

**POLICE OFFICER  
CITY OF PORTLAND**

**Requirements:**

- Must be a U.S. citizen, High School diploma or equivalent and either 2 years of post-high school employment or 3 years of post-high school education at a school, college, or university or any combination of post-high school employment and education totaling 3 years.
- Applicants will be required to pass a written exam, oral interview, personal background check, polygraph exam, general physical exam and physical fitness test; must successfully complete the ALERT test required by the Maine Criminal Justice Academy.
- Starting base salary: \$41,630.16. The City recognizes prior police experience as a sworn, full-time officer for the purpose of placement on the pay plan at the time of hire providing proper documentation verifying Academy certification and prior law enforcement experience is provided.
- **The written exam shall be waived for any applicants who are full-time sworn officers at the time of application and are certifiable by the Maine Criminal Justice Academy. Evidence satisfactory to the Police Chief of such status must be provided by the applicant at the time of application and is subject to approval by the Chief.**
- **Applicants must submit a cover letter, resume, and copy of high school diploma or equivalency.**

**Completed applications must be received by Human Resources, 389 Congress Street,  
Room 115, Portland, ME 04101.**

The City of Portland is strongly committed to diversity in its work force.

**Women and Minorities are encouraged to apply.**

We are an Affirmative Action/Equal Employment Opportunity employer.

**CITY OF PORTLAND, MAINE POLICE DEPARTMENT  
SELECTION PROCESS INFORMATION SHEET**

A Civil Service Ordinance that is administered by the Civil Service Commission covers the hiring, promotions and discipline of the Portland Police Department's Officers. The Commission is an independent board of local residents appointed to oversee the hiring process.

- **Written Exam:** The entry level written exam will be held at the Portland Police Department on the date and time announced. Candidates must present a photo I.D. (preferably a driver's license). The entry-level exam consists of 100 multiple-choice questions pertaining to general knowledge. A passing score for the written exam is 70. All candidates with a passing score of 70 or above will move onto the hiring process. You will receive notification of your score on testing day.
- **Filling of Police Officer Vacancies:** The Eligible List of Candidates will be sent to the Police Department in alphabetical order. All contact after the written exam will be from the Police Department.
- The Resume Review Committee will screen resumes and select candidates for interviews. All self-identified minorities and women will be interviewed as long as under-representation of minorities and women exists. The Application Review Committee consists of 1 Civil Service Commissioner, 1 union representative, and 3 representatives selected by the Chief.
- Candidates must successfully complete the physical fitness test or provide proof of passing from the Maine Criminal Justice Academy. The City reserves the right to conduct this test directly after the written test. Candidates must pass the physical fitness test to move on to the interview stage.
- Oral interviews are conducted.

**Background checks are conducted. Disqualifiers during the background phase include illegal drug use within five years of application, convictions or having engaged in any conduct which would constitute Murder, Class A, Class B, Class C, or Class D crimes, or any provision of the Maine Criminal Code, Chapters 15, 19, 25, or 45 which include Theft, Falsification in Official Matters, Bribery & Corrupt Practices, and Drugs.**

**Candidates are removed from the hiring process if they falsify, knowingly omit, or misrepresent any information during the application process, background investigation or polygraph examination.**

- The Chief reviews the results and selects candidates to receive a conditional job offer.
- A conditional job offer of employment is made to candidates subject to passing the Polygraph Examination, the medical examination, job suitability assessment and appointment by the City Manager.

**City of Portland, Maine  
Police Officer Salary and Benefits**

**Police Officer Pay Plan**

This plan is based on a 4/10 or 5/8 hour work week.

<u>Step</u>	<u>Time in Service</u>	<u>Annual Salary</u>
A	0 – 1 year	\$41,630.16
B	1 – 3 years	\$45,007.56
C	3 – 5 years	\$48,101.56
D	5 – 8 years	\$49,998.52
E	8 – 12 years	\$51,452.44
F	12 –18 years	\$53,438.84
G	18+ years	\$55,051.36

Salary reflects BASE pay only; does not include any overtime, court time, education or night shift add-on's

The City recognizes prior municipal law enforcement experience that succeeds Maine Criminal Justice Academy or equivalent certification for the purpose of placement on the pay plan at time of hire providing proper documentation verifying Academy certification and prior law enforcement experience is provided.

**Union Affiliation:      **Police Benevolent Association****

**Police Officer Benefits**

1.     **Vacation** – Vacation is earned based on years of service and credited to the employee on a weekly basis. Vacation leave may be taken as it is earned subject to supervisory approval. Employees earn two weeks of vacation during the first and second year of service, three weeks during the third through sixth year of service, four weeks during the seventh through nineteenth year of service, and five weeks in the twentieth and succeeding year of service.
  
2.     **Holidays** – twelve holidays per year. If the holiday falls during the employee's regular schedule, they must work the holiday and they will receive eight (8) hours of holiday pay or an eight (8) hour holiday credit in addition to their regular weekly salary. Holiday credits may be taken as time off at a later date or cashed out.
  
3.     **Medical and Life Insurance**
  - Medical Insurance through the City of Portland is provided to the employee at no cost. The employee pays 50% of the difference between the single rate and the 2-person or family rate to insure dependents.
  - Basic life insurance through Maine Public Employees Retirement System: the City pays 100% of the employee premium and the employee pays for supplemental or dependent life insurance.
  - Dental and income protection insurance are available at group rates.
  
4.     **Pension**
  - The employee has the option of Maine Public Employees Retirement System's special plan (retirement after 25 years of service) or a 401(a) plan. The employee contributes 7.5% of gross salary.
  - Optional 457 plan is also available to assist the employee with saving for retirement.
  
5.     **Sick Leave** – The employee accrues sick leave at the rate of 1.85 hours per week.
  
6.     **Probationary Period** – The probationary period is two years from date of hire for new officers. Lateral entry officers will serve a one-year probation provided they have at least one year of prior service.

(over)

**APPLICANT PHYSICAL FITNESS STANDARDS  
Effective September 2010**

An applicant must score at the level provided in the following tables for each individual screening measure conducted. These norms only indicate the minimum required of an applicant to enter and safely participate in the MCJA training program. These standards are based upon the 40<sup>th</sup> percentile as established by the Institute for Aerobics Research in Dallas, Texas. Those applicants who do not meet the minimum standard will be dismissed from the process and will need to reapply for a subsequent Academy session.

FITNESS TEST	MALE AGE				FEMALE AGE			
	20-29	30-39	40-49	50-59	20-29	30-39	40-49	50-59
Push Up Test	29	24	18	13	15	11	9	3
One Minute Sit-Up Test	38	35	29	24	32	25	20	14
1.5 Mile Run	12:29	12:53	13:50	15:14	15:05	15:56	17:11	19:10

**CITY OF PORTLAND, MAINE  
CIVIL SERVICE COMMISSION  
SUPPLEMENTAL INFORMATION FORM FOR POLICE OFFICER**

**Filing of Applications:** Completed application, cover letter and resume is to be filed with the Human Resources Department, Room 115, City Hall, 389 Congress Street, Portland, ME 04101. Telephone: (207) 874-8624, fax (207) 874-8937.

**Education and Experience:** Applicants must have a high school diploma or equivalency degree and have either: two (2) years of post-high school employment experience(s) or three (3) years of education in a post-high school program at a school, college, or university; or any combination of post-high school employment and post-high school education totaling three (3) years.

**Motor Vehicle Driver's License:** Each candidate must possess a valid motor vehicle driver's license.

**Health:** Each candidate for appointment must be in good health with normal vision and hearing and must be of proportionate height and weight. The Civil Service Commission may establish more specific guidelines.

**Citizenship:** Each candidate for original appointment to the Police Department must be a citizen of the United States.

**Good Character:** Each candidate shall be of good moral character and shall in all cases bear the burden of proof as to this requirement. No person shall be appointed who has a history which includes a disqualifying criminal conviction. A disqualifying offense shall mean and include any offense punishable by death or imprisonment for one (1) year or more under the law of the sentencing jurisdiction, whether or not such sentence is imposed or served; or any theft offense; or any sex offense; or any offense which involves dishonesty or false statement.

A copy of a High School Diploma or equivalency certificate must be attached to the application form.

**Please note that all Police Officer candidates must successfully pass the ALERT test before attending the Maine Criminal Justice Academy. The Academy administers the ALERT test and is not the entry level test that is required by the Portland Police Department.**

**To set up an appointment for the ALERT test, please call 1-207-877-8000.**



**CITY OF PORTLAND  
CIVIL SERVICE COMMISSION**

Human Resources  
389 Congress St. Room 115  
Portland, Maine 04101  
(207) 874-8624 (FAX) 874-8937  
AN EQUAL OPPORTUNITY EMPLOYER

POSITION(S) APPLYING FOR:

POLICE OFFICER	<input type="checkbox"/>
FIREFIGHTER/EMT	<input type="checkbox"/>

Instructions to Applicants: (1) Print clearly in ink. (2) Answer each question clearly and completely. (3) All statements made are subject to investigation and verification. (4) If more space is required, use separate sheet(s) of paper.

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_  
 LAST (PLEASE PRINT) FIRST MIDDLE INITIAL MO. DAY YEAR  
 ADDRESS: \_\_\_\_\_  
 No. Street Apt.# City State Zip  
 TELEPHONE NO. HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_  
 SOCIAL SECURITY NO. \_\_\_\_\_

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

Have you ever been employed by the City of Portland?  Yes  No  
 If yes, give the Department and dates: Dept. \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
 Mo Yr Mo Yr

Do you have any relatives that are former or current employees of the City of Portland? Yes \_\_\_ No \_\_\_  
 If Yes, give Name \_\_\_\_\_ Relationship \_\_\_\_\_ Dept. \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you employed now?  Yes  No

May we contact your present employer?  Yes  No

Please read attached sheet for further information requested by the City of Portland.

**EDUCATION AND TRAINING**

(CIRCLE HIGHEST GRADE COMPLETED)	NAME OF SCHOOL	LOCATION (City, State)	Graduated? Yes or No
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.

Drivers License #: \_\_\_\_\_ License Class:  A(CDL)  
 State of Issue: \_\_\_\_\_  B(CDL)  
 Previous License State: \_\_\_\_\_  C(Standard)

\* IF APPLYING FOR A FIREFIGHTER/EMT POSITION, YOU MUST POSSESS EMT-B LICENSE AT TIME OF INTERVIEW. IF YOU CURRENTLY POSSESS AN EMT LICENSE, PLEASE ATTACH A COPY TO APPLICATION.

**COMPLETE AND SIGN OTHER SIDE**

## EMPLOYMENT HISTORY

List your past employers. Include any periods served in the Military. Show your current or most recent job first. Under "Description of Duties" list kind of work or responsibilities. Use Additional sheets if needed.

If you have a resume, you may include it with this application, but you must also complete the entire application.

From (Month/Year)	To (Month/ Year)	Title of Position:
Company Name		Description of Duties
Address		
Phone #		
Supervisor's Name		Hourly Pay Rate:
Hours per Week		Reason for Leaving
From (Month/Year)	To (Month/ Year)	Title of Position:
Company Name		Description of Duties
Address		
Phone #		
Supervisor's Name		Hourly Pay Rate:
Hours per Week		Reason for Leaving
From (Month/Year)	To (Month/ Year)	Title of Position:
Company Name		Description of Duties
Address		
Phone #		
Supervisor's Name		Hourly Pay Rate:
Hours per Week		Reason for Leaving
From (Month/Year)	To (Month/ Year)	Title of Position:
Company Name		Description of Duties
Address		
Phone #		
Supervisor's Name		Hourly Pay Rate:
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 this application shall be considered sufficient cause for dismissal. I authorize investigation of all statements contained in this application for employment that may be necessary in making an employment decision.

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

\_\_\_\_\_  
Date

## Voluntary Self-Identification of Gender and Race/Ethnicity

The City of Portland is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the City of Portland invites applicants to voluntarily self-identify their race/ethnicity and gender.

**Submission of this information is voluntary**, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

**Position(s) Applied For:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street Address and Apartment Number, if applicable

\_\_\_\_\_  
City State Zip Code

### INVITATION TO SELF-IDENTIFY PLEASE ANSWER THE FOLLOWING QUESTIONS

What is your gender?

- Male  
 Female

Which race/ethnicity do you identify with? You may mark **only one** box:

- Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (Not Hispanic or Latino):** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino):** a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino):** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino):** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or more races (Not Hispanic or Latino):** a person who primarily identifies with two or more of the above races.

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

## Voluntary Self-Identification of Veteran Status

The City of Portland requests applicants to self-identify as veterans or disabled veterans for affirmative action purposes. This information is requested solely for use in connection with its affirmative action obligations and/or its affirmative action efforts. This information is being requested on a voluntary basis, will be kept confidential in accordance with the Americans With Disabilities Act (ADA), and will be used solely in accordance with the ADA. **Submission of this information is voluntary**, and refusal to provide it will not subject you to any adverse treatment.

The City of Portland is subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires the City to take affirmative action to employ and advance in employment **protected veterans**. This includes (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans (defined below). As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

### **Veteran Status: please check one of the boxes below:**

- I identify as one or more of the classifications of protected veteran defined below (disabled veteran; recently separated veteran; active duty wartime or campaign badge veteran; or armed forces service medal veteran).
- I am NOT a protected veteran/do not identify with any of the protected veteran classifications listed below.
- I do not wish to self-identify.

### **Definitions:**

- A “**disabled veteran**” is one of the following:
  - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - a person who was discharged or released from active duty because of a service-connected disability.
- A “**recently separated veteran**” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “**active duty wartime or campaign badge veteran**” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “**Armed forces service medal veteran**” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

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

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

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

## Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date



**Voluntary Self-Identification of Disability**

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 2 of 2

**Reasonable Accommodation Notice**

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

---

<sup>1</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

---