

**TOWN OF CAPE ELIZABETH  
FIRE-RESCUE DEPARTMENT  
APPLICATION FOR EMPLOYMENT**



Please complete all required information on the application. Failure to complete all required information or providing false information would be grounds for refusal of your application.

Please ensure that the following is completed when you mail or return the application:

1. A completed application. **SSN means Social Security Number & OLN means Drivers Operator License Number.**
2. Completed backgrounds check form. **DOB means Date of Birth.**
3. A copy of each certification and/or license that you have listed on your application.
4. Attach a copy of military discharge papers (*FORM DD214*) if you served in the United States Armed Services.

When you have completed this application you may return it in person to the **Cape Elizabeth Communications Center, 325 Ocean House Road, Cape Elizabeth, ME** or mail it to:

**Chief of Department  
Cape Elizabeth Fire-Rescue Department  
2 Jordan Way  
Cape Elizabeth, ME 04107**

Your application packet will be reviewed and you will be contacted by a member of the Department within two (2) to four (4) weeks after your application has been reviewed.

**EQUAL EMPLOYMENT OPPORTUNITY**

The Cape Elizabeth Fire-Rescue Department shall employ, without discrimination as to race, religion, skin color, sex, national origin, adult age, disability, marital status, political affiliation, sexual orientation, or any other non merit factor, the best qualified persons who are available at the salary levels established for Department employment, first preference being given always to citizens of Cape Elizabeth, all factors being equal.

**CAPE ELIZABETH FIRE-RESCUE DEPARTMENT  
APPLICATION FOR EMPLOYMENT**

Please indicate the position(s) for which you are applying.

- POSITION**
- |  |   |
|--|---|
| <input type="checkbox"/> Firefighter           | <input type="checkbox"/> Fire Operator          |
| <input type="checkbox"/> EMS Provider          | <input type="checkbox"/> EMS Utility Driver     |
| <input type="checkbox"/> Per-diem ALS-EMT/FF   | <input type="checkbox"/> WETeam Support/Rescuer |
| <input type="checkbox"/> <i>Staff Position</i> | <input type="checkbox"/> Fire-Police Officer    |

**NAME** \_\_\_\_\_  
FIRST MIDDLE LAST

**SSN** \_\_\_\_\_ **OLN** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
PHYSICAL  
 \_\_\_\_\_  
 \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
MAILING  
 \_\_\_\_\_  
 \_\_\_\_\_

**PHONE** \_\_\_\_\_  
HOME OFFICE MOBILE / PAGER

**E-MAIL** \_\_\_\_\_

Are you currently employed by or have you ever been employed by the Town of Cape Elizabeth? \_\_\_\_\_ YES \_\_\_\_\_ NO

Please list the Department(s), if you answered yes: \_\_\_\_\_  
 \_\_\_\_\_

Does the Town of Cape Elizabeth currently employ any of your family members? \_\_\_\_\_ YES \_\_\_\_\_ NO

Please list the Department(s), if you answered yes: \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION (List High School first, and then additional education)**

Name of School	City, State	Dates of Attendance	Degree

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**TRAINING (Attach copies of all certifications & licenses)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> First Responder   | <input type="checkbox"/> Firefighter-I     | <input type="checkbox"/> AVOC                  |
| <input type="checkbox"/> EMT-Basic         | <input type="checkbox"/> Firefighter-II    | <input type="checkbox"/> EVOC                  |
| <input type="checkbox"/> EMT-Intermediate  | <input type="checkbox"/> Pumps-I           | <input type="checkbox"/> HAZMAT – A            |
| <input type="checkbox"/> EMT-Critical Care | <input type="checkbox"/> Pumps-II          | <input type="checkbox"/> HAZMAT – O            |
| <input type="checkbox"/> Paramedic         | <input type="checkbox"/> Aerial Operations | <input type="checkbox"/> HAZMAT – T            |
| <input type="checkbox"/> BLS – CPR         | <input type="checkbox"/> Fire Officer-I    | <input type="checkbox"/> HAZMAT – S            |
| <input type="checkbox"/> ACLS              | <input type="checkbox"/> Fire Instructor-I | <input type="checkbox"/> HAZMAT – IC           |
| <input type="checkbox"/> MEMS IC           | <input type="checkbox"/> Fire Inspector-I  | <input type="checkbox"/> Public Safety Flagger |

**Please indicate any additional training, that you feel may benefit the Department, which is not included above. (Computer skills, trades, professional licenses, etc.)**

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**EMPLOYMENT (List Current Employer first)**

Employer	Address	Dates of Employment	Phone
Supervisor:		May we contact employer: _____ YES _____ NO	
Job Title / Description:			

Employer	Address	Dates of Employment	Phone
Supervisor:		May we contact employer: _____ YES _____ NO	
Job Title / Description:			

Employer	Address	Dates of Employment	Phone
Supervisor:		May we contact employer: _____ YES _____ NO	
Job Title / Description:			

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**REFERENCES (Please utilize non-family, professional and personal references)**

NAME	ADDRESS	PHONE

References will be contacted. If your reference cannot be reached by telephone during working hours, please provide an evening contact number. Please list at least three (3) references.

**Please indicate any Fire-Rescue, Emergency Medical or other specialized rescue training or work that you have performed in the past, which is not related to your work experience:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

*The facts set forth in my application are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract for employment, nor does this application obligate the Town of Cape Elizabeth in any way if the Cape Elizabeth Fire-Rescue Department decides to employ me. I understand and agree that my employment is at-will and can be terminated by either myself or the Town of Cape Elizabeth with or without notice, at any time during my one year probationary period and (with notice and for cause) by the respective parties at any time thereafter.*

*I hereby authorize the Cape Elizabeth Fire-Rescue Department, and its agents it assigns to make any investigation of my personal history, character and credit record through any investigation or credit agencies or bureaus of its choice. In making this application for employment I further authorize the Cape Elizabeth Fire-Rescue Department to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have a right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Application

**CAPE ELIZABETH FIRE-RESCUE DEPARTMENT  
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**CRIMINAL RECORDS BACKGROUND CHECK**

**NAME** \_\_\_\_\_

**DOB** \_\_\_\_\_ **SSN** \_\_\_\_\_

I hereby authorize the Cape Elizabeth Fire-Rescue Department, and its agents it assigns to make any investigation of my criminal history record through any investigation or agencies or bureaus of its choice.

In making this application for employment I further authorize the Cape Elizabeth Fire-Rescue Department to make an investigative report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry may include information as to my character, general reputation, personal characteristics and mode of living.

I understand that I have a right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

**Please answer the following questions**

**Have you ever been convicted of a felony crime?**                    \_\_\_ YES    \_\_\_ NO

**Have you ever been convicted of a misdemeanor crime?**                    \_\_\_ YES    \_\_\_ NO

**Have you ever been convicted of a civil offense?**                    \_\_\_ YES    \_\_\_ NO

**Have you ever been convicted of a motor vehicle violation?**                    \_\_\_ YES    \_\_\_ NO

**Has an administrative or legislative body ever revoked or suspended a professional license that was issued to you?**                    \_\_\_ YES    \_\_\_ NO

Please indicate your convictions or licensure actions below

<b>DATE</b>	<b>AGENCY</b>	<b>COUNTY &amp; STATE</b>	<b>OFFENSE</b>	<b>DISPOSITION</b>

Please attach a separate piece of paper for additional convictions or licensure actions

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**