



The City of Brewer Police Department is seeking Police Officer Trainees & Experienced Police Officers to become part of our family.

What we want:

Motivated, community minded individuals that are looking for a challenging career and the chance to rise above the norm.

What we offer:

Competitive compensation and benefits: Current pay range of \$27.46 to \$36.63 per hour with lateral transfers up to \$34.54 per hour. Retire after 25 years with 2/3 pay with annual cost of living adjustments in the Maine State Retirement System (MPERS 3C). Health insurance, HRA, optional vision/dental. Four-day work week with an excellent time off package.

Pay range 07/01/2024: \$27.46 to \$26.63 with lateral transfers up to \$34.54.

Pay range 07/01/2025: \$29.38 to \$39.19 with lateral transfers up to \$36.96.

Pay range 07/01/2026: \$30.55 to \$40.76 with lateral transfers up to \$38.44.

*current contractual pay rates are attached.

A unique place to live:

Located on the banks of the Penobscot River at the gateway to Down East and coastal Maine, the City of Brewer boasts a stable, diversified tax base, and a thriving business environment. Easy access to Acadia National Park and endless recreational opportunities. We offer a beautiful, developed waterfront and an excellent selection of eateries, from waterfront restaurants to microbreweries.

A unique place to work: Problem solving, out of the box thinking and hard work are expected and rewarded. You will receive cutting edge training in firearms, tactics, police combatives (to include the SPEAR and LOCKUP systems), criminal interdiction, and drug investigations. Brewer PD provides state of the art facilities and equipment to make your job easier and safer. Motivated officers can pursue specialized reassignment and collateral duty opportunities for investigations, community engagement, school resource officers, K-9, Detective's Division, drug task force agent assignments, youth outreach, and specialty training groups in areas of tactics/firearms/use of force and advanced criminal interdiction/investigations. We place a high value on self-development and training.

For application and information regarding minimum qualifications, contact:

City of Brewer Police Department

Attn: Captain Tony Pinette (apinette@brewermaine.gov)

151 Parkway South, Brewer, Maine 04412

Tel. (207) 989-7003

Applications are also available online at:

<http://brewermaine.gov/city-manager/employment-opportunities/>

Process will remain open until vacancies are filled.

Lateral Entry:

Wages and Vacation time: For the purposes of calculating lateral entry, only completed years of full-time police service post Academy is considered. Lateral Entry is set at the discretion of the Public Safety Director. The Brewer Police Department offers a competitive benefit package in addition to lateral entry opportunities:

Retirement:

The City participates in the State of Maine Retirement Program. Such program includes two thirds (2/3) pay as computed by the MPERS, after 25 years of service with no age attainment required, with COLA. (MPERS Plan 3C.)

Earned Time Off:

Lateral transfers are eligible for up to two weeks of vacation time. Additional time off is listed below.

Holidays:

Employees have 11 "floating" holidays to be used as earned time off per year; the ability to use 5 up to June 1 and then access to the remaining 6 after June 1. A total of 110 hours per year.

Sick Leave:

Sick leave accrues at the rate of one day of paid sick leave for each full calendar month of employment to a maximum of 140 working days, to be used for personal illness or physical incapacity of such a degree as to render the employee unable to perform the duties of his/her position. Sick leave can be accumulated up to 120 days, and upon retirement employees are entitled to payment of 35% of accumulated sick leave. In the event of death, the City will provide payment of 100% of accumulated sick leave to the employee's estate.

Family Sick Leave:

Up to 3 additional days each year may be taken by an employee when the ill health of a member of the employee's immediate family requires the employee's care.

Sick Bonus Days:

Employees completing 3 consecutive months of employment without taking sick leave will be granted 1 sick bonus day. A sick leave bonus day will be granted after each 3-month period for which sick leave is not taken for a total opportunity of 4 earned Sick Bonus days per year (40 hours)

Compensatory Time Off:

Most overtime may be compensated at the request of the employee, by compensatory time off, computed in the same manner as financial compensation would otherwise have been computed. Any combination of compensatory time off, holidays, sick bonus days, and vacation days may be utilized as an additional week's vacation.

Vacation Time:

After the completion of one year of continuous full-time employment: 1-week vacation (40hrs). Lateral transfers can receive up to 2 weeks' vacation after the start of employment.

After completion of 2 years: 2 weeks' vacation (80hrs)

After completion of 7 years: 3 weeks' vacation (120hrs)

After completion of 15 years: 4 weeks' vacation (160hrs)

Health Insurance:

A group health insurance program is available to full-time regular employees. The City's base health insurance plan is the Maine Municipal Employees Health Trust Preferred Provider Option (PPO 500) plan or equivalent policy. Employees who wish to receive health insurance under the base plan will pay a portion of the total health insurance premium cost:

Single employee pays 10%

Employee & Children employee pays 20%

Employee & Spouse employee pays 25%

Family employee pays 25%

*Employees may elect out of health insurance coverage, so long as the employee provides to the City satisfactory evidence that the employee is covered by health insurance under another health insurance plan which has benefits and coverage similar to that of the City's plan. Employees who elect not to be covered by the City's plan will receive a stipend amount equal to 45% of the City's portion of cost of PPO 500 single level coverage.

**Full-time regular employees electing to participate in the PPO 500 plan shall receive access to a Health Reimbursement Arrangement (HRA). Employees opting out of coverage may also have access to an HRA account if they can, and choose to in writing, annually certify that they are enrolled in a group health plan that meets the minimum value standards of the Affordable Care Act:

HRA Single Annual Funding: \$1,125

HRA Employee w/ Children Annual Funding: \$2,250

HRA Employee & Spouse Annual Funding: \$2,250

HRA Family Annual Funding: \$2,250

Opt Out Stipend HRA Annual Funding: \$500

Work week:

Officers assigned to the Patrol Division work four (4) consecutive ten (10) hour shifts per week, a 4 on and 3 off schedule from every Monday to Sunday.

Application for Employment

Long Form

Equal access to programs, services and employment is available to all persons. Those applicants requiring a reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. We are an equal opportunity employer.

Please Print

Position applied for _____ Application Date ____/____/____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Home Phone () Cellular/Other # () E-mail address _____

Shift preferred 1 2 3 Any Expected pay _____

Would you accept full-time work? Yes No Would you accept part-time work? Yes No

On what date would you be available for work? _____

If necessary, best time to call you is _____ : _____
AM PM Home Cellular/Other

How were you referred to our Company? _____

Have you submitted an application here before? Yes No If yes, please give date(s) and position(s): _____

Have you ever been employed here? Yes No If yes, please give dates: _____

Is this application a request for reemployment following an extended military leave of absence from our Company? Yes No
If yes, additional information may be requested.

If you are under 18 years old, can you provide a work permit if required? Yes No

Are you legally eligible for employment in the United States? (If yes, proof is required if hired.) Yes No

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?
NOTE: This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage, to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond

Will you travel if required? Yes No Will you work overtime if required? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? Yes No N/A

Have you ever been bonded? Yes No

Please provide your driver's license number, if driving is required for this job. _____ State _____

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our Company? Yes No If yes, please explain: _____

NOTE: Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of, a crime? Yes No

If yes, please provide date(s) and details: _____

Employment Experience

Place an **X** by the employer(s) you **DO NOT** want us to contact. List your most recent employer first.

Employer _____

Contact Name _____ E-mail _____

Address _____ Phone () _____

Job Title _____ Supervisor _____

Dates employed: from (mm/yy) ____/____ to (mm/yy) ____/____ Hourly rate/salary: starting ____/____ final ____/____

Work performed _____

Reason for leaving _____

What did you like most about your position? _____

What were the things you liked least about the position? _____

Employer _____

Contact Name _____ E-mail _____

Address _____ Phone () _____

Job Title _____ Supervisor _____

Dates employed: from (mm/yy) ____/____ to (mm/yy) ____/____ Hourly rate/salary: starting ____/____ final ____/____

Work performed _____

Reason for leaving _____

What did you like most about your position? _____

What were the things you liked least about the position? _____

Employer _____

Contact Name _____ E-mail _____

Address _____ Phone () _____

Job Title _____ Supervisor _____

Dates employed: from (mm/yy) ____/____ to (mm/yy) ____/____ Hourly rate/salary: starting ____/____ final ____/____

Work performed _____

Reason for leaving _____

What did you like most about your position? _____

What were the things you liked least about the position? _____

Employment Experience (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

Have you ever been fired or asked to resign from a job? Yes No

If yes, please explain:

Education Background

High School: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

College: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Graduate School: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Vocational Training/Other: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Continuing Education: _____

Special Training or Skills

Languages, machine operation, etc., that would be of benefit in the job for which you are applying.

Social Security Number

SS# _____ - _____ - _____ The Company will make reasonable efforts to safeguard the privacy of this information and will use it only for employment purposes.

References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-Mail	Years Known

Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the Company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either express or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice to the extent permitted by law, at any time, at either my or the Company's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Company. I understand that no Company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States as required by federal immigration laws.

This Company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. No question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state or local law.

Applicant's signature _____ Date ____/____/____

WAGES

Patrol Officer	7/1/2024	Bi-Weekly Base Rate	7/1/2025	Bi-Weekly Base Rate of	7/1/2026	Bi-Weekly Base Rate of Pay
Step A: New Hire	\$27.46	\$2,196.48	\$29.38	\$2,350.23	\$30.55	\$2,444.24
Step B: MCJA	\$28.37	\$2,269.52	\$30.35	\$2,428.39	\$31.57	\$2,525.52
Step C: completion of probation	\$30.67	\$2,453.44	\$32.81	\$2,625.18	\$34.13	\$2,730.19
Step D: completion of at least 2 years	\$31.61	\$2,529.12	\$33.83	\$2,706.16	\$35.18	\$2,814.40
Step E: completion of at least 4 years	\$32.55	\$2,603.92	\$34.83	\$2,786.19	\$36.22	\$2,897.64
Step F: completion of at least 6 years	\$33.53	\$2,682.24	\$35.87	\$2,870.00	\$37.31	\$2,984.80
Step G: completion of at least 8 years	\$34.54	\$2,763.20	\$36.96	\$2,956.62	\$38.44	\$3,074.89
Step H: completion of at least 10 years	\$35.20	\$2,816.00	\$37.66	\$3,013.12	\$39.17	\$3,133.64
Step I: completion of at least 15 years	\$35.94	\$2,874.96	\$38.45	\$3,076.21	\$39.99	\$3,199.26
Step J: completion of at least 20 years	\$36.63	\$2,930.40	\$39.19	\$3,135.53	\$40.76	\$3,260.95