



# 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)

John F. Kilbride  
Chief of Police

September 3, 2019

Dear Applicant,

The Department that you are applying for is a highly professional organization that stresses the philosophy of community policing. Therefore, as Chief of this Department I take a great deal of pride in saying that our employees are some of the best in the State of Maine. To continue meeting these high standards, the Department only selects people of the highest quality. Therefore, you will find the employment process very demanding, but the ultimate reward may be a position with Falmouth Police Department.

Enclosed with this letter you will find the following material:

- application
- important dates in the employment process

Your application packet **must** contain the following:

- completed and signed application
- resume (not required, but desirable)
- copy of the college degree, high school diploma or equivalency certificate
- DD 214 (if prior military service)

If your application packet is not complete, **it will not be possible to consider you for the position.**

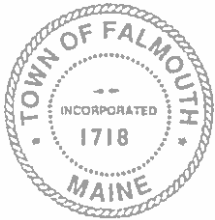
Should you have any questions or would like to receive additional information about the Department please contact our Administrative Assistant, Mrs. Ryann Philbrook at 207-781-2300.

Let me thank you for your interest in the Falmouth Police Department and wish you the very best of luck in the employment process. Please remember that the deadline for applications is Monday, September 23, 2019.

Sincerely,

A handwritten signature in black ink, appearing to read "John F. Kilbride".

John F. Kilbride  
Chief of Police



**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	NO. YEARS ATTENDED	MAJOR SUBJECTS (List courses that apply to job)	DEGREE or CERTIFICATE
<b>COLLEGES OR UNIVERSITIES ATTENDED</b>			
<b>BUSINESS, TRADE or CORRESPONDENCE SCHOOLS</b>			

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*