



Alfred Fire & Rescue

P.O. Box 235
Alfred, Me 04002
Phone: (207) 324-8969
Fax: (207) 324-8347

APPLICATION FOR MEMBERSHIP / EMPLOYMENT

Position(s) Applying for EMT Firefighter Both Per Diem EMT

Name: _____
(Last) (First) (Middle)

Nickname/Known by: _____ Maiden Name: _____

Social Security Number _____ - _____ - _____

Street Address :(if different from mailing address) _____

Mailing Address: _____ City _____ Zip _____ - _____

Telephone #: (Home)(____) _____ - _____ (Cell)(____) _____ - _____
(Work)(____) _____ - _____ Email Address _____

Driver's License # _____ Class _____ State _____ Status: <input type="checkbox"/> Valid <input type="checkbox"/> Suspended <input type="checkbox"/> Other Explain: _____ _____
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Person(s) to Notify In Case of Emergency:

(Name) (Relationship) (Telephone)

(Name) (Relationship) (Telephone)

EDUCATION & TRAINING

School / Location	# Years Completed
Education: <input type="checkbox"/> GED _____	
<input type="checkbox"/> High School _____	
<input type="checkbox"/> College _____	
<input type="checkbox"/> Other _____	

EMT EXPERIENCE

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

License #: _____ Exp: _____ Level: _____ State: _____

CPR: _____ Exp: _____

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

- | | |
|---|--|
| <input type="checkbox"/> AVOC Date: _____ | <input type="checkbox"/> PHTLS Date: _____ |
| <input type="checkbox"/> PALS Date: _____ | <input type="checkbox"/> NALS Date: _____ |
| <input type="checkbox"/> ACLS Date: _____ | |
| <input type="checkbox"/> Other _____ | Date: _____ |

FIREFIGHTER EXPERIENCE

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

Do you have any of the following?

- | | | |
|--|--|--------------|
| <input type="checkbox"/> FF1 Date: _____ | <input type="checkbox"/> FF2 Date: _____ | State: _____ |
| <input type="checkbox"/> Basic Interior Firefighting Class Date: _____ | <input type="checkbox"/> EVOC/AVOC Date: _____ | |
| <input type="checkbox"/> Pumps 1 Date: _____ | <input type="checkbox"/> Hazmat Level Check one: Awareness/ Operations | |
| <input type="checkbox"/> Other Certifications _____ | | |
-
-

ALL APPLICANTS

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

- | | |
|--|---|
| <input type="checkbox"/> TB Test Date: _____ | <input type="checkbox"/> HBV Test Date: _____ |
|--|---|

Comments: _____

QUESTIONNAIRE

(circle answer)

- 1) Are you a citizen of the U.S.? Yes No Where? _____
- 2) Are you a resident of Alfred, Maine? Yes No
- 3) Have you ever applied for employment to the Town of Alfred? Yes No Date: _____
- 4) Have you ever been employed by the Town of Alfred? Yes No Date: _____
- 5) Have you ever belonged to a fire department / 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 _____ Date: _____

WORK HISTORY

Resume Attached Yes No

Present Employer: _____ Tel: (____) _____
Address

Street/PO Box City ST ZIP

Position Held: _____ # of years _____

Past 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 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 Alfred Fire & Rescue, Fire Chief, Rescue Chief or his/her representative, any information they may request concerning my work record, educational history, military record, criminal record and/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 Alfred Fire & Rescue

I hereby release you and/or your organization from any liability, which may result from furnishing the information requested above. Or from any subsequent of such information in determining my qualifications to serve as a Firefighter, Emergency Medical Technician for the Town of Alfred, 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 Alfred Fire & Rescue 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 Alfred Fire & Rescue. 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: _____	Date: _____
Date Processed:	_____	Signed: _____	Date: _____
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		