



City & State: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Degree Received & Date \_\_\_\_\_

College or University Attended: \_\_\_\_\_

City & State: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Degree Received & Date \_\_\_\_\_

3. List other schools attended (trade, vocational, business, etc.)

Other: \_\_\_\_\_

City & State: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Degree Received & Date \_\_\_\_\_

4. Are you employed now? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Have you ever applied to this Town before? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Referred by: \_\_\_\_\_

7. Are you currently on layoff or leave from another company? \_\_\_\_\_ Yes \_\_\_\_\_ No

C. SPECIAL QUALIFICATIONS & SKILLS

1. List any special qualifications and skills you have.

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

D. WORK HISTORY: Beginning with your present or most recent job, list 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 feel 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 or wanting to leave: \_\_\_\_\_

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

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

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

Duties: \_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for leaving or wanting to leave: \_\_\_\_\_

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

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

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

Duties: \_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for leaving or wanting to leave: \_\_\_\_\_

E. REFERENCES: Please list three people who are not former employers or family and whom you have known for a least one year.

Years

Name	Address	Business	Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

F. EMPLOYMENT LIMITATIONS: Can you perform the functions of the job with or without reasonable accommodations?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

H. In case of an emergency, please notify:

***WE ARE AN EQUAL OPPORTUNITY EMPLOYER***

## *Authorization for Release of Information Agreement*

**TO WHOM IT MAY CONCERN:** I am an applicant for a position with the **Topsham Police Department**. The Department 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 above Department.

I hereby authorize any representative of the **Topsham Police Department**, bearing this Release, to obtain any information in your files pertaining to my employment records, and I hereby direct you to release such information upon request of the bearer. 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 **Topsham Police Department**, whether said records are of public, private, or confidential nature. The intent of this Authorization is to give my consent for full and complete disclosure. 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 that may provide pertinent data for the **Topsham Police Department** to consider in determining my suitability for employment in that Department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

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, either 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 **Topsham Police Department** regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this Release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the **Topsham Police Department's** acceptance and processing of my application for employment, I agree to hold the **Topsham Police Department**, 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 **Topsham Police Department**.

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 **Topsham Police Department** in conjunction with employment procedures.

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.

***Authorization for Release of Information Agreement***  
***Page No. 2***

This Waiver is valid for a period of \_\_\_\_\_ from the date 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.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**Work Telephone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Notarized By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY**

1. Please be sure the application is completed in full.
2. Please be sure to include a copy of your ALERT test score results in your package.
3. If you list special certifications you hold, please include copies of the certificate(s) with your package.
4. Please include copies of any degrees you hold.
5. Please include a copy of your DD214 member copy 4 if you have served in the military.
6. Please Complete the Driving Record and sign and return with your package the DMV Driving Record Release and the bottom of this form. Please return this form with your package.
7. Please include with your package, in your own handwriting, on one page or less, your reason(s) for wanting to be a Topsham Police Officer.

**DRIVING RECORD**  
For Positions That Require Driving

1. NAME (First, Middle, Last): \_\_\_\_\_
2. SOCIAL SECURITY NUMBER: \_\_\_\_\_
3. BIRTHDATE (Mo., Day, Yr): \_\_\_\_\_
4. ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
5. DO YOU HAVE A VALID DRIVER'S LICENSE? \_\_\_\_\_ YES (Skip to 7) \_\_\_\_\_ NO (Complete 6)
6. IF YOU DON'T HAVE A VALID LICENSE, GIVE REASONS HERE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. HAVE YOU OPERATED A MOTOR VEHICLE IN THE LAST 5 YEARS? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, COMPLETE BELOW FOR ALL STATES WHERE YOU WERE ISSUED A DRIVER'S LICENSE IN THE LAST 5 YEARS

STATE IN WHICH ISSUED	DRIVER'S LICENSE NO.	DATE ISSUED	DATE OF EXPIRATION

7. HAVE YOU BEEN FOUND GUILTY OF VIOLATING A DRIVING LAW WITHIN THE LAST 5 YEARS? *(Do Not Include Parking Violations)*

CHARGE (Speeding, Reckless Driving, Etc.)	DATE (Month, Year)	PLACE (City or Town & State)	LAW ENFORCING AUTHORITY (City Police, State Police, Etc)	ACTION TAKEN (Fined, Forfeited Collateral, Etc.)	WAS LICENSED REVOKED OR SUSPENDED? (Show Which Using R or S. Give Period of Suspension)

I certify that the statements made above are true, complete, and correct to the best of my knowledge and belief and are in good faith. I further agree to allow my DMV record to be run, understanding that it will be not be viewed by the Personnel Board, but only used to confirm the above. I further agree that if there are discrepancies between the above and my DMV record, this information will be noted on the above when this sheet is included with my package put before the Personnel Board.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

