



WE ARE HIRING!

COMMUNITY SERVICE OFFICERS

FOR THE 2025 SUMMER SEASON

**Our agency is seeking candidates to
add to our roster of Community
Service Officers for the 2025 Season!
This position is employed on a 40
hour workweek basis from June
through Labor Day**

**Get the training and experience you need
for your future in Law Enforcement!**

**IF YOU ARE INTERESTED IN JOINING THE YORK POLICE
DEPARTMENT, CONTACT PATROL LIEUTENANT LUKE ERNENWEIN
LERNENWEIN@YORKPOLICE.ORG | (207) 363-1031**



Owen T. Davis
Chief of Police

York Police Department

Town of York, Maine
9 Hannaford Drive
York, Maine 03909
(207) 363-1031 Fax (207) 361-6818



Dear Candidate:

Enclosed you will find the York Police Department application process for the summer of 2025.

The York Police Department has five (5) Community Service Officer positions open for the 2025 summer season. These non-police positions will be filled with those who are seeking approximately fourteen weeks of practical field experience working closely with officers in the Law Enforcement field. The CSO's work closely with law enforcement officers addressing and enforcing parking issues throughout the Town of York. This position allows those interested in the law enforcement field invaluable insight into the daily operation of a police agency. A few of our officers began their law enforcement career in the CSO position.

Successful candidates must complete the an application and a comprehensive background check.

The York Police Department pays for and supplies all uniforms and equipment at no cost to the successful candidates.

All Community Service Officers are scheduled to work a minimum of forty (40) hours per week from June until Labor Day. Additional shifts may be available to be worked during the off season.

Applicants should complete the application online or return it to the York Police Department, 9 Hannaford Drive, York, ME 03909.

Sincerely,

Lieutenant Luke M. Ernenwein
LME/mma



YORK POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with the York Police Department.

General Information and Instructions

1. All items on the application form must be filled out or marked "NA" meaning they do not apply to the applicant. Failure to fully complete this form or the inclusion of false or misleading information may result in automatic disqualification. Assistance is available upon request to help complete the application.
2. The Town of York is an Equal Opportunity Employer and shall not discriminate against an employee or applicant for employment or advancement because of race, color, sex, marital status, physical or mental disability, religion, age, ancestry, national origin, sexual orientation, genetic history and any information, or any other basis protected by statute.
3. The Town of York shall employ the best qualified persons who are available.
4. Please return the signed application with any supplemental material in person, by mail or email to:

**York Police Department
Attn: Jaime Legendre
9 Hannaford Drive
York, ME 03909**

jalegendre@yorkpolice.org

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

It is the Town's policy to comply with all applicable federal and state laws prohibiting discrimination in employment based on race, color, sex, marital status, physical or mental disability, religion, age, ancestry, national origin, sexual orientation, genetic history and any information, or any other basis protected by statute.

PERSONAL INFORMATION

Name:	Date:		
Address			
Street:	City:	State:	Zip:
Phone:	Alt. Phone:	Email:	

Do you have any relatives currently working for the Town of York? Yes ☐ No ☐

Are you authorized to work in the United States on an unrestricted Basis? Yes ☐ No ☐

Are you at least 18 years of age? Yes ☐ No ☐

Have you ever plead guilty, no contest or been convicted of a felony? Yes ☐ No ☐

If yes, please explain including dates, nature of offense and court of conviction: (conviction will not necessarily disqualify an applicant for employment)

Have you ever applied for employment or worked for the Town of York before? Yes ☐ No ☐

If yes to either, please give details:

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? Yes ☐ No ☐

Can you perform these essential functions with or without reasonable accommodations? Yes ☐ No ☐

Position Applied For:

When Can You Start:

EDUCATION

Institution	Name & Location of School	Major	Diploma/Degree
High School			
College/University			
College/University			
Other Training/Education:			

In addition to your work history (next page), what other experiences, skills or qualifications would especially suit you for this position:

WORK HISTORY

(List your relevant employment history, including all jobs held for at least the past 10 years. Use separate sheets, if necessary)

Most Recent Employer:	Address:	Phone:
Date Started:	Date Left:	
Starting Position:	Position upon Leaving:	
Name and Title of Last Supervisor:	Reason for Leaving:	
Description of Duties (# of people supervised, if appropriate):		

Previous Employer:	Address:	Phone:
Date Started:	Date Left:	
Starting Position:	Position upon Leaving:	
Name and Title of Last Supervisor:	Reason for Leaving:	
Description of Duties (# of people supervised, if appropriate):		

Previous Employer:	Address:	Phone:
Date Started:	Date Left:	
Starting Position:	Position upon Leaving:	
Name and Title of Last Supervisor:	Reason for Leaving:	
Description of Duties (# of people supervised, if appropriate):		

Previous Employer:	Address:	Phone:
Date Started:	Date Left:	
Starting Position:	Position upon Leaving:	
Name and Title of Last Supervisor:	Reason for Leaving:	
Description of Duties (# of people supervised, if appropriate):		

Previous Employer:	Address:	Phone:
Date Started:	Date Left:	
Starting Position:	Position upon Leaving:	
Name and Title of Last Supervisor:	Reason for Leaving:	
Description of Duties (# of people supervised, if appropriate):		

REFERENCES

List two people not related to you who have known you for at least one (1) year.

Name	Address	Phone	Relationship & Years Acquainted
1.			
2.			

EMERGENCY CONTACT INFORMATION

Name:	Phone:	Alternate Phone:
Address:		

PLEASE READ BEFORE SIGNING

I certify that all statements made by me on this application, my resume and any other accompanying documents are true and complete to the best of my knowledge, and that I have withheld nothing which, if disclosed, would materially alter or contradict the facts contained therein. I understand that false statements, omissions or misrepresentations may result in the disqualification of this application for employment with the Town, or a withdrawal of any offer of employment, or if so employed, my dismissal from such employment.

I authorize my previous employers, schools which I attended and character references to provide any and all information pertaining to my tenure or contact with them, which is relevant to this application for employment; and I agree that persons or organizations providing such information, or the Town of York, shall not be liable should the information so provided warrant my disqualification from employment with the Town or if employed, my dismissal from such employment.

I understand that it will be necessary to conduct a personal background, criminal, driving, reference check, and if the position warrants it, credit check. I hereby authorize the Town to conduct such an examination and persons or organization contacted to provide such information.

I further understand that any offer of employment is conditional upon satisfactory completion of a physical examination at the Town's expense, when the nature of the position requires one, and that the examination will focus on my present ability to perform the essential functions of the position. I agree to present myself for such an evaluation at a location of the Town's choosing.

Signature: _____

Date: _____