



Fire & EMS Application  
(Equal Opportunity Employer)  
PO Box #386  
Howland, ME 04448  
207-732-7195 – P      207-732-7196 - F

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_ SS# \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip Code

Are you 18 years or older? \_\_\_\_\_ Yes \_\_\_\_\_ No If NO are you younger than 16? \_\_\_\_\_ Yes \_\_\_\_\_ No

Phone # \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Are you legally able to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Drivers License # \_\_\_\_\_ State: \_\_\_\_\_ Class \_\_\_\_\_

**EMPLOYMENT DESIRED:**

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Have you ever worked for this municipality before? \_\_\_\_\_ Yes \_\_\_\_\_ No If YES, when: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of your previous Supervisor at this municipality: \_\_\_\_\_

How did you hear of this position with this municipality? \_\_\_\_\_

If referred, by whom? \_\_\_\_\_

**EDUCATION/TRAINING:**

College: \_\_\_\_\_ Years attended: \_\_\_\_\_ Course of study: \_\_\_\_\_

High School: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Course of study: \_\_\_\_\_

Specialty Education: \_\_\_\_\_

Specialty training/Skills (attach copies of all certificates): \_\_\_\_\_

\_\_\_\_\_

**EDUCATION/TRAINING CONT:**

Maine EMS License #: \_\_\_\_\_ Level: \_\_\_\_\_

Date obtained: \_\_\_\_\_ Date Expires: \_\_\_\_\_

Has your MEMS License ever been under investigation? \_\_\_\_\_ Yes \_\_\_\_\_ No If YES, explain: \_\_\_\_\_

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**FORMER/PRESENT EMPLOYERS**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job description \_\_\_\_\_

Ending salary: \_\_\_\_\_ Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job description \_\_\_\_\_

Ending salary: \_\_\_\_\_ Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job description \_\_\_\_\_

Ending salary: \_\_\_\_\_ Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

# TOWN OF HOWLAND *Background Authorization*

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I, \_\_\_\_\_ understand that in order to assess my  
(print or type full name)  
qualifications for the position of \_\_\_\_\_, a full background investigation is necessary. I, therefore, authorize the Town of Howland, Maine to conduct an investigation which may include, but not be limited to, verification of information provided by me to the Town of Howland. This information may include a financial management check; credit check; contacting persons, institutions, government and law enforcement agencies for character references and record history information; contacting employers for performance information; and verifying educational attainment.

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Today's Date