



City Building
11 Church St., P.O. Box 413
Calais, ME 04619
207-454-2521
207-454-2757
www.calaismaine.org

EMPLOYMENT APPLICATION

POSITION APPLIED FOR \_\_\_\_\_

HOW DID YOU HEAR OF THIS OPENING? \_\_\_\_\_
Use an additional sheet if necessary

PERSONAL DATA

NAME: \_\_\_\_\_
First M.I. Last

PRESENT ADDRESS: \_\_\_\_\_
Street City State Zip

TELEPHONE NUMBER: \_\_\_\_\_ HOW LONG AT PRESENT ADDRESS \_\_\_\_\_

WORK FOR CITY BEFORE? \_\_\_\_\_ NO \_\_\_\_\_ YES

PREVIOUS JOB TITLE \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

LIST ANY FRIENDS\RELATIVES NOW WORKING FOR CITY \_\_\_\_\_

HAVE YOU EVER BEEN BONDED \_\_\_\_\_ NO \_\_\_\_\_ YES WHEN\HOW LONG \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THE PAST 10 YEARS (Excluding Traffic Violations)? \_\_\_\_\_ NO \_\_\_\_\_ YES

LIST CONVICTIONS \_\_\_\_\_

HAVE YOU EVER BEEN KNOWN BY ANOTHER NAME (including maiden name)? \_\_\_\_\_ NO \_\_\_\_\_ YES

PLEASE SPECIFY \_\_\_\_\_

DO YOU HAVE A VALID DRIVER'S LICENSE? \_\_\_\_\_ NO \_\_\_\_\_ YES

LICENSE # \_\_\_\_\_ STATE: \_\_\_\_\_ CLASS: \_\_\_\_\_

An Equal Opportunity Employer and Provider

"In accordance with Federal Law and USDA Policy, this institution is prohibited from discriminating on the basis of race, color, nation origin, sex, age, or disability ( not all prohibited bases apply to all programs). To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights Room 326-W, Whitten Building 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 1-800-795-3272 (voice) or 202-720-6382 (TDD) USDA is an equal opportunity provider and employer.



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Employment History

LIST ALL EMPLOYERS STARTING WITH MOST RECENT. INCLUDE MILITARY SERVICE. USE ADDITIONAL SHEETS IF NECESSARY.

COMPANY NAME ADDRESS CITY/STATE/ZIP SUPERVISOR FROM TO FINAL SALARY PER JOB TITLE DUTIES REASON FOR LEAVING

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COMPANY NAME ADDRESS JOB TITLE

ADDRESS DUTIES

CITY/STATE/ZIP

SUPERVISOR

FROM TO REASON FOR LEAVING

FINAL SALARY PER

COMPANY NAME ADDRESS JOB TITLE

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FINAL SALARY PER

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ADDRESS DUTIES

CITY/STATE/ZIP

SUPERVISOR

FROM TO REASON FOR LEAVING

FINAL SALARY PER

MAY WE CONTACT ANY OR ALL EMPLOYERS? NO YES

IF NO, PLEASE SPECIFY

SIGNATURE

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Calais Fire Department
AUTHORIZATION FOR RELEASE OF
PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize and review of and full disclosure of all records or any part thereof, concerning myself, by and to the Calais Fire Department, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions financial or credit institutions, including records of deposits, withdrawals, and balances of checking and savings accounts and loans, and also the records of commercial or retail credit agencies (including hospitals, clinics, private practitioners and the U.S. Veteran's Administration; public utilities; employment and pre-employment records to include full content of personnel file, including background reports, sufficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal 'property tax statements. and records, wherever filed; records of complaints, arrest, trial and/or conviction for alleged or actual violations of the law, including criminal and/or traffic records; records of complaints or a civil nature made by or against me, where-so-ever located, and to include the records and recollection of attorneys-at-law or of other counsel, whether, representing me or another person in any case in which I presently have or have had an interest. It is the intent of this authorization to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Calais Fire Department, to consider in determining my suitability for employment by that department. It is my specific Intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the personal history background investigation that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Calais Fire Department. I have had this explained to me and I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print :

Address:

DOB: \_\_\_\_\_ S.S. No: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness:

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