

GORHAM FIRE /RESCUE EMPLOYMENT APPLICATION

DATE : _____

LAST NAME: _____ FIRST NAME: _____ INITIAL: _____

ADDRESS: _____ (e-mail address) _____

CITY: _____ STATE _____ ZIP CODE: _____

HOME TEL. #: _____ WORK # : _____ PAGER#: _____

POISTION APPLYING FOR:

FIRE FIGHTER: _____ RESCUE MEMBER: _____ FIRE POLICE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE #: _____ STATE: _____ EXPIRATION DATE: _____

LAST YEAR OF SCHOOL COMPLETED: _____

CURRENT PLACE OF EMPLOYMENT: _____

SUPERVISOR: _____ TELEPHONE #: _____

PREVIOUS FIRE DEPARTMENT EXPERIENCE: YES: _____ NO: _____

PLEASE ATTACH COPIES OF ANY TRAINING CERTIFICATES YOU HAVE RECEIVED

CPR CERTIFIED: YES: _____ EXPIRATION DATE: _____ NO: _____

LIC/LEVEL: EMT-B _____ INTER: _____ PARAMEDIC: _____ ID#: _____ EXP.: _____

REFERENCES:

PLEASE LIST AT LEAST THREE (3) ALONG WITH THEIR TELEPHONE NUMBERS:

WHY DO YOU WANT TO JOIN THE FIRE/RESCUE DEPARTMENT?

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

SIGNATURE OF APPLICANT: _____ DATE: _____

Town of Gorham

Authorization for Release of Information

I _____, Date of Birth _____,
Social Security Number _____, hereby authorize the Gorham Police
Department to conduct all necessary background checks, including a criminal and motor vehicle
background check. This authorization is given freely, relative to my request with the Town of Gorham.

Dated at Gorham, Maine this _____ day of _____, 200__.

Signature _____

Witness _____

Form I-9, Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

<p>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</p>	<p>I attest, under penalty of perjury, that I am (check one of the following):</p> <p><input type="checkbox"/> A citizen of the United States</p> <p><input type="checkbox"/> A noncitizen national of the United States (see instructions)</p> <p><input type="checkbox"/> A lawful permanent resident (Alien #) _____</p> <p><input type="checkbox"/> An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)</p>
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Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name (if applicable)	B. Date of Rehire (month/day/year). (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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Form W-4 (2010)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

- A Enter "1" for yourself if no one else can claim you as a dependent **A** _____
- B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. **B** _____
- C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____
- D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D** _____
- E Enter "1" if you will file as head of household on your tax return (see conditions under **Head of household** above) **E** _____
- F Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit **F** _____

(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

- G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. **G** _____
- H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) **H** _____
- For accuracy, complete all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 2010
1 Type or print your first name and middle initial.		Last name		2 Your social security number
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 _____
6 Additional amount, if any, you want withheld from each paycheck				6 \$ _____
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here 7 _____				
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.)			Date	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)	10 Employer identification number (EIN)

FORM W-4ME

MAINE Employee's Withholding Allowance Certificate

1. Type or print your First Name, M.I., Last Name; 2. Your Social Security number; 3. Single, Married, Married, but withholding at higher Single Rate; 4. Total number of allowances; 5. Additional amount; 6. Exemption selection.

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances or the exemption claimed on this certificate.

EMPLOYEE'S/PAYEE'S SIGNATURE

(Form is not valid unless you sign it.)

Date

TO BE COMPLETED BY EMPLOYER/PAYER (see Instructions)

7. Employer/Payer name and address; 8. Employer/Payer Identification Number; 9. Employer/Payer Contact Person; 10. Contact Person's Phone Number.

Cut here and give the certificate above to your employer. Keep the part below for your records.

Employee/Payee Instructions

Purpose: Complete Form W-4ME so your employer/payer can withhold the correct Maine income tax from your pay.

General instructions: If you qualify for one of the Maine exemptions from withholding, please complete lines 1, 2, 3 and 6, and sign the form.

Box 3. Select the marital status that applies to you. Married individuals have the option of withholding at the higher single rate.

Line 6. Exemptions from withholding:

- Line 6a. You may check this box if you claimed "Exempt" on line 7 of your federal Form W-4. Do not check this box if you want Maine income taxes withheld even though you are exempt from federal withholding.
Line 6b. You may check this box if you completed federal Form W-4P and put a check in the box on line 1. Do not check this box if you want Maine income taxes withheld even though you are exempt from federal withholding.

Line 6c. You may elect this exemption if you are an employee receiving wages and you meet both of the following conditions:

- 1. You had no Maine income tax liability last year, and
2. You reasonably expect to have no Maine income tax liability this year.

This exemption will expire at the end of the year and you must complete a new Form W-4ME for next year or you will be subject to Maine withholding at the maximum rate.

Line 6d. You may elect this exemption if you receive periodic retirement payments pursuant to IRC § 3405, you had no Maine income tax liability in the prior year and you reasonably expect you will have no Maine income tax liability this year.

Note: You may be subject to penalty if you do not have sufficient withholding to meet your Maine income tax liability.

Personal Allowances Worksheet

A. Number of allowances claimed on federal Form W-4, line 5 or Form W-4P, line 2.
B. Less: Number of allowances claimed on federal Form W-4 Personal Allowances Worksheet, line G for the Child Tax Credit.
C. Number of allowances for Maine purposes (line A minus line B); See general instructions above if you want to claim fewer allowances or more allowances than claimed for federal purposes.

**GORHAM FIRE DEPARTMENT
OSHA RULE/HEPATITIS B AND TUBERCULOSIS VACCINES**

TO: ALL NEW FIRE DEPARTMENT APPLICANTS:

The bloodborne Pathogen Rule from OSHA has been adopted and each agency must comply to the standard. The standard has many sections to comply with. A top priority for the department is to adhere to the offering of Hepatitis Vaccine and Tuberculosis exposed to potential occupational hazard from bloodborne pathogens. You are encouraged to receive the T-B inoculation and the HBV vaccination series. These will be provided and paid for by the department.

If you choose to decline these vaccines, a Declination must be signed for each type of inoculation and be placed in your personnel file. However, if you wish to be vaccinated at a latter time, the vaccine will still be offered to you.

If these forms have not been completed, you will not be allowed to fun fire or rescue calls until which time they have been completed.

Shots/inoculations are offered once a month before the beginning of the rescue meetings – the first Thursday of the month. Listen for the announcements.

HAVE YOU COMPLETED THE SERIES FOR HEPATITIS B? YES NO

IF "YES". PLEASE PROVIDE DOCUMENTATION OF THESE RECORDS AND ATTACH THEM TO THIS FORM.

HAVE YOU HAD AN INOCULATION FOR TUBERCULOSIS WITHIN THE PAST 6 MONTHS?

YES NO

IF "YES", PLEASE PROVIDED DOCUMENTATION OF THESE RECORDS AND ATTACH THEM TO THIS FORM.

DO YOU DECLINE EITHER OF THESE INOCULATIONS?

HEPATITIS B SERIES: YES NO

IF "YES", PLEASE SIGN BELOW – INDICATING THAT YOU DO NOT WANT THE DEPARTMENT TO PROVIDED YOU WITH THE SERIES OF HEPATITIS B SHOTS.

SIGNATURE: _____ DATE: _____

TUBERCULOSIS:

TUBERCULOSIS TESTS ARE MANDATED BY OSHA. AS PART OF THAT REQUIREMENT YOUR SIGNATURE BELOW WILL SIGNIFY COMPLIANCE.

SIGNATURE: _____ DATE: _____

SIGNING THESE DECLINATIONS WILL RELEASE THE GORHAM FIRE DEPARTMENT OF ANY LIABILITIES AND ASSIGN RESPONSIBLTY TO YOU IF SHOULD YOU AQUIRE EITHER OF THESE CONDITIONS.

Gorham Fire Department

Robert Lefebvre, Chief
Telephone (207) 839-6762
Fax (207) 839-7753

Central Station, 270 Main Street, Gorham, Maine 04038-1382

Town of Gorham orientation

1. A department of 110 members
2. Chain of Command: **You must properly follow the chain of command with any issue, complaint, question or general correspondence...Your first stop is your Company Officer.**
3. 6 district stations (three shared)/North Gorham, Standish/South Windham, Gorham/North Scarborough, Gorham Fire Dept. (Standard Operating Procedures available at each station.) If living in a shared station district you must apply to both Towns.
4. You will be on probation during your training period. (three months). If training is not completed on the apparatus you're assigned to within the three month time period; or to the Officer's satisfaction, you may be terminated. Once training is completed you will be on probation for an addition three months, for a total of six months with a complete review of your duty status and operations ability. If found to be unsatisfactory, you may be terminated. Your status will be reviewed quarterly by your company Officer who will then report to the Station Captain.
5. If a member of Rescue only, you will be a member of Central Station
6. **All Fire members** at the end of the six months probation will have a review of their status including driver training, attending meetings, trainings and responding on calls. If the review is favorable they may apply to take the in-house FFI class. (Rookie school 200 hours over a period of 5 months)
Contract required.
7. **All Rescue members** at the end of the six months probation will have a review of their status including the required 24 hours of duty time monthly. If the review is favorable they may apply to the Chief's office to take an EMT Basic course. (120 hour class, 2 nights per week with some Saturdays, approximately 4 months.) **Contract required.**
8. Must attend monthly meetings the first full week of the month. Rescue meeting, third Thursday of the month just prior to training.
 - a. Central: Wednesday
 - b. Little Falls: Wednesday
 - c. North Gorham: Sunday
 - d. West Gorham: Thursday
 - e. White Rock: Wednesday
 - f. North Scarborough: Wednesday
9. Weekly trainings are open to all members; approximately 2 hours starting @ 1830 or 1900 hours.
10. Fire payroll and training pay is based on curriculum based level training
11. Rescue pay is based on level of license.
12. Minimum of 24 hours of duty time per month required (**rescue**)
13. Respond to calls, attend trainings to maintain level 2 and attend meetings (**fire**)
14. Commitment for the Town is \$2,500.00 for administrative/pre-employment cost, gear, training etc.
15. Rookie school and EMT course **may not** be taken within the same calendar year from date of hire.
16. Field training required for new EMS member.
17. Fire apparatus operator 3 driving hours/3 pumping hours, with the exception of the " Quint " in District 3. This requires 6 hours of driving and 4 hours of operations. Testing by company Officer after training, more training may be required/Company Officer's discretion.

18. Pre-employment physical required before hire, respiratory questionnaire completed based on employee's age every 5,2,1 year/s or Physician's discretion.
19. Mandatory trainings each year
 - a. Hepatitis-B, shots or waiver if declined
 - b. Workplace Harassment
 - c. Blood borne pathogens
 - d. Airborne pathogens
 - e. Respiratory Protection
 - f. Fit testing (SCBA and N-95)
 - g. Driver re-certification (bi-annually)
 - h. Protected Health Information
 - i. Haz Mat R&I
 - j. TB testing
 - k. Extinguishers
 - l. OSHA respiratory questionnaire when applicable

SIGNATURE: _____ DATE: _____

PAYROLL BANK DEPOSIT FORM

Employee Name _____ Employee # _____

Bank or Credit Union _____

I hereby authorize you to deduct the following from my pay:

\$ _____ / / each pay period or / / net pay until further notice from me, and
transmit same currently to the above named bank or credit union.

/ / start / / change Effective Date _____

***For a checking account: a voided check or deposit slip must be submitted with this request.
For a savings account: if do not have a pre-printed deposit slip, please provide the bank
routing number with this request***

Employee Signature

Date Signed

This deduction is to be credited as follows:

\$ _____ Savings/Shares Account # _____

\$ _____ Checking/Share Drafts Account # _____

If you choose to transmit to more than one bank or credit union, you must fill out a separate form for each institution.

=====

Office Use Only

ABA # _____

Bank nn _____

DED # _____

1st Pre-note _____