



Town of Topsham Fire & Rescue Department Application

(Please Type or Print)



PERSONAL INFORMATION: Information provided in this section is used for identification purposes only.

Last Name:	First Name:	M.I.:
Street Address:	Apt/Unit #:	
City:	State:	Zip Code:

CONTACT INFORMATION:

Home Phone:	Cell Phone:	E-Mail Address:
Nickname(s), maiden name or other names by which you have been known:		

GENERAL INFORMATION:

Are you a citizen of the United States:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, are you authorized to work in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Driver's License Number:	State of Issue:	Expiration Date:			
Are you 18 years or older:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Social Security Number:		
Department:	Position Applying For:				
Date Available to Start:	Salary Range Desired:				
Are you willing to work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	Are you willing to work overtime as needed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you employed now:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever applied for a job with the town before:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Referred By:					

EDUCATION: Use additional sheets as necessary.

High School:	Address:				
From: _____ to _____	Did You Graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Degree:	
College:	Address:				
From: _____ to _____	Did You Graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Degree:	
Other:	Address:				
From: _____ to _____	Did You Graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Degree:	
Special Training:					
Special Skills:					

WORK HISTORY: Beginning with your present or most recent job, list employment held for the past ten years, including part-time, temporary or seasonal employment, include all periods of unemployment. Attach extra pages if necessary. Please indicate if you feel your present job would be in jeopardy if inquiries are made.

Company:

Phone:

Address:

Supervisor:

Job Title:

Starting Salary: _____

Ending Salary: _____

Responsibilities:

From: _____ to _____ Reason for leaving:

May we contact your previous supervisor for a reference? Yes No

Company:

Phone:

Address:

Supervisor:

Job Title:

Starting Salary: _____

Ending Salary: _____

Responsibilities:

From: _____ to _____ Reason for leaving:

May we contact your previous supervisor for a reference? Yes No

Company:

Phone:

Address:

Supervisor:

Job Title:

Starting Salary: _____

Ending Salary: _____

Responsibilities:

From: _____ to _____ Reason for leaving:

May we contact your previous supervisor for a reference? Yes No

EMPLOYMENT LIMITATIONS:

Can you perform the functions of the job with or without reasonable accommodations: Yes No

REFERENCES: Please list three people who are not former employers or family and whom you have known for at least one year.

Name: Phone Number:

Address: Years Known:

Name: Phone Number:

Address: Years Known:

Name: Phone Number:

Address: Years Known:

BACKGROUND:

Have you ever been disciplined, discharged, and asked to resign from a prior position? Yes No

Have you ever resigned from a prior position after a complaint had been received against you or your conduct was under investigation or review? Yes No

Has your contract in a prior position ever been non-renewed? Yes No

Have you ever been charged with or investigated for sexual abuse or harassment of another person? Yes No

Have you ever been convicted of a crime (other than a minor traffic offense)? Yes No

Have you ever entered a plea of guilty or "nolo contendere" (no contest) to any crime (other than a minor traffic offense)? Yes No

Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and /or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)? Yes No

If you answered yes to any of the previous questions, provide full details below including, with respect to court actions, the date, offense in question, and the address of the court involved. Attach additional sheets if necessary. Conviction or disposition of a crime is not an automatic bar to employment.

FIRE & RESCUE APPLICANTS ONLY: Complete this section only if you are applying for a position/membership with Topsham Fire & Rescue

Application for: Full Time Per Diem Call Department

Have you ever been a member of Topsham Fire & Rescue? Yes No If so, when?

Have you ever belonged to any fire/rescue organization? Yes No If so, when?

Do you currently hold an EMS license from the State of Maine? Yes No

License #:

Level:

Are you currently certified as a Firefighter in Maine? Yes No

Why do you want to join Topsham Fire & Rescue? Brief statement.

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorized those persons, agencies or entities that the Town of Topsham contacts in connection with my employment application to fully provide the Town of Topsham any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the Town of Topsham, its agents and officials or against any provider of such information.

I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include board members, administrators, and other staff, and members of the community. I give my consent to this disclosure.

Please note: Employment cannot be finalized until the applicant has completed requirements for complete background checks.

Signature: _____

Date: _____

THE TOWN OF TOPSHAM IS AN EQUAL OPPORTUNITY EMPLOYER

All application materials become the property of the Town of Topsham. None will be returned. Providing any false or misleading information on this application or in the application or employment screening process shall be fully sufficient grounds to refuse to employ the applicant or, if the applicant has been employed, to immediately dismiss the applicant/employee.