Maine Department of Corrections
Supplemental Information

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| This form **MUST** be completed and submitted as part of your application package. All questions must be answered completely and accurately. Omission or falsification of information discovered at any time during the pre-screening process that would reflect on your honesty or ability to perform the job will result in **immediate termination** of employment consideration. The information you provide in this form will be used in determining your suitability for employment with the Maine Department of Corrections. |

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| APPLICANT INFORMATION |
| **Last Name:**      **Maiden/Other Name:**       | **First Name:**       | **Middle Name:**       |
| **Social Security Number:**      | **Driver’s License Number & State:**      | **Date of Birth:**      |

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| **THE MAINE DEPARTMENT OF CORRECTIONS CONDUCTS A BACKGROUND CHECK, WHICH INCLUDES THE FOLLOWING:** |
| **a. Department of Corrections records** |
| **b. Motor Vehicle driving records** |
| **c. State and Federal Criminal History Record Information**  |

***Any criminal conviction and/or juvenile adjudication may disqualify you from consideration for this position. This includes motor vehicle violations that constitute crimes including OUIs/DWIs/OASs committed as an adult and/or as a juvenile.***

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| **HAVE YOU EVER BEEN CONVICTED OF A CRIME AS AN ADULT OR ADJUDICATED OF ANY CRIME AS A JUVENILE? This includes crimes or juvenile crimes or their equivalent in any jurisdiction including federal, military, tribal, and other states or countries.** |

**YES** ☐ **NO** ☐ **If YES, please explain:**

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|       |
| **APPLICANT CERTIFICATION** |

**I understand the information provided in this form will be utilized solely for the purpose of obtaining a background check as described above. An electronic signature or a photocopy or FAX reproduction of this authorization and release form will be considered valid as an original signature.**

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| **Signature:** | **Date:** |

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| PROFESSIONAL REFERENCES |

**List at least three (3) employers and/or supervisors** who would be able to provide an accurate assessment of your work performance.

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| **Complete Name:**       | **Daytime Phone:**       |
| **Number of Years Known:**       | **Relationship:**       |

|  |  |
| --- | --- |
| **Complete Name:**       | **Daytime Phone:**       |
| **Number of Years Known:**       | **Relationship:**       |

|  |  |
| --- | --- |
| **Complete Name:**       | **Daytime Phone:**       |
| **Number of Years Known:**       | **Relationship:**       |

***APPLICANT CERTIFICATION***

**I hereby authorize the employers and/or supervisors listed on this form to release any information pertaining to my employment with their organization. I understand that my authorization will be effective from the date of my signature and that the information obtained will be utilized solely for the purpose of obtaining a reference check for employment. An electronic signature or a photocopy or FAX reproduction of this authorization and release form will be considered valid as an original signature.**

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| **Signature:** | **Date:** |

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| **PREVIOUS NAMES/RESIDENCES** |

**Please list all names you have ever used and your residences for the past ten (10) years.**

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| PREVIOUS NAMES | FORMER COMPLETE ADDRESS & # YEARS LIVED THERE |
|       |       |
|       |       |
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|       |       |
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**Please list any friends or relatives that are employed with the Maine Department of Corrections and the facility/division that they work at.**

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| **NAME** | **RELATIONSHIP** | **FACILITY/DIVISION** |
|       |       |       |
|       |       |       |
|       |       |       |

**Do you know anyone who is a current or former prisoner/juvenile or resident/probationer or has otherwise been in the custody or under the supervision of the Maine Department of Corrections?**

**YES** ☐ **NO** ☐ **If YES, please describe:**

**Would you have any problem dealing with a particular type of offender? YES** ☐ **NO** ☐ **IF YES, please describe:**

**How did you hear about this career opportunity?**

Radio ☐Station?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Television ☐Friend ☐Newspaper ☐

DOC Employee who?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Professor/Instructor ☐School?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Online ☐website?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other ☐explain - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_