

**Town of Limerick
Fire-Rescue Department
P.O. Box 195
Limerick, ME 04048
(207) 793-2687**

BASIC REQUIREMENTS FOR PER DIEM EMPLOYEES:

- At least 18 years of age**
- Valid Maine driver's license**
- Successful completion of physical and medical examination**
- Background and reference checks**
- AVOC/EVOC or CEVO training**
- Maine EMT (or higher) license *or* Structural Firefighter certification**

BASIC REQUIREMENTS FOR CALL MEMBERS:

- At least 16 years of age**
- Valid Maine driver's license**
- Successful completion of physical and medical examination**
- Background and reference checks**
- Reliable vehicle for responding to emergency calls**

Please include the following in your application packet:

- Completed Application for Employment**
- Copy of your driver's license**
- Copies of applicable certifications including EMS license, firefighting, or other certifications**
- Current resume and cover letter (if desired)**
- Other supporting documentation (as needed)**

Once your packet is complete, please submit your application and all related documents to:

Limerick Fire/Rescue
Attn: Jason Johnson
P.O. Box 195
Limerick, ME 04048

Thank you for your interest in the Limerick Fire-Rescue Department.

Town of Limerick Fire-Rescue Department Application for Employment

Last Name	First Name	MI
Address		
City	State	Zip
Home Phone	Cell Phone	Work Phone
E-mail Address		
Date of Birth	Driver's License #	State Issued

If you have lived outside of Maine as an adult, please provide previous addresses on an additional page.

EDUCATION

Please list all schools attended.

Name of School	Address	Years Attended	Degree Earned
High School			
Trade School/College			
Other			
Other			

EMPLOYMENT HISTORY

Please list your last four employers, beginning with the current or most recent.

Employer's Name	Dates Employed
Address	
Supervisor's Name	Phone number

Employer's Name	Dates Employed
Address	
Supervisor's Name	Phone number

Employer's Name	Dates Employed
Address	
Supervisor's Name	Phone number

Employer's Name	Dates Employed
Address	
Supervisor's Name	Phone number

BACKGROUND INFORMATION

Yes No

Have you ever served on a fire, police, or EMS agency before? If yes, please list agencies and dates of service below.

Have you ever served in the military? If yes, please indicate branch(es) and dates of service below.

Branch/Agency	Dates of service

Yes No

Have you ever been disciplined, discharged, or asked to resign from a prior position?

Have you ever resigned from a prior position after a complaint has been received against you or your conduct was under investigation or review?

Have you ever had any action taken, or is action pending, against any professional license or certification you currently hold or have ever held?

Do you have any traffic infractions in the past 10 years?

Has your privilege to operate a motor vehicle ever been suspended?

Have you ever been found to have committed a civil infraction involving use or possession of illegal drugs or alcohol?

Have you ever been charged with or convicted of any crime? (excluding traffic infractions)

If you answered YES to any of the previous questions, provide full details, including with respect to court actions, the date, offense in question, and the address of the court involved. Please attach additional page(s) for this purpose. *Conviction or other disposition is not necessarily an automatic bar to employment.*

REFERENCES

List three persons who can comment on your abilities, work habits, and character who we may contact. Do not include relatives or any other person who lives with you.

Last Name	First Name	MI
Address		
City	State	Zip
Phone number	Relationship	

Last Name	First Name	MI
Address		
City	State	Zip
Phone number	Relationship	

Last Name	First Name	MI
Address		
City	State	Zip
Phone number	Relationship	

APPLICANT AUTHORIZATION AND ACKNOWLEDGMENT

Refusal to provide authorization for reference and/or criminal records checks and/or providing false or misleading information on this application shall constitute sufficient reason to refuse to employ an applicant or, if the applicant has been employed, to immediately dismiss the employee.

My signature below constitutes authorization to check my employment history and, without limitation, criminal arrest and conviction record checks, driving record check, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that the Town of Limerick contacts in connection with my employment application to fully provide the Town of Limerick 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 Limerick, its agents and officials, or against any such provider of such information.

I hereby certify that this application contains no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge.

Applicant Signature

Date