



Buxton Police Department  
 185 Portland Road  
 Buxton, Maine 04093  
 Business: 929-6612  
 Fax: 929-6609



**Police Employment Application**  
 Please Print Clearly

Applicants are considered for all positions without regard to race or color, sex, sexual orientation, physical or mental disability, religion, age, ancestry or national origin.

Applicants must have the right to work in the United States, have a high school diploma or equivalent, a valid driver's license, and be in good physical and mental condition. Preferences will be given to post-secondary education, law enforcement experience and/or military experience.

Applicants for full time officer will be required to pass a written exam (Alert Exam), a physical fitness test, an oral interview, personal background check, a polygraph exam, general physical and psychological exams, and an interview with the Chief of Police.

Applicants for full time officer must submit a copy of their successfully completed MCJA Alert exam results and a copy of their successfully completed physical fitness test (PFT) administered by the MCJA. In order to accept the application the PFT must have been completed within the year prior to the application. The PFT may be required to be updated prior to hiring. It will be the responsibility of the applicant to submit updated results.

Applicants must submit a completed application form. Please attach a cover letter and resume. Failure to complete all sections and sign the certification will result in delay or non-consideration of your application. Please attach additional pages if more space is necessary to fully answer a question.

Completed applications must be mailed or delivered to the Buxton Police Department at 185 Portland Road Buxton, Maine, 04093, attention to the Chief of Police.

**A. GENERAL INFORMATION**

1. Name: \_\_\_\_\_
- Physical Address: \_\_\_\_\_
- City/State/Zip: \_\_\_\_\_
- Mailing Address:  
(if different than physical) \_\_\_\_\_
- Telephone home: \_\_\_\_\_
- cell: \_\_\_\_\_
- work: \_\_\_\_\_
- E-mail: \_\_\_\_\_
- Social Security #: \_\_\_\_\_

2. Other names by which you have been known (e.g., nickname, maiden name):

\_\_\_\_\_

3. The Town of Buxton Police Department requires all patrol officers to attend the Maine Criminal Justice Academy. Pursuant to 25 M.R.S.A. § 2804-G, an applicant to the Maine Criminal Justice Academy must be 21 years of age or older to qualify for a position as a law enforcement officer unless the applicant has an associate's degree or 60 credit hours of postsecondary education, in which case the applicant must be at least 20 years of age. Do you meet this requirement?  Y  N

4. Have you submitted an application to the Town of Buxton Police Department in the past?

Y  N

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. List all law enforcement agencies to which you have applied in the past or are applying currently:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. EMPLOYMENT HISTORY**

6. Beginning with your present (or most recent) employment, list all jobs that you have held in the past ten (10) years, including part-time, temporary, seasonal and self-employment.

(This following page may be copied, if necessary)

From: \_\_\_\_\_ To: \_\_\_\_\_ Full Time  Part Time   
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Average hours per week: \_\_\_\_\_ Weekly pay: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Coworker: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer?  Y  N

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From: \_\_\_\_\_ To: \_\_\_\_\_ Full Time  Part Time   
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Average hours per week: \_\_\_\_\_ Weekly pay: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Coworker: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer?  Y  N

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From: \_\_\_\_\_ To: \_\_\_\_\_ Full Time  Part Time   
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Average hours per week: \_\_\_\_\_ Weekly pay: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Coworker: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer?  Y  N

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From: \_\_\_\_\_ To: \_\_\_\_\_ Full Time  Part Time   
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Average hours per week: \_\_\_\_\_ Weekly pay: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Coworker: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer?  Y  N

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From: \_\_\_\_\_ To: \_\_\_\_\_ Full Time  Part Time   
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Average hours per week: \_\_\_\_\_ Weekly pay: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Coworker: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer?  Y  N

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7. Have you ever been terminated or asked to resign in lieu of termination?  Y  N  
If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Have you ever served in the United States military?  
 Y  N

If yes, date of service: From: \_\_\_\_\_ To: \_\_\_\_\_  
Branch of service: \_\_\_\_\_  
Unit designation: \_\_\_\_\_ Highest rank held: \_\_\_\_\_  
Military service #: \_\_\_\_\_ Type of discharge: \_\_\_\_\_  
Describe any military training received relevant to law enforcement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. EDUCATION**

9. Name of high school: \_\_\_\_\_  
 A. Did you graduate from high school?  
 Y  N  
 B. If not, have you passed the GED exam?  
 Y  N  
 C. Highest grade of high school completed: 09, 10, 11, and 12

10. Advanced degrees:

List any schools attended, starting with the most current, stating the number of years completed, and degree earned, if any:

School	# years	Degree

11. Have you ever been subject to any disciplinary action, such as scholastic probation, suspension, or expulsion, during your scholastic career?

Y  N

If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

12. List any extracurricular activity that you think helped prepare you to become an officer or gave you skills that will be useful:

\_\_\_\_\_

\_\_\_\_\_

**D. SPECIAL SKILLS/QUALIFICATIONS**

13. List any special license you hold (e.g., pilot, radio operator, SCUBA, etc.), including licensing authority, date of issue and date of expiration:

\_\_\_\_\_

\_\_\_\_\_

14. If you are fluent in a foreign language (or sign language), indicate the language and degree of fluency (excellent, good, and fair):

Language	Reading	Speaking	Comprehension	Writing

15. List any other special skills, work experience, training, or qualifications you possess that you think will be beneficial:

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**E. CRIMINAL BACKGROUND/ MOTOR VEHICLE HISTORY**

16. Have you ever been convicted or plead "guilty" or "no contest" to a crime?

Y  N If yes, explain below:

Crime	Police Agency/State	Date

Further details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Have you ever committed an illegal act or done anything that would have been considered unlawful if caught?

Y  N

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Have you ever failed a police background investigation in the past?

Y  N

If yes, when? \_\_\_\_\_

To whom did you apply? \_\_\_\_\_

19. Has your driver's license ever been suspended or revoked (in any state)?

Y  N

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. List any court action to which you have been a party, including divorce:

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21. List all states in which you have resided or held a driver's license:

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**F. PERSONAL DATA**

22. Are you eligible to be lawfully employed in the United States?

• **Proof of citizenship or immigration status will be required upon employment.**

Y  N

23. List all individuals with whom you have resided during the past five (5) years, excluding family members: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. List any family members presently employed by the Town of Buxton in any capacity (including spouse, parents, children, siblings, uncles, aunts, nephews, nieces, and any of the same related as in-laws, step-relations, or half-relations):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. In what activities do you participate to keep yourself in good physical condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. List any activities in which you regularly volunteer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Have you ever applied to carry a concealed weapon?

Y  N

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

28. List any organization in which you have been a member, excluding memberships that would reveal your race or color, sex, sexual orientation, physical or mental disability, religion, age, ancestry or national origin or other protected status:

Name & Address	Type (social, fraternal, professional, etc.)	From	To

29. This job requires that a person: (A) stand for long periods of time, climb, balance, stoop, kneel, crawl, crouch, etc.; (B) frequently lift or move objects up to 50 pounds, and occasionally move objects up to 165 pounds; (C) adjust vision/focus in the use of firearms and the operation of motor vehicles; and (D) communicate effectively. Work may occur: (A) during all weather conditions, including temperature extremes and wet environments; (B) during day and night; (C) under emergency, stressful, and dangerous situations; and (D) with possible exposure to loud noises, such as alarms and gunfire, smoke, noxious odors, fumes, chemicals, etc.

Do you have the full physical, mental, emotional, and medical ability to do this job, whether with or without a reasonable accommodation?  Y  N



**Personal Reference 3**

Relationship: \_\_\_\_\_

Years known: \_\_\_\_\_

Name: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone home: \_\_\_\_\_  
work: \_\_\_\_\_

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**Personal Reference 4**

Relationship: \_\_\_\_\_

Years known: \_\_\_\_\_

Name: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone home: \_\_\_\_\_  
work: \_\_\_\_\_

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**Personal Reference 5**

Relationship: \_\_\_\_\_

Years known: \_\_\_\_\_

Name: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone home: \_\_\_\_\_  
work: \_\_\_\_\_



32. List five (5) work references that are qualified to describe your abilities, character and fitness for the job of police officer:

**Work Reference 1**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone work: \_\_\_\_\_

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**Work Reference 2**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone work: \_\_\_\_\_

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**Work Reference 3**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone work: \_\_\_\_\_

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**Work Reference 4**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

B City/State/Zip Code: \_\_\_\_\_

Telephone work: \_\_\_\_\_

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**Work Reference 5**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone work: \_\_\_\_\_

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33. Have you passed an Alert Test from MCJA?

Y  N,

If yes, date taken: \_\_\_\_\_

• Attach certificate.

34. Have you passed the Physical Fitness Test from MCJA?

Y  N,

If yes, date taken: \_\_\_\_\_

• Attach certificate.

35. Have you completed the 100 hour school?

Y  N,

If yes, date taken: \_\_\_\_\_

• Attach certificate.

36. Are you a MCJA BLETP graduate?

Y  N,

If yes, date of graduation: \_\_\_\_\_

- Attach certificate.

## **H. CERTIFICATION**

37. Applicants must read and sign below prior to submitting this application.

I certify that the information in this application, supplement and all attachments is true and complete. I understand and agree that false statements, misrepresentations or omissions of information in this application and any supplements and attachments may result in rejection of this application, removal from an eligibility list, or, if hired, dismissal.

The Buxton Police Department is expressly authorized to investigate all statements contained in this application, supplement or attachments. I consent to the release of information about my ability and fitness for employment by current and previous employers, schools, law enforcement agencies, and other individuals and organizations to investigators, recruiters, and other authorized employees of the Buxton Police Department. Further, I authorize the Buxton Police Department to conduct an investigation into my background, which may include, but is not limited to, a consumer report, social security number verification and credit check; criminal background check; sex offender registry check and driving records check, if applicable. I understand and agree that this background investigation also may include written evaluations, oral boards, or polygraph, and upon a conditional offer of employment, psychological examination, medical examination, drug screen, agility or skill evaluation and other appropriate investigations. I understand and agree I may be disqualified from further consideration should I fail any of the testing or background processes. I hereby release, hold harmless, and indemnify you. Your organization, including, officers, agents, and employees, both individually and collectively, and all others from liability or damages of any kind, including all costs and attorney fees incurred for the furnishing of the information described above.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Tel#: \_\_\_\_\_ Work#: \_\_\_\_\_

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

Notarized by: \_\_\_\_\_ Date: \_\_\_\_\_