## **Vassalboro Fire Department** ~ **Firefighter Application**

Personal Information				
Full Name:	Telephone Number:			
Street Address:				
City:	Email Address:			
Training of	& Education			
Do you have a high school diploma or GED?	If not, what is your highest grade completed?			
Other academic, professional or vocational schools attend	ded:			
Other training or skills relative to this position:				
Driving &	Legal History			
Do you currently hold a valid Maine driver's license? Cla	ass A, B or C?			
Do you have transportation available for responding to e	mergency calls?			
Are you a United States citizen? If not, explain:				
List all traffic and/or misdemeanor convictions you have city and state.	received in the last five years. Give date, offense, disposition,			
List all felony convictions you have received for the last t	en years. Give date, offense, disposition, city and state.			

Employment History (three most recent positions, including current)					
Employer:	Position:				
Address:	Dates Employed:				
Employer:	Position:				
Address:	Dates Employed:				
Employer:	Position:				
Address:	Dates Employed:				
Gene	eral and/or Work References				
Name:	Occupation:				
Address:	Telephone:				
Name:	Occupation:				
Address:	Telephone:				
Name:	Occupation:				
Address:	Telephone:				
C	onditions of Employment				
dismissal, and, due to the nature of the position  Basic requirements for employment as a Volun  Must be at least eighteen (18) years of age;  Must reside within 15 miles (driving distance  Must have a valid drivers' license for opera  Must have transportation available for resp  I understand that, if I am offered employment,	steer Firefighter for the Town of Vassalboro are:  proof of age will be required upon hiring.  proof a Vassalboro Fire Station.  puting in the state of Maine.  pronding to emergency calls.  such employment will be conditional on successful completion of a standardized  d by the Town of Vassalboro, and on successful completion of the Maine State				
Applicant Signature:	Date:				

## Vassalboro Fire Department AUTHORITY FOR RELEASE OF INFORMATION PHASE #1

LAST NAME	FIRST NAME	MIDDLE NAME	(BIRTH NAME)	SEX	RACE
DATE OF BIRTH	H:(month) (day)	(year)	C SEC #:		
I,	ng myself, by and to ANY	do hereby auduly authorized agent of the	thorize a review of and full di Town of Vassalboro, whether	sclosure of all recor	cords, or any ds are public,
records, including bac for alleged or actual v	ckground reports, complaints iolations of law, including co	s or grievances filed by or aga riminal, civil and/or traffic re wheresoever located, and to	closure of the records of emplaint, inst me, records of complaint, cords; the results of any polygonic include the records and records high I presently have, or have	graph examination llections of attor	ons; records of neys at law, or
life, for the specific p	ourpose of pursuing a backg	round investigation which i	and free access to the backgroom ay provide pertinent data for nt. It is my specific intent to urces of information specific	to provide acces	ss to personal
to the second second	on this release authorizatio tand that all materials pertain	n will be considered in deli	investigation which is devel ermining my suitability for tigation become the property	Chiployment by	
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			gh the said photocopy does no		
SIGNATURE:					
PRINT FULL NA	AME:				
STREET ADDRI	ESS:				
CITY, STATE, Z	IP CODE:				
CURRENT HOM	TE PHONE NUMBER				