### City of Bath Police Department

250 Water Street Bath, Maine 04530



Andrew M. Booth, Chief of Police

Application for Employment

(An Equal Opportunity Employer)

# City of Bath Police Department Application for Employment

An equal opportunity employer

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**Instructions to Applicant:** Use typewriter or print in black ink. Answer each question clearly and completely. All statements made are subject to investigation and verification. If more space is required, use separate sheet(s) of paper.

Date of Application:				
Position(s) Applied Fo	r:			
Full Name:				
		First		
City:	S	tate:	Zip C	ode:
Email address:				
Telephone Number:	Day:		Evening:	
Driver's License State:		_ DL Number: _		Class:
MCJA ALERT Test So	core:	_		
information given by m answers may be verifie	te is true and control of and investigate are any misst	omplete to the best ated and that I magatements. I have i	et of my knowledge and y be declared ineligible read the public announ	falsification and that the delief. I understand that my e for appointment or dismissed accement for this examination and
Date:				
a:				

If you are not a citizen of	in the United States? Yes fithe United States, you need musignation status will be re-	ed a Green Co	ard to apply		
Have you ever been emp	ployed by the City of Bath?	,	Yes	No	_
If yes, give the department	ent and dates:	From: _		To:	
On what date would you	be available for work?				
Are you available to wo	rk: Full Time: Shift	work:			
	victed of a felony? Yes ly disqualify an applicant from e				
If yes, explain:					
	son that might disqualify years of a position within this		ement to the	Police Depart	tment or prevent you
Yes No					
If yes, explain:					
	E	ducation			
<u>N</u> :	ame and Address	Cour	se of Study	Diploma/Deg	ree
High School:					

Undergraduate College:			
Graduate School:			
Other (Specify)			
Indicate any foreign language yo	ou can speak, read and o	or write. <i>Check appropri</i>	iate line.
Language:	Speak: Read: Write:	Fluent Good	Fair Poor Fair Poor Fair Poor
Language:	Speak: Read: Write:	Fluent Good	Fair Poor Fair Poor Fair Poor
Describe any specialized training	g, apprenticeship, skills	and extra-curricular act	ivities.
	<b></b>		
	Military Sei	rvice Record	
Were you in the Armed Forces?	Yes No		
If yes, what branch?			
Dates of Enlistments:	to		
Describe any job-related training	g received in the United	States Military.	


#### **Employment Experience**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, age, disabilities, or other protected status.

1. Employer:	oyer: Address:			
City:	Stat	e:	Telephone#:	
Job Title:		Superviso	or:	
Reason for Leaving:				
Dates Employed:	From:	To:		
Work Performed:				
2. Employer:		Address:		
City:	State	e:	Telephone#:	
Job Title:		Superviso	or:	
Reason for Leaving:_				
Dates Employed:	From:	To:		
Work Performed:				
3. Employer:		Address:		
City:	Sta	te:	Telephone#:	

Job Title:	Supervisor:	
Reason for Leaving:	:	
	From: To:	
Work Performed:		
4. Employer:	Address:	
City:	State: Telephone#:	
Job Title:	Supervisor:	
Reason for Leaving:	:	
Dates Employed:	From:To:	
Work Performed:		
List professional, tra	ade, business, or civic activities and offices held.	
	Additional Information	
Please list any specia	alized equipment you have been trained on.	
1		
2		
3		

4.		
State a	any additional information you fee	may be helpful to us in considering you application.
Note 1	to applicants:	
		UNLESS YOU HAVE BEEN INFORMED ABOUT THE WHICH YOU ARE APPLYING. See job description.
	upation for which you have applie	vithout a reasonable accommodation, the activities involved in the job 1? A description of the activities involved in such a job or occupation is
Yes	No	
Ref	erences	
1.	Name:	
	Address:	
	City:	State:
	Telephone#:	
2.	Name:	
	Address:	
	City:	State:
	Telephone#:	
3.	Name:	

Address:	
City:	State:
Talanhana#	

## BATH POLICE DEPARTMENT ACCIDENT WAIVER

WHEREAS,(name)	, the undersigned
has applied for employment as a Police Officer and h	as agreed to be tested for said position
through the Bath Police Department Hiring Process, a	and;
WHEREAS, the above mentioned agency requires all and in consideration of the acceptance of my applicate and the administering of various test and procedures a Police Department, I do myself, my heirs, executors a Police Department that I am in good health and know should not take said physical test and I do release and officers, employees, servants and agents, of and from law or in equity for and on account of any and all injudiseases, damages, losses and expenses that may be so f my taking said agility test.	tion for employment by the above agency to process said application by the Bath and administrators, certify to the Bath of no physical or medical reason why I discharge the Bath Police Department, its all claims, demands, actions and suits at arries, disabilities, physical and mental
IN WITNESS WHEREOF, signed this day o	f
APPLICANT	
WITNESS	

#### BATH POLICE DEPARTMENT BACKGROUND CHECK AUTHORIZATION

I do understand that before concluding the assessment of my qualifications for the position of Police Officer with the Bath Police Department a background investigation will become necessary. I therefore authorize the City of Bath or its agents to conduct such an investigation for this use involving such things but not limited to, driving history checks, criminal record checks, contacting agencies where I have been employed pertaining to performance, contacting personal references, and verifying educational attainment.

I hereby authorize all my present and previous employers or their successors and/or references to release and furnish information concerning my personal character, habits, or employment performances. I also authorize schools that I have attended to release and provide such records and information as may pertain to my attendance and performance.

Applicant's S	Signature	
Date		
Applicant naı	me (printed	