



John F. Kilbride  
Chief of Police

# Falmouth Police Department

2 Marshall Drive  
Falmouth, ME 04105  
Tel. (207) 781-2300  
TTY (207) 781-4154 Fax (207) 781-3448  
E-mail: [police@falmouthme.org](mailto:police@falmouthme.org)

Frank H. Soule, III  
Lieutenant

Jeffrey A. Pardue  
Lieutenant

## POLICE OFFICER JOB ANNOUNCEMENT

The Falmouth Police Department is accepting applications for the position of police officer. A progressive department which embodies the philosophy of community policing, Falmouth is a rapidly growing community of approximately 12,000 residents located on the Southern Maine coast.

**EXCELLENT BENEFITS PACKAGE:** 25-year, two-thirds retirement; competitive salaries and pay steps; Point of Service 200 health plan, life, and disability insurances; 13 paid holidays in addition to vacation, compensatory time, and sick leave accruals; weekly financial incentives for specialty positions, education, military service, physical fitness, and EMT.

**WHY FALMOUTH PD:** Lateral entry consideration up to the six-year pay step. Hourly rates range from a starting pay of \$26.86 with pay step increases every three years. Top step pay is \$32.86 at the 21-year step. In addition to promotional opportunities, Falmouth PD offers career development through specialty assignments in the areas of: detectives, marine unit, school resource officers, evidence technicians, traffic enforcement, canine officer, and bicycle patrol.

**MINIMUM REQUIREMENTS:** Applicants must be 21 years old, in good health, with an Associates Degree or the equivalent of 60 hours of college course work or equivalent work/military experience and must possess a valid driver's license with a good driving record. Applicants must have passed, or be able to pass the Maine Criminal Justice Academy **ALERT** Test. The successful applicant must also be able to pass a polygraph examination, a psychological test, medical tests, and an in-depth background investigation. A physical agility test will be administered as part of the recruitment process. Any candidate who has taken the MCJA Physical Agility Test on or after November 1, 2019 may submit proof of a passing grade in lieu of attending the physical agility test date. However, all candidates will be required to pass Falmouth PD's test prior to an offer of employment.

Applications and employment information may be obtained in person at the Falmouth Police Department, 2 Marshall Drive, Falmouth, ME 04105, or by visiting the Department's website:

[www.falmouthmaine.org/police](http://www.falmouthmaine.org/police). Completed applications may be delivered in person or mailed to the attention of Chief John Kilbride no later than 5:00pm on January 24, 2020.



*The Town of Falmouth is an Equal Opportunity Employer and reserves the right to reject all applications.*



## Town of Falmouth

271 Falmouth Road  
Falmouth, ME 04105  
Ph: (207) 781-5253 Fax: (207) 781-3640  
www.town.falmouth.me.us

POSITION APPLYING FOR:

### APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

Please use typewriter or print clearly in ink.

NAME: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST FIRST MIDDLE INITIAL

ADDRESS: \_\_\_\_\_  
NO. STREET CITY STATE ZIP

HOME: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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

How did you hear about this opening? ☐ Advertisement ☐ Friend/Relative ☐ Walk-in ☐ Employment Agency ☐ Other

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

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

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

Are you available to work: ☐ Part-time ☐ Shift Work ☐ Temp ☐ On-Call

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

(CIRCLE HIGHEST GRADE COMPLETED)	NAME OF SCHOOL	LOCATION	GRADUATE
1 2 3 4 5 6 7 8 9 10 11 12			
COLLEGES OR UNIVERSITIES ATTENDED	NO. YEARS ATTENDED	MAJOR SUBJECTS (List courses that apply to job)	DEGREE or CERTIFICATE
BUSINESS, TRADE or CORRESPONDENCE SCHOOLS			

List any additional skills, certifications, or licenses you possess that you believe are relevant to this position (ie, CPR, First Aid, E.M.T., etc.)

Do you have a valid driver's license? ☐ Yes ☐ No State? \_\_\_\_\_ Endorsement: \_\_\_\_\_

## EXPERIENCE

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.

If you possess a resume print **"SEE RESUME"** in this section and attach to application.

From:	To:	Title of Position:
Name, Address and Phone # of Employer:		Description of Duties:
Name of Your Supervisor:		
Number of Hours per Week:		Reason for Leaving:
From:	To:	Title of Position:
Name, Address and Phone # of Employer:		Description of Duties:
Name of Your Supervisor:		
Number of Hours per Week:		Reason for Leaving:
From:	To:	Title of Position:
Name, Address and Phone # of Employer:		Description of Duties:
Name of Your Supervisor:		
Number of Hours per Week:		Reason for Leaving:
From:	To:	Title of Position:
Name, Address and Phone # of Employer:		Description of Duties:
Name of Your Supervisor:		
Number of Hours per Week:		Reason for Leaving:

### 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 the application shall be 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. I also certify that I have received and reviewed the job description for the position being applied for and am capable of performing the specific functions of the job as set forth in said job description.

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



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## Falmouth Police Department PHYSICAL FITNESS TEST RESULTS

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

Please Print (Last) (First) (Middle)

*I am taking this test voluntarily. I understand the physical requirements of this test and know of no reason why I cannot safely complete all portions of the test including the mile and one-half run, one minute sit up test, and the maximum push-up test. I agree to indemnify and hold harmless the Town of Falmouth and their respective officers, employees and agents from any claim, damage, injury or illness, of whatever kind or nature, resulting from the administration of the test and my taking of the test.*

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

Employee's gender: \_\_\_\_\_ Employee's date of birth \_\_\_\_\_

FITNESS TEST	MALE (40 <sup>th</sup> Percentile) AGE				FEMALE (40 <sup>th</sup> 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
Bent Knee Curl Up Test	Under 35	35 - 44	45 +		Under 35	35 - 44	45 +	
	30	25	15		25	15	10	
1.5 Mile Run	12.38	13.04	13.49	15.03	14:50	15.38	16.21	18.07

\*\*\*\*\*

Overall Test Performance (circle one) **PASS** **FAIL**

One Minute Push-up Test	____ Required	____ Result	____ Pass	____ Fail
One Minute Sit-up Test	____ Required	____ Result	____ Pass	____ Fail
1.5 Mile Run	____ Required	____ Result	____ Pass	____ Fail

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

By signing, the evaluator attests that all information contained in this form is true and accurate.

Fitness Tester Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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## MEDICAL RELEASE FOR PHYSICAL FITNESS EXAMINATION

NAME: \_\_\_\_\_ DOB \_\_\_\_\_

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

DEPARTMENT: \_\_\_\_\_

Dear Examining Physician:

The individual being tested is an applicant for a Patrol Officer's position with the Falmouth Police Department. As part of the screening process the applicant must successfully complete the Maine Criminal Justice Academy Physical Fitness Test. Laws providing for compensation for injuries make it imperative that this certificate be accurate and complete. This medical certificate will be used to decide whether the person under consideration is physically qualified to participate in this testing procedure. Failure to report your findings in this examination might cause this individual great inconvenience.

The individual being examined by you has been provided with a copy of the physical fitness test for your review. The fee for your services will be paid for by the individual you have examined.

After reviewing the attached physical fitness test, please indicate below whether you believe the applicant is medically qualified to participate in the testing.

### **PLEASE COMPLETE THE FOLLOWING:**

The examinee is / is not (circle one) qualified to participate in the described physical fitness testing.

NOTE: If answer is negative, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you.

John F. Kilbride  
Chief of Police

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

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Typed or Printed Name