

**TOWN OF TOPSHAM**  
**POLICE OFFICER EMPLOYMENT APPLICATION**  
(PLEASE PRINT OR TYPE)

A. PERSONAL IDENTIFICATION: Information provided in this section is used for identification purposes only.

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

2. ADDRESS: \_\_\_\_\_  
                    Number                            Street

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

3. TELEPHONE NUMBER: \_\_\_\_\_

4. Nickname(s), maiden name or other names by which you have been known:  
\_\_\_\_\_

5. Are you a U.S. Citizen? \_\_\_\_ Yes \_\_\_\_ No

6. Driver's Lic. #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ State of Issue: \_\_\_\_\_

7. Are you 21 years or older? \_\_\_\_ Yes \_\_\_\_ No

8. Position applying for: \_\_\_\_\_

9. Date Available to start: \_\_\_\_\_ 10. Salary desired: \_\_\_\_\_

11. Are you available for full-time or part-time work? \_\_\_\_\_

12. Have you been given a copy of the job description listing the essential functions of the job?  
\_\_\_\_ Yes \_\_\_\_ No

13. Are you willing to work overtime as needed? \_\_\_\_ Yes \_\_\_\_ No

B. EDUCATIONAL HISTORY:

1. High School <u>Attended:</u>	<u>City/State:</u>	<u>Dates attended</u> <u>From / To:</u>	<u>Graduated</u> <u>Yes / No:</u>
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_____	_____	____/____	_____
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_____	_____	____/____	_____
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2. College or University Attended: \_\_\_\_\_

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 Topsham 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 (3) people who are not former employers or family and whom you have known for a least one year:

Name:	Address:	Business:	Years Known:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

G. IN CASE OF EMERGENCY, please notify:

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

**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 BMV 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. BIRTHDATE (Mo., Day, Yr): \_\_\_\_\_

3. 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 LICENSE 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 Bureau of Motor Vehicles (BMV) 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 BMV record, this information will be noted on the above when this sheet is included with my package put before the Personnel Board.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date