

481 Goodwins Mills Road  
Lyman ME, 04002

TEL 207.499-2362  
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# GOODWINS MILLS FIRE-RESCUE

## APPLICATION FOR EMPLOYMENT

**CONFIDENTIAL**

(Print or Type)

NAME: Last First Middle Int.			TELEPHONE Home ( ) Office ( )	SOCIAL SECURITY NUMBER
ADDRESS: Street		City	State	Zip Code
PERMANENT ADDRESS (if different from above)				
ADDRESS: Street		City	State	Zip Code
DATE OF BIRTH		Are you legally authorized to work in the US? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER BEEN EMPLOYED BY GOODWINS MILLS FIRE-RESCUE? <input type="checkbox"/> Yes, when _____ <input type="checkbox"/> No		WHAT PROMPTED YOU TO APPLY HERE FOR EMPLOYMENT? GMFR Employee <input type="checkbox"/> (Name: _____) Other (Specify) _____		
POSITION DESIRED	<input type="checkbox"/> FIREFIGHTER <input type="checkbox"/> EMS <input type="checkbox"/> FIRE POLICE <input type="checkbox"/> ENGINEER <input type="checkbox"/> OTHER _____	DATE AVAILABLE	HAVE YOU APPLIED HERE WITHIN THE LAST YEAR? <input type="checkbox"/> YES If yes, approximate date _____ <input type="checkbox"/> NO	
WHAT HOURS ARE YOU AVILABLE FOR CALL?				
Do you have any immediate relatives employed by GOODWINS MILLS FIRE-RESCUE? <input type="checkbox"/> YES <input type="checkbox"/> NO Name _____ Relationship _____				
FOR HUMAN RECOURSES USE ONLY: Application Reviewed: _____ (Date / Int.)				
Initial Interview _____ Notes: _____				
Representative _____				
DISPOSITION				
<input type="checkbox"/> Hired - Position _____ <input type="checkbox"/> Not Hired Letter _____				

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY / DATES ATTENDED	CIRCLE LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH							<input type="checkbox"/> YES <input type="checkbox"/> NO	
		FROM: TO:						
COLLEGE							<input type="checkbox"/> YES <input type="checkbox"/> NO	
		FROM: TO:						
COLLEGE							<input type="checkbox"/> YES <input type="checkbox"/> NO	
		FROM: TO:						
OTHER Business College, Other Special Courses (include Special Military Training, Post Graduate)								

**EDUCATION**

**LICENSURE** PROFESSIONAL LICENSES AND / OR CERTIFICATIONS

DO YOU CURRENTLY HOLD AN EMT LICENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF EXPIRATION _____			
LIST BELOW ANY OTHER LICENSE OR CERTIFICATIONS:			
TYPE	STATE ISSUED	EXPIRATION DATE	NO.
TYPE	STATE ISSUED	EXPIRATION DATE	NO.
TYPE	STATE ISSUED	EXPIRATION DATE	NO.

Has your license ever been suspended or revoked?  YES  NO If yes, describe

Have you ever been convicted of, or are you presently charged with a felony?  YES  NO If yes, describe

Have you ever been convicted of, or are you presently charged with, any crime involving a sex offense, an assault, or the use of force or a weapon?  YES  NO If yes, describe

Have you ever been convicted of, or are you presently charged with, any reckless driving, operating a motor vehicle while under the influence, or driving to endanger?  YES  NO If yes, describe

**WORK HISTORY**

LIST NAME, ADDRESS AND PHONE NUMBER OF YOUR LAST 4 EMPLOYERS WITH THE MOST RECENT EMPLOYER FIRST			IMMEDIATE SUPERVISOR	LAST SALARY Hourly, Monthly or Yearly
<p>JOB TITLE: _____</p> <p>EMPLOYER NAME: _____ PHONE: _____</p> <p>ADDRESS: _____</p> <p>DUTIES: _____</p> <p>REASON FOR LEAVING: _____</p>				
<p>JOB TITLE: _____</p> <p>EMPLOYER NAME: _____ PHONE: _____</p> <p>ADDRESS: _____</p> <p>DUTIES: _____</p> <p>REASON FOR LEAVING: _____</p>				
<p>JOB TITLE: _____</p> <p>EMPLOYER NAME: _____ PHONE: _____</p> <p>ADDRESS: _____</p> <p>DUTIES: _____</p> <p>REASON FOR LEAVING: _____</p>				
<p>JOB TITLE: _____</p> <p>EMPLOYER NAME: _____ PHONE: _____</p> <p>ADDRESS: _____</p> <p>DUTIES: _____</p> <p>REASON FOR LEAVING: _____</p>				

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE?

EMPLOYER #1  YES  NO    EMPLOYER #2  YES  NO    EMPLOYER #3  YES  NO    EMPLOYER #4  YES  NO

PROFESSIONAL REFERENCES – Not Related (Students please include academic references)

NAME	ADDRESS	OCCUPATION	TELEPHONE
NAME	ADDRESS	OCCUPATION	TELEPHONE
NAME	ADDRESS	OCCUPATION	TELEPHONE

Please use this space to summarize any additional information which you feel would be helpful in assessing your full qualifications.

*APPLICANT'S AGREEMENT (PLEASE READ THE FOLLOWING INFORMATION CAREFULLY)*

*\*In the event I am employed by Goodwins Mills Fire - Rescue, I agree to comply with all its rules, regulations, and directives. I understand that my employment is for no stated term and is subject to termination at the will of the company in which I am employed.*

*\* I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that falsification, misrepresentation, or omission of facts called for in this application may result in denial of employment or immediate dismissal. I hereby acknowledge that I have read, understand, and I consent the above statements.*

*\* I also understand that if offered employment, I must prove my identity and my eligibility to work in the United States, prior to being employed.*

*\* I certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with Goodwins Mills Fire – Rescue, and for no other reason.*

*In compliance with Federal and State equal employment opportunity laws, all qualified candidates will be considered for employment without regard to their race, creed, color, national origin, ancestry, sex, age, marital status, veteran status, or the presence of non-job related medical conditions or disabilities.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

SOCIAL SECURITY VERIFICATION, EDUCATION VERIFICATION, CRIMINAL HISTORY REVIEW

I hereby authorize GOODWINS MILLS FIRE DEPT. INC (d.b.a. GOODWINS MILLS FIRE- RESCUE), its employees, agents, private investigators or any representative of the aforesaid company, to perform investigations into my background, past behavior, to my charter and general reputation. In addition, I further authorize investigations of the following:

**Background:** I authorize the check of all Criminal Records and Department of Motor Vehicles Records.

**Education:** I authorize schools, colleges and all scholastic intuitions to release any and all information requested. This includes transcripts, grades, attendance records, and any other information requested.

**Employment:** I authorize all former and current employers to release any and all information regarding my employment history. This includes all information contained in my personal file, salary history, condemnations and all other pertinent information.

**Authorization to Release:** I authorize custodians of the records of any agency, government agency, or company as described above to release such information upon request of any investigator, agent, or representative of the Company. I understand that any and all of these investigations or inquires can be performed prior to employment.

**Re-disclosure:** I understand that the information requested is for the use by the employer or individual requesting my information and may be re-disclosed only as authorized by law. I understand that I have a right to request a written disclosure of the nature and scope of the investigation being conducted.

**Indemnification:** I indemnify, release and hold harmless the Company, any agents of the Company, or others reporting to or for the Company, any investigators, all former employers, reporting agencies, and all those supplying references and character references, from any and all claims, defamation, demands, and/or liabilities arising out of, or related to such investigations, disclosures, or admissions.

**Signature:** Copies and facsimile transmission of this authorization that show my signature are as valid as the original release signed by me.

<b>TO BE COMPLETED BY THE APPLICANT</b>												
The following information is for Identification and Investigative Purposes Only (Please use an ink pen and print clearly. Use UPPER case letters.)												
Last Name												
First Name												
Middle Name												
Social Security Number												
Date of Birth												
Other First / Last name(s) used												
Current and Past States and Countries I have lived in within the last seven years		COUNTRY	STATE	FROM - YEAR	TO- YEAR							

I hereby certify that the facts set forth in the above Authorization for Release of Information are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this form shall be considered sufficient cause for dismissal.

<b>Signature:</b>	<b>Date:</b>
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