

AUBURN POLICE DEPARTMENT Application for Employment

CITY OF AUBURN
HUMAN RESOURCES DEPARTMENT
60 COURT STREET, SUITE 420
AUBURN, MAINE 04210
207-333-6601 X:1414 or X:1416

DATE REC'D: _____

NAME	SSN			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Last</td> <td style="width: 33%; text-align: center;">First</td> <td style="width: 33%; text-align: center;">MI</td> </tr> </table>	Last	First	MI	
Last	First	MI		

ADDRESS	
How long at this address?	
Home Phone:	Cell:
E-mail:	
Date of Birth:	Place of Birth:

Can you perform the job for which you have applied with or without reasonable accommodation? Yes ___ No ___	
Have you ever served on any police/fire department? Yes ___ No ___	Volunteer ___ Full Time ___
Dates Served:	Location/Department:
Reason for Leaving:	

List any relatives working for the City of Auburn	
Name:	Relationship:

Have you ever been convicted of any criminal action or motor vehicle violations such as speeding or operating under the influence?		
Do you have a valid driver's license? Yes ___ No ___	State:	License #:

Military Service: Active Duty ___ Reserve Duty ___ None ___	Branch:
Date of Entry:	Date of Discharge:
Type of Discharge:	Highest Rank:
Present Reserve Status: Active ___ Inactive ___ None ___	
NOTE: A photocopy of your discharge, DD214, is required with this application.	

ALL APPLICANTS: You must attach a copy of your MCJA ALERT and PAT results when submitting this application. Please note that PAT results are only valid for one year from the date of the test.

EDUCATION

Name/Location	Course of Study	From/To	Graduated
High School	Commercial ___ College ___		Yes ___ No ___
Business/Technical			Yes ___ No ___
College	Major _____ Minor _____		Degree _____

ACCOUNT FOR ALL EMPLOYMENT SINCE HIGH SCHOOL (List last position first)

From/To	Employer	Salary	Position	Supervisor	Reason for Leaving

WORK RELATED REFERENCES

Name	Address	Telephone #	Occupation

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statements or omissions will subject me to disqualification or dismissal.

Signature

Date

INFORMATION RELEASE

I hereby authorize the release of the following information to representatives of the City of Auburn, including but not limited to the Human Resources Department and the Police Department:

- 1. Complete transcript of all secondary and post-secondary scholastic records;
- 2. Complete record of all credit information;
- 3. Complete record of all past and present employment information;
- 4. A security clearance check;
- 5. Military Service Records.

I realize that persons other than those listed as references may be contacted for job-related and personal character references and I authorize that as well. I also agree to sign any other release forms required to obtain the above records.

Signature

Date

A substance abuse test and/or a job-related medical exam/physical will be required after an offer of employment has been made.

ACKNOWLEDGMENT OF RISK AND LIMITED RELEASE OF LIABILITY

Whereas, the City of Auburn, (hereinafter "the City") requires candidates for the position of Firefighter and Police Officer to take (and pass) certain tests for agility and physical dexterity, as a pre-condition to employment; and whereas, _____ of _____ is a candidate (hereinafter "The Candidate") for the position of Patrol Officer; and whereas, said Candidate has had the nature and extent of the tests and the physical demands associated with them, fully and completely explained by the City; and whereas, said Candidate has made a full and complete disclosure to the City of the Candidate's physical condition and represented to the City that the Candidate is unaware of any physical condition which should prevent or deter the candidate from taking the agility tests herein referred to and acknowledges that he/she should not take these tests if he/she had such a condition; NOW THEREFORE, the Candidate, in consideration of being given the opportunity to apply for employment with the City, and the City, in consideration of the disclosures herein referred to, agree as follows:

- 1. That if said Candidate should sustain injury, damage or death as a result of participating in said tests, due to a known or unknown existing or pre-existing physical condition, the said Candidate hereby, for himself/herself, his/her heirs, successors and assigns, releases, acquits and forever discharges the City, its officers, agents, servants and employees, past and present, or and from any actions, causes of action, costs or expenses in any way growing out of, any and all known and unknown physical injury, damage or death.
- 2. That if the Candidate sustains injury, damage or death, during the taking of these tests for any other reason whatsoever, the Candidate retains whatever rights he/she may have as a result of said happening against the City or any other entity.
- 3. That the parties hereto have **read this document, understand its terms** and agree to be bound thereby.

Dated this _____ day of _____, 20_____

Candidate

Witness

PLEASE SIGN, DATE AND HAVE THIS FORM WITNESSED BEFORE YOU RETURN IT TO HR WITH YOUR APPLICATION

The City of Auburn is an Equal Opportunity Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.