

FREEPORT FIRE RESCUE DEPARTMENT

APPLICATION COVER LETTER

THANK YOU FOR YOUR INTEREST IN FREEPORT FIRE / RESCUE.

- 👉 FILL OUT ALL APPROPRIATE INFORMATION.**
- 👉 AN INTERVIEW IS REQUIRED PRIOR TO HIRING.**
- 👉 SIGN AND DATE THE APPLICATION.**
- 👉 ALL APPLICANTS ARE SUBJECT TO A BACKGROUND CHECK AND PRE-EMPLOYMENT PHYSICAL EXAMINATION.**
- 👉 HAVE REFERENCES FILLED OUT AND RETURN WITH APPLICATION PACKAGE.**
- 👉 ENCLOSE ANY PERTINENT CERTIFICATES AND RECORDS OF TRAINING.**
- 👉 A MEMBER OF THE INTERVIEW COMMITTEE WILL BE CONTACTING YOU; INTERVIEWS ARE ON THE FIRST WEDNESDAY OF THE MONTH.**

Education:

1) Highest Grade Completed: _____

2) High School: _____ DOG or GED: _____

3) College/Technical School: _____

Course or Major _____ Diploma/Degree _____

Social Security #: _____ DOB: _____

Drives License #: _____ State: _____

Are you a US Citizen: Yes _____ No _____

Employment:

Current Employer: _____ Title: _____

Address: _____ Phone: _____

DOH: _____ Supervisor: _____

Prior Employer: _____ Title: _____

Address: _____ Phone: _____

Dates Employed: _____ to _____ Reason for leaving: _____



General Information:

Do you have any physical limitations that would prevent you from performing the duties of the position you are applying for? Yes _____ No _____

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

Have you ever been convicted of reckless driving, OUI, or driving to endanger? Yes _____ No _____

Have you ever had your drivers' license suspended or revoked? Yes _____ No _____

Have you ever had your MEMS license suspended or revoked? Yes _____ No _____

Please explain any yes answers in the space below:



I certify that the answers I have given are complete and truthful to the best of my knowledge and I understand that I may be denied membership or terminated if any of this information is false. I also authorize the employers listed to release any information about my employment to the extent permitted by law.

Applicants Signature: _____ Date: _____

FREEPORT FIRE RESCUE IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, AGE, SEX, MARITAL STATUS, ANCESTRY, NATION OF ORIGIN, OR PHYSICAL OR MENTAL HANDICAP EXCEPT AS A BONA FIDE OCCUPATIONAL QUALIFICATION.

Freeport, ME 04032
Freeport Fire Rescue Department
4 Main St

BACKGROUND CHECK AUTHORIZATION FORM

I, _____, understand that in order to assess my qualifications for the position of Firefighter, EMT, Per-Diem (circle all that apply), a full background investigation is necessary.

I therefore authorize the Freeport Fire Rescue Department, contacting person, institutions, government and law enforcement agencies for character references and record history information; contacting employers for performance information; and verifying educational attainment. All the information and materials I have provided to the Freeport Fire Rescue Department as part of the employment process are accurate and truthful to the best of my knowledge.

I authorize all my present and previous employers, or references to furnish information concerning my personal character, habits or employment performance. I also authorize schools that I have attended to provide verification of educational attainment and other relevant information.

Applicant Signature _____

Social Security Number: _____

DOB: _____

Date: _____

Freeport Fire Rescue Department Applicant Reference

_____ has listed you as a reference. Please fill out the following by scoring the candidate in each category and explaining your scoring with comments. Your reference will be included directly in the evaluation of the candidate for membership.

Dependability: Please evaluate the candidates' dependability in terms of arriving on time, mental and physical preparedness for assigned tasks, enthusiasm for duties and sense of responsibility to the workplace.

(0)	(1)	(2)	(3)	(4)	(5)
Low			Average		High

Decision Making: Please evaluate the candidates' ability to take initiative and assume responsibility or leadership.

(0)	(1)	(2)	(3)	(4)	(5)
Low			Average		High

Cooperation With Others: Please evaluate the candidates' abilities in the areas of teamwork, consideration for others, receptiveness to constructive feedback, and the ability to delegate.

Communication Ability: Please evaluate the candidates' ability to communicate, both verbally and in writing.

(0)	(1)	(2)	(3)	(4)	(5)
Low			Average		High

Additional Comments:

Name and Title: _____

Daytime Phone: _____

Relationship to Applicant: _____ Length of Time Known: _____

Signature: _____ Date: _____