**NOTICE OF EMPLOYMENT / TERMINATION**

Forward to the MCJA **within 30 days** of employment or termination

***Please fill out either the EMPLOYMENT or the TERMINATION information, as applicable.***

Name (Applicant)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Last) (First) (Middle)**

Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_ SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The following statement is made pursuant to the Privacy Act of 1974,§7(b): Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA §175 as authorized by the Tax Reform Act of 1976 (42 USC, §405(c)(2)(C)(i) and for child support enforcement purposes pursuant to 42 USC § 666(a)(13)(A) and 19-A M.R.S.A. §§2104, 2201. Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes and/or to the Department of Human Services Division of Support Enforcement and Recovery for use in child support enforcement procedures. No further use will be made of your social security number. It shall be treated as confidential tax information pursuant to 36 MRSA §191 and confidential support enforcement information pursuant to 19-A MRSA §2152.*

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**EMPLOYMENT DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**IS THIS A FUTURE BLETP CANDIDATE? YES NO A FUTURE BCTP CANDIDATE? YES NO**

**Has this individual been employed as a Maine Law Enforcement/Correction officer within the past two years? YES NO**

**\*\*If No to working as an LEO or CO in the past 2 years, then individual must be initially certified or recertified. \*\***

**EMPLOYMENT LEVEL:**

|  |  |  |  |
| --- | --- | --- | --- |
| * Full Time Law Enforcement | * Part Time Law Enforcement | * Transport Officer | * L.E. Chaplain |
| * Corrections | * Judicial Marshal | * Capitol Police Officer | * Harbor Master |
| * Forest Ranger | * Probation Officer | * Shellfish Warden | * Other\_\_\_\_\_\_\_\_\_\_ |

Has this employee had basic training for full-time law enforcement or corrections **OUT OF STATE**? **YES NO**

Is a Waiver for either BLETP or BCTP being sought? **YES NO**

If the agency is requesting a waiver of the basic law enforcement or corrections school for this individual, please forward the appropriate

Waiver Application Packet to the Maine Criminal Justice Academy. (Available on our web site <http://www.state.me.us/dps/mcja>)

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**TERMINATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**EMPLOYMENT LEVEL:**

|  |  |  |  |
| --- | --- | --- | --- |
| * Full Time Law Enforcement | * Part Time Law Enforcement | * Transport Officer | * L.E. Chaplain |
| * Corrections | * Judicial Marshal | * Capitol Police Officer | * Harbor Master |
| * Forest Ranger | * Probation Officer | * Shellfish Warden | * Other\_\_\_\_\_\_\_\_\_\_ |

**If termination, please indicate type**

**Type of Termination** (Please Circle) Resigned Discharged Retired Deceased Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*This form MUST be signed by the Department Head and submitted to the MCJA\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Agency Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Agency Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**