



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 work authorization may 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

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:	<input type="radio"/> Yes <input type="radio"/> No	EXPIRATION:	_____
PALS	<input type="radio"/> Yes <input type="radio"/> No	EXPIRATION:	_____
ACLS	<input type="radio"/> Yes <input type="radio"/> No	EXPIRATION:	_____
PEPP	<input type="radio"/> Yes <input type="radio"/> No	EXPIRATION:	_____
PHTLS	<input type="radio"/> Yes <input type="radio"/> No	EXPIRATION:	_____
AVOC / EVOC	<input type="radio"/> Yes <input type="radio"/> No	DATE TAKEN:	_____
12 LEAD COURSE	<input type="radio"/> Yes <input type="radio"/> No	DATE TAKEN:	_____
<input type="checkbox"/> OTHER	_____		

FIREFIGHTING CERTIFICATIONS

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

DO YOU HAVE ANY OF THE FOLLOWING TRAININGS?

<input type="checkbox"/> FF 1	DATE: _____	<input type="checkbox"/> PUMPS 1	DATE: _____
<input type="checkbox"/> FF 2	DATE: _____	<input type="checkbox"/> PUMPS 2	DATE: _____
<input type="checkbox"/> EVOC /AVOC	DATE: _____	<input type="checkbox"/> CPR	DATE: _____
<input type="checkbox"/> HAZARDOUS MATERIALS LEVEL: <input type="radio"/> AWARENESS <input type="radio"/> OPERATIONS <input type="radio"/> 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: _____

TELEPHONE NUMBER: _____ (Street) (City / Town) (State) (Zip Code)

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
Public Safety Dept.
114 Benton Avenue
Winslow, ME 04901**

Or email: lmacdaid@winslow-me.gov