

**BETHEL FIRE RESCUE  
9 Mill Hill Rd., Bethel, ME 04217**

**APPLICATION FOR EMPLOYMENT**

We consider all applicants for all positions without regard to race, color, ancestry, national origin, sex, sexual orientation (including gender identity and expression), physical or mental disability, religion, age, genetic predisposition, and any other characteristics protected by law. Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to this application and/or interview process should notify the Town Manager at 207-824-2669.

Position Applying For: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (Middle Name)

ADDRESS: \_\_\_\_\_  
(Street) (City / Town) (State) (Zip Code)

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

TELEPHONE NUMBER(S): \_\_\_\_\_ / \_\_\_\_\_  
(Home) (Cell)

E-MAIL ADDRESS: \_\_\_\_\_

Are you lawfully authorized to work in the United States? Yes      No  
*Proof of citizenship or immigration status will be required upon employment*

Have you been employed with Bethel Fire before? Yes      No

If yes, list date and position: \_\_\_\_\_

If this position requires driving, do you possess a valid Driver's License? Yes      No

**EDUCATION**

	High School	Undergraduate College/University	Graduate School	Other
<b>School Name &amp; Location</b>				
<b>✓ Year(s) Completed</b>	1    2    3    4	1    2    3    4	1    2    3    4	1    2    3    4
<b>Diploma/Degree &amp; Course of Study</b>				

Describe any other specialized training(s) or apprenticeships:

## EMS LICENSE & CERTIFICATIONS

(COPIES OF LICENSES AND CERTIFICATES MUST BE ATTACHED TO COMPLETED APPLICATION)

LICENSE #: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_ LEVEL: \_\_\_\_\_ STATE: \_\_\_\_\_

DO YOU HAVE ANY OF THE FOLLOWING TRAININGS?

HEALTHCARE PROVIDER CPR:	Yes	No	EXPIRATION:	_____
PALS	Yes	No	EXPIRATION:	_____
ACLS	Yes	No	EXPIRATION:	_____
PEPP	Yes	No	EXPIRATION:	_____
PHTLS	Yes	No	EXPIRATION:	_____
AVOC / EVOC	Yes	No	DATE TAKEN:	_____
12 LEAD COURSE	Yes	No	DATE TAKEN:	_____
OTHER:				

## FIREFIGHTING CERTIFICATIONS

(COPIES OF LICENSES AND CERTIFICATES MUST BE ATTACHED TO COMPLETED APPLICATION)

DO YOU HAVE ANY OF THE FOLLOWING TRAININGS?

FF 1	DATE: _____	PUMPS 1	DATE: _____
FF 2	DATE: _____	PUMPS 2	DATE: _____
EVOC /AVOC	DATE: _____	CPR	DATE: _____
HAZARDOUS MATERIALS LEVEL:	AWARENESS	OPERATIONS	TECHNICIAN

OTHER CERTIFIED COURSES

## EMPLOYMENT EXPERIENCE

(PLEASE PROVIDE THE FOLLOWING INFORMATION STARTING WITH MOST RECENT JOB)

FULL TIME    PART TIME    PER-DIEM    AVERAGE HOURS PER WEEK: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City / Town) (State) (Zip Code)

TELEPHONE NUMBER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

DUTIES /  
SKILLS:

REASON FOR LEAVING: \_\_\_\_\_

May we contact your present / prior employer?    Yes    No

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**FULL TIME**    **PART TIME**    **PER-DIEM**    **AVERAGE HOURS PER WEEK:** \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City / Town) (State) (Zip Code)

TELEPHONE NUMBER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

DUTIES / SKILLS: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

May we contact your present / prior employer?    Yes    No

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**FULL TIME**    **PART TIME**    **PER-DIEM**    **AVERAGE HOURS PER WEEK:** \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City / Town) (State) (Zip Code)

TELEPHONE NUMBER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

DUTIES / SKILLS: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

May we contact your present / prior employer?    Yes    No

<b>REFERENCES</b>
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List below name and telephone number of three business / work references not related to you. If not applicable, list three school or personal references not related to you.

(Name)	(Telephone #)	# of years known
(Name)	(Telephone #)	# of years known
(Name)	(Telephone #)	# of years known

**APPLICANT STATEMENT**

I CERTIFY THAT ALL INFORMATION IN THE ABOVE EMPLOYMENT APPLICATION IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY INFORMATION PROVIDED BY ME THAT IS FOUND TO BE FALSE, INCOMPLETE OR MISREPRESENTED IN ANY RESPECT, WILL BE SUFFICIENT CAUSE FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT THAT MAY BE NECESSARY IN MAKING ANY EMPLOYMENT DECISION.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand, and accept all terms of the forgoing Applicant Statement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Upon completion, submit this application to:

**Town of Bethel  
19 Main Street  
Bethel, ME 04217**

Or email: [info@bethelmaine.org](mailto:info@bethelmaine.org)