Buxton Police Department
185 Portland Road
Buxton, Maine 04093
Business: (207) 929-6612
Fax: (207) 929-6609

Dispatch Employment Application

Please Print Clearly

Applicants are considered for all positions without regard to race or color, sex, sexual orientation, physical or mental disability, religion, age, ancestry, or national origin,

Applicants must have the right to work in the United States, have a high school diploma or equivalent, a valid driver's license, and be in good physical and mental condition. Preferences will be given to post-secondary education, law enforcement experience and/or military experience.

Applicants must have the ability to express thoughts concisely and meaningfully with an effective speaking voice, good diction, good telephone technique, and in writing when necessary;

Applicants must have the ability to deal tactfully, courteously, and skillfully with the human relation aspect and with other problems that may arise involving the dispatch department, others that work in conjunction with dispatch, and the general public;

Applicants must have the ability to think and act quickly and effectively in emergency situations, and when necessary, handle several communications tasks simultaneously; yet function with accuracy, speed, and emotional self-control;

Applicants must have the ability to work in a tobacco free environment, in close quarters, with infrequent breaks, and sometimes long and strenuous hours;

The position for which you are about to apply will expose you to information that must, by requirement of law, remain strictly confidential. For this reason, for you to be considered for the position, you must be willing to submit to a complete background investigation.

Applicants must submit a completed application form. Please attach a cover letter and resume. Failure to complete all sections and sign the certification will result in delay or non-consideration of your application. Please attach additional pages if more space is necessary to fully answer a question.

Completed applications must be mailed or delivered to the Buxton Police Department at 185 Portland Road Buxton, Maine, 04093, attention to the Chief of Police.

A. GENERAL INFORMATION

1. Name: _____

   Physical Address: _____

   City/State/Zip: _____

   Mailing Address: _____

   (If different than physical): _____

   Telephone Home: _____

   Cell: _____

   Work: _____

   E-mail: _____

   Social Security #: _____

2. Other names by which you have been known (e.g., nickname, maiden name):

   _____

3. Are you a United States Citizen? ☐ Yes ☐ No

4. Have you submitted an application to the Town of Buxton Police Department in the past?

   ☐ Yes ☐ No

5. Do you have any health defects or physical handicaps which may prevent you from adequately performing the duties of this position?

   ☐ Yes ☐ No

6. Do you object to the inquiry of your present employer in regard to your character, work record, abilities, or qualifications? ☐ Yes ☐ No

B. <u>EMPLOYMENT HISTORY</u>

7. Beginning with your present (or most recent) employment, list all jobs that you have held in the past ten (10) years, including part-time, temporary, seasonal and self-employment.
   (This following page may be copied, if necessary)

   From:_____ To:_____ Full-Time ☐ Part-Time ☐

   Employer: _____

   Address: _____

   City/State/Zip: _____

   Telephone: _____ Job Title: _____

   Average Hours Per Week: _____ Weekly Pay: _____

   Supervisor: _____ Coworker: _____

   Reason for Leaving: _____

   May we contact this employer? ☐ Yes ☐ No

   From:_____ To:_____ Full-Time ☐ Part-Time ☐

   Employer: _____

   Address: _____

   City/State/Zip: _____

   Telephone: _____ Job Title: _____

   Average Hours Per Week: _____ Weekly Pay: _____

   Supervisor: _____ Coworker: _____

   Reason for Leaving: _____

   May we contact this employer? ☐ Yes ☐ No

   From:_____ To:_____ Full-Time ☐ Part-Time ☐

   Employer: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Job Title: _____

Average Hours Per Week: _____ Weekly Pay: _____

Supervisor: _____ Coworker: _____

Reason for Leaving: _____

May we contact this employer? ☐ Yes ☐ No

From:_____ To:_____ Full-Time ☐ Part-Time ☐

Employer: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Job Title: _____

Average Hours Per Week: _____ Weekly Pay: _____

Supervisor: _____ Coworker: _____

Reason for Leaving: _____

May we contact this employer? ☐ Yes ☐ No

From:_____ To:_____ Full-Time ☐ Part-Time ☐

Employer: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Job Title: _____

Average Hours Per Week: _____ Weekly Pay: _____

Supervisor: _____ Coworker: _____

Reason for Leaving: _____

May we contact this employer? ☐ Yes ☐ No

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8. Have you ever been terminated or asked to resign in lieu of termination? ☐ Yes ☐ No
If yes, please explain:

_____

_____

_____

9. Have you ever served in the United States military? ☐ Yes ☐ No

   If yes, date of service: From: _____ To: _____

   Branch of Service: _____

   Unit Designation: _____ Highest Rank Held: _____

   Military Service #: _____ Type of Discharge: _____
   Describe any military training received relevant to law enforcement:

   _____

   _____

   _____

C. EDUCATION

10. Name of High School: _____
    Did you graduate from high school? ☐ Yes ☐ No
    If not, have you passed the GED exam? ☐ Yes ☐ No
    Highest grade of high school completed: (circle one)
    09 10 11 12

11. Advanced Degrees:

    List any schools attended, starting with the most current, stating the number of years completed, and degree earned, if any:

School	# of Years	Degree

12. Have you completed the Terminal Operator Training and Certification? ☐ Yes ☐ No

    If yes, date taken: (attach copy of certificate to application) _____

13. Have you ever been subject to any disciplinary action, such as scholastic probation, suspension, or expulsion, during your scholastic career? ☐ Yes ☐ No If yes, please explain:

    _____

    _____

    _____

14. List any extracurricular activities that you think helped prepare you to become or gave you skills that will be useful:

    _____

    _____

D. SPECIAL SKILLS/QUALIFICATIONS

15. List any special license you hold (e.g., pilot, radio operator, SCUBA, etc.), including licensing authority, date of issue and date of expiration:

_____

_____

_____

16. If you are fluent in a foreign language (or sign language), indicate the language and degree of fluency (excellent, good, and fair):

Language	Reading	Speaking	Comprehension	Writing

17. List any other special skills, work experience, training, or qualifications you possess that you think will be beneficial:

_____

_____

_____

E. **CRIMINAL BACKGROUND/MOTOR VEHICLE HISTORY**

18. Have you ever been convicted or plead "guilty" or "no contest" to a crime?

☐ Yes ☐ No If yes, please explain below:

Crime	Police Agency/State	Date

Further Details: _____

_____

_____

19. Have you ever committed an illegal act or done anything that would have been considered unlawful if caught? ☐ Yes ☐ No If yes, please explain:

_____

_____

20. Have you ever failed a background investigation in the past? ☐ Yes ☐ No

If yes, when? _____ To Whom did you apply? _____

21. Has your driver's license ever been suspended or revoked (in any state)? ☐ Yes ☐ No

If yes, please explain:

_____

_____

22. List any court action to which you have been a party, including divorce:

_____

_____

_____

23. List all states in which you have resided or held a driver's license:

_____

_____

_____

F. **PERSONAL DATA**

24. Are you eligible to be lawfully employed in the United States? ☐ Yes ☐ No

(Proof of citizenship or immigration status will be required upon employment)

25. List all individuals with whom you have resided during the past five (5) years, excluding family members: _____

_____

_____

26. List any family members presently employed by the Town of Buxton in any capacity (including spouse, children, siblings, uncles, aunts, nephews, nieces, and any of the same related as in-laws, step-relations, or half-relations):_____

_____

_____

27. In what activities do you participate to keep yourself in good physical condition? _____

_____

_____

28. List any activities in which you regularly volunteer: _____

_____

_____

29. Have you ever applied to carry a concealed weapon? ☐ Yes ☐ No

If yes, when? _____ Where? _____

30. List any organization in which you have been a member, excluding memberships that would reveal your race or color, sex, sexual orientation, physical or mental disability, religion, age, ancestry or national origin or other protected status:

Name & Address	Type (social, fraternal, professional, etc…)	From	To

31. State any additional information that you would like us to consider:
_____
_____
_____
_____

32. List any/all Social Media Accounts and their Usernames if applicable: _____
_____
_____
_____
_____
_____

G. **REFERENCES**

33. List five (5) personal references who know you well enough to provide current information about you, excluding relatives and former employers: _____
_____
_____

Personal Reference 1

Relationship: _____

Years known: _____

Name: _____

Street Address: _____

City/State/Zip: _____

Business Address: _____

City/State/Zip: _____

Telephone: Home: _____ Work: _____

Personal Reference 2

Relationship: _____

Years known: _____

Name: _____

Street Address: _____

City/State/Zip: _____

Business Address: _____

City/State/Zip: _____

Telephone: Home: _____ Work: _____

Personal Reference 3

Relationship: _____

Years known: _____

Name: _____

Street Address: _____

City/State/Zip: _____

Business Address: _____

City/State/Zip: _____

Telephone: Home: _____ Work: _____

Personal Reference 4

Relationship: _____

Years known: _____

Name: _____

Street Address: _____

City/State/Zip: _____

Business Address: _____

City/State/Zip: _____

Telephone: Home: _____ Work: _____

Personal Reference 5

Relationship: _____

Years known: _____

Name: _____

Street Address: _____

City/State/Zip: _____

Business Address: _____

City/State/Zip: _____

Telephone: Home: _____ Work: _____

34. List five (5) work references that are qualified to describe your abilities, character and fitness for the job of Dispatcher:

Work Reference 1
Name: _____

Employer: _____

Business Address: _____

City/State/Zip: _____

Telephone: Work: _____

Work Reference 2
Name: _____

Employer: _____

Business Address: _____

City/State/Zip: _____

Telephone: Work: _____

Work Reference 3
Name: _____

Employer: _____

Business Address: _____

City/State/Zip: _____

Telephone: Work: _____

Work Reference 4
Name: _____

Employer: _____

Business Address: _____

City/State/Zip: _____

Telephone: Work: _____

Work Reference 5
Name: _____

Employer: _____

Business Address: _____

City/State/Zip: _____

Telephone: Work: _____

H. **CERTIFICATION**

35. Applicants must read and sign below prior to submitting this application.

I certify that the information in this application, supplement and all attachments is true and complete. I understand and agree that false statements, misrepresentations, or omissions of information in this application and any supplements and attachments, may result in rejection of this application, removal from an eligibility list, or, if hired, dismissal of employment.

The Town of Buxton is expressly authorized to investigate all statements contained in this application, supplement, or attachments. I consent to the release of information about my ability and fitness for employment by current and previous employers, schools, law enforcement agencies, and other individuals and organizations to investigators, recruiters, and other authorized employees of the Town of Buxton. Further, I authorize the Town of Buxton to conduct an investigation into my background, which may include, but is not limited to, a consumer report, social security number verification and credit check; criminal background check; sex offender registry check and driving records check, if applicable. I understand and agree that this background investigation also may include written evaluations, oral boards, Computer Voice Stress Analyzer (CVSA) or polygraph, and upon a conditional offer of employment, psychological examination, medical examination, drug screen, agility or skill evaluation and other appropriate investigations. I understand and agree I may be disqualified from further consideration should I fail any of the testing or background processes. I hereby release, hold harmless, and indemnify you, your organization; to include officers, agents, and employees, both individually and collectively and all others, from liability or damages of any kind, including all costs and attorney fees incurred for the furnishing of the information described above.

_____ _____

Signature Date