



Waterboro Fire ~ EMS  
24 Townhouse Road  
E. Waterboro, Me 04030

**APPLICATION FOR MEMBERSHIP/EMPLOYMENT**

Position(s) Applying for: ☐ Call Firefighter ☐ EMT ☐ Per Diem EMT ☐ All

Name:

\_\_\_\_\_  
(Last) (First) (Middle)

Nickname/Known by: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Telephone #: (Home) (\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_) \_\_\_\_\_

(Cell) (\_\_\_\_) \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_ Status: ☐ Valid ☐ Suspended ☐ Other

Explain: \_\_\_\_\_

**Person(s) to Notify in Case of Emergency:**

\_\_\_\_\_  
(Name) (Relationship) (Telephone)

\_\_\_\_\_  
(Name) (Relationship) (Telephone)

## EDUCATION & TRAINING

### School / Location

#years completed

Education:

☐ GED

☐ High School

☐ College

☐ Other

## EMT EXPERIENCE

(Copies of Licenses and Certificates must be attached to completed Application)

License #: \_\_\_\_\_ Exp: \_\_\_\_\_ Level: \_\_\_\_\_ State: \_\_\_\_\_

CPR: \_\_\_\_\_ Exp: \_\_\_\_\_ Level: \_\_\_\_\_ State: \_\_\_\_\_

Do you have any of the following training? (Attach current copy)

☐ AVOC

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

☐ PHTLS

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

☐ PALS

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

☐ NALS

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

☐ ACLS

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

☐ Other

## FIREFIGHTER EXPERIENCE

(Copies of Licenses and Certificates must be attached to completed Application)

Do you have any of the following?

☐ FFI / Date: \_\_\_\_\_ ☐ FFII / Date: \_\_\_\_\_ State: \_\_\_\_\_

☐ SCBA ☐ Pump Operator Course ☐ EVOC/AVOC ☐ HazMat /

Level: ☐ AWARENESS ☐ OPERATIONS

☐ Other Certified Courses

## All Applicants

Have you completed any of the following? (Attach current documentation)

☐ TB test Date: \_\_\_\_\_ ☐ HBV test Date(s): \_\_\_\_\_

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

## QUESTIONNAIRE

- 1) Are you a citizen of the U.S.? ☐ yes ☐ no Where? \_\_\_\_\_
- 2) Are you a resident of Waterboro, Maine? ☐ yes ☐ no
- 3) Have you ever applied for employment to the Town of Waterboro? ☐ yes ☐ no Date: \_\_\_\_\_
- 4) Have you ever been employed by the Town of Waterboro? ☐ yes ☐ no Date: \_\_\_\_\_
- 5) Have you ever belonged to a fire department or rescue organization? ☐ yes ☐ no Date: \_\_\_\_\_
  - a. Dept: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
  - b. Dept: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
- 6) Will you be able and willing to attend training classes? ☐ yes ☐ no
- 7) Will you be able and willing to attend EMT School? ☐ yes ☐ no
- 8) Will you be able and willing to attend Firefighting School? ☐ yes ☐ no
- 9) Beards are not allowed for safety reasons. Is this a concern? ☐ yes ☐ no
- 10) Have you ever served or currently serving in the U.S. Armed Forces? ☐ yes ☐ no
  - a. Branch \_\_\_\_\_ Dates \_\_\_\_\_

## WORK HISTORY

Resume Attached ☐ yes ☐ no

Present Employer: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street/PO Box                      City                      St                      Zip

Position Held: \_\_\_\_\_ # of years: \_\_\_\_\_

### Past Employer:

Employer: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street/PO Box                      City                      St                      Zip

Position Held: \_\_\_\_\_ # of years: \_\_\_\_\_

May we contact your present employer regarding your employment record? ☐ yes ☐ no

May we contact your past employer regarding your employment record? ☐ yes ☐ no

Please list (3) references of persons who are not related to you and who have definite knowledge of your qualifications for the position for which you are applying: (Please attach letters of reference to application)

(Name)	(Title)	(Telephone)
(Name)	(Title)	(Telephone)
(Name)	(Title)	(Telephone)

## AUTHORIZATION TO RELEASE INFORMATION:

I \_\_\_\_\_, hereby request and authorize you to furnish to the Waterboro Fire ~ EMS Fire Chief, or his/her representative, any information they may request concerning my work record, educational history, military record, criminal record or drivers license record. This authorization is specifically intended to include all information of confidential nature as well as photocopies of such documents, if requested. The information will be used for determining my eligibility for employment and/or membership with the Waterboro Fire ~ EMS.

I hereby release you and/or your organization from any liability, which may result from furnishing the information requested above. Or from any subsequent use of such information in determining my qualifications to serve as a Firefighter, Emergency Medical Technician for the Town of Waterboro, Maine.

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever been convicted of a crime after your 18<sup>th</sup> birthday? ☐ yes ☐ no  
Explain:

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## APPLICANT DECLARATION

I understand that all appointments to the Waterboro Fire ~ EMS are probationary for a minimum of 6 months and that any appointment tendered to me will be contingent upon my character and history investigation and I am aware that willfully withholding information or making false statements on this application will be a basis for dismissal from the Waterboro Fire ~ EMS. I agree to these conditions and hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### *DEPARTMENT USE ONLY*

Date of Application: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Screening Committee \_\_\_\_\_

Recommendation: ☐ Accepted ☐ Rejected

Background Check Completed: ☐ Yes ☐ Pass ☐ Fail