

Application for Employment

CONFIDENTIAL

UNION FIRE DEPARTMENT
P.O. Box 186
Union, Maine 04862

Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

(PLEASE TYPE OR PRINT NEATLY)

Date of Application: _____

Position Applied For: _____

Name: _____
Last First Middle

Address: _____
Street Number / P.O. Box City State Zipcode

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ E-Mail: _____

Social Security Number: _____ - _____ - _____

Are you over 18 years of age? YES / NO

Have you ever filed an application here before? YES / NO Date: _____

Have you ever been employed here before? YES / NO Date: _____

Are you employed now? YES / NO May we contact your current employer? YES / NO

Are you prevented from lawfully becoming employed in this country due to Visa or Immigration

Status? YES / NO

(Proof of Citizenship may be required upon employment)

On what date can you start work? _____ What hours can you work? _____

Have you been convicted of any motor vehicle violations / infractions in the past three years? YES / NO

If YES, please explain:

Have you been convicted of a felony in the last seven (7) years? YES / NO

(Conviction does not necessarily disqualify an applicant from employment)

If YES, please explain: _____

Are you a Veteran of the U.S. Military Service? YES / NO Branch: _____

Do you have any physical limitations that preclude you from performing any work for which you are being considered? YES / NO

If YES, please describe: _____

Employment History

Employer	Address	Telephone
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Job Title	Supervisor	Reason for Leaving
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Dates Employed From	To	Hourly Rate / Salary	Starting	Final
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Work Performed

Employer	Address	Telephone
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Job Title	Supervisor	Reason for Leaving
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Dates Employed From	To	Hourly Rate / Salary	Starting	Final
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Work Performed

Employer	Address	Telephone
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Job Title	Supervisor	Reason for Leaving
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Dates Employed From	To	Hourly Rate / Salary	Starting	Final
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Work Performed

Educational History

Elementary School Name: _____ Years Completed: _____

High School Name: _____ Years Completed: _____

Course of Study: _____

College Name: _____ Years Completed: _____

Course of Study: _____

Other Special Training: _____

Personal Information

Give the name, address and telephone number of three (3) references who are not related to you and are not previous employers:

Name and phone number of person to contact in the event of an emergency:

List any other information you feel may be helpful to us in considering your application:

Applicant's Statement

I certify that the facts contained in this application are true to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE FOR OFFICE USE ONLY:

Date Received: _____

Arrange Interview: YES / NO

Interviewed By: _____

Comments on Interview: _____

Employed? YES / NO Start Date: _____ Job Title: _____

Starting Wages: _____

Signed: _____

Addendum to Employment Application for Medical Personnel

Are you currently licensed by Maine State Emergency Medical Services? YES / NO

License Number: _____

License Level: _____

Expiration: _____

List pertinent classes taken leading to licensure:

Date	Instructor	Location	Class
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

On the back, list other certifications and training as related to Emergency Medical Services.

Date of CPR expiration: _____

Do you hold a valid driver's license? YES / NO

State: _____

License Number: _____

Expiration: _____

Have you been convicted of any motor vehicle violations / infractions in the past three years? YES / NO

If YES, please explain:

Please list any other services you are now or have been affiliated with in the past:
