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: O AWARENESS O 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 18th birthday? ○ yes ○ no
Explain:
_____
_____
_____
_____

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