



CUMBERLAND COUNTY SHERIFF'S OFFICE

- Kevin J. Joyce
SHERIFF
- Naldo S. Gagnon
CHIEF DEPUTY

36 County Way, Portland, Maine 04102

Phone (207)774-1444 – fax (207)828-2373

Thank you for applying at the Cumberland County Sheriff's Office! This is a check list to help you ensure that you have collected and submitted all of the documentation that we will need to complete your hiring process. If you have any questions, please call us at (207) 774-1444 ext. 2115 or maines@cumberlandcounty.org.

Documentation to Submit:

- ALERT Test Score
 - If you have not taken or passed the MCJA ALERT test, please contact Mr. Jim Birt at 877-8000. There is a fee payable to Treasury, State of Maine in the amount of \$50.00.
- Birth certificate, valid Passport, or INS work permit.
- Social Security Card.
- High School diploma/transcripts, or GED.
- Valid Driver's License.
- Military records/DD-214 (if applicable). Please make sure photocopied records are legible.
- College degree or transcripts (if applicable).
- Documentation of name change (if applicable).
- Corrections/Law Enforcement Certificate (if applicable).

Signature Forms to Complete:

- Notarized** Maine Criminal Justice Academy Background Certification form (in Signature forms). A notary can be found at a local bank, town/city hall, the Sheriff's Office, or the Cumberland County Courthouse.
- Motor vehicle license status verification for (in Signature forms).
- Authorization for Release of Information Agreement form (in Signature forms)
- Applicant Data Form (optional)
- Voluntary Self-Identification of Disability (optional)
- VEVRAA Pre-Offer Invitation
- Disclosure of PREA Hiring and Promotions Checklist



MAINE CRIMINAL JUSTICE ACADEMY BOARD OF TRUSTEES

BACKGROUND STANDARD FOR ADMISSION TO AND/OR CERTIFICATION FOR A MANDATORY ACADEMY SCHOOL, RECERTIFICATION, OR WAIVER

In order to be accepted as a participant in mandatory academy law enforcement or corrections courses, or to be certified, recertified or request a waiver, an applicant must be of good moral character as determined by the hiring or sponsoring agency through a formal background check. These requirements and standards must be satisfied before consideration of such an application or certification. An agency presenting an individual for certification, admission to a mandatory Academy course, recertification, or for a waiver from training will attest that the individual meets the standard of having no disqualifying conviction*. In addition, the applicant shall certify under oath that he or she has no disqualifying conviction and that he or she has not engaged in disqualifying conduct#. A representative of the hiring or sponsoring agency must complete this form with the applicant, including an explanation to the applicant of #1 and #2 below.

INTERVIEW & STATEMENT OF APPLICANT

Applicant Name: _____ DOB: _____

Home Address: _____ Telephone Number: _____

- 1. Have you ever been convicted of any crime or attempted crime (including traffic crimes) that would constitute a disqualifying crime* as outlined on page 2?** _____

If yes, provide details on separate sheet, as well as a copy of the official Criminal History Record Information.

- 2. In addition, have you ever engaged in conduct that would constitute disqualifying conduct# as outlined on page 2, regardless of whether you were charged?** _____

If yes, provide details on separate sheet, as well as a copy of the police report if there was police involvement.

I understand that the making of a false statement under oath is a crime punishable by law.

Applicant Signature: _____ Date: _____

Personally-appeared the above-named _____ and made oath to the truth of the foregoing statement.

Notary Public (or other person authorized to take oath) Date: _____

STATEMENT OF EMPLOYING OR SPONSORING AGENCY

The above-named applicant has been the subject of a background investigation, including the processing of fingerprint cards through SBI and FBI, and a BMV record inquiry, and in the case of an applicant for the Basic Law Enforcement Training Program, a polygraph examination and a psychological examination, and such investigation has disclosed no conviction for a disqualifying conviction* or disqualifying conduct#, except for the conviction(s) for which a waiver is being sought.

Signature of Chief / Sheriff or Agency Head Date: _____

OFFICE LOCATED AT: 15 OAK GROVE ROAD, VASSALBORO, MAINE 04989
(207) 877-8000 (Voice) (207) 877-8027 (Fax) 711 (TTY)

Personally-appeared the above-named _____ and made oath to the truth of the foregoing statement.

Notary Public (or other person authorized to take oath)

Date: _____

*See page 2 for explanation of disqualifying conviction.

#See page 2 for explanation of disqualifying conduct.

DISQUALIFYING CONVICTION*

A disqualifying conviction for which a waiver from the Board of Trustees is required includes the following:

1. Murder;
2. Any Class A, Class B, or Class C crime or attempted crime;
3. Any Class D crime or attempted crime conviction in the past ten (10) years (including OUI);
4. Any Class E crime or attempted crime conviction in the past ten (10) years for which the crime is contained in Chapter 15 (Theft), Chapter 19 (Falsification in Official Matters), Chapter 25 (Bribery and Corrupt Practices), Chapter 29 (Forgery and Related Offenses), Chapter 31 (Offenses Against Public Administration), Chapter 35 (Prostitution and Public Indecency), Chapter 41 (Criminal Use of Explosives and Related Crimes), or Chapter 45 (Drugs) of the Maine Criminal Code, Title 17-A, Maine Revised Statutes;
5. Any conviction or adjudication as a juvenile of a Murder, Class A, B or C crime or attempted crime;
6. Any other conviction of a crime or attempted crime in another state or other jurisdiction that prohibits the same unlawful conduct described above.

DISQUALIFYING CONDUCT#

Disqualifying conduct, regardless of whether the applicant was charged or convicted, for which a waiver from the Board of Trustees is required. Disqualifying conduct for purposes of the MCJA Board Policy is only the below conduct, if committed as an adult.

1. Murder;
2. Any Class A, Class B, or Class C crime or Attempted Crime ; (*formerly called felony crime*)
3. Conduct specified in 1 or 2 above in another state or other jurisdiction.

WAIVER REQUEST PROCEDURE

A request of the Board of Trustees for a waiver of a disqualifying conviction or disqualifying conduct must be made by the employing or sponsoring agency, and must be made on the form provided by the Board for such purpose, and must include the additional information listed on the form. The form may be obtained by contacting the Maine Criminal Justice Academy, 15 Oak Grove Road, Vassalboro, ME 04989, and telephone 877-8000.

Effective 10-9-2013

OFFICE LOCATED AT: 15 OAK GROVE ROAD, VASSALBORO, MAINE 04989
(207) 877-8000 (Voice) (207) 877-8027 (Fax) 711 (TTY)



**MAINE CRIMINAL JUSTICE ACADEMY
MOTOR VEHICLE LICENSE STATUS VERIFICATION**

MRSA 25, Section 2803-A, empowers the Board of Trustees of the Maine Criminal Justice Academy to set standard for admission to board approved courses. As a result, the Board of Trustees has set Entrance Standards under the Administrative Rules, Department of Public Safety, Maine Criminal Justice Academy Board of Trustees, Chapter 3, section 1, subsection C states that **In order to be admitted to the law enforcement Pre-service/Reserve and Basic Training Courses, an applicant shall possess a valid motor vehicle operator’s license. If such license is not a Maine license at the time of admission to the Academy, the applicant shall obtain a State of Maine license within the time limits prescribed by Maine law.** In order to comply with this standard, please complete this form and forward it to the Academy as part of the required forms package.

Applicant Name: _____ DOB: _____

Applicant Signature _____ Date: _____

STATEMENT OF EMPLOYING/SPONSORING AGENCY

The above named applicant has been the subject of a motor vehicle operator’s license investigation. I certify that the applicant possesses a valid motor vehicle operator’s license.

Chief Administrative Officer Signature: _____ Date: _____

Cumberland County Sheriff's Office
Authorization for Release of Information Agreement

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Cumberland County Sheriff's Office (**herein "CCSO"**). The **CCSO** needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history, be disclosed to the **CCSO**.

I hereby authorize any representative of the **CCSO** bearing this Release to obtain, review and receive full disclosure of any information, records or any part thereof in your files pertaining to my employment records concerning myself, whether said records are of a public, private or confidential nature and I hereby direct you to release such information upon request of the bearer. The intent of this Authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the **CCSO** to consider in determining my suitability for employment with the **CCSO**.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys-at-law or other counsel whether representing me or another person in any case, criminal or civil, in which I presently have or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any State or Federal Laws. I hereby release you as the custodian of such records of organization, including its officers, employees, or related personnel both individually and collectively from any and all liability for damages of whatever kind which may, at any time, result to me, my heirs, family, or associates because of compliance with this Authorization, and request to release information, or any attempt to comply with it.

I direct you to release such information upon request of the duly accredited representative of the **CCSO** regardless of any agreement I may have made with you previously to the contrary. The **CCSO** may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the **CCSO's** acceptance and processing of my application for employment, I agree to hold the **CCSO**, its agents and employees, harmless from any and all claims and liability associated with my application for employment, or in any way connected with the decision whether or not to employ me with the **CCSO**.

I understand that should information of a serious criminal nature surface, as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the **CCSO** in conjunction with its hiring process.

A photocopy or faxed copy of this Release Form will be valid as an original thereof, even though the said photocopy or faxed copy does not contain an original writing of my signature.

Should there be any questions as to the validity of this Release, you may contact me at the address listed on this form.

I agree to pay any, and all, charges or fees concerning this request, and can be billed for such charges at the address listed on this Form.

I agree to indemnify, and hold harmless, the person to whom this request is presented, and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys fees arising out of, or by reason of, complying with this request.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. The **CCSO** is hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureau of the **CCSO's** choice.

Name: _____

Address: _____

City/State/ZIP: _____

Date of Birth: _____ Social Security Number: _____

Home Phone: _____ Work Phone: _____

Signature: _____ Date: _____

Thank you for completing this application for employment with the County of Cumberland. Cumberland County is an Equal Opportunity/Affirmative Action Employer. We encourage diversity in our workforce.

**PRE-EMPLOYMENT
Applicant Data Form**

**DETACH FROM APPLICATION
AND SUBMIT SEPARATELY**

Notice to Applicants - Completion of this form is voluntary.

We are an Affirmative Action, Equal Opportunity Employer. Our employment decisions are made without regard to race, color, religion, gender, national origin, age, disability, marital status, veteran or military status, or any other legally protected status. The purpose of this *Applicant Data Form* is to comply with federal government record-keeping and reporting requirements. Periodic reports are made to the government on the following information. The data you provide on this form will be kept confidential and used solely for statistical purposes. This form is processed and maintained separately from your employment application and is not used in the interview or selection process. Completion of this form is optional and voluntary.

1. Application Date: _____
2. Position Applied For: _____
3. Applicant Name: _____
4. Social Security Number: Last 4 Digits: _____
5. Race/Ethnic Code: (Please Select One)

Ethnicity:

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race;

Race:

- White (not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East;
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the Black racial groups of Africa;
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands;
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam;
- American Indian or Alaskan Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community recognition; and
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

6. Sex/Gender Code: (Please Select One)

Male Female

Signature: _____ Date: _____

THANKS FOR YOUR ASSISTANCE!

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar Disorder
- Post-traumatic Stress Disorder (PTSD)
- Deafness
- Cerebral Palsy
- Major Depression
- Obsessive Compulsive Disorder
- Cancer
- HIV/AIDS
- Multiple Sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing Limbs or Partially Missing Limbs
- Intellectual Disability (Previously called mental illness)
- Epilepsy
- Muscular Dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
 NO, I DON'T HAVE A DISABILITY
 I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

APPLICANT NAME: _____

DATE: _____

POSITION APPLIED FOR: _____

VEVRAA PRE-OFFER INVITATION TO APPLICANTS

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment:

- (1) disabled veterans;
- (2) recently separated veterans;
- (3) active duty wartime or campaign badge veterans; and
- (4) Armed Forces service medal veterans.

These classifications are defined as follows:

- A **"disabled veteran"** is one of the following:
 - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - A person who was discharged or released from active duty because of a service-connected disability.
- A **"recently separated veteran"** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An **"active duty wartime or campaign badge veteran"** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An **"Armed forces service medal veteran"** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
- I AM NOT A PROTECTED VETERAN

Disclosure of PREA Hiring and Promotions Checklist

In compliance with the federal Prison Rape Elimination Act (PREA) standard § 115.17 relating to hiring and promotion decisions for a jail facility, the questions on this form must be asked of CCSO applicants in written applications, for any promotions, or other in-house assignments.

Applicant/Employee Name	Employee #	Date
-------------------------	------------	------

1. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (See below definition for institution)? Yes No

Definition of Institution: Any facility or institution owned, operated, managed by, or provides services on behalf of any state or political subdivision of a state and which is:

- for persons who are mentally ill, disabled, or retarded, or chronically ill or handicapped;
- a jail, prison, or other correctional facility;
- a pretrial detention facility;
- for juveniles held awaiting trial, residing in such facility or institution for purposes of receiving care or treatment, or residing for any state purpose in such facility or institution (other than a residential facility providing only elementary or secondary education that is *not* an institution in which reside juveniles who are adjudicated delinquent, in need of supervision, neglected, placed in state custody, mentally ill or disabled, mentally retarded, or chronically ill or handicapped); or
- providing skilled nursing, intermediate or long-term care, or custodial or residential care.

2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

3. Have you ever been civilly or administratively adjudicated to have engaged in the activity described in question #2? Yes No

4. Have you ever been civilly or administratively adjudicated, disciplined or had any governmental issued license revoked or suspended for having engaged in conduct defined as sexual harassment?
 Yes No

Important Notice:

- If you answer yes to any of these questions indicating that you have violated a PREA standard, you are not eligible for hire or continued employment with CCSO.
- If you are hired or if you are a current CCSO employee, you have a continuing affirmative duty to immediately disclose to CCSO any misconduct that would result in a “yes” answer to any of the above four questions.
- Providing untruthful answers to the above questions or failing to disclose any misconduct that would result in a “yes” answer to any of the above questions will be grounds for termination through the disciplinary process.

Applicant/Employee Signature	Date
------------------------------	------