

# Waterville Fire Department ~ Call Firefighter Application

## *Personal Information*

*Full Name:*

*Telephone Number:*

*Street Address:*

*EMT License #:  
(Please attach a copy of your License)*

*City:*

*Email Address:*

## *Training & Education*

*Do you have a high school diploma or GED?*

*If not, what is your highest grade completed?*

*Other academic, professional or vocational schools attended:*

*Other training or skills relative to this position:*

## *Driving & Legal History*

*Do you currently hold a valid Maine driver's license?*

*Do you have transportation available for responding to emergency calls?*

*Are you a United States citizen? If not, explain:*

*List all traffic and/or misdemeanor convictions you have received in the last five years. Give date, offense, disposition, city and state.*

*List all felony convictions you have received for the last ten years. Give date, offense, disposition, city and state.*

**Employment History**  
*(three most recent positions, including current)*

<i>Employer:</i>	<i>Position:</i>
<i>Address:</i>	<i>Dates Employed:</i>
<i>Employer:</i>	<i>Position:</i>
<i>Address:</i>	<i>Dates Employed:</i>
<i>Employer:</i>	<i>Position:</i>
<i>Address:</i>	<i>Dates Employed:</i>

**General and/or Work References**

<i>Name:</i>	<i>Occupation:</i>
<i>Address:</i>	<i>Telephone:</i>
<i>Name:</i>	<i>Occupation:</i>
<i>Address:</i>	<i>Telephone:</i>
<i>Name:</i>	<i>Occupation:</i>
<i>Address:</i>	<i>Telephone:</i>

**Conditions of Employment**

*I certify that all information provided is correct, and that any falsification, misrepresentation or omissions will be cause for dismissal, and, due to the nature of the position, give my consent to a background check.*

*Basic requirements for employment as a call firefighter with the City of Waterville are:*  
*Must be at least eighteen (18) years of age; proof of age will be required upon hiring.*  
*Must reside within 15 miles (driving distance) of Central Fire Station.*  
*Must have a valid drivers' license for operating in the state of Maine.*  
*Must have transportation available for responding to emergency calls.*

*I understand that, if I am offered employment, such employment will be conditional on successful completion of a standardized physical examination by a physician designated by the City of Waterville, and on successful completion of the Maine State Firefighter I program which is provided by the Waterville Fire Department.*

*Applicant Signature:*

*Date:*

**Waterville Fire Department**  
**AUTHORITY FOR RELEASE OF INFORMATION**  
**PHASE #1**

LAST NAME              FIRST NAME              MIDDLE NAME              (BIRTH NAME)              SEX              RACE

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DATE OF BIRTH: \_\_\_\_\_  
                            (month)              (day)              (year)

SOC SEC #: \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the City of Waterville, whether the said records are public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of education institutions; financial or credit institutions, including records of deposit, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint; of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had, an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the City of Waterville to consider in determining my suitability for employment in the fire department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Waterville. I understand that all materials pertaining to this background investigation become the property of the City of Waterville and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

SIGNATURE: \_\_\_\_\_

PRINT FULL NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

CURRENT HOME PHONE NUMBER: \_\_\_\_\_