## Winslow FIRE RESCUE

**114 Benton Avenue**

 **Winslow, ME 04901**

 **APPLICATION FOR EMPLOYMENT**

We consider all applicants for all positions without regard to race, color, religion, sex, national origin, age, gender identification, marital or veteran status, or disability. Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to this application and/or interview process should notify the HR Director at (207)872-2776.

**Position(s) Applying For:  Firefighter/EMT  Per Diem - Paramedic  Fire Police  Call Force**

DATE OF APPLICATION: DATE RECEIVED:

NAME:

(Last) (First) (Middle Name)`

ADDRESS:

(Street) (City / Town) (State) (Zip Code)

MAILING ADDRESS (IF DIFFERENT):

TELEPHONE NUMBER(S): /

(Home) (Cell)

E-MAIL ADDRESS:

Are you lawfully authorized to work in the United States?  Yes  No

*Proof of citizenship or immigration status will be required upon employment*

Have you been employed with Winslow Fire Rescue before?  Yes  No

If yes, list date and position.

This position requires driving. Do you possess a valid Driver’s License?  Yes  No

Have you ever been convicted of a crime?  Yes  No

*Conviction(s) will not necessarily disqualify an applicant from employment.*

If yes, please explain.

**EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **High School** | **Undergraduate College / University** | **Graduate School** | **Other** |
| School Name/Location |  |  |  |  |
| Year Completed | 1 | 2 | 3 | 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4 |
| Diploma / Degree |  |  |  |  |
| Course of Study |  |  |  |  |

Describe any other specialized training(s) or apprenticeships:

**EMS LICENSE & CERTIFICATIONS**

(COPIES OF LICENSES AND CERTIFICATES MUST BE ATTACHED TO COMPLETED APPLICATION)

LICENSE #: EXPIRATION: LEVEL: STATE: DO YOU HAVE ANY OF THE FOLLOWING TRAININGS?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HEALTHCARE PROVIDER CPR: | * Yes
 | * No
 | EXPIRATION: |   |
| PALS | * Yes
 | * No
 | EXPIRATION: |   |
| ACLS | * Yes
 | * No
 | EXPIRATION: |   |
| PEPP | * Yes
 | * No
 | EXPIRATION: |   |
| PHTLS | * Yes
 | * No
 | EXPIRATION: |   |
| AVOC / EVOC | * Yes
 | * No
 | DATE TAKEN: |   |
| 12 LEAD COURSE | * Yes
 | * No
 | DATE TAKEN: |   |

* OTHER

**FIREFIGHTING CERTIFICATIONS**

(COPIES OF LICENSES AND CERTIFICATES MUST BE ATTACHED TO COMPLETED APPLICATION)

DO YOU HAVE ANY OF THE FOLLOWING TRAININGS?

* FF 1 DATE:
* FF 2 DATE:
* EVOC /AVOC DATE:
* PUMPS 1 DATE:
* PUMPS 2 DATE:
* CPR DATE:
* HAZARDOUS MATERIALS LEVEL:  AWARENESS  OPERATIONS  TECHNICIAN

OTHER CERTIFIED COURSES

**EMPLOYMENT EXPERIENCE**

PLEASE PROVIDE THE FOLLOWING INFORMATION OF YOUR PAST AND CURRENT EMPLOYERS STARTING WITH MOST RECENT JOB.

* + **FULL TIME**  **PART TIME**  **PER-DIEM AVERAGE HOURS PER WEEK**

EMPLOYER: DATES EMPLOYED:

ADDRESS:

(Street) (City / Town) (State) (Zip Code)

TELEPHONE NUMBER: JOB TITLE:

SUPERVISOR:

DUTIES:

REASON FOR LEAVING:

May we contact your present / prior employer?  Yes  No

* + **FULL TIME**  **PART TIME**  **PER-DIEM AVERAGE HOURS PER WEEK**

EMPLOYER: DATES EMPLOYED:

ADDRESS:

(Street) (City / Town) (State) (Zip Code)

TELEPHONE NUMBER: JOB TITLE:

SUPERVISOR:

DUTIES / SKILLS:

REASON FOR LEAVING:

May we contact your present / prior employer?  Yes  No

* + **FULL TIME**  **PART TIME**  **PER-DIEM AVERAGE HOURS PER WEEK**

EMPLOYER: DATES EMPLOYED:

ADDRESS:

(Street) (City / Town) (State) (Zip Code)

TELEPHONE NUMBER: JOB TITLE:

SUPERVISOR:

DUTIES / SKILLS:

REASON FOR LEAVING:

May we contact your present / prior employer?  Yes  No

**REFERENCES**

List below name and telephone number of three business / work references not related to you. If not applicable, list three school or personal references not related to you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (Name) |  | (Telephone #) |  | # of years known |
| (Name) |  | (Telephone #) |  | # of years known |
| (Name) |  | (Telephone #) |  | # of years known |

**APPLICANT STATEMENT**

I CERTIFY THAT ALL INFORMATION IN THE ABOVE EMPLOYMENT APPLICATION IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY INFORMATION PROVIDED BY ME THAT IS FOUND TO BE FALSE, INCOMPLETE OR MISREPRESENTED IN ANY RESPECT, WILL BE SUFFICIENT CAUSE FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT THAT MAY BE NECESSARY IN MAKING ANY EMPLOYMENT DECISION.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand, and accept all terms of the forgoing Applicant Statement.

Signature of Applicant

Date

Upon completion, submit this application to:

**Town of Winslow Fire & Rescue Department**

**114 Benton Avenue**

**Winslow, ME 04901**

**Or email:** **rrodriguez@winslow-me.gov**