

Brooklin Fire Department

25 Bay Road
Brooklin, ME 04616

MEMBERSHIP APPLICATION

Full Name:

_____	_____	_____
First	Middle	Last

Mailing Address:

_____	_____	_____
PO Box or Street	Town	State & Zip Code

Physical Address:

if different from
mailing address

_____	_____	_____
Street	Town	State & Zip Code

How long have you
lived at this address?

Years

Phone Numbers:

_____	_____	_____
Home	Work	Mobile

Driver's License:

_____	_____	_____
Number	State	Exp. Date

Are you legally eligible to work in the United States?

Yes No

Are you under the age of 18?

Yes No

If yes, Date of Birth: _____

Do you have any health issues that you would like the Brooklin Fire
Department to know about?

Yes No

If yes, would you like to discuss them in complete confidence
with the Department Physician?

Yes No

Would you like to discuss them in confidence with another
Department Officer?

Yes No

If hired, are you willing to have a physical exam completed by the
Department Physician?

Yes No

This exam would be confidential and paid for by the department.

Are you vaccinated against hepatitis B? Yes No
If yes, can you provide the department with a record of vaccination? Yes No
Are you able to respond to calls when working? Yes No

Please check off the Brooklin Fire Department jobs that interest you:

<input type="checkbox"/> Firefighter - Structure Fires	<input type="checkbox"/> Emergency Medical Technician	<input type="checkbox"/> Pump Operator
<input type="checkbox"/> Firefighter - Outdoor Fires	<input type="checkbox"/> Vehicle Extrication (Jaws of Life)	<input type="checkbox"/> Truck Driver
<input type="checkbox"/> Incident Helper	<input type="checkbox"/> Motor Vehicle Accident Responder	<input type="checkbox"/> Traffic Control
<input type="checkbox"/> Dispatcher	<input type="checkbox"/> Office Administration	<input type="checkbox"/> Grant Writer

With proper training, would you be able to perform the essential functions of those jobs that you checked? Yes No

Can you be at the Brooklin Fire Station most Tuesday nights from 6:00 to 8:00? Yes No

Have you ever been a member of a fire department, rescue squad or similar organization? Yes No

If yes:

Organization Name

Address

Contact Person

Years of Service: from _____ to _____

Are you Interior Attack Qualified? Yes No

Are you FF1 level trained? Yes No

Are you FF2 level trained? Yes No

Can you provide your training records? Yes No

How did you hear about the Brooklin Fire Department?

Why do you wish to join the Brooklin Fire Department?

What can the Brooklin Fire Department Gain from your membership?

What do you expect to gain from your membership?

Work History:

Beginning with your present or most recent job, list employment held for the past five (5) years, including full time, part time, temporary and seasonal employment.

Include all periods of unemployment. Use the back page of this application and/or attach extra pages if necessary. Please indicate if you feel your present job would be in jeopardy if inquiries are made.

From: Month: _____, Year: _____ **To:** Month: _____, Year: _____

Employer: _____

Address: _____

Phone Number: _____

Job Title: _____

Supervisor: _____

Reason for Leaving: _____

From: Month: _____, Year: _____ **To:** Month: _____, Year: _____

Employer: _____

Address: _____

Phone Number: _____

Job Title: _____

Supervisor: _____

Reason for Leaving: _____

From: Month: _____, Year: _____ **To:** Month: _____, Year: _____

Employer: _____

Address: _____

Phone Number: _____

Job Title: _____

Supervisor: _____

Reason for Leaving: _____

Education History:

Did you graduate high school? Yes No

If no, do you have your GED? Yes No

If no, highest grade completed _____
grade

High School:

Name

Location (Town and State)

Do you have a post-graduate degree? Yes No

If yes, check degree(s): _____
AB BS/BA MS/MA PhD

Post Graduate School:

Name

Location (Town and State)

Additional Post Graduate School:

Name

Location (Town and State)

References:

List three (3) people who are not related to you by blood or marriage and are familiar with your education or work experience:

_____	_____
Name of Referenced Person	Phone Number
_____	_____
Name of Referenced Person	Phone Number
_____	_____
Name of Referenced Person	Phone Number

May we contact your employers and references? Yes No

Background:

Have you ever been disciplined, discharged and asked to resign from a prior position? Yes No

Have you ever resigned from a prior position after a complaint had been received against you or your conduct was under investigation or review? Yes No

Has your contract in a prior position ever been non-renewed? Yes No

Have you ever been charged or investigated for sexual abuse or harassment of another person? Yes No

Have you ever been convicted of a crime other than a minor traffic offense? Yes No

Have you ever entered a plea of *guilty* or *no contest (nolo contendere)* to any crime other than a minor traffic offense? Yes No

Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty, court cost and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime other than a minor traffic offense? Yes No

If you answered Yes to any of the previous questions, provide full details below, including, with respect to court actions, the date, offense in question and address of the court involved. Use the back page of this application and/or attach additional sheets if necessary. Conviction or disposition of a crime is not an automatic bar to employment.

My signature below constitutes authorization to check my personal history, including without limitation, all employment, criminal arrest and conviction records, references and release of any investigative information possessed by any state, local or federal agency.

I further authorize those persons, agencies or entities that the Brooklin Fire Department and the Town of Brooklin contact in connection with my employment application to fully provide the Brooklin Fire Department and the Town of Brooklin with any information on the matters set forth above.

I expressly waive in connection with any request for or provision of such information any claims, including without limitation, defamation, emotional distress, invasion of privacy or interference with contractual relations that I might otherwise have against the the Brooklin Fire Department and the Town of Brooklin, its agents and officials, or against any provider of such information.

I understand that information submitted in and with this application may be disclosed to the Board of Directors of the Brooklin Volunteer Fire Company and officials with the Town of Brooklin. I give my consent to this disclosure.

I also understand that employment can not be finalized until I have completed requirements for complete background checks.

Signature	Date
Print Name	

All application materials become the property of the Brooklin Fire Department. None will be returned. Providing any false or misleading information on this membership application or membership screening process shall be fully sufficient grounds to refuse to accept applicant or, if the applicant has been accepted, to immediately dismiss the applicant/member.

Application Form Adopted by the Brooklin Volunteer Fire Company at the monthly meeting on November 10, 2009