# POLAND FIRE RESCUE APPLICATION PACKAGE

Pre-employment

\*\*Please supply copies of:

Application

Resume

Maine driver's license and second form of identification,

(i.e. birth certificate, social security card, Passport)

EMT license (if applicable)

Firefighter certification (if applicable)

Healthcare Provider CPR card

Other applicable certifications/licenses

Immunization Records

References will be checked prior to employment as well as:

Maine Motor Vehicle Background check

Pre-hiring requirements:

Health Screening

Physical agility test

#### Orientation:

A total of 36 hours of orientation time will be completed before a new employee is eligible to be scheduled for shifts.

#### Probation:

A six month probationary period will begin on the date of hire for all new employees of Poland Fire Rescue. All items below are required before the probationary period ends:

**Pulmonary Function Testing** 

Fit testing (masks/S.C.B.A.)

PPD (TB Test)

Immunizations must be up to date

**EVOC/AVOC** 

Haz-mat Awareness Level

Poland Fire Rescue Department will provide Job Descriptions and employee handbooks. It will be up to the new employee to read and work by our Policies and Procedures by using our Standard Operation Procedure Manual to work with others in an effective efficient manner. Road map books for the Town of Poland will be made available to each employee. The employee is expected to become familiar with main routes, as well as, secondary roads prior to running calls.

It will be the new employee's responsibility to be familiar with and able to work out of all apparatuses. There will be check sheets made available to assist them with this task. Employees will not work on any apparatus until at least two (2) vehicle checks and/or supply checks are documented.

### **POLAND FIRE RESCUE**

## **APPLICATION FOR EMPLOYMENT**

	Today's Date:
Full-time Part-time Per Diem	<u>-</u>
Position Applie	ed For:
Fi E D	irefighter irefighter-EMT –Basic IntermediateParamedic MT–Basic IntermediateParamedic briver Only Other
Name:	
Residential Add	
Mailing Address	S:
	Cell Phone:
Driver's License	e# State Class Restrictions
Date of Birth: _	SSN#
Do you have an	y physical restrictions or medical conditions that may restrict your performance?
If YES please E	Explain:
Will you be able	to attend night and weekend meetings or training? YES NO
	and that we are a 24/7/365 operation and that you may be required to work long nd weekends? YES NO
Have you been If YES please E	convicted of a misdemeanor within the past 7 years? YES NO xplain:
Have you ever b If YES please E	peen convicted of a felony? YES NO explain:
Have you been	convicted of DUI or DWI within the past 7 years? YES NO

# **Emergency Contact Person:** Relationship to Applicant: Address of Contact Person: Phone Number of Contact Person: Hospital Preference: Personal Physician: Physician Address and Phone Number: Current Employer: \_\_\_\_\_ Address: Do you have your employer's support? YES \_\_\_\_\_ NO \_\_\_\_\_ Past related employment or volunteer experience: References: Two (2) of which are job and one (1) character related. Please include phone numbers. Due to the nature of the work involved, Poland Fire Rescue performs both a driver's license and background check on all applicants prior to being accepted. By signing this application, you are giving the Chief of the Department permission to request a background check through the Androscoggin County Sherriff's Department, the Maine State Police, and the Maine Department of Motor Vehicles. Signature of Applicant: Date: \_\_\_\_\_

**Emergency Notification Information** 

Signature of Chief:
Date approved by Chief:
Received:
Background check requested:
Reviewed by Chief:
Date Received:
(For Internal Use Only)