

SOUTH THOMASTON FIRE DEPARTMENT

125 Spruce Head Road, P.O. Box 147 South Thomaston, ME 04858-0147

http://town.south-thomaston.me.us/firedepartment.html Email: sothomaston/dchief@gmail.com Bryan Calderwood, Fire Chief David Elwell, Deputy Chief Gerald Harjula, Asst Chief

Tel: 207-593-9380

SOUTH THOMASTON FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

NAME:	TELEPHONE #
ADDRESS:	
ARE YOU UNDER 18 YEARS OF AGE	? IF SO, YOUR AGE
	SSENTIAL FUNCTIONS OF THE JOB OF FIRE REQUIREMENTS, IF PROVIDED WITH
	OF BURGLARY, THEFT OR ARSON?
DO YOU HAVE A VALID MAINE DRIV	ERS LICENSE? LICENSE#
ARE YOU CURRENTLY EMPLOYED?	
IF YES, NAME OF EMPLOYER?	
MAY WE CONTACT YOUR EMPLOYE	R?
CERTIFICATION OF APPLICANT: (read caref	
I HEREBY CERTIFY THAT ALL STATEMENTS BEST OF MY KNOWLEDGE AND THAT ANY SUBJECT ME TO DISQUALIFICATION OR DI	S IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE MISSTATEMENTS OR OMISSION OF MATERIAL FACTS MAY SMISSAL.
CIONATURE	



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RELEASE OF INFORMATION

I understand that in order to assess my qualifications for the above referenced position a full background investigation is necessary. I, therefore, authorize the Town of South Thomaston to research information for investigation which may include verification of financial management check, contacting persons, institutions, government and law enforcement agencies for character references and record history information. All the information and materials I have provided to the Town of South Thomaston as part of the employment process are accurate and truthful.

I authorize all my present and previous employers or references to furnish information concerning me personal character, habits, or employment performance. I also authorize schools which I have attended to provide verification of educational attainment and other relevant information.

Date of Birth	Driver's License Number
Name	Date