

IN CHRONOLOGICAL ORDER, state each and every place you have resided since age 16:

From Mo. Yr.	To Mo. Yr.	Address	City/Town	State	Zip Code

ARREST, SUMMONS, ETC.

Have you ever been convicted for any violation of any laws, including moving traffic violations? _____(Y/N)

If Yes, list each instance below:

Date	Violation Actual Charge	Location City & State	Court Disposition or Sentence	Police Agency concerned

MILITARY SERVICE
(Answer all questions)

Have you ever served in a Military Organization of the United States? _____
Give period or periods of military service. (Active or Reserves)

From _____ To _____

From _____ To _____

From _____ To _____

Give branch of service _____

Were you ever court-martialed, tried on charges, the subject of Summary Court or received an Article 15? _____

If **“YES”**, give details of charges and disposition _____

Are you currently an Active or Inactive member of the Reserve Forces (*any branch*), or National Guard of the United States or any foreign government? _____

State which, active or inactive _____

Branch _____ Unit _____ Rank _____

Address _____ From _____ To _____

EDUCATION
(Answer all questions)

List all of the schools and colleges you have attended. Begin with High School

<u>School</u>	<u>Exact Address</u>	<u># of Years Attended</u>	<u>Degree Granted</u>
---------------	----------------------	--------------------------------	-----------------------

EMPLOYMENT HISTORY

(Answer all questions)

List below, **CHRONOLOGICALLY**, earliest dates first, each and every place in which you were employed. **OMIT NONE!** Give **CORRECT, FULL ADDRESSES**. Give dates of idleness between each period of employment, in proper order. **(Include all part-time employment)**

From Mo. & Yr.	To Mo. & Yr.	Name & Present Address of Employer	Position & Supervisor	Reason for Leaving
-------------------------------	-----------------------------	---------------------------------------------------	--------------------------------------	---------------------------

Do you have any objection to us contacting your present employer? _____

Do you possess:

A. Operator’s License? _____ Number _____ Issue Date: _____
Class: _____ State: _____

Did you ever possess an Operator’s license issued by any state other than Maine? _____

If “**YES**”, give City and State _____

When? _____

ARE YOU ABLE TO WORK ALL SHIFTS? _____

PERSONAL REFERENCES

LIST FIVE (5) PERSONAL REFERENCES, LOCAL IF POSSIBLE. DO NOT USE FORMER EMPLOYERS OR RELATIVES AS REFERENCES.

Name	Address & Zip Code	Tel. Number

WESTBROOK FIRE DEPARTMENT

GENERAL AUTHORIZATION FOR RELEASE AND WAIVER:

I hereby authorize any and all schools, physicians, hospitals, Armed Services, current and all previous employers, law enforcement agencies, any other person, organization or agency to furnish the Westbrook Fire Department, or its designated agent(s), any and all information, or documents which may be requested, including a consumer credit report; to allow the visual inspection and copy of all reports, photographs, or other documents.

I hereby waive any objection to the release of said information and grant to the Westbrook Public Safety Commission or its designated agent(s) any right I may have to said information. Further I hereby release all of the above, the City of Westbrook, and its designated agent(s) from any and all liability for any damage whatsoever arising therefrom.

I also authorize investigation of all statements made in my application for employment. I understand that in the event of my employment with the City of Westbrook, I shall be subject to dismissal if any of the information I have given in this application is false, or if I have failed to give any material information herein requested.

WITNESS

DATE

APPLICANT'S SIGNATURE DATE

CITY OF WESTBROOK

AFFIRMATIVE ACTION DATA FORM

(To be provided to all applicants for employment)

The information requested below is to fulfill the requirements of the Maine Human Rights Act. This form will be kept separate from your Application for Employment and will not be provided to any of the persons involved in the interview & selection process; nor will it become part of your personnel record. ***You are not required to provide this information.*** Your application for employment will be considered in the same manner whether or not you fill out this form

POSITION APPLIED FOR: _____ DATE: _____

NAME _____
Last First Middle

SEX: Male _____ Female _____

RACE: _____

NATIONALITY: _____
Give whatever predominates (i.e. French, Spanish, etc.) If no single nationality predominates, use "American"

REFERRAL SOURCE:

- Portland Press Herald
- American Journal
- Maine Employment Security Comm. (Job Bank)
- Word of Mouth
- Other – Please Specify

WHY DO YOU WANT TO BE A MEMBER OF THE WESTBROOK
FIRE DEPARTMENT / EMS DIVISION? WHAT CONTRIBUTIONS
DO YOU THINK YOU WOULD MAKE?

PRINT NAME_____

SIGNATURE_____