

APPLICATION FOR EMPLOYMENT
FIRE DEPARTMENT - TOWN OF GORHAM, MAINE

**270 Main Street
Gorham, ME 04038
www.gorham-me.org**

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify the HR Director at 222-1651.

PLEASE TYPE OR PRINT LEGIBLY

Position(s) applied for _____ Date of application ____/____/____

Reference Source ☐ Advertisement ☐ Employee ☐ Walk-in
☐ Temporary Agency ☐ Relative ☐ Other

Name of source (if applicable) _____

Name _____

Last First Middle

Address _____
Street Town/City Zip

Telephone # _____ Cell/Alternate Phone# _____

Email Address _____

Date available ____/____/____ Type of employment desired ☐ Full time ☐ Part Time ☐ Seasonal ☐ Temporary

Have you ever been employed by the Town of Gorham? ☐ Yes ☐ No

If yes, give dates and name of position held: _____

Are you legally eligible for employment in this country? ☐ Yes ☐ No

Are you at least 18 years of age? ☐ Yes ☐ No

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

If yes, please provide dates and details:

Answering "yes" to these questions does not constitute automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. Top candidate(s) for positions will be provided with a release/authorization form in order for the Town to conduct a background investigation.

If the position sought requires driving, can you provide a valid driver's license? ☐ Yes ☐ No

EMPLOYMENT HISTORY

Provide the following information of your past and current employers, assignments or volunteer activities, **starting with the most recent** (use additional sheets if necessary). Please explain any gaps in employment in comments section below.

Employer _____ Telephone _____

Address _____

Job Title _____ Immediate Supervisor _____

Reason for Leaving _____

Start Date ____ / ____ / ____ End Date ____ / ____ / ____

May we contact employer for a reference? ☐ Yes ☐ No

Employer _____ Telephone _____

Address _____

Job Title _____ Immediate Supervisor _____

Reason for Leaving _____

Start Date ____ / ____ / ____ End Date ____ / ____ / ____

May we contact employer for a reference? ☐ Yes ☐ No

Employer _____ Telephone _____

Address _____

Job Title _____ Immediate Supervisor _____

Reason for Leaving _____

Start Date ____ / ____ / ____ End Date ____ / ____ / ____

May we contact employer for a reference? ☐ Yes ☐ No

Comments, including explanation of any gaps in employment:

SKILLS AND QUALIFICATIONS - Check any/all that apply:

Confined Space Certification (Check Level): ☐ Operations ☐ Tech ☐ Awareness
Hazmat Certification (Check Level): ☐ Tech ☐ Operations
EVOC/AVOC Certification: ☐ Yes ☐ No
Certified Fire or EMS Instructor: ☐ Yes ☐ No
Prior Military Service: ☐ Yes ☐ No
Current Maine EMS License: ☐ Yes ☐ No
If YES, Level/Expiration Date: ☐ EMT ☐ Intermediate ☐ Paramedic / Expiration Date: _____

Other: _____

EDUCATION

List last three (3) schools attended, **starting with most current**. List number of years completed. Indicate degree or diploma earned, if any.

1. _____ School	_____ # yrs. completed	_____ Degree/Diploma
2. _____ School	_____ # yrs. completed	_____ Degree/Diploma
3. _____ School	_____ # yrs. completed	_____ Degree/Diploma

REFERENCES

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

1. _____ Name	_____ Telephone Number	_____ # of years known
2. _____ Name	_____ Telephone Number	_____ # of years known
3. _____ Name	_____ Telephone Number	_____ # 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 an employment decision.

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

Signature of Applicant _____ Date ____ / ____ / ____

The Town of Gorham is an equal opportunity employer.