



Chief Pete Metcalf

Veazie Fire Department
1084 Main Street, Veazie, ME 04401
Phone: (207) 945-5627

Dear Fire Department Applicant:

Thank you for your interest in the Veazie Fire Department and with fire service. Being a firefighter is one of the most rewarding professions whether you volunteer, are part-time or full-time. We look forward to reviewing your application and meeting you. In addition to completing this application, you must also complete or provide certificates for training on the National Incident Management System (NIMS). These include IS-700: National Incident Management System, An Introduction and ICS-100: Introduction to the Incident Command System. If you already have these certifications please provide them with your application.

The NIMS program provides a consistent and common approach and vocabulary to enable the whole community to work together seamlessly and manage all threats and hazards. NIMS applies to all incidents, regardless of cause, size, location, or complexity. (FEMA 2017)

This training is required by all first responders.

You may find IS-700 and IS-100 at the following website: <https://training.fema.gov/nims/> Once you find the training course, click on the links and follow the online directions for completion. Once these are successfully completed, please provide the email verification or copy of the certificates.

Thank you again for your interest.

Reference

National Incident Management System, (n.d.). Retrieved April 16, 2017, from <https://www.fema.gov/national-incident-management-system>

FIRE PREVENTION IS EVERYBODY'S BUSINESS



1084 Main Street, Veazie, Maine 04401
TEL: 207.947.2781 FAX: 207.945.1654

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR: _____

Instructions to Applicants: (1) Type or **print** in ink. (2) Answer each question clearly and completely. (3) ALL statements made are subject to investigation and verification. (4) If more space is required, use separate sheet(s) of paper.

NAME: _____
(Please Print)

ADDRESS: _____

MAILING ADDRESS *(if different)*: _____

TELEPHONE #: (home) _____ (cell) _____

EMAIL: _____

How did you hear about this opening?

- Advertisement Friend/Relative Walk-in Other

Have you ever been employed by the Town of Veazie? Yes No

If yes, give the Department and dates: _____ From _____ To _____

Give the name and relationship of any present Town Employee related to you: _____

On what date would you be available to work? _____

Are you employed now? Yes No

May we contact your present employer? Yes No

EDUCATION AND TRAINING

Highest grade completed: _____ Name of School: _____ Location: _____

School Address: _____ Telephone #: _____

Colleges or Universities attended	No. years attended	Major Subjects	Degree/Certificate
_____	_____	_____	_____
_____	_____	_____	_____

Business, Trade or Correspondence Schools

Skills possessed: (i.e., computer, equipment operation, mechanical)

Special Licenses:

ME Class #1 Driver's License #: _____ Class _____ License #: _____ Other _____

List below, in order, the positions which you have held. Include any periods served in the Military. Show your present or most recent job first. Under "Description of Duties", list kind of work responsibilities, and the number of employees and kind of position supervised, if any. Use additional sheets if needed:

From _____ To _____ Title/Position _____

Name and Address of Employer: _____ Telephone #: _____

Description of Duties: _____

Name of Your Supervisor: _____ Number of Hours/Week _____

Reason for leaving: _____

From _____ To _____ Title/Position _____

Name and Address of Employer: _____ Telephone #: _____

Description of Duties: _____

Name of Your Supervisor: _____ Number of Hours/Week _____

Reason for leaving: _____

From _____ To _____ Title/Position _____

Name and Address of Employer: _____ Telephone #: _____

Description of Duties: _____

Name of Your Supervisor: _____ Number of Hours/Week _____

Reason for leaving: _____

The Town of Veazie is an Equal Opportunity Employer. This statement of policy means the Town is committed to providing equal employment opportunity for the participation of all qualified persons in the job classifications without regard to race, color, sex, marital status, age, religion, national or ethnic origin, physical or mental disability, veteran status, sexual orientation, gender identification, or any other protected class under federal and/or state law.

Applicant's Certification and Agreement - PLEASE READ CAREFULLY

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature of Applicant: _____

Date Signed: _____