



# Auburn Fire Department

Application for Employment

AUBURN FIRE DEPARTMENT  
Attention: Deputy Chief Matthew Fifield  
550 Minot Ave., Auburn, Maine 04210  
(207) 333.6633 x5

## Personal Details

### Section I

Name	Last	First	MI

Current Address: City/Town, State, ZIP/Postal Code	How long at this address?
Email Address:	Cell #:

### Section II

Position(s) applied for:

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Can you perform your job for which you are applying with or without reasonable accommodation?

Yes\_\_\_\_\_ No\_\_\_\_\_

Have you ever served on any fire and/or police department? Yes\_\_\_\_\_ No\_\_\_\_\_ (If no, skip to section III)

If yes, type of service: Full Time\_\_\_\_\_ Volunteer\_\_\_\_\_

**Location/Department:**

**Dates of Service:**

**Reason for Leaving:**

**Section III**

**Please list any relatives working for the City of Auburn – Name, position, department, title:**

**Education & Previous Employment**

**Section IV**

**HIGH SCHOOL:**

Name of High School

Location

Did you graduate? (Y or N)

**Below, please account for all education/employment since high school. List most recent/current position first.**

**BUSINESS/TECHNICAL SCHOOL:**

Name of School

Course of Study

Dates of Attendance

Degree Attained

**COLLEGE:**

Name of College

Course of Study/Major

Dates of Attendance

Degree Attained

**JOB: (Most recent/current)**

Employer

Dates of Employment

Position

Reason for Leaving

Supervisor Name and Contact #

**JOB:**

Employer

Dates of Employment

Position

Reason for Leaving

Supervisor Name and Contact #

**JOB:**

Employer

Dates of Employment

Position

Reason for Leaving

Supervisor Name and Contact #

**JOB:**

Employer

Dates of Employment

Position

Reason for Leaving

Supervisor Name and Contact #

**JOB:**

Employer

Dates of Employment

Position

Reason for Leaving

Supervisor Name and Contact #

**Additional Information**

**Section V**

**If a veteran, what type of work-related experience or military training have you had?**

**Do you have a valid Maine Driver's license? Do you have a specialized driver's license? Explain.**

## Work-Related References

### Section VI

#### REFERENCE 1:

Name

Occupation

Relationship

Email Address

Phone Number

#### REFERENCE 2:

Name

Occupation

Relationship

Email Address

Phone Number

#### REFERENCE 3:

Name

Occupation

Relationship

Email Address

Phone Number

**PLEASE NOTE:** When submitting your application, please include a cover letter and a copy of your current resume

**Verification & Release**

**Section VII**

**Do you certify that all statements made on this application are true and complete to the best of your knowledge?** Yes\_\_\_\_ No\_\_\_\_

**Do you understand that any false statements or omissions will subject you to disqualification or dismissal?** Yes\_\_\_\_ No\_\_\_\_

**Please sign and date below indicating that you verify the two previous statements**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby authorize the release of the following information to representatives of the City of Auburn, including but not limited to the Human Resources Department and the Auburn Fire Department:

- 1. Complete transcript of all secondary and post-secondary scholastic records;
- 2. Complete record of all credit information;
- 3. Complete record of all past and present employment information;
- 4. A security clearance check;
- 5. Criminal background check;
- 6. Sex offender registry;
- 7. Motor Vehicle registration;
- 8. Driver's license number and state from which license was obtained;
- 9. Military Services records.

I realize that persons other than those listed as references may be contacted for job-related and personal character references, and I authorize that as well. I also agree to sign any other release forms required to obtain the above records.

**Please sign and date below indicating that you authorize the release of information above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE NOTE: Permanent employment will be contingent upon the successful results of a substance abuse test, a psychological evaluation, and a job-related medical exam/physical. These will be required prior to employment, but after a conditional offer of employment has been made.**

**ACKNOWLEDGMENT OF RISK AND LIMITED RELEASE OF LIABILITY**

Whereas, the City of Auburn, (hereinafter “the City”) requires candidates for the position of Firefighter and Police Officer to take (and pass) certain tests for agility and physical dexterity, as pre-condition to employment; and whereas, the individual named below is a candidate (hereinafter “the Candidate”) for the position of Firefighter; and whereas, said Candidate has had the nature and extent of the tests and the physical demands associated with them, fully and completely explained by the City; and whereas, said Candidate has made a full and complete disclosure to the City of the Candidate’s physical condition and represented to the City that the Candidate is unaware of any physical condition which should prevent or deter the candidate from taking the agility tests herein referred to and acknowledges that he/she should not take these tests if he/she had such a condition;

NOW THEREFORE, the Candidate, in consideration of being given the opportunity to apply for employment with the City, and the City, in consideration of the disclosures herein referred to, agree as follows:

1. That if said Candidate should sustain injury, damage or death as a result of participating in said tests, due to a known or unknown existing or pre-existing physical condition, the said Candidate hereby, for himself/herself, his/her heirs, successors and assigns, releases, acquits and forever discharges the City, its officers, agents, servants and employees, past and present, or and from any actions, causes of action, costs or expenses in any way growing out of, any and all known and unknown physical injury, damage or death.
2. That if the Candidate sustains injury, damage or death, during the taking of these tests for any other reason whatsoever, the Candidate retains whatever rights he/she may have as a result of said happening against the City or any other entity.
3. That the parties hereto have read this document, understand its terms and agree to be bound thereby.

Full Name of Candidate

Town/City of Residence

**Please sign and date below indicating that you understand and acknowledge the risk and limited release of liability above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date