

Scoring: *Your total number of correct sit-ups in 1 minute.*

1.5 MILE RUN: The applicant will walk, jog, run, or any combination thereof, a distance of one and one-half miles. A measured, level course will be used, such as an indoor or outdoor track. Exact distances will be indicated. A monitor will keep record of the distance and time the applicant has completed. If using a track, a monitor will inform the applicant at the end of each lap the cumulative running time or a visual timing device will be observable by the applicant. The assigned monitor will count out loud the number of laps completed.

Scoring: *The time it takes to finish 1.5 miles.*

Adopted by the MCJA Board of Trustees: 09/20/2013, effective 10/01/2013

FITNESS TEST	MALE (40 th Percentile) AGE				FEMALE (40 th Percentile) AGE			
	20-29	30-39	40-49	50-59	20-29	30-39	40-49	50-59
One Minute Push-up Test	29	24	18	13	15	11	9	3
One Minute Sit-up Test	38	35	29	24	32	25	20	14
1.5 Mile Run	12:38	13:04	13:49	15:03	14:50	15:38	16:21	18:07

Adopted by the MCJA Board of Trustees: 09/20/2013, effective 10/01/2013

FITNESS TEST	MALE (50 th Percentile) AGE				FEMALE (50 th Percentile) AGE			
	20-29	30-39	40-49	50-59	20-29	30-39	40-49	50-59
One Minute Push -up Test	33	27	21	15	18	14	11	5
One Minute Sit-up Test	40	36	31	26	35	27	22	17
1.5 Mile Run	11:58	12:25	13:11	14:16	14:07	14:34	15:24	17:13



Lincoln County Sheriff's Office

PO Box 611
42 Bath Road
Wiscasset, ME 04578
(207) 882-6576

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

POSITION APPLIED FOR: _____ DATE: _____

DIVISION APPLYING TO: Check each division you wish to apply for.

- Patrol Division
- Criminal Investigation Division
- Transport Division
- Court Security Division
- Civil Division

How did you learn about us? Advertisement: Newspaper, Facebook, On-line Job Site,
 Friend Inquiry Employment Agency Relative Other

PERSONAL HISTORY STATEMENT

A. APPLICANT IDENTIFICATION

1. Name: _____
Last First Middle

2. Address: _____
Number Street

_____ City State Zip Code

3. Telephone Number (s): _____
(Include pager and/or cell phone if appropriate)

Best time to be reached: _____

4. Have you ever filed an application with us before?: _____

5. Are you legally eligible to work in the U.S.?: _____

6. Date available to work: ___/___/___ What is your desired salary range? _____

7. Are you available to work: () Full Time
() Part Time
() Temporary

B. RESIDENCE - List all addresses where you have lived during the past ten years, beginning with present address. List date by month and year attach extra page, if necessary.

<u>From</u>	<u>To</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. WORK HISTORY - Beginning with your present or most recent job, list all employment held for the past ten years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages, if necessary. Please indicate if you are fearful that your present job would be in jeopardy if inquiries are made.

1. From _____ To _____ Employer _____

Address _____

Phone Number _____ Job Title _____

Duties _____

Supervisor _____

Reason for leaving _____

2. From _____ To _____ Employer _____

Address _____

Phone Number _____ Job Title _____

Duties _____

Supervisor _____

Reason for leaving _____

3. From _____ To _____ Employer _____

Address _____

Phone Number _____ Job Title _____

Duties _____

Supervisor _____

Reason for leaving _____

4. From _____ To _____ Employer _____

Address _____

Phone Number _____ Job Title _____

Duties _____

Supervisor _____

Reason for leaving _____

D. MILITARY RECORD

1. Have you served in the US Armed Forces? (YES)___ (NO)___
2. Date of Service: From _____ To _____ Branch of Service _____
Highest rank held _____
3. Were you ever disciplined while in the military service? (Include Court Martial, Captain's Masts, Company Punishment, Article 15, etc)
(YES) _____ (NO) _____

Charge	Agency	Date	Disposition

If you received a discharge other than honorable, give complete details on a separate sheet of paper.

E. EDUCATION HISTORY

1.	High School	City & State	Dates attended		Graduated	
	Attended		From	To	Yes	No

2. College or University attended _____
City & State _____ Dates attended _____
Semesters completed _____ Major/Minor _____
Degree received and date _____

3. List other schools attended (trade, vocational, business etc...). Give name and address of school, dates attended, course of study, certificate, etc _____

F. SPECIAL QUALIFICATIONS & SKILLS

1. List any special licenses you hold (such as pilot, radio operator, scuba, etc...), showing licensing authority, original date of issue, and date of expiration.

2. List any specialized equipment or machinery that you can operate.

3. List any special skills or qualifications you may possess.

G. CONVICTIONS, ARRESTS, DETENTION AND LITIGATION

1. Have you ever been convicted, in court or are currently under indictment or investigation of a felony? (YES) _____ (NO) _____

H. REFERENCES OR ACQUAINTANCES -

List three persons who know you well enough to provide current information about you. Do not list relatives or former employers.

Name: _____ Address: _____

Home phone: _____ Business phone: _____

Business address: _____

Years known: _____

Name: _____ Address: _____

Home phone: _____ Business phone: _____

Business address: _____

Years known: _____

Name: _____ Address: _____

Home phone: _____ Business phone: _____

Business address: _____

Years known: _____

I. PERSONAL DECLARATIONS

1. Do you have any other beliefs or prejudices which would prevent you from fully performing the duties of a Law Enforcement Officer?

(YES)___ (NO)___

If YES, explain: _____

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. () Yes () No

“I certify that the information submitted by me in this application is true and complete with no omissions to the best of my knowledge, and understand that, if employed, falsified statements on this application could be grounds for dismissal. I also understand that a person who makes a written false statement, with the intent to deceive a public official in the performance of his official duty, may be found guilty of **Unsworn Falsification**, 17-A MRSA Section 453, a Class D Misdemeanor.”

Signature _____ Date

AUTHORIZATION TO RELEASE INFORMATION

TO: WHOM IT MAY CONCERN:

I hereby request and authorize you to furnish the Lincoln County Sheriff's Office with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition. 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. The information will be used for the purpose of determining my eligibility for employment as a Law Enforcement Officer.

I hereby release you and your organization from any liability, which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a Law Enforcement Officer. This release will expire 60 days after date signed.

SIGNED: _____

DATE: _____

2016 Lincoln County Employment Benefits

FRINGE BENEFIT	AMOUNT CONTRIBUTED BY COUNTY	AMOUNT CONTRIBUTED BY EMPLOYEE																										
<p style="text-align: center; color: green;">Regular Part-time Employees who work 21 - 34 hours</p> <p>Health Insurance Plan: Maine Municipal Employees Health Trust - ANTHEM Comprehensive POS-200 \$15 co-pay</p> <p>Includes Eye Care Exam</p> <p style="margin-left: 40px;">Single - \$767.69 Adult w Child(ren) - \$1,252.61 Family - \$1,722.05</p> <hr style="border-top: 1px dashed black;"/> <p>Prescription Card, 5 Tier Prog. \$4, \$10, \$30, \$50, \$60 (30 day supply)</p> <p>Prescription Card, 5 Tier Prog. \$8, \$20, \$60, \$100, \$120 (31- 90 day supply)</p> <p style="margin-left: 40px;">Emergency Room Copay \$100</p> <hr style="border-top: 1px dashed black;"/> <p style="margin-left: 40px;">Life Insurance</p>	<p style="color: green;">70 % of Coverage</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">\$537.38/mo. Employee</td> <td style="width: 50%; border-bottom: 1px solid black;">30 % of Coverage</td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$876.83/mo. Employee w/ Child(ren)</td> <td style="border-bottom: 1px solid black;">\$230.31/mo.</td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$1,205.43/mo. Family-Employee & spouse or Employee, spouse with Child(ren)</td> <td style="border-bottom: 1px solid black;">\$375.78/mo.</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">\$516.62/mo.</td> </tr> </table> <p style="text-align: center; color: red;">*****</p> <p style="color: red;">100% Non-Union Employee 35-40 hours (Payroll Deduction)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">97% Dependent Coverage \$767.69/ mo. Employee</td> <td style="width: 50%; border-bottom: 1px solid black;">3% Dependent Coverage \$ 0.00/mo.</td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$1,238.06/mo. Employee w/ Child(ren)</td> <td style="border-bottom: 1px solid black;">\$14.55/mo.</td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$1,693.42 /mo. Family-Employee & spouse or Employee, spouse w/ Child(ren)</td> <td style="border-bottom: 1px solid black;">\$28.63/mo</td> </tr> </table> <p style="text-align: center; color: red;">*****</p> <p style="color: blue;">100% Communication Union Employees (Payroll Deduction)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">85 % Dependent Coverage \$767.69/mo. Employee</td> <td style="width: 50%; border-bottom: 1px solid black;">15% Dependent Coverage \$ 0.00/mo</td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$1,179.87/mo. Employee w/ Child(ren)</td> <td style="border-bottom: 1px solid black;">\$72.74/mo.</td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$1,578.90/mo. Family-Employee & spouse or Employee, Spouse with Child(ren)</td> <td style="border-bottom: 1px solid black;">\$143.15/mo.</td> </tr> </table> <p style="text-align: center; color: red;">*****</p> <p style="color: orange;">100% Sheriff's Department Union Employees (Payroll Deduction)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">85% Dependent Coverage \$767.69/mo. Employee</td> <td style="width: 50%; border-bottom: 1px solid black;">15% Dependent Coverage \$0.00/mo.</td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$1,179.87/mo. Employee w/ Child(ren)</td> <td style="border-bottom: 1px solid black;">\$72.74/mo.</td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$1,597.05/mo. Employee, Spouse w/ Child(ren)</td> <td style="border-bottom: 1px solid black;">\$125.00/mo.</td> </tr> </table> <hr style="border-top: 1px dashed black;"/> <p>Included with health (annual salary, rounded to next thousand)</p>		\$537.38/mo. Employee	30 % of Coverage	\$876.83/mo. Employee w/ Child(ren)	\$230.31/mo.	\$1,205.43/mo. Family-Employee & spouse or Employee, spouse with Child(ren)	\$375.78/mo.	\$516.62/mo.		97% Dependent Coverage \$767.69/ mo. Employee	3% Dependent Coverage \$ 0.00/mo.	\$1,238.06/mo. Employee w/ Child(ren)	\$14.55/mo.	\$1,693.42 /mo. Family-Employee & spouse or Employee, spouse w/ Child(ren)	\$28.63/mo	85 % Dependent Coverage \$767.69/mo. Employee	15% Dependent Coverage \$ 0.00/mo	\$1,179.87/mo. Employee w/ Child(ren)	\$72.74/mo.	\$1,578.90/mo. Family-Employee & spouse or Employee, Spouse with Child(ren)	\$143.15/mo.	85% Dependent Coverage \$767.69/mo. Employee	15% Dependent Coverage \$0.00/mo.	\$1,179.87/mo. Employee w/ Child(ren)	\$72.74/mo.	\$1,597.05/mo. Employee, Spouse w/ Child(ren)	\$125.00/mo.
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<p>Hartford 457 Deferred Compensation Plan</p>	<p>Match of Employee withholding up to 8% of annual wage following six month probationary period Employee share is payroll deductible</p>																											
<p>Voya 457 Deferred Compensation Plan</p>	<p>Match of Employee withholding up to 8% of annual wage following six month probationary period Employee share is payroll deductible</p>																											
<p>Retired County and Municipal Law Enforcement Officers and Firefighters Health Insurance Subsidy</p> <p style="color: red; margin-left: 40px;"><i>see payroll to enroll</i></p>	<p style="color: red;">Sheriff's Department, Sheriff, Major, Patrol, Detectives</p> <p style="color: red;">No County Match 1.5% of gross bi-weekly income + overtime <i>New employees only have within 60 days of hire to enroll, retroactive to day one, must be a participant in County Health Plan and must be a participant in Maine Public Employees Retirement System (was MSRS), Voya 457 or Hartford 457 Deferred Compensation Plans.</i></p>																											

	AMOUNT CONTRIBUTED BY COUNTY	AMOUNT CONTRIBUTED BY EMPLOYEE			
Maine PERS New Employees Special Plan 2C Law Enforcement Only	Sheriff's Department, Sheriff, Major, Jail 8.9 % Of bi-weekly earnings 9.1 % effective 7/1/2016	7.5% 8.0% effective 7/1/2016	For those employees who choose not to join MainePERS, Voya or Hartford 457 plans are available.		
MainePERS New Employees Plan AC	LCCC, Regular Employees (21 to 40 hours) and Elected Officials 8.9 % Of bi-weekly earnings 9.5 % effective 7/1/2016	7.5% 7.5% effective 7/1/2016	For those employees who choose not to join MainePERS, Voya or Hartford 457 plans are available.		
Income Protection Plan (IPP) Provided through MMEHT/UNUM	This is a short-term disability plan that provides income benefits to employees who are unable to work due to a non-job related accident, injury or illness. <i>No County Match</i> <i>Employee may select from three options</i> <i>40%, 55% or 70% of salary</i> <i>\$2.04 per month for each \$100 of monthly coverage (effective 1/1/2015)</i>				
Ameritas Dental Insurance <i>(employee cost effective</i> <i>January 1, 2016)</i> see plan documents for program coverage	\$12.50/mo./employee contributed by County (Payroll Deduction)	Employee \$22.82/mo. Employee and Spouse \$59.86/mo. Employee with Child(ren) \$69.42/mo. Family-(Employee, Spouse, child(ren))\$106.46/mo.			
Employee Assistance Prog. (EAP Counselors are approved by Comprehensive POS)	Up to three face-to-face consultations per employee/household member per issue at no cost.				
LEAVE BENEFITS NON-UNION AND UNION					
Sick Leave accumulates end of each month	Earn 8 hours a month/may accumulate up to 720 hours total (Prorated for 21 to 39 hours)				
	NON-UNION		UNION - SO/JAIL		LCCC
Holidays figured on an eight hour day (Prorated for 21 to 39 hours)	11 holidays plus the Friday after Thanksgiving (12/8hr days) LCCC Supervisors 120 hrs FH +8 hr Christmas & Thanksgiving		8 hr Christmas, Thanksgiving plus 100 hrs FH		120 hrs FH 12 hrs Thanksgiving & Christmas
Vacation Leave accumulates end of each month figured on an eight hour day/ may use after 6 months (Prorated for 21 to 39 hours)	0 - 5 years 5 - 10 years 10 - 15 years 15+ years	6.67 hrs/mo 8.0 hrs/mo 10.0 hrs/mo 13.33 hrs/mo	0 - 5 years 5 - 10 years 10 - 15 years 15+ years	6.6 hrs/mo 8.3 hrs/mo 10 hrs/mo 13.3 hrs/mo	6.6 hrs/mo 8.3 hrs/mo 10 hrs/mo 13.3 hrs/mo
REFER TO YOUR HR POLICY FOR ADDITIONAL BENEFIT INFORMATION					

All benefits listed above are in effect as of 01/01/2016.
Employees will be notified in advance if any benefit plan changes occur prior to 12/31/2016.