

# **OGUNQUIT POLICE DEPARTMENT**



**Patricia L. Arnaudin, Chief of Police**

## **INITIAL APPLICATION FOR EMPLOYMENT**

(An Equal Opportunity Employer)

**ALL POSITIONS**

# INSTRUCTIONS FOR COMPLETING PERSONAL HISTORY INFORMATION

The process used to consider applicants for employment with the Ogunquit Police Department includes a thorough background investigation and depending on the position, may include a polygraph, physical fitness exam, psychological test/interview, and medical exam. Your personal history information package (PHIP) is used in conjunction with these pre-employment phases.

The PHIP must either be typed or clearly printed in ink. Each question must be answered completely and accurately. DO NOT LEAVE ANY LINES BLANK. Enter "N/A" for "Not Applicable" on the sections that do not pertain to you. If intentional omissions, misrepresentations or falsifications are found in any phase of the pre-employment process, applicants will be immediately disqualified; if uncovered after hiring, the applicant will be subject to immediate dismissal.

If you have any questions pertaining to the completion of this material or need assistance in completing this personal history information package, please call the Ogunquit Police Department at 207-646-9362. Attachments to the PHIP (if applicable) must include:

- 1) Copy of birth certificate or naturalization certificate.
- 2) Copy of Social Security card
- 3) Copy of drivers license
- 4) Copy of high school diploma.
- 5) Copy of college transcript.
- 6) DD-214(s) for each period of military service.
- 7) Documentation of name changes, bankruptcies, etc.

Personal history information and attachments must be returned prior to the scheduling of subsequent hiring phases to:

**Ogunquit Police Department, Personnel Division**  
**20 Cottage Street/P.O. Box 666 Ogunquit, ME 03907**  
**Phone: (207) 646-9362**  
**FAX: (207) 646-5761**

Normal business hours are Monday-Friday, 8:00 am to 4:00 pm. Upon receipt of your PHIP it will be reviewed for completeness. If the package is complete, you will be contacted to schedule an appointment for the next phase of the testing process. If incomplete, the package will be returned to you. The scheduling of the next phase of testing may be delayed due to our recruitment needs at that particular time and whether or not there are any existing vacancies. If you have any questions or require a scheduled test date to be changed, please contact the Personnel Division.

**\*Providing false information or failure to provide all requested information will result in your immediate disqualification for future consideration.**

I have read and understand the above statement:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## PERSONAL DATA

Information in this section is used for identification purposes only.

**1. YOUR NAME:**

\_\_\_\_\_

Last	First	Middle
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**2.**

\_\_\_\_\_

Alias	Maiden Name	Nickname
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**3. PRESENT ADDRESS:**

\_\_\_\_\_

Street	Town/City	State	Zip
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**MAILING ADDRESS (if different from above):**

\_\_\_\_\_

Street	Town/City	State	Zip
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**4. HOME TELEPHONE (INCLUDE AREA CODE AND HOURS DURING WHICH YOU CAN BE REACHED):**

AREA CODE ( ) \_\_\_\_\_ - \_\_\_\_\_ HOURS: \_\_\_\_\_

**5. WORK TELEPHONE (INCLUDE AREA CODE AND HOURS DURING WHICH YOU CAN BE REACHED):**

AREA CODE ( ) \_\_\_\_\_ - \_\_\_\_\_ HOURS: \_\_\_\_\_

**6. DATE OF BIRTH:**

\_\_\_\_\_

Month	Day	Year
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**7. PLACE OF BIRTH:**

\_\_\_\_\_

City and State

**8. SOCIAL SECURITY NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**9. PHYSICAL DESCRIPTION:**

**HEIGHT** \_\_\_\_\_ **WEIGHT** \_\_\_\_\_ **EYES** \_\_\_\_\_ **HAIR** \_\_\_\_\_

**10. FATHER**

**MOTHER**

\_\_\_\_\_  
 Last                      First                      Middle

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City, State Zip

Telephone # (        ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
 Last                      First                      Middle

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City, State Zip

Telephone # (        ) \_\_\_\_\_ - \_\_\_\_\_

**11. IF YOU WERE RAISED BY ANYONE OTHER THAN YOUR NATURAL PARENTS, GIVE THE FOLLOWING INFORMATION:**

NAME OF PERSON WHO RAISED YOU: \_\_\_\_\_

\_\_\_\_\_  
 Last                      First                      Middle

\_\_\_\_\_  
 Street Address                      City                      State                      Zip Code

**12. BROTHERS AND SISTERS**

SEX	NAME	AGE	FULL ADDRESS

**13. PRESENT MARITAL STATUS (Check one)**

Married     Single     Divorced     Widowed     Separated

**14. CITIZENSHIP (Check one)**

U.S. Citizen     By Birth     Naturalization  
 Alien            Alien Registration Number: \_\_\_\_\_

**15. SPOUSE/SIGNIFICANT OTHER INFORMATION**

\_\_\_\_\_  
 Full Name (Include Maiden Name)                      Date of Birth

**16. CHILDREN AND DEPENDENTS**

SEX	NAME	DOB	FULL ADDRESS

**17. ARE YOU RECEIVING OR RESPONSIBLE FOR PAYING ANY COURT ORDERED CHILD SUPPORT?     YES     NO    IF YES, ANSWER THE FOLLOWING:**

TO WHOM PAID:	FROM WHO RECEIVED:	AMT. PAID/RCVD. PER MO.

**18. LIST ALL TYPES OF BANK ACCOUNTS AND CREDIT CARDS, CHARGE ACCOUNTS, ETC.**

ACCOUNT NAME AND ADDRESS	ACCOUNT NUMBER(S)	ACCOUNT BALANCE	MONTHLY PAYMENT

**19. LIST ALL MAJOR OUTSTANDING DEBTS (i.e., mortgages, vehicles, personal loans, finance companies)**

ACCOUNT NAME AND ADDRESS	ACCOUNT NUMBER(S)	ACCOUNT BALANCE	MONTHLY PAYMENT

**20. HAVE YOU EVER FILED FOR/DECLARED BANKRUPTCY?**     YES     NO  
IF YES, EXPLAIN BELOW: (YEAR/TYPE/LOCATION OF BANKRUPTCY)

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**21. HAVE YOU EVER BEEN IN DEFAULT RESULTING IN REPOSSESSION?**     YES     NO  
IF YES, EXPLAIN BELOW:

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**22. DO YOU HAVE INCOME FROM ANY SOURCE OTHER THAN YOUR PRINCIPAL OCCUPATION?**     YES     NO    IF YES, HOW MUCH? \_\_\_\_\_ HOW OFTEN? \_\_\_\_\_

NAME OF SOURCE: \_\_\_\_\_

**EDUCATIONAL DATA**

23. **HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY SCHOOL OR COLLEGE FOR ANY ACADEMIC OR DISCIPLINARY REASONS?**       YES       NO

If YES, give pertinent facts (i.e., school, date(s) and type(s) of action) below:

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24. **Provide the information requested below on all schools you have attended since the 9th grade, beginning with the most recent. Be sure to include colleges, universities, business or trade schools, police training academies and, if relevant to the position for which you are applying, military school.**

NAME OF SCHOOL	ADDRESS OF SCHOOL	DATE(S) ATTENDED	DEGREE RECEIVED	CUMULATIVE HOURS

25. **List any special licenses you have held (such as pilot, radio operator, scuba, etc.). List any specialized machinery or equipment you can operate. List any other special skills or qualifications you may possess.**

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**MILITARY DATA**

**26. HAVE YOU REGISTERED WITH THE SELECTIVE SERVICE AS REQUIRED BY THE LAW?**

YES       NO

**27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE MILITARY SERVICE?**

YES       NO      IF YES, PLEASE COMPLETE:

BRANCH	PRIMARY M.O.S.	DATE ENTERED	DATE RELEASED	OFFICER OR ENLISTED	SERVICE NUMBER

**28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A MILITARY RESERVE?**

YES       NO      IF YES, PLEASE LIST BELOW:

BRANCH	PRIMARY M.O.S.	DATE ENTERED	DATE RELEASED	OFFICER OR ENLISTED	SERVICE NUMBER

29. **DURING YOUR SERVICE, WERE YOU EVER DISCIPLINED** [i.e., were you ever court martialed including Article 15s) or did you ever appear before your commanding officer for disciplinary reasons]?

YES       NO      IF YES, LIST PERTINENT FACTS BELOW:

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30. **IF YOU RECEIVED OTHER THAN AN HONORABLE DISCHARGE, PLEASE LIST PERTINENT FACTS BELOW:** (omit if medically related)

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31. **PRESENT SELECTIVE SERVICE CLASSIFICATION No.:** \_\_\_\_\_

**DATE OF CLASSIFICATION:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

32. **HAVE YOU EVER BEEN DENIED ENTRANCE TO ANY OF THE ARMED FORCES FOR OTHER THAN MEDICAL REASONS?**       YES       NO      IF YES, EXPLAIN BELOW:

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## EMPLOYMENT DATA

33. **EXPERIENCE:** Below, give a statement in chronological order of all your experience, beginning with your last employment. Any and all periods of unemployment, military service and part-time work should be included.

Date of Employment	Place of Employment	Full Name, Address and Telephone # of Employer	Supervisor, Position & Salary	Reasons for Leaving
From:  To:	City:  State:	  Telephone ( )		
From:  To:	City:  State:	  Telephone ( )		
From:  To:	City:  State:	  Telephone ( )		
From:  To:	City:  State:	  Telephone ( )		
From:  To:	City:  State:	  Telephone ( )		
From:  To:	City:  State:	  Telephone ( )		
From:  To:	City:  State:	  Telephone ( )		
From:  To:	City:  State:	  Telephone ( )		

34. **HAVE YOU EVER BEEN FIRED FROM EMPLOYMENT FOR ANY REASON?**     YES     NO  
IF YES, LIST PERTINENT FACTS:

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35. **HAVE YOU EVER RESIGNED (QUIT) AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO TERMINATE YOU FOR ANY REASON?**     YES     NO  
IF YES, LIST PERTINENT FACTS:

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36. **HAVE YOU EVER RESIGNED AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO TAKE ANY FORM OF DISCIPLINARY ACTION AGAINST YOU?**     YES     NO  
IF YES, LIST PERTINENT FACTS:

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**RESIDENCE DATA**

37. **IF YOU ARE PRESENTLY RENTING, PLEASE LIST NAME AND ADDRESS OF LANDLORD:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_



**40. PROVIDE THE INFORMATION REQUESTED BELOW ON ALL DRIVER'S LICENSES WHICH ARE NOW OR HAVE BEEN ISSUED TO YOU FROM ANY STATE (EVEN THOUGH THESE LICENSES MAY NOW BE EXPIRED OR HAVE BEEN REPLACED BY OTHER ISSUING AGENCY OR STATE).**

ISSUING STATE	LICENSE NUMBER	EXPIRATION DATE	TYPE OF LICENSE

**41. LIST THE REGISTRATION/PLATE NUMBERS FOR EACH VEHICLE PRESENTLY OWNED:**

ISSUING STATE	LICENSE PLATE NUMBER	EXPIRATION DATE

**42. IS YOUR DRIVER'S LICENSE NOW OR HAS IT EVER BEEN:**

- A. DENIED OR REFUSED?                     YES             NO
- B. SUSPENDED?                                 YES             NO
- C. REVOKED?                                     YES             NO
- D. SUBJECT TO ANY OTHER  
SIMILAR PENALTY OR ACTION?    YES             NO

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE, EXPLAIN IN DETAIL BELOW:

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**43. ARE YOUR REGISTRATION PLATES NOW, OR HAVE THEY EVER BEEN:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| A. DENIED OR REFUSED?                                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| B. SUSPENDED?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| C. REVOKED?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| D. SUBJECT TO ANY OTHER SIMILAR<br>PENALTY OR ACTION? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE, EXPLAIN IN DETAIL BELOW:

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**44. ARE YOU NOW OR HAVE YOU EVER BEEN INVOLVED AS A PLAINTIFF OR DEFENDANT IN ANY CIVIL COURT ACTION?     YES     NO    IF YES, EXPLAIN BELOW:**

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**45. HAVE YOU EVER BEEN:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| A. ARRESTED?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| B. CHARGED BY ANY LAW ENFORCEMENT AUTHORITY?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| C. CONVICTED OF ANY OFFENSE AGAINST THE LAW?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| D. SUBJECTED TO FORFEITURE OF COLLATERAL IN<br>CONNECTION WITH AN ARREST?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| E. PLACED ON PROBATION?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| F. REQUIRED TO APPEAR BEFORE A JUVENILE COURT<br>FOR AN ACT THAT WOULD HAVE BEEN A CRIME IF<br>COMMITTED BY AN ADULT? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

ALL CRIMINAL INCIDENTS MUST BE INCLUDED EVEN IF DISMISSED. INCLUDE ANY CRIMINAL MOTOR VEHICLE VIOLATIONS, BUT EXCLUDE ANY TRAFFIC VIOLATIONS THAT WERE PREVIOUSLY NOTED IN QUESTION 39.

IF YES TO ANY OF THE ABOVE QUESTIONS, LIST PERTINENT FACTS:

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46. DESCRIBE IN BRIEF NARRATIVE, ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES AND LOCATIONS.

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**GENERAL DATA**

47. ARE YOU A MEMBER OF OR HAVE YOU EVER BEEN A MEMBER OF ANY COMMUNIST OR SUBVERSIVE ORGANIZATION OR ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES, OR DO YOU HAVE MEMBERSHIP IN, OR ANY AFFILIATION WITH, ANY GROUP, ASSOCIATION, OR ORGANIZATION OR MOVEMENT ADVOCATING THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES?

YES     NO

If yes, give the name of the organization and complete details:

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**48. DO YOU BELONG TO ANY ORGANIZATION AND/OR ADHERE TO ANY BELIEF WHICH WOULD IN ANY WAY:**

A. **LIMIT OR PROHIBIT YOUR USE OF WEAPONS OR FIREARMS?**       YES       NO

B. **RESTRICT YOU FROM CONFORMING TO DEPARTMENTAL STANDARDS OF APPEARANCE AND/OR GROOMING, WHICH MAY BE SET FROM TIME TO TIME?**       YES       NO

IF YES, EXPLAIN BELOW:

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**49. HAVE YOU EVER BEEN IN POSSESSION OF ILLEGAL DRUGS?**       YES       NO

IF YES, GIVE DETAILS:

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**50. HAVE YOU EVER SOLD OR BEEN INVOLVED IN THE SALE OF ANY TYPE OF DRUG?**

YES       NO      IF YES, GIVE DETAILS:

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51. **HAVE YOU EVER FILED AN APPLICATION OR ARE YOU AWAITING THE RESULTS OF A FILED APPLICATION, WITH ANY OTHER POLICE DEPARTMENT OR LAW ENFORCEMENT AGENCY?**     YES     NO    IF YES, PLEASE LIST BELOW:

DEPARTMENT APPLIED TO	POSITION APPLIED FOR	WERE YOU ACCEPTED/REFUSED	REASON FOR REFUSAL

**REFERENCE DATA-PROFESSIONAL AFFILIATIONS**

52. **LIST ALL MEMBERS AND EMPLOYEES OF THE OGUNQUIT POLICE DEPARTMENT WITH WHOM YOU ARE ACQUAINTED:**

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**REFERENCE DATA--ASSOCIATES/FRIENDS**

**53. Provide the data requested below on three (3) persons with whom you have been associated with (i.e., persons whom you have seen during the past three (3) years. Exclude persons mentioned elsewhere in this form.**

Name: Last, First, M.I.	Residence Address	Home/Work Telephone	Occupation	How are you affiliated?	Hours to be Reached

**I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS. I AM FULLY AWARE THAT ANY SUCH WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS WILL BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION OF EMPLOYMENT.**

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**OGUNQUIT POLICE DEPARTMENT USE ONLY**

**DATE RECEIVED:** \_\_\_\_\_ **DATE PROCESSED:** \_\_\_\_\_

**INITIAL APPLICATION REVIEW BY:** \_\_\_\_\_

**CONTINUE STOP**

**ORAL BOARD DATE:** \_\_\_\_\_

**CONTINUE STOP**

**PHYSICAL APTITUDE TEST DATE:** \_\_\_\_\_

**CONTINUE STOP**

**BACKGROUND INVESTIGATION ASSIGNED TO:** \_\_\_\_\_

**DATE STARTED:** \_\_\_\_\_ **DATE COMPLETED:** \_\_\_\_\_

**CONTINUE STOP**

**POLYGRAPH DATE:** \_\_\_\_\_

**CONTINUE STOP**

**MEDICAL SCREENING:** \_\_\_\_\_

**CONTINUE STOP**

**CHIEF'S INTERVIEW DATE:** \_\_\_\_\_

**CONTINUE STOP**