

APPLICATION FOR MEMBERSHIP

(PLEASE PRINT)

It is the Town's policy to comply with all applicable federal and state laws prohibiting discrimination in employment based on race, color, sex, marital status, physical or mental disability, religion, age, ancestry, national origin, sexual orientation, genetic history and and information, or any other basis protected by statute.

PERSONAL INFORMATION

Name: _____ Date: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____ Email: _____

Do you have any relatives currently working for the Town of York? Yes No

Are you authorized to work in the United States on an unrestricted Basis? Yes No

Are you at least 18 years of age? Yes No

Do you have a valid Maine Driver's License? Yes No

License # _____

Please list any restrictions: _____

Have you ever plead guilty, no contest or been convicted of a felony? Yes No

If yes, please explain including dates, nature of offense and court of conviction: (conviction will not necessarily disqualify an applicant for employment)

Have you ever applied for employment or worked for the Town of York before? Yes No

If yes to either, please give details:

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? Yes No

Can you perform these essential functions of the firefighter position with or without reasonable accommodations?

Yes No

Position Applied For:

- Category 1: Everything in category 2 and 3 plus firefighter one, S.C.B.A and other training
- Category 2: Everything in category 3 plus haz-mat awareness, 5 hours of drive/pump training and other trainings
- Category 3: Shall be CPR/AED certified and other trainings mandated by the training committee
- E.M.T

When Can You Start:

Fire Service Experience

Please list your previous fire service experience including full-time, part-time, and volunteer positions held:

Department	Location	Dates	Supervisor

Please list any past and current emergency trainings and experiences:

Training	Location	Dates	Certification Obtained

Please list any special qualifications or skills you have that would benefit the fire department:

Qualifications/Skills	Comments

REFERENCES

List two people members of the York Beach Fire Department that will be sponsoring you:

Name	Address	Phone	Relationship & Years Acquainted
1.			
2.			

EMERGENCY CONTACT INFORMATION

Name:	Phone:	Alternate Phone:
Address:		

PLEASE READ BEFORE SIGNING

I certify that all statements made by me on this application, my resume and any other accompanying documents are true and complete to the best of my knowledge, and that I have withheld nothing which, if disclosed, would materially alter or contradict the facts contained therein. I understand that false statements, omissions or misrepresentations may result in the disqualification of this application for membership with the York Beach Fire Department, or a withdrawal of my membership.

I authorize my previous employers and references to provide any and all information pertaining to my tenure or contact with them, which is relevant to this application for membership; and I agree that persons or organizations providing such information, or the Town of York, shall not be liable should the information so provided warrant my disqualification from membership with the York Beach Fire Department.

I understand that it will be necessary to conduct a personal background, criminal, driving, reference check, and if the position warrants it, credit check. I hereby authorize the Town to conduct such an examination and persons or organization contacted to provide such information.

I further understand that any offer of membership is conditional upon satisfactory completion of a physical examination, when the nature of the position requires one, and that the examination will focus on my present ability to perform the essential functions of the position. I agree to present myself for such an evaluation at a location of the Town's choosing.

Signature: _____

Date: _____