

MAINE JUDICIAL BRANCH

APPLICATION FOR APPOINTMENT AS A BAIL COMMISSIONER

PLEASE NOTE: Type or print your answers. If you print, please do so in blue ink and write neatly. An illegible application may preclude you from consideration.

PERSONAL INFORMATION

First Name Middle Initial Last Name

Mailing Address:

Street Address and Apt. # City State Zip Code

Residential Address (if same as mailing address, write "SAME"):

Street Address and Apt. # City State Zip Code

E-mail Address:

*It is required that you have, and regularly check, an e-mail account.

Telephone Numbers:

Home Cell Work

*Please check the number(s) that law enforcement may contact you at if you are a successful applicant.

Social Security #:

Driver's License:

DL # State in which license was issued

What hours are you willing to work?

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Would you be able to work weekends? Yes No

Are you willing to travel for the job? Yes No

Would you be willing to take a drug test if it were a condition of appointment? Yes No

Are there any restrictions on your availability to act as a bail commissioner? Yes No

If you answered **Yes**, please explain:

Why are you seeking this appointment?

What education, training, or experience do you have that would assist you in fulfilling the responsibilities of a bail commissioner?

Are you **currently** engaged in employment or volunteer work with any of the below organizations/businesses?

- Law enforcement agency Yes No
- Jail/correctional facility Yes No
- Law firm Yes No
- Department of Corrections (including probation/parole) Yes No
- A prosecutor's office Yes No
- Regional communications/dispatch center Yes No
- Town/City, County, State, or Federal government Yes No

If you answered **Yes** to any of the above, please give details (including agency and timeframe):

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Are any of your relatives **currently** engaged in employment or volunteer work with any of the below organizations/businesses?

- Law enforcement agency Yes No
- Jail/correctional facility Yes No
- Law firm Yes No
- Department of Corrections (including probation/parole) Yes No
- A prosecutor’s office Yes No
- Regional communications/dispatch center Yes No
- Town/City, County, State, or Federal government Yes No

If you answered **Yes** to any of the above, please give details (including agency and timeframe):

Have you ever been engaged in employment or volunteer work with any of the below organizations/businesses **in the past**?

- Law enforcement agency Yes No
- Jail/correctional facility Yes No
- Law firm Yes No
- Department of Corrections (including probation/parole) Yes No
- A prosecutor’s office Yes No
- Regional communications/dispatch center Yes No
- Town/City, County, State, or Federal government Yes No

If you answered **Yes** to any of the above, please give details (including agency and timeframe):

Have any of your relatives ever been engaged in employment or volunteer work with any of the below organizations/businesses **in the past**?

- Law enforcement agency Yes No
- Jail/correctional facility Yes No
- Law firm Yes No
- Department of Corrections (including probation/parole) Yes No
- A prosecutor’s office Yes No
- Regional communications/dispatch center Yes No
- Town/City, County, State, or Federal government Yes No

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If you answered **Yes** to any of the above, please give details (including agency and timeframe):

Have you or a relative been involved with legal work and/or the justice system in any way, not asked/answered above (please include agency/business and timeframe)?

Is there any fact or circumstance about you that may call into question your ability to serve the Maine Judicial Branch? **Yes** **No**

If you answered **Yes**, please explain:

EMPLOYMENT HISTORY

Current/Most Recent employment

Company: _____

Position: _____

Duties: _____

Dates of employment (*mm/dd/yyyy*): _____ to (*mm/dd/yyyy*) _____

Supervisor's name: _____ May we contact them? **Yes** **No**

Reason for leaving:

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Prior employment

Company: _____

Position: _____

Duties: _____

Dates of employment (mm/dd/yyyy): _____ to (mm/dd/yyyy) _____

Supervisor's name: _____ May we contact them? Yes No

Reason for leaving:

Prior employment

Company: _____

Position: _____

Duties: _____

Dates of employment (mm/dd/yyyy): _____ to (mm/dd/yyyy) _____

Supervisor's name: _____ May we contact them? Yes No

Reason for leaving:

EDUCATION

High School

Name: _____ City/State: _____

Degree (if any): _____

Dates of attendance (mm/yyyy): _____ to (mm/yyyy) _____

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Technical/Vocational School

Name: _____ City/State: _____

Degree/Certification: _____

Dates of attendance (mm/yyyy): _____ to (mm/yyyy) _____

Undergraduate College/University

Name: _____ City/State: _____

Degree/Major (if any): _____

Dates of attendance (mm/yyyy): _____ to (mm/yyyy) _____

Masters/Doctorate/Other College/University

Name: _____ City/State: _____

Degree/Major (if any): _____

Dates of attendance (mm/yyyy): _____ to (mm/yyyy) _____

HISTORY

Have you ever been convicted of a crime, or adjudicated of a civil violation? Yes No

If you answered **Yes**, please provide the date, court location, offense, and any other information you wish to provide:

Have you ever been removed, suspended, reprimanded, or subjected to any other discipline by a licensing board, professional organization, or governmental tribunal? Yes No

If you answered **Yes**, please provide the date and details:

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Have you ever served in the U.S. Military?

Yes No

If **Yes**, please provide the following information:

Branch of Service: _____ Rank at time of separation: _____

Dates of Service (mm/dd/yyyy): _____ to (mm/dd/yyyy) _____

Type of Discharge: _____

Special Awards: _____

REFERENCES

Reference #1

First Name

Middle Initial

Last Name

In what capacity does this reference know you?

E-mail Address: _____

Telephone Number: _____

Reference #2

First Name

Middle Initial

Last Name

In what capacity does this reference know you?

E-mail Address: _____

Telephone Number: _____

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AFFIRMATIONS, CONDITIONS, AND RELEASE

I understand that any misrepresentation in my application may constitute a basis for rejection of my application or removal of my name from the roster of Bail Commissioners. I understand that if my application is conditionally accepted, the Chief Judge will request the Office of Judicial Marshals of the Administrative Office of the Courts to conduct a background investigation, including, but not limited to, an inquiry of licensing boards I have listed above, an inquiry of criminal or motor vehicle arrest and conviction/adjudication records, and a screening of Department of Human Services protective custody indices. Additional background review may be conducted and the information I have given herein may be verified. I hereby consent and give permission to the Judicial Branch, the Office of the Chief Judge, and the Office of Judicial Marshals to conduct all such reviews.

I affirm that, if rostered, I will comply with the Judicial Branch Code of Conduct, the Statutes, Rules, Standards of Practice, and policies applicable to Bail Commissioners in Maine Courts.

I understand that a copy of this form will be made available to the public if requested.

I hereby affirm that the information provided by me on this application form is accurate and complete under penalty of law.

Date (mm/dd/yyyy): _____



Signature

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BACKGROUND INVESTIGATION INFORMATION

Instructions: You may complete this form electronically or by handwriting the information. If you complete it electronically, you must then print and sign the form. An original signature is required.

Acknowledgment: By completing and signing this document, I understand that to work in the Judicial Branch, a background investigation must be conducted by the Maine Judicial Branch Office of State Judicial Marshals. This background investigation will include, but is not limited to, an inquiry and documentation of any criminal conviction, arrest and conviction records, also any motor vehicle offense or convictions. I understand that my status as an applicant with the Judicial Branch is contingent on the results of this investigation. I hereby consent to a background investigation and give permission to the Office of the State Judicial Marshals to examine any criminal and motor vehicle arrest and conviction records, or other regulatory agency records that pertain to me.

Form with fields for Name (First, Middle, Last), Maiden or previous names used, Date or birth, Gender, Social Security Number, Current driver's license number, Prior state driver's license number, Current Address (Street, City, State, Zip), Date From, Date To or Present.

I have lived at this address for the past 10 years or more. [] No [] Yes
If No, see the next page for additional information.

I have never been convicted of any criminal offense, not including non-criminal traffic offenses.
[] No [] Yes
If Yes, please explain:

Three horizontal lines for explanation of conviction.

I declare that the information provided herein is true, accurate, and complete to the best of my knowledge.

Date (mm/dd/yyyy): _____



Signature _____

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Please list your former addresses and dates at those addresses for the past full 10 years, including temporary addresses, such as college dormitories, etc. If you do not know the exact dates, give an approximate date. Be sure to include the full address – street, city, state, and zip code.

This section must be complete or your application cannot be processed.

Former address 1:			
From (mm/dd/yyyy):		To (mm/dd/yyyy):	
Former address 2:			
From (mm/dd/yyyy):		To (mm/dd/yyyy):	
Former address 3:			
From (mm/dd/yyyy):		To (mm/dd/yyyy):	
Former address 4:			
From (mm/dd/yyyy):		To (mm/dd/yyyy):	
Former address 5:			
From (mm/dd/yyyy):		To (mm/dd/yyyy):	
Former address 6:			
From (mm/dd/yyyy):		To (mm/dd/yyyy):	
Former address 7:			
From (mm/dd/yyyy):		To (mm/dd/yyyy):	
Former address 8:			
From (mm/dd/yyyy):		To (mm/dd/yyyy):	
Former address 9:			
From (mm/dd/yyyy):		To (mm/dd/yyyy):	
Former address 10:			
From (mm/dd/yyyy):		To (mm/dd/yyyy):	
Former address 11:			
From (mm/dd/yyyy):		To (mm/dd/yyyy):	
Former address 12:			
From (mm/dd/yyyy):		To (mm/dd/yyyy):	
Former address 13:			
From (mm/dd/yyyy):		To (mm/dd/yyyy):	

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ADMINISTRATIVE SECTION – FOR INTERNAL JUDICIAL BRANCH USE ONLY

HR Rep/Program Manager:

Date (mm/dd/yyyy): _____



Signature

Printed Name

Office

Investigation for HR Department:

Employee Volunteer Manpower Contractor Intern Extern Law Clerk

Supervisor: _____ Location: _____

Investigation for Program Manager:

LEP CADRES CASA GALs FDP Bail Commissioner

Supervisor: _____ Location: _____