan documents   | Employee and Spouse   | \$ 12.50   | \$ 63.86              |
| for program coverage   | Employee with Child(ren)  | \$ 12.50   | \$ 133.24             |
|  | Employee, Spouse, child(ren)                                    | \$ 12.50   | \$ 133.24             |
|  |   | <b>CONTRIBUTED</b>   | <b>CONTRIBUTED BY</b> |
|  |   | <b>BY COUNTY</b>   | <b>EMPLOYEE</b>       |
| <b>MainePERS Plan 2C</b>   | <b>Regular Employees (21 to 40 hours) and Elected Officials</b> |  |                       |
| Active Employees   | % of Earnings (1/1/25-6/30/25)                                  | 12.8%  | 9.2%                  |
| Retire/Rehire  |   | 0.0%   | 5.00%                 |
| <b>Voya 457 Deferred Compensation Plan</b>   |   |  |                       |
| Match of Employee withholding up to MPERS Eligible Rate at date of hire  |   | Employees participating in MainePERS may also contribute to 457 Plan without County match.<br><b>County will contribute to either MainePERS or 457 Plan.</b> |                       |
| <b>Income Protection Plan (IPP) Provided through MMEHT/UNUM</b>  |   |  |                       |
| This is a short-term disability plan that provides income benefits to employees who are unable to work due to a non-job related accident, injury or illness. |   |  |                       |
| Employee may select from three options: 40%, 55% or 70% of salary  |   | \$2.14 per month for each \$100 of monthly coverage (effective 1/1/2025)   |                       |