



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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_

<i>DEPARTMENT USE ONLY</i>	
Date of Application: _____	
Date Received: _____	Signed: _____ Dated: _____
Date Processed: _____	Signed: _____ Dated: _____
Screening Committee _____	
Recommendation: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	
Background Check Completed: <input type="checkbox"/> Yes <input type="checkbox"/> Pass <input type="checkbox"/> Fail	