

WESTBROOK FIRE RESCUE DEPARTMENT

APPLICATION FOR EMPLOYMENT



PLEASE TYPE OR PRINT LEGIBLY

Date:

Name:

Last

First

Middle

Address:

Position Applied For:

Career

Part Time

Call

Fire

EMS

Per Diem

Home Phone #:

Alternate #:

Business #:

EMS License #:

Level

Branch of Military Service:

Serial#

Do you have any relatives that work for the City of Westbrook Yes No

If Yes, State Name & Relationship:

What is your FULL NAME (first, middle, last:

Give any other names you have used or have been known by (including nicknames):

Where do you presently reside?

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

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

ARREST, SUMMONS, ETC.

Have you ever been charged, cited, arrested or convicted for any violation of any laws, including moving traffic violations? Yes No

If Yes, list each instance below:

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

MILITARY SERVICE
(Answer all questions)

Have you ever served in a Military Organization of the United States? Yes No

Give period or periods of military service. (Active or Reserves)

From: To:

From: To:

From: To:

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? Yes No

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>
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PROFESSIONAL REFERENCES

LIST FIVE (5) PROFESSIONAL REFERENCES.

<u>Name</u>	<u>Address & Zip Code</u>	<u>Tel. Number</u>
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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
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Do you have any objection to us contacting your present employer? Yes No

Do you possess:

A. Operator's License? Yes <input type="checkbox"/> No <input type="checkbox"/>	Number:
Issue Date:	Class:
	State:

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

Yes No

If "YES", give City and State:

When?

ARE YOU ABLE TO WORK ALL SHIFTS? Yes No

WESTBROOK FIRE RESCUE 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 Police 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 NAME (PRINT)

WITNESS SIGNATURE / DATE

APPLICANT NAME (PRINT)

APPLICANT SIGNATURE / DATE

**WHY DO YOU WANT TO BE A MEMBER OF THE WESTBROOK
FIRE RESCUE DEPARTMENT? WHAT CONTRIBUTIONS DO
YOU THINK YOU WOULD MAKE?**

PRINT NAME:

SIGNATURE: _____ **DATE:** _____

**FAIR CREDIT REPORTING ACT CONSUMER DISCLOSURE AND GENERAL
AUTHORIZATION**

In connection with my application for employment with the City of Westbrook, Maine ("City"), I understand that a consumer report or investigative consumer report, as those terms are defined in the federal Fair Credit Reporting Act as amended ("FCRA"), 15 U.S.C. 1681 *et seq.*, may be obtained by the City from a consumer reporting agency ("Agency"). I further understand that the Agency may not give out information about me to the City without my written consent. It is also understood that the Agency may not report medical information about me to the City without my specific prior consent as to the release of such information, which is in addition to my general authorization herein.

I understand that an investigative consumer report is a special type of consumer report in which information about my character, general reputation, personal characteristics, and mode of living is obtained through personal interviews. In the event an investigative consumer report is obtained, I understand that I (a) am entitled to receive a summary of my rights, and (b) have the right to request additional disclosures provided for below as follows:

Upon my written request to the City within a reasonable period of time after my receipt of this *Fair Credit Reporting Act Consumer Disclosure and General Authorization*, the City shall make a complete and accurate disclosure of the nature and scope of the investigation requested. It is understood that this disclosure shall be made in writing mailed, or otherwise delivered, to me not later than five (5) days after the date on which the request for such disclosure was received from me or such report was first requested, whichever is later in time.

I hereby authorize the City now, or at any time while I am employed by the City, to obtain a consumer report or investigative consumer report on me, as applicable. This authorization does not include the release of my medical information. I further acknowledge that I have received a summary of my rights under the FCRA.

Applicant Signature	Date	Printed Name

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681 *et seq.*, at the Federal Trade Commission's Internet web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or state attorney general to learn those rights.

- ◆ **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address and phone number of the CRA that provided the consumer report.
- ◆ **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person had taken action against you because of the information supplied by the CRA, if you request the report within sixty days of receiving notice of the action. Where applicable, you also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within sixty days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- ◆ **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit. Unless your evidence is frivolous. The source must review your evidence and report its findings to the CRA. (The source must also advise national CRAs – to which it has provided data – of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- ◆ **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within thirty days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change in your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- ◆ **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to the CRA – that you dispute an item. They may not then report the information to the CRA without including a notice of your dispute. In addition, once you're notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- ◆ **Outdated information must not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- ◆ **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- ◆ **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- ◆ **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- ◆ **You may seek damages from violators.** If a CRA, a user of (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.