

# EMPLOYMENT APPLICATION

## CITY OF CALAIS

### NOTICE TO APPLICANTS:

Federal and State law requires that all applicants be considered without regard to race, religion, color, sex, age, or national origin. The City of Calais is an equal opportunity employer.

**POSITION FOR WHICH YOU ARE APPLYING:** \_\_\_\_\_

**HOW DID YOU HEAR OF THIS OPENING?** \_\_\_\_\_

(Use additional pages as necessary)

### PERSONAL DATA:

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

First

MI

Last

**PRESENT ADDRESS:**

\_\_\_\_\_  
Street City State Zip

**TELEPHONE NUMBER:** \_\_\_\_\_ **HOW LONG AT PRESENT ADDRESS?** \_\_\_\_\_

**HAVE YOU WORKED FOR CITY BEFORE?** \_\_\_\_ YES \_\_\_\_ NO **WHEN/HOW LONG:** \_\_\_\_\_

**PREVIOUS JOB TITLE:** \_\_\_\_\_ **REASON FOR LEAVING:** \_\_\_\_\_

**LIST FRIENDS / RELATIVES NOW WORKING FOR CITY:** \_\_\_\_\_

**HAVE YOU EVER BEEN BONDED?** \_\_\_\_ YES \_\_\_\_ NO **WHEN?** \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?** \_\_\_\_ YES \_\_\_\_ NO **LAST 10 YEARS?** \_\_\_\_ YES \_\_\_\_ NO

(Excluding Traffic Violations)

**LIST CONVICTIONS:** \_\_\_\_\_

**DO YOU HAVE ANY PHYSICAL HANDICAPS THAT WOULD REQUIRE SPECIAL WORKING CONDITIONS IN THIS POSITION?** \_\_\_\_ YES \_\_\_\_ NO **If yes, please specify:** \_\_\_\_\_

**HAVE YOU EVER BEEN KNOWN BY ANOTHER NAME?** (Including maiden name) \_\_\_\_ YES \_\_\_\_ NO

**PLEASE SPECIFY:** \_\_\_\_\_

**DO YOU HOLD A VALID DRIVER'S LICENSE?** \_\_\_\_ YES \_\_\_\_ NO **LICENSE #** \_\_\_\_\_

**STATE** \_\_\_\_\_ **CLASS** \_\_\_\_\_

**EMPLOYMENT HISTORY**

LIST ALL EMPLOYERS STARTING WITH THE MOST RECENT. INCLUDE MILITARY SERVICE. USE ADDITIONAL SHEETS AS NEEDED:

PREVIOUS EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DUTIES: \_\_\_\_\_  
CITY / STATE / ZIP: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
DATES: (FROM) \_\_\_\_\_ (TO) \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
FINAL SALARY: \_\_\_\_\_ PER: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DUTIES: \_\_\_\_\_  
CITY / STATE / ZIP: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
DATES: (FROM) \_\_\_\_\_ (TO) \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
FINAL SALARY: \_\_\_\_\_ PER: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DUTIES: \_\_\_\_\_  
CITY / STATE / ZIP: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
DATES: (FROM) \_\_\_\_\_ (TO) \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
FINAL SALARY: \_\_\_\_\_ PER: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DUTIES: \_\_\_\_\_  
CITY / STATE / ZIP: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
DATES: (FROM) \_\_\_\_\_ (TO) \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
FINAL SALARY: \_\_\_\_\_ PER: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DUTIES: \_\_\_\_\_  
CITY / STATE / ZIP: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
DATES: (FROM) \_\_\_\_\_ (TO) \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
FINAL SALARY: \_\_\_\_\_ PER: \_\_\_\_\_

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

MAY WE CONTACT ANY OR ALL EMPLOYERS: \_\_\_ YES \_\_\_ NO

IF NO, PLEASE SPECIFY: \_\_\_\_\_

City of Calais

SUBSTANCE ABUSE POLICY:

TESTING OF APPLICANTS FOR SUBSTANCE ABUSE

A. Covered Establishment:

**Company name:** City of Calais  
**Street Address:** City Building  
Calais, ME  
**Mailing Address:** P.O. Box 413  
**Phone:** (207) 454-2521

**Contact regarding substance abuse testing policy:**

Diane Barnes, City Manager  
(207 454-2521 ext. 1001)

**Location(s) Covered:** City Building, Public Works Garage, Public Safety Departments, Parks & Recreations Facilities, City Cemeteries, Library, Water Department Building, and Waste Water Treatment Plant.

This policy complies with the Maine Substance Abuse Testing law (26 M.R.S.A. Sec 681-690) and the Maine Department of Labor Rules relating to Substance Abuse Testing (adopted October 27, 1989).

Applicants will be notified at the time of initial application that they may be tested for Substance Abuse and will be advised where they may review the policy and statute.

Prior to testing, an applicant as defined in this policy shall be provided with a copy of the policy and statute.

B. Scope of Testing:

Only individuals who are “applicants” as defined by this program and State law will be tested as “applicants”. For the purpose of this program an “applicant” will not be any person separated from employment by this employer while receiving a mandated benefit from or on account of this employer, including but not limited to: Worker’s Compensation, Unemployment Compensation and Family Medical Leave and for a period of 30 days beyond the termination of the benefit, nor will an “applicant” be any person separated from employment by this employer while receiving a non-mandated benefit from or on account of this employer for a period of 30 days beyond the separation.

1. Substances to be tested for:

a. Test procedure to be used and cut off limit for positive screening test.

1. Screening will be the Emit (Enzyme Multiplied Immunoassay Test) methodology

2. Substances

Screening Concentration

Cut off ( in urine)

Alcohol	0.02 G / 100 ml
Amphetamine / Methamphetamine	1000 NG / ml
Cannabinoids	50 NG / ml
Cocaine and / or Metabolites	300 NG / ml
Opiates	2000 NG / ml
Phencyclidine	25 NG / ml
Barbiturates	300 NG / ml
Benzodiazepines	300 NG / ml
Methadone	300 NG / ml
Methaqualone	300 NG / ml

**B. Test procedure to be used and cut off limit for positive confirmation test.**

**1. Confirmation test will be by GC/MS (Gas Chromatography Spectrometry) methodology.**

<b>2. Substances</b>	<b>Confirmation Concentration Cut off ( in urine)</b>
6-Acetyl morphine (only if morphine > 2000)	10 NH / ml
Alcohol	.02 G / 100 ml
Amphetamine / Methamphetamine	1000 NG / ml
Cannabinoids	50 NG / ml
Cocaine and / or Metabolites	300 NG / ml
Opiates	2000 NG / ml
Phencyclidine	25 NG / ml
Barbiturates	300 NG / ml
Benzodiazepines	300 NG / ml
Methadone	300 NG / ml
Methaqualone	300 NG / ml

**2. Testing of Applicants:**

*Classification or position titles to be tested:*

**ALL APPLICANTS**

**A. Actions to be taken:**

**Actions to be taken for refused to submit to a test: APPLICANT WILL NOT BE HIRED.**

**Action to be taken between a test and receipt of test results: APPLICANT WILL NOT BE HIRED.**

**Action to be taken based on a confirmed positive result from a test of an applicant:**

**APPLICANT WILL NOT BE HIRED.**

**B. Testing Procedures:**

**1. Identify sample collection Facility or facilities:**

**On –Site Collection Service**

**Cheryl Mahar**

**6 Lowell St.**

**Calais, ME 04619**

**207-454-0353**

**2. Method of sample collection:**

**a. Procedure to segregate a portion of the sample at applicant’s request:**

**At the request of the applicant, at the time the test sample is taken, a portion of this Sample collected, sealed, and labeled according to State regulations and these Procedures, will be segregated for that person’s own testing. This sample will be stored by the laboratory and chain of custody shall be maintained as provided in this policy. Within 24 hours after notice of the test result is given to the applicant, the applicant shall notify the employer and the facility of the testing laboratory selected for that person’s own testing. The laboratory so selected must be licensed by the Maine Department of Human Services. The employer’s laboratory shall promptly send the segregated portion of the specimen to the selected laboratory, subject to the same chain of custody and security requirements as observed for the employer’s specimen. Testing of the segregated portion of the sample shall be completed within 48 hours of the notification to the applicant of the original test result.**

The applicant will be required to pay for the segregation of a second sample as well as the expense of said additional testing only if and when the applicant notifies the employer that the applicant actually wishes the test to be made and the applicant notifies the employer of the choice of laboratory to which the second sample is to be sent.

**b. Procedure to collect:**

The employer will not require an applicant to remove any clothing for the purpose of collecting a urine sample, except that the employer will require that an applicant leave any personal belongings other than clothing and any unnecessary coat, jacket or similar outer garments outside the collection area.

No applicant may be required to provide a urine sample while being observed, directly or indirectly, by another individual.

Each urine specimen will be assessed by the person in charge of collection, in the presence of the applicant by measuring:

1. The temperature of the specimen within three (3) minutes of voiding – must be between 97-99 degrees F. (unless the applicant's temperature is higher than 99 degrees or lower than 91 degrees F).
2. The pH of the specimen – must be between 5-8.
3. And by evaluating the odor and color of the specimen for other signs of contamination.

If the specimen does not meet any of these assessment standards, the specimen will be rejected and the applicant will be given an opportunity to provide a second specimen. The applicant will remain under observation at the medical facility and may be given liquids until the second specimen is provided. If the second specimen fails to meet any assessment standard, the employer may deny employment to the applicant and neither specimen will be tested for substances of abuse.

**3. Storage of Sample:**

**a. At collection point:**

Samples will be collected in new, clean containers manufactured for the purpose of urine collection. Immediately after assessment, the container will be sealed with tamperproof tape and labeled in the presence of the applicant. The seal will cover the cap and extend over the sides of the container. The label will contain the date and time of collection, and the identifying number of the applicant. All information on the label will be written clearly and with indelible ink.

Samples will be transported or shipped promptly to the testing laboratory in a secure fashion, so as to prevent tampering. If shipment or transport is not feasible, the specimen shall be refrigerated within one hour, at less than 60C for no more than three days, or frozen at -20C or less, for no more than two weeks before shipment.

- b. All positive specimens will be retained by the laboratory in the original containers in secure storage at freezing temperatures (-20C or less) for at least 6 months. Should legal challenge occur, the specimen will be retained throughout the period of resolution of the challenge.**

**4. Chain of Custody:**

**a. Labeling and Packaging:**

Immediately upon collection of each sample, a chain of custody record will be established for that sample, indicating the identity of each person having control over the sample, and the times, and dates of all transfers or other actions pertaining to the sample.

**b. Transport:**

Samples will be picked up from the facility within 24 hours of collecting the sample, and will be transported in a secure fashion, so as to avoid tampering.

Each person who takes custody of the sample in the course of transport will record on the chain of custody log the date, time, transporter's name and employer's name, origin and destination of the sample.

**c. At Lab:**

When a sample arrives at the lab, the person receiving the sample shall record the time and receipt and the location of each sample in the lab's storage system. Any technician or other person who removes the sample from storage or opens the sample shall record the date, time, their name and the purpose for opening the sample.

**5. Identify testing laboratory:**

**NAME:** Laboratory Corporation of America

**ADDRESS:** 1904 Alexander Drive  
RTP, North Carolina 27709  
800-833-3984

**CONTACT:** Paula Childs, Ph.D.

**6. Procedure for notifying applicant of the result:**

The applicant will be notified by personal telephone call and confirmed by mail unless the applicant otherwise instructs.

All laboratory reports, including the screening, confirmation and quality control data shall be reviewed by the Medical Review Officer as accurate. The report will identify the name of the laboratory, the drugs and metabolites tested for, whether the test results were negative or confirmed positive, and the cutoff levels for each substance. The report will include any available information concerning the margin of accuracy and precision of the test methods employed.

a. Unless agreed upon by the applicant, no report will show the quantity of substance detected, but only the presence or absence of that substance relative to the cutoff level.

b. No report will show that a substance was detected in a screening test, unless the presence of the substance was confirmed in the confirmatory test. Test results will be randomly delayed from 2 to 5 days so that the employer cannot gauge screening test results from the time results are reported. In addition, all testing will be billed to the employer at a single rate per sample tested (which may be periodically adjusted by the laboratory).

c. No substance may be reported as present if the employer did not request analysis for that substance.

- d. Reports of samples segregated at the applicant's request, for testing by the applicant's choice of laboratory, will be provided to the applicant, the employer and the medical review officer.

Unless the applicant consents, all test results and any information acquired by the employer and the medical review officer in the testing process is confidential and may not be released to anyone except the applicant tested. This requirement applies to the personnel of all laboratories involved, to the medical review officer and to the employer. However, this does not prevent the disclosure of results or information if:

1. Release of information is required or permitted by State and Federal law including release under 26 M.R.S.A. Sec 683(8)(D), or
2. The use of this information is part of any grievance procedure, administrative hearing or civil action relating to the imposition of the test or the use of test results.

- e. The laboratory shall retain records of confirmed positive results in a numerical or quantitative form for at least two years.

- f. All laboratory reports on substance abuse testing will be submitted directly to the Employer's Medical Review Officer ("MRO") and shall not be submitted to the employer. The MRO for the City of Calais will be Dr. Tyler Freeman, M.D., MedReview, 4455 A Morris Park Drive, Charlotte, NC 28227 Tel: (800) 643-0770. The MRO will report to City of Calais all negative laboratory reports as negative. When the MRO receives a confirmed positive laboratory report, the MRO will review any available information submitted by the applicant to evaluate whether there is a medical basis for an applicant's drug usage which could have led to a confirmed positive laboratory report. The MRO shall contact the applicant and, upon the applicant's authorization, may contact the applicant's physician to obtain verified information upon the applicant's legitimate drug usage. If, in the opinion of the MRO, there is a legitimate authorized medical explanation for a confirmed positive result from the specimen obtained, the MRO will report a negative test result to the employer.

The purpose of the MRO is to serve as a no-cost appeal of the result and provide further advice concerning confirmed positive laboratory reports, which may result from legitimate and prescribed usage. The MRO process has the additional benefit of protecting applicant confidentiality in the case of confirmed positive laboratory results which, in the judgement of the MRO, are ultimately reported as negative results to the employer.

7. Procedure for an applicant to appeal and contest the accuracy of a confirmed positive result:

If the applicant chose to segregate a portion of their sample and elects to submit that sample to a laboratory of their choice, the results of the second test will be controlling. The MRO process will serve as the appeal if the applicant has not chosen to segregate their sample or chose not to pay for testing of the sample.

# Calais Police Department

## Applicant Questionnaire

Your answers to the following questions will be verified by checks of records kept by police agencies, court, and social service agencies, and by interviews with persons you have listed on your background package. School records may be checked and all employment will be verified. These answers will also be verified by a polygraph or other truth verification test. *If you deliberately give false or misleading information, or omit relevant information, you will be disqualified.* There is space at the end of this questionnaire if you would like to clarify any of these questions. After you complete this questionnaire an investigator will meet with you and review your answers. Please wait to sign the affidavit at the end of this questionnaire in the presence of the investigator.

Applicant name: \_\_\_\_\_

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

Background Investigator: \_\_\_\_\_



## Personal History Statement

1. For which position are you completing this questionnaire?
  - a. Sworn Police Officer / Regular
  - b. Sworn Police Officer / Reserve
  - c. Other
  
2. Are you a United States citizen?
  - a. Yes
  - b. No
  
3. Have you ever used or been known by any other name than the one listed on this form? (including your maiden name)?
  - a. Yes
  - b. NoList Names; \_\_\_\_\_
  
4. Have you ever used a social security number other than the one you listed in questionnaire A?
  - a. Yes
  - b. NoList number(s): \_\_\_\_\_
  
5. Have you ever failed to file an IRS statement?
  - a. Yes
  - b. NoList years: \_\_\_\_\_
  
6. Are you currently delinquent with any child support obligations?
  - a. Yes
  - b. No
  
7. Have you ever failed to make child support payments that you were legally required to make?
  - a. Yes
  - b. No
  
8. Do you have any prejudices that you are aware of against any group?
  - a. Yes
  - b. No
  
9. In the past 10 years, how many physical fights have you been in (other than your job as a police officer)?
  - a. None
  - b. One
  - c. two
  - d. 3 or more
  
10. Have you ever had a physical confrontation (i.e. pushed, slapped, punched, etc.) with a romantic / intimate partner (i.e. spouse, girlfriend / boyfriend, date)?
  - a. No
  - b. Yes, once
  - c. Yes 2 or 3 time
  - d. Yes, over 4
  
11. Have you ever been a member of any organization which advocates, advises or supports the use of force or other unlawful means to deny other persons their rights under the Constitution of the United States?
  - a. Yes
  - b. No

12. Could you inflict serious injury, even to the point of taking someone's life in the course of your lawful duties as a law enforcement officer? a. Yes b. No
13. Did you cheat, lie or commit fraud in any way on your application or evaluation process for this job? a. Yes b. No
14. Indicate whether you have been rejected as a job applicant for any of the following reasons:  
 a. \_\_\_ Issues raised by a background investigation?  
 b. \_\_\_ Issues raised by a polygraph?  
 c. \_\_\_ Issues raised by an oral board?  
 d. \_\_\_ Issues raised by a physical agility test?  
 e. \_\_\_ther: Specify:\_\_\_\_\_
15. Have you ever failed a probationary period for a law enforcement agency?  
 a. Yes b. No Reason:\_\_\_\_\_

### Educational Section

16. Did you graduate from high school (DO NOT COUNT A GED OR HIGH SCHOOL EQUIVALENCY)?  
 a. Yes b. No
17. What is the highest level of education you have completed?  
 a. GED\_\_\_\_\_ Graduated High School\_\_\_\_\_  
 b. College: 1yr\_\_\_\_\_ 2yrs\_\_\_\_\_ 3yrs\_\_\_\_\_ 4 yrs\_\_\_\_\_ Post Grad\_\_\_\_\_  
 c. If applicable: Type of degree\_\_\_\_\_ Major\_\_\_\_\_
18. Were you ever suspended or expelled from high school for any reason?  
 a. Yes b. No No. of times:\_\_\_\_\_
19. Did you major in Criminal Justice in College? a. Yes b. No
20. Have you ever entered a law enforcement training academy?  
 a. Yes b. No When:\_\_\_\_\_ Where:\_\_\_\_\_
21. Have you ever been a police officer in any State? a. Yes b. No  
 Agency name and location:\_\_\_\_\_
22. Do you actually have all the education listed on your application?  
 a. Yes b. No
23. Do you speak, read or write a language other than English?  
 a. Yes b. No Language\_\_\_\_\_ How well\_\_\_\_\_

## Employment Section

24. Are you currently employed?      a.    Yes                      b.    No
25. If your work performance has been evaluated in the past, what is the latest evaluation you have received?
- a.    Never been evaluated                      b.    Much above average  
c.    Somewhat above average                      d.    About average  
e.    Somewhat below average                      f.    Much below average
26. Have you been late for work because of circumstances within YOUR control?
- a.    Yes                      b.    No                      How Often? \_\_\_\_\_ Last Time? \_\_\_\_\_
27. During the past year, have you falsified sick time by calling in sick when you were not ill?
- a.    Yes                      b.    No                      How Often? \_\_\_\_\_ Last Time? \_\_\_\_\_
28. Have you been unemployed anytime during the past three years?
- a.    Yes                      b.    No                      Why? \_\_\_\_\_ When? \_\_\_\_\_
29. Have you ever been fired or terminated from any employment?
- a.    No                      b.    Yes, once                      c.    Yes, twice                      d.    Yes, 3 or more
30. Have you ever resigned from a job to avoid being fired or terminated?
- a.    Yes                      b.    No                      Which Job(s)? \_\_\_\_\_
31. Have you ever been "written-up" or disciplined by any of your employers, for failure to comply with required rules or regulations?      a.    Yes                      b.    No
32. Have you ever been suspended or served an intent to terminate by any employer?
- a.    Yes                      b.    No
33. Have you ever quit a job without giving notice required by an employer?
- a.    Yes                      b.    No
34. How many of your former employers would give you an UNFAVORABLE recommendation?
- a.    None, all would be favorable                      b.    Most would  
c.    Most would not                      c.    None would
35. Would you be eligible to be rehired by all your former employers (assuming there was a job available)?      a.    Yes                      b.    No
36. Did you ever work without reporting it (even on the side) while collecting unemployment benefits?      a.    Yes                      b.    No

37. Have you ever taken merchandise or goods (that you were not authorized to take) from a company where you have worked?
- a. No, never
  - b. Yes, items with a total value under \$25.00
  - c. Yes, items totaling between \$26-99
  - c. Yes, items totaling between \$100 and \$499
  - d. Yes, items totaling \$500 or more
38. Have you ever taken money (that you were not authorized to take) from a company where you worked?
- a. Yes                      How much? \_\_\_\_\_ How many times? \_\_\_\_\_ Last Time? \_\_\_\_\_
  - b. No
39. Have you ever purposely taken anything from a fellow employee (that you were not authorized to take)?
- a. Yes
  - b. No
40. Have you ever taken anything from a "job site" or crime scene that you were not authorized to take?
- a. Yes                      What? \_\_\_\_\_                      When? \_\_\_\_\_
  - b. No
41. While employed, have you ever been involved with another employee or an outside person, in a scheme to defraud your employer?
- a. Yes
  - b. No

### Military Experience

42. Have you ever registered for the Selective Service (the draft)?
- a. No, although I was legally required to do so
  - b. No, I was NOT legally required to do so
  - c. Yes, in \_\_\_\_\_ (State)
43. How long were you in the military, on active duty?                      \_\_\_\_\_ yrs                      \_\_\_\_\_ mos.
44. What type discharge did you receive?
- a. Honorable
  - b. Honorable with hardship reasons
  - c. General
  - d. Less than honorable
  - e. Retired                      Length of Service? \_\_\_\_\_
  - f. Still on full time active duty
  - g. Still on reserve status
  - h. Other \_\_\_\_\_
45. Did you ever fail to complete any term of enlistment for any reason?
- a. Yes
  - b. No
46. How many times did you receive any disciplinary actions in the military (such as Court Martial, Article 15, Captain's Mast, Company punishment, reduced in rank, etc)?
- a. Never
  - b. Once
  - c. Twice
  - d. Three or more times

- 47. While in the military were you ever incarcerated (brig or guard house)?
  - a. Yes
  - b. No
- 48. Were you ever UA, AWOL, missed formation, or missed ship movement?
  - a. Yes
  - b. No
- 49. Do you still possess any military equipment that you are not authorized to have?
  - a. Yes
  - b. No
 Describe: \_\_\_\_\_

### Law Enforcement Section

Indicate whether you have any of the following types of law enforcement experience: (Answer each question).

- 50. Sworn / commissioned weapon carrying officer? Yes \_\_\_\_\_ No \_\_\_\_\_
- 51. Police Reserve? Yes \_\_\_\_\_ No \_\_\_\_\_
- 52. Military Police Officer? Yes \_\_\_\_\_ No \_\_\_\_\_
- 53. Police Officer, but assigned to full time corrections only? Yes \_\_\_\_\_ No \_\_\_\_\_

*(If you answered no to questions 49-52, go to the next section. If you answered yes to any question 49-52 complete this entire section)*

- 54. Number of years as a sworn police officer? \_\_\_\_\_
- 55. How many agencies have you worked for as a sworn police officer? \_\_\_\_\_
- 56. During the time that you have been a sworn officer, how many citizen complaints and / or internal complaints have been filed against you?
  - a. None
  - b. 1
  - c. 2
  - d. 3-5
  - e. 6-10
  - f. 11 or more
- 57. How many of these complaints were sustained or found to be true? \_\_\_\_\_
- 58. How many reprimands (written or oral) have you received while a commissioned officer?  
\_\_\_\_\_
- 59. How many times have you been suspended or fined as a commissioned officer? \_\_\_\_\_
- 60. Were you ever the subject of a civil or criminal prosecution (lawsuit) because of actions as a law enforcement officer?
  - a. Yes
  - b. No
- 61. Other than probation, have you ever had any unsatisfactory personnel ratings?
  - a. Yes
  - b. No

62. While a sworn officer, have you ever violated any controlled substance (illegal narcotic) laws?  
a. Yes                      b. No
63. Have you ever used illegal drugs while on duty?    a      Yes                      b.      No
64. Have you ever consumed alcohol while on duty (aside from undercover duty)?  
a. Yes                      b. No
65. Have you ever lied or seriously distorted the facts in an official police report?  
a. Yes                      b. No
66. Did you ever cover up a serious violation for a fellow police officer?  
a. Yes                      b. No
67. Did you ever lie or commit perjury in court testimony or any other official proceeding, including an internal affairs investigation?  
a. Yes                      b. No
68. Have you ever been terminated or forced to resign from law enforcement position during the probation period?    a.      Yes                      b.      No
69. Have you ever been terminated or forced to resign from law enforcement position after the probation period?    a.      Yes                      b.      No
70. Have you ever been the subject of an Internal Affairs investigation as a sworn officer?  
a. Yes                      b. No
71. Have you ever falsified information regarding damage to departmental equipment?  
a. Yes                      b. No
72. Have you ever failed to report damage to departmental equipment you were responsible for?  
a. Yes                      b. No
73. Have you ever used "excessive force" or more force than was necessary to effect an arrest?  
a. Yes                      b. No
74. How many "on duty" accidents have you been involved in? \_\_\_\_\_  
How many of those were you at fault? \_\_\_\_\_
75. While on duty have you ever engaged in any type of sexual activity?  
a. Yes                      b. No

**Driving Record**

76. Do you currently have a Maine Drivers License?  
a. Yes License No. \_\_\_\_\_ Restrictions: \_\_\_\_\_
77. Do you now have, or have you ever had, a drive's license from another state or country?  
a. Yes Where: \_\_\_\_\_  
b. No
78. Have you ever been refused a driver's license by any state or country?  
a. Yes b. No
79. Have you ever had your driver's license suspended or revoked by any state or country?  
a. Yes b. No
80. How many traffic citation have you had since you started driving? \_\_\_\_\_  
List each citation / year received / location / and disposition (i.e. paid fine, driver's school, found not responsible, etc)  
a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. \_\_\_\_\_  
e. \_\_\_\_\_  
\_\_\_\_\_ Check here if further space is needed to list citations and continue on back of this sheet.
81. How many automobile accidents have you been involved in where you were at fault? \_\_\_\_\_
82. Have you ever been a driver in an accident where injuries or damaged occurred and you left the scene of the accident? (hit & run) a. Yes b. No
83. Have you ever falsified information on an accident report or gave police false information during an accident investigation? a. Yes b. No
84. Have you ever had a warrant issued for your arrest for failure to pay citation or appear in court? a. Yes b. No
85. Do you have any outstanding warrants for your arrest right now?  
a. Yes State Issued? \_\_\_\_\_ b. No
86. Do you currently have automobile insurance as mandated by this State?  
a. Yes b. No
87. Has you insurance ever been canceled? \_\_\_\_\_ Placed in "high risk"? \_\_\_\_\_

## Financial History Section

88. Are you now able to pay all your monthly bills on time? a. Yes b. No
89. Have you ever filed bankruptcy? a. Yes When? \_\_\_\_\_ Where? \_\_\_\_\_  
b. No
90. Have you ever been referred to a collection agency or had your wages garnished?  
a. Yes b. No
91. Have you ever had your property repossessed?  
a. Yes b. No
92. How many times in the past year have you had a check returned for insufficient funds?  
\_\_\_\_\_
93. Has a landlord ever served you with an eviction notice?  
a. Yes b. No
94. Have you ever been the subject of a lawsuit by a former landlord or property manager?  
a. Yes b. No
95. Have you ever made false claims on insurance policies?  
a. Yes b. No
96. Have you ever failed to file an income tax return?  
a. Yes b. No
97. Have you ever deliberately lied on your income tax return for personal gain?  
a. Yes b. No
98. Have you ever received a settlement (payment for damages, injury, libel, etc.) with or without court action?  
a. Yes b. No



## Legal History Section

99. Have you ever been questioned as a suspect in a crime? a. Yes b. No
100. How many times have you been arrested (held in police custody, cited and released, etc.) for any reason? \_\_\_\_\_
101. How many times have you been convicted of, pleaded guilty to or pleaded no contest to misdemeanor charges? \_\_\_\_\_
102. Have you ever been on court ordered probation? a. Yes b. No
103. Have you ever had to appear before a juvenile court for an act that would have been a crime if committed by an adult? a. Yes b. No
104. Have you ever applied for a permit to carry a concealed weapon?  
a. Yes b. No
105. Have you ever stolen or taken without permission any property from businesses (i.e. shoplift) or other people (do not include employee theft)?  
a. No, never  
b. Yes, items with a total value of less than \$25.00  
c. Yes, items with a total value between \$25 and \$99/  
d. Yes, items with a total value between \$100 and \$499  
e. Yes, items with a total value of \$500.00 or more
106. When was the last time you stole or took without permission, any property from businesses or other people?  
a. Never  
b. Less than a year ago.  
c. Over 1 year, less than 2 years  
d. Over 2 years, less than 5.  
e. Over 5 years ago.
107. Did you ever buy anything that you suspect was stolen? a. Yes b. No
108. Did you ever sell anything that you knew was stolen? a. Yes b. No
109. Are you now in possession (i.e. on person, at residence, in car, etc.) of any stolen property?  
a. Yes b. No
110. Have you ever paid (or been paid) to participate in any sexual act? a. Yes b. No
111. Have you ever intentionally sought out and viewed child pornography, including via the internet? a. Yes b. No

This section of questions asks about specific criminal offenses. Respond to each criminal offense as it applies to you. For EACH criminal offense mark ALL ANSWERS THAT APPLY! Be sure to mark at least one response for each offense. Even if you were in the military and were in violation of the offenses under the UCMJ, make sure you include these offenses. Also, include any offenses committed as a juvenile. *If you have been questioned by police about one of these offenses or have been named in a police report concerning one of the described offenses, mark the letter a for that offense and any other letters that might apply for that offense.*

112. ARSON: (Intentionally setting a fire to destroy something or cause damage)

- |    |                              |    |                                    |
|----|------------------------------|----|------------------------------------|
| a. | I have been accused of it.   | b. | I have committed it.               |
| c. | I have been arrested for it. | d. | I have been tried in court for it. |
| e. | I have been convicted of it. | f. | None of the above                  |
- (or plead guilty or no contest)

113. FORGERY: (Signing another person's name to a document without their permission)

- |    |                              |    |                                    |
|----|------------------------------|----|------------------------------------|
| a. | I have been accused of it.   | b. | I have committed it.               |
| c. | I have been arrested for it. | d. | I have been tried in court for it. |
| e. | I have been convicted of it. | f. | None of the above                  |
- (or plead guilty or no contest)

114. EMBEZZLEMENT: (Theft of money or valuables entrusted to you)

- |    |                              |    |                                    |
|----|------------------------------|----|------------------------------------|
| a. | I have been accused of it.   | b. | I have committed it.               |
| c. | I have been arrested for it. | d. | I have been tried in court for it. |
| e. | I have been convicted of it. | f. | None of the above                  |
- (or plead guilty or no contest)

115. RAPE OR ATTEMPTED RAPE: (A forcible sex act other than child molestation, including sexual abuse)

- |    |                              |    |                                    |
|----|------------------------------|----|------------------------------------|
| a. | I have been accused of it.   | b. | I have committed it.               |
| c. | I have been arrested for it. | d. | I have been tried in court for it. |
| e. | I have been convicted of it. | f. | None of the above                  |
- (or plead guilty or no contest)

116. SEXUAL CHILD ABUSE OR MOLESTATION:

- |    |                              |    |                                    |
|----|------------------------------|----|------------------------------------|
| a. | I have been accused of it.   | b. | I have committed it.               |
| c. | I have been arrested for it. | d. | I have been tried in court for it. |
| e. | I have been convicted of it. | f. | None of the above                  |
- (or plead guilty or no contest)

117. ASSAULT, RESISTING ARREST, HOMICIDE:

- |    |                                    |                 |                   |
|----|------------------------------------|-----------------|-------------------|
| a. | I have been accused of it.         | Which Crime(s)? | _____             |
| b. | I have committed it.               | Which Crime(s)? | _____             |
| c. | I have been arrested for it.       | Which Crime(s)? | _____             |
| d. | I have been tried in court for it. |                 |                   |
| e. | I have been convicted of it.       | f.              | None of the above |
- (or plead guilty or no contest)

**118. BURGLARY, THEFT BREAKING AND ENTERING:**

- a. I have been accused of it. Which Crime(s)? \_\_\_\_\_
- b. I have committed it. Which Crime(s)? \_\_\_\_\_
- c. I have been arrested for it. Which Crime(s)? \_\_\_\_\_
- d. I have been tried in court for it.
- e. I have been convicted of it. f. None of the above  
(or plead guilty or no contest)

**119. CRIMINAL DAMAGE (VANDALISM)**

- a. I have been accused of it. Which Crime(s)? \_\_\_\_\_
- b. I have committed it. Which Crime(s)? \_\_\_\_\_
- c. I have been arrested for it. Which Crime(s)? \_\_\_\_\_
- d. I have been tried in court for it.
- e. I have been convicted of it. f. None of the above  
(or plead guilty or no contest)

**120. SEXUAL CRIMES: (i.e. self exposure, obscene phone calls, peeping tom, bestiality [sex with animals], etc)**

- a. I have been accused of it. Which Crime(s)? \_\_\_\_\_
- b. I have committed it. Which Crime(s)? \_\_\_\_\_
- c. I have been arrested for it. Which Crime(s)? \_\_\_\_\_
- d. I have been tried in court for it.
- e. I have been convicted of it. f. None of the above  
(or plead guilty or no contest)

**121. DRIVING UNDER THE INFLUENCE OF ALCOHOL / DRUGS**

- a. I have been accused of it. b. I have committed it.
- c. I have been arrested for it. d. I have been tried in court for it.
- e. I have been convicted of it. f. None of the above  
(or plead guilty or no contest)

**122. VEHICULAR ASSAULT OR VEHICULAR MANSLAUGHTER**

- a. I have been accused of it. b. I have committed it.
- c. I have been arrested for it. d. I have been tried in court for it.
- e. I have been convicted of it. f. None of the above  
(or plead guilty or no contest)

**123. RECKLESS DRIVING**

- a. I have been accused of it. b. I have committed it.
- c. I have been arrested for it. d. I have been tried in court for it.
- e. I have been convicted of it. f. None of the above  
(or plead guilty or no contest)

124. Have you ever been the subject of a court order of protection? ( injunction prohibiting harassment)?      a.    Yes                      b.    No
125. Have you ever been the subject of an investigation by children’s services? (DHS, child welfare agency)?      a.    Yes                      b.    No
126. Have any of your relatives (including your spouse or your other relatives ever been convicted or imprisoned for a crime?  
a.    Yes                      Name / Relation: \_\_\_\_\_ Charge: \_\_\_\_\_  
b.    No

**Substance Use**

127. Have you ever illegally possessed or used marijuana? *When estimating your total usage remember that once a month for a year is 12 times, once a week for a year is about 50 times and almost every day for a year is about 365 times.*  
a.    Never    b.    1 to 5 times  
c.    6-10 times    d.    11-20 times  
e.    21-25 times    f.    25-50 times  
g.    50-100 times    h.    More than 100 times
128. When was the last time you used marijuana? (approximate date and your age at the time)  
\_\_\_\_\_
129. Are you currently using marijuana?      a.    Yes                      b.    No
130. Have you ever purchased or sold marijuana?      a.    Yes      b.    No
131. Have you ever illegally possessed or used cocaine in any form (including crack)?  
(use same time table as for question 127 as guideline.)  
a.    Never    b.    1 to 5 times  
c.    6-10 times    d.    11-20 times  
e.    21-25 times    f.    25-50 times  
g.    50-100 times    h.    More than 100 times
132. Are you currently using cocaine (in any form)?      a.    Yes      b.    No
133. Since age 21 how many times have you used cocaine (in any form)? \_\_\_\_\_
134. When was the last time you used cocaine (in any form)? \_\_\_\_\_
135. Have you ever purchased or sold cocaine?      a.    Yes      b.    No

136. Have you ever illegally possessed or used any hallucinogens (i.e. LSD, Mescaline, acid, mushrooms, angel dust, PCP, etc.)?  
a. Yes Which types? \_\_\_\_\_ How often? \_\_\_\_\_  
b. No Last time used? \_\_\_\_\_
137. Are you currently using any hallucinogens? a. Yes b. No
138. Have you ever illegally possessed or used Opiates (i.e. opium, morphine, heroin, oxycontin)?  
a. Yes Which type? \_\_\_\_\_ How often? \_\_\_\_\_  
b. No Last time used? \_\_\_\_\_
139. Are you currently using any type of opiate? a. Yes b. No
140. Have you ever purchased or sold any type of hallucinogen or opiate?  
a. Yes b. No
141. Have you ever illegally possessed or used Amphetamines such as Meth, Dexidrine, Speed, Crank, Crystal Meth, Ice, Glass, Cross Tops, etc.?  
a. Yes Which types? \_\_\_\_\_ How often? \_\_\_\_\_  
b. No Last time used? \_\_\_\_\_
142. Have you ever purchased or sold any Amphetamines?  
a. Yes b. No
143. Are you currently using illegal Amphetamines? a. Yes b. No
144. Have you ever illegally possessed or used depressants or tranquilizers such as Barbiturates, Valium, Quaaludes, etc?  
a. Yes Which types? \_\_\_\_\_ How often? \_\_\_\_\_  
b. No Last time used? \_\_\_\_\_
145. Have you ever purchased or sold depressants or tranquilizers?  
a. Yes b. No
146. Are you currently using depressants or tranquilizers? a. Yes b. No
147. Have you ever illegally possessed or used any other controlled drugs besides those already described?  
a. Yes Which types? \_\_\_\_\_ How often? \_\_\_\_\_  
b. No Last time used? \_\_\_\_\_
148. How many times in your life have you driven after using any illegal controlled drug?  
a. Never b. 1-2 times c. 3-4 times d. 5 or more times

149. When was the last time that you have provided illegal or controlled drugs to friends or others in exchange for money or in trade for goods?  
a. Doesn't apply; I have never done this.  
b. Most recent time: \_\_\_\_\_

150. Have you ever grown, manufactured, or processed any controlled substance?  
a. Yes When? \_\_\_\_\_ Where? \_\_\_\_\_  
No

151. Do you know anyone who has used illegal narcotics or drugs?  
a. Yes b. No

152. With the exception of marijuana, how many times since age 21 have you used any illegal substance? \_\_\_\_\_

153. Have you ever "sniffed" any type of inhalant such as glue, spray paint, etc?  
a. Yes What? \_\_\_\_\_ When? \_\_\_\_\_  
b. No

154. Are you aware that the employment environment within this agency is a DRUG FREE ENVIRONMENT and that a violation of this practice can lead to termination?  
a. Yes b. No

### General Summary Questions

155. Have you purposely withheld information about places of employment in the last 10 years?  
a. Yes b. No

156. Have you ever quit or been asked to resign from a job because of alleged dishonesty?  
a. Yes b. No

157. Why are you leaving your present job or changing career fields at this time?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

158. Have you seriously researched this job field? a. Yes b. No

159. Do any other members of your family work for a law enforcement agency?  
a. Yes b. No

160. Do you have any family, friends, or acquaintances on the Calais Police Department?  
a. Yes Name them: \_\_\_\_\_  
b. No

161. Sworn positions only: If the necessity arose to shoot at a human being in the course of your employment as a Calais Police Officer, would you do so?  
a. Yes                      b. No
162. Do you gamble?      a. Yes      b. No  
What forms & how often: \_\_\_\_\_
163. Do you currently have any outstanding gambling debts?      a. Yes      b. No
164. Have you ever used your employer's money to gamble?      a. Yes      b. No

**City of Calais**  
**Background Check Authorization Form**

I, \_\_\_\_\_ understand that in order to assess my qualifications for the position of a Police Officer for the City of Calais a full background investigation is necessary. I, therefore, authorize the City of Calais to conduct an investigation which may include, but not limited to: verification of information provided by me to the City of Calais; a financial management check; contacting persons, clients, business associates, professional organizations, educational or other institutions, and government and law enforcement agencies regarding work performance, character references and record history information; contacting employers for performance information; and verifying educational attainment. All the information and materials I have provided to the City of Calais as part of the employment process, are accurate and truthful.

I further authorize all my present and previous employers, or references, to furnish information concerning my personal character, habits or employment performance and authorize schools that I have attended to provide verification of educational attainment and other relevant information.

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

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

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

**City / Town:** \_\_\_\_\_

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

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Social Security No.** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

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



