



Auburn Fire Department

Application for Employment

AUBURN FIRE DEPARTMENT

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

Before Applying -

- Applicants must be 19 years of age and have completed high school or have passed a high school equivalent exam. **Candidates must have a valid driver's license and have a good driving record. Must also obtain (at a minimum) a basic EMT license by January 1, 2024.**
- Applicants must have a valid Maine EMS license or have the ability to receive reciprocity before being considered a candidate for the City of Auburn. Paramedics not currently certified as firefighters will be trained as firefighters in their first year at the AFD.
- **Deadline for submission of completed application packet is Sunday, August 13, 2023**
- A complete application packet consists of an application, current resume, and cover letter
- Candidates who meet the minimum qualifications **can attend one of the AFD Physical Agility tests scheduled for Tuesday, August 22 and Thursday, August 24, 2023. Times are TBA.**
- NOTE: If you have a CPAT card dated within the last 365 days, this will be accepted in lieu of participating in the Physical Agility testing
- If, based on your application, you are deemed *ineligible* for hire, AFD staff will contact you and you will not participate in the CPAT.
- **Below, please choose one option:**
 - I will participate in the 8/22/23 Physical Agility test
 - I will participate in the 8/24/23 Physical Agility test
 - I will submit my recent CPAT card in lieu of testing

If you pass the Physical Agility test your FF interview will be held on Wednesday, August 30, 2023 (time is TBD)

Section I

Personal Details

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:

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?

*** Veterans: Please provide your military discharge documents (DD214)**

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