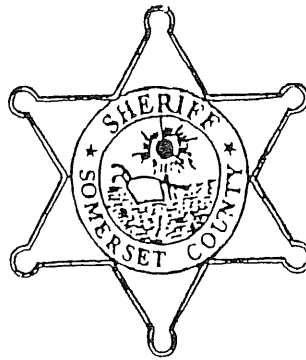


TO ALL APPLICANTS:

Please enclose a copy of your High School diploma or the courses and grades for your GED certificate along with your application for employment with the Somerset County Corrections Department. Thank you.

SHERIFF'S OFFICE  
BARRY A. DELONG  
SHERIFF



RONALD A. MOODY  
CHIEF DEPUTY

### AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any police officer or authorized representative of the Somerset County Sheriff's Department bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records and/or educational records, including but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records.

I hereby direct you to release such information upon request of the bearer. This release is executed with the full knowledge and understanding that the Information is for the official use of the Somerset County Sheriff's Department. Consent is granted for the Somerset County Sheriff's Department to furnish such information, as is described above, to third parties in the course of fulfilling official responsibilities.

I hereby release, as the custodian of such records, and Employer, Educational Institution, Physician, Hospital, or other repository of medical records, Credit Bureau or other Consumer Reporting Agency, 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 information, or any attempt to comply with it.

Should there be any questions as to the validity of this release, you may contact me as indicated below.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SIGNATURE (FULL NAME)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
PRINT NAME (FULL NAME)

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
CURRENT STREET ADDRESS      CITY/TOWN      STATE      ZIP CODE

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public      Comm. Exp. \_\_\_\_\_

**SOMERSET COUNTY  
41 COURT ST.  
SKOWHEGAN, ME 04976  
APPLICATION FOR EMPLOYMENT**

Rev. 3/17/06

Position Applied for:		Date Available for Work:	
Name:( Last)		(First)	(M.I.)
Address: (Street)		(City)	(State) (Zip)
Telephone: (Days)	(Evenings)	(Alt)	Date of Birth: Social Security #:
All applicants who are offered employment must provide documents which establish their identity and employment eligibility for authorization to work in the U.S. Are you legally eligible for employment in this country? Yes ( ) No ( )			
Have you ever worked or volunteered for the County? Yes ( ) No ( ) If yes, please give dates ____/____/____ to ____/____/____			
Do you have any relatives employed with the County? Yes ( ) No ( ) If yes, please list:			
Name	Dept.	Relationship	
Name	Dept.	Relationship	
Type of Employment desired: Full-Time ( ) Part-Time ( ) Temp. ( )			
Have you been convicted of a crime? Yes ( ) No ( ) If yes, please give details including dates, charges, and disposition. Convictions are not an absolute bar to employment. Consideration is given to the offense and its relationship to the position for which you are applying.			
Driver's License Number :		Class:	Expiration: State:
<b>EDUCATION:</b>			
Did you graduate from High School or do you have a G.E.D.? Yes ( ) No ( )		High School Name: Location:	
Name of School, College(s) or University	Major	Credit Hours	Degree *
*Proof of degrees from College/University obtained will be required upon hire.			

Name of Trade/Technical/Business or Other School(s) Attended	Course of Study	Diploma

List other licenses held (date & #), professional registrations (date), certificates and professional memberships:

List Honors, Awards, Fellowships:

**SKILLS OVERVIEW**

Approximate Typing Speed in words per minute:

List computer software with which you are familiar:

Please summarize relevant skills and experience that exemplify your qualifications for the position:

**EMPLOYMENT HISTORY: List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.**

From: _/_/_	To: _/_/_	Current or most recent employer:	Tele: ( ) -
Job Title:		Address:	
Immediate Supervisor and Title:		Summarize the nature of work performed and job responsibilities:	
Hourly Rate/Salary:		Reason for Leaving:	

May we contact this employer if you are considered for the position? Yes ( ) No ( )

From: _/_/_	To: _/_/_	Employer:	Tele:( ) -
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Job Title:		Address:	
Immediate Supervisor and Title:		Summarize the nature of work performed and job responsibilities:	
Hourly Rate/Salary:		Reason for Leaving:	
May we contact this employer if you are considered for this position? Yes ( ) No ( )			
From: _/_/___	To: _/_/___	Employer:	Tele: ( ) -
Job Title:		Address:	
Immediate Supervisor and Title:		Summarize the nature of work performed and job responsibilities:	
Hourly Rate/Salary:		Reason for Leaving:	
May we contact this employer if you are considered for this position? Yes ( ) No ( )			
From: _/_/___	To: _/_/___	Employer:	Tele: ( ) -
Job Title:		Address:	
Immediate Supervisor and Title:		Summarize the nature of work performed and job responsibilities:	
Hourly Rate/Salary:		Reason for Leaving:	
May we contact this employer if you are considered for this position? Yes ( ) No ( )			
<b>Military Service</b>			
Have you ever served on active duty in the U.S. armed forces? Yes ( ) No ( )			
Dates:	From:	To:	
Branch:			
Primary Duties:			

**REFERENCES:**

Name	Mailing Address: Street/Town/Zip Code	Telephone:	How many years?

**Note: Complete this application in its entirety, incomplete applications will not be accepted. Resumes may be attached, but will not be accepted in lieu of a completed application.**

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment, with just cause. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I authorize Somerset County to perform a background investigation in connection with my application for employment. This investigation may include information as to my credit, schools attended, police convictions, Division of Motor Vehicles records, personal references, professional references, previous employers, present employers, polygraph results, and any other appropriate sources the Commissioners deem necessary.

I authorize the release of any information that Somerset County may request from the above sources. A copy of this release shall be as valid as the original document. I also understand and agree that all information received by Somerset County in connection with this application and background investigation is confidential.

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

Date: \_\_\_/\_\_\_/\_\_\_

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

Date: \_\_\_/\_\_\_/\_\_\_