



**Veazie Police Department**  
Mark Leonard, Chief of Police  
1084 Main Street  
Veazie, Maine 04401  
Tel / Fax: 207-947-2358



Thank you for your interest in employment with the Veazie Police Department. Within the enclosed packet of information you will find an Employment Application. We require this document to standardize all application's information. When complete, return this packet to the Veazie Police Department or to the Veazie Town Office.

Our initial employment screening process includes the following steps:

1. Written Examination (ALERT Exam)
2. Physical Fitness Assessment (MCJA 40<sup>th</sup> Percentile Standards)
3. Oral Board Review
4. Chief's Interview

For the written examination portion of the screening process, we utilize the Maine Criminal Justice Academy (MCJA) ALERT exam. The ALERT exam is a reading and writing comprehensive test based upon the level required to complete the MCJA Basic Law Enforcement Training Program curriculum. Applicants, who have not previously taken this test, must schedule the test with MCJA and present, to the Chief, verification of the ALERT exam completion as well as a passing score. Scheduling of the test, and payment of fees is the responsibility of the applicant.

A passing physical fitness assessment is also required to become a Police Officer with the Veazie Police Department. The assessment shall be conducted at the Maine Criminal Justice Academy and payment of fees is the responsibility of each applicant.

After the initial screening process, the top candidate(s) will be given a Conditional Offer of Probationary Employment and will be subjected to an extensive background investigation, medical fitness examination, polygraph examination, psychological evaluation as well as other specific examinations and or evaluations.

Thank you for your interest in employment with the Veazie Police Department. If you have any questions, please don't hesitate to contact the Department.



1084 Main Street, Veazie, Maine 04401  
TEL: 207.947.2781 FAX: 207.945.1654

**APPLICATION FOR EMPLOYMENT**

**POSITION APPLYING FOR:** \_\_\_\_\_

**Instructions to Applicants:** (1) Type or **print** in ink. (2) Answer each question clearly and completely. (3) ALL statements made are subject to investigation and verification. (4) If more space is required, use separate sheet(s) of paper.

NAME: \_\_\_\_\_  
*(Please Print)*

ADDRESS: \_\_\_\_\_

MAILING ADDRESS *(if different)*: \_\_\_\_\_

TELEPHONE #: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

EMAIL: \_\_\_\_\_

How did you hear about this opening?

- Advertisement     Friend/Relative     Walk-in     Other

Have you ever been employed by the Town of Veazie?     Yes     No

If yes, give the Department and dates: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Give the name and relationship of any present Town Employee related to you: \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

Are you employed now?     Yes     No

May we contact your present employer?     Yes     No

**EDUCATION AND TRAINING**

Highest grade completed: \_\_\_\_\_ Name of School: \_\_\_\_\_ Location: \_\_\_\_\_

School Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Colleges or Universities attended	No. years attended	Major Subjects	Degree/Certificate
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\_\_\_\_\_

\_\_\_\_\_

Business, Trade or Correspondence Schools

\_\_\_\_\_

\_\_\_\_\_

Skills possessed: (i.e., computer, equipment operation, mechanical)

Special Licenses:

ME Class #1 Driver's License #: \_\_\_\_\_ Class \_\_\_\_\_ License #: \_\_\_\_\_ Other \_\_\_\_\_

List below, in order, the positions which you have held. Include any periods served in the Military. Show your present or most recent job first. Under "Description of Duties", list kind of work responsibilities, and the number of employees and kind of position supervised, if any. Use additional sheets if needed:

From \_\_\_\_\_ To \_\_\_\_\_ Title/Position \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Name of Your Supervisor: \_\_\_\_\_ Number of Hours/Week \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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From \_\_\_\_\_ To \_\_\_\_\_ Title/Position \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Name of Your Supervisor: \_\_\_\_\_ Number of Hours/Week \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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From \_\_\_\_\_ To \_\_\_\_\_ Title/Position \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Name of Your Supervisor: \_\_\_\_\_ Number of Hours/Week \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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The Town of Veazie is an Equal Opportunity Employer. This statement of policy means the Town is committed to providing equal employment opportunity for the participation of all qualified persons in the job classifications without regard to race, color, sex, marital status, age, religion, national or ethnic origin, physical or mental disability, veteran status, sexual orientation, gender identification, or any other protected class under federal and/or state law.

**Applicant's Certification and Agreement - PLEASE READ CAREFULLY**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature of Applicant: \_\_\_\_\_

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