



**OGUNQUIT POLICE DEPARTMENT**  
 P.O. Box 666 - 20 COTTAGE STREET - OGUNQUIT, ME 03907  
 TELEPHONE: 207-646-9362  
 WWW.TOWNOFOGUNQUIT.ORG



**PATRICIA ARNAUDIN**  
 Chief of Police

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized member of the Ogunquit Police Department, whether the said records are of a public, private, or confidential nature. I hereby request and authorize you to furnish the Ogunquit Police Department with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record and past and present medical conditions. The intent of this authorization is to give consent for full and complete disclosure of records relative to medical treatment, psychiatric treatment, performance evaluations, training files, internal investigative files, disciplinary action, complaints or grievances filed by me or against me, efficiency rating from supervisors or training programs, commendations, records of attorneys at law, or of 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 and any other documents and files pertaining to personnel records or employment history. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment with the Ogunquit Police Department. I also certify that any person(s), agencies or businesses who may furnish such information concerning me shall not be held liable for providing such information and I do hereby release the Town of Ogunquit and all agents of the Ogunquit Police Department from any and all liability which may be incurred as a result of furnishing such information or from any subsequent use of such information in determining my qualifications and suitability for employment with the Town of Ogunquit. This release shall expire six (6) months after the date signed and a photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature of Applicant:

\_\_\_\_\_

Applicant's name (printed or typed):

\_\_\_\_\_

Applicant's date of birth:

\_\_\_\_\_

Date waiver was signed:

\_\_\_\_\_

The above named individual appeared before me this date and having identified himself/herself, signed the above informed consent in my presence.

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

**NOTARY PUBLIC**

My commission expires \_\_\_\_\_



WAIVER OF LIABILITY AND RELEASE FORM FOR  
BACKGROUND INVESTIGATION FOR  
POLICE OFFICER APPLICANTS



I recognize that individuals must clearly demonstrate their personal, medical, and psychological fitness to serve in the capacity of a Police Officer. I further recognize that an employing agency has both a legal and moral obligation to take every reasonable effort to insure that any person employed by them as a Police Officer will conform to the highest standards.

I understand that I am authorizing an intensive investigation into all aspects of my personal, medical, and psychological fitness and that such an investigation will include contacting persons and/or organizations that have information relating to my fitness. I also understand that those persons and/or organizations may feel intimidated or otherwise reticent about furnishing legitimate information concerning my fitness unless the confidentiality of their information can be guaranteed on a permanent basis.

I further understand that although some of the information contained in this report is a matter of public record or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I otherwise would not be privy. I therefore understand that I will not be provided or have access to the information obtained in the course of this background investigation.

Therefore, I exonerate, release, and discharge the Ogunquit Police Department, its Officers and Agents, and assign now and in the future from any claim of damages whether in law or in equity on behalf of myself, my heirs, agents or assigns for their refusal to make available any and all information contained in this pre-employment investigation, including but not limited to the identity of a person or organization who may have supplied information in the course of this investigation, as well as their substance of any such information supplied, even where such information has been the basis for my disqualification from further consideration.

I knowingly, voluntarily, specifically and permanently waive any rights I may have to examine, review or otherwise discover the contents of this investigation and all documents related. I have had adequate time to review this form and I understand its meaning and purpose.

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

The above named individual appeared before me this date and having identified himself/herself, signed the above informed consent in my presence.

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

**NOTARY PUBLIC**

*My commission expires* \_\_\_\_\_

**A PHOTOCOPY OF THIS FORM IS CONSIDERED AS VALID AS ORIGINAL**

The facts set forth above in this application are true and complete and may be used by the Town of Ogunquit to assist in determining my suitability for employment as a Police Officer. Applicants may be removed from the hiring process for reasons, including but not limited to any of the following disqualifying *criminal conduct* or *convictions*: Murder; any Class A, B or C crime (felonies); any Class D crime within the past ten (10) years (including OWL, OUI, DTE); certain Class E misdemeanor crimes committed within the past ten (10) years, or crimes involving moral turpitude, domestic abuse or domestic violence, or illegal sales of scheduled drugs; or for any recent or illegal use of drugs, beyond what may constitute experimentation. Other standards, including driving history, will also apply. I UNDERSTAND THAT DELIBERATE INACCURACIES, MISSTATEMENTS, FALSEHOODS, OR OMISSIONS DURING THE HIRING PROCESS ARE GROUNDS FOR IMMEDIATE DISQUALIFICATION FROM CONSIDERATION, OR FOR DISCHARGE / TERMINATION FROM EMPLOYMENT AFTER HIRING. I understand that I may be asked to submit to a pre-employment background check; to include criminal, driver and credit history, as well as polygraph, job assessment, fitness and medical evaluations as a condition of employment. I authorize the police department to make or cause such inquires through means of their choice. Certified Law Enforcement Officer applications are valid for one (1) year from the date of submission. All other applications are valid for one (1) year from the date of the written examination. It will be the applicant's responsibility to submit updated applications; to keep the Town apprised of any change of address or contact information; and to punctually attend any required examinations, tests or appointments. Failure to meet any of the above obligations may result in disqualification from the hiring process.

\_\_\_\_\_  
**Signature of Applicant**

(Sign in presence of Notary Public)

**STATE of** \_\_\_\_\_

**COUNTY of** \_\_\_\_\_

\_\_\_\_\_  
20

**Date**

Personally appeared the above applicant and made oath that the information contained in this application is true and correct to the best of his / her knowledge, information and belief.

Before me,

\_\_\_\_\_  
**Notary Public / Attorney at Law**

Printed name:

My Commission Expires:



**EMPLOYMENT RECORD**

23.  
List below your present and past employment for the past ten (10) years, beginning with your most recent:

**a.**

Name and address of Company And type of business		From MO/YR	To MO/YR	Describe in detail the work you did
Telephone:				
Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving		Name of Supervisor

**b.**

Name and address of Company And type of business		From MO/YR	To MO/YR	Describe in detail the work you did
Telephone:				
Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving		Name of Supervisor

**c.**

Name and address of Company And type of business		From MO/YR	To MO/YR	Describe in detail the work you did
Telephone:				
Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving		Name of Supervisor

**d.**

Name and address of Company And type of business		From MO/YR	To MO/YR	Describe in detail the work you did
Telephone:				
Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving		Name of Supervisor

**RECORD OF EDUCATION**

*(High School Diploma or Equivalency Required)*

15.

<b>School</b>	<b>Name and Address Of School</b>	<b>Course of Study</b>	<b>Circle Last yr Completed</b>	<b>Did you Graduate?</b>	<b>List Diploma/ Degree</b>
<b>Elementary</b>			5 - 6 - 7 - 8		
<b>High School</b>			1 - 2 - 3 - 4		
<b>College</b>			1 - 2 - 3 - 4		
<b>Other (Specify)</b>			1 - 2 - 3 - 4		

**MILITARY SERVICE RECORD**

*(Provide Copy of DD-214)*

16. Were you in the U.S. Armed Forces? \_\_\_\_\_ 17. If yes, what Branch? \_\_\_\_\_

18. Dates of Duty: From \_\_\_\_\_ To: \_\_\_\_\_

19. Rank at Discharge: \_\_\_\_\_ 20. Honorable Discharge: Yes / No *(Circle One)*

21. List duties in the Service, including special training: \_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES**

*(Not former employers or relatives)*

22.

**Name and Occupation**                      **Address**                      **Phone Number(s) (MANDATORY)**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_



**OGUNQUIT POLICE DEPARTMENT  
EMPLOYMENT APPLICATION / QUESTIONNAIRE**

**Check One:**

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

APPLICATION FOR FULL-TIME POLICE OFFICER

APPLICATION FOR RESERVE (PART-TIME) POLICE OFFICER

**PERSONAL**

1. **Name:** \_\_\_\_\_ 2. **Date of Birth:** \_\_\_\_\_  
*Last First Middle (Must be at least 21 years old)*

3. **Provide maiden or any other name(s) under which you have ever worked, attended school, attained licensing or certification or been convicted of a criminal offense(s):** \_\_\_\_\_

4. **Do you hold at least a High School Diploma or Equivalency (Required)?** *Yes / No (Circle One)*

5. **Do you hold a VALID Motor Vehicle Operator's License (Required)?** *Yes / No (Circle One)*

6. **Present Address:** \_\_\_\_\_  
*Full Street Address City State Zip*

7. **Telephone(s):** (\_\_\_\_) \_\_\_\_\_ 8. **Email Address(es):** \_\_\_\_\_

9. **Are you authorized to lawfully remain, work & accept employment in the U.S.?** *Yes / No (Circle One)*

10. **Were you previously employed by the Town of Ogunquit? Yes / No. If yes, when?** \_\_\_\_\_  
**By what department?** \_\_\_\_\_ **In what capacity?** \_\_\_\_\_

11. **On what date will you be available to work?** \_\_\_\_\_

12. **Have you ever been convicted of – or have a pending case for - any crime - Felony or Misdemeanor?**  
*Yes / No. If Yes, explain:* \_\_\_\_\_

13. **Have you ever been convicted of – or have a pending case for - any traffic violations? Yes / No**  
**If yes, explain** \_\_\_\_\_

14. **List all addresses at which you have resided in the last 15 years:**

- a. \_\_\_\_\_ **Dates:** \_\_\_\_\_
- b. \_\_\_\_\_ **Dates:** \_\_\_\_\_
- c. \_\_\_\_\_ **Dates:** \_\_\_\_\_
- d. \_\_\_\_\_ **Dates:** \_\_\_\_\_
- e. \_\_\_\_\_ **Dates:** \_\_\_\_\_