



## APPLICATION FOR EMPLOYMENT TOWN OF GORHAM, MAINE

Gorham, ME 04038

[www.gorham-me.org](http://www.gorham-me.org)

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify the HR Director at 222-1651.

### **PLEASE TYPE OR PRINT LEGIBLY**

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reference Source ☐ Advertisement ☐ Employee ☐ Walk-in  
☐ Temporary Agency ☐ Relative ☐ Other

Name of source (if applicable) \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Town/State Zip

Telephone # \_\_\_\_\_ Cell/Alternate Phone# \_\_\_\_\_

Email Address \_\_\_\_\_

Date available \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Type of employment desired ☐ Full time ☐ Part Time ☐ Seasonal ☐ Temporary

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

If yes, give dates and name of position held: \_\_\_\_\_

Are you legally eligible for employment in this country? ☐ Yes ☐ No

Are you at least 18 years of age? ☐ Yes ☐ No

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, please provide dates and details:

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*Answering "yes" to these questions does not constitute automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. Top candidate(s) for positions will be provided with a release/authorization form in order for the Town to conduct a background investigation.*

If the position sought requires driving, can you provide a valid driver's license? ☐ Yes ☐ No



## EMPLOYMENT HISTORY

Provide the following information of your past and current employers, assignments or volunteer activities, **starting with the most recent** (use additional sheets if necessary). Please explain any gaps in employment in comments section below.

**Employer** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Immediate Supervisor** \_\_\_\_\_

**Describe Responsibilities and Duties:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

**Start Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **End Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **May we contact employer for a reference?** ☐ Yes ☐ No

**Employer** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Immediate Supervisor** \_\_\_\_\_

**Describe Responsibilities and Duties:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

**Start Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **End Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **May we contact employer for a reference?** ☐ Yes ☐ No

**Employer** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Immediate Supervisor** \_\_\_\_\_

**Describe Responsibilities and Duties:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

**Start Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **End Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **May we contact employer for a reference?** ☐ Yes ☐ No

**Additional comments, including explanation of any gaps in employment:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SKILLS AND QUALIFICATIONS - Check any/all that apply:

Confined Space Certification (Check Level): ☐ Operations ☐ Tech ☐ Awareness

Hazmat Certification (Check Level): ☐ Tech ☐ Operations

EVOC/AVOC Certification: ☐ Yes ☐ No

Certified Fire or EMS Instructor: ☐ Yes ☐ No

Prior Military Service: ☐ Yes ☐ No

Current Maine EMS License: ☐ Yes ☐ No

**IF YES**, Level/Expiration Date: ☐ EMT ☐ Intermediate ☐ Paramedic Expiration Date: \_\_\_\_\_

Other: \_\_\_\_\_

## EDUCATION

List last three (3) schools attended, **starting with most current**. Indicate degree or diploma earned, if any.

1. \_\_\_\_\_  
School Degree/Diploma

2. \_\_\_\_\_  
School Degree/Diploma

3. \_\_\_\_\_  
School Degree/Diploma

## REFERENCES

List below name and telephone of three business/work references *not* related to you and are not previous supervisors. If not applicable, list three school or personal references *not* related to you.

1. \_\_\_\_\_  
Name Telephone Number # of years known

2. \_\_\_\_\_  
Name Telephone Number # of years known

3. \_\_\_\_\_  
Name Telephone Number # of years known

## APPLICANT STATEMENT

I certify that all information in the above employment application is true, complete and correct to the best of my knowledge. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause for dismissal. I authorize investigation of all statements contained in this application for employment that may be necessary in making an employment decision.

I certify that I have read, fully understand, and accept all terms of the forgoing Applicant Statement.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Upon completion, submit this application by mail or email to:

Robert Lefebvre, Fire Chief  
Gorham Fire Department  
270 Main Street, Gorham, ME 04038  
[Rlefebvre@gorham.me.us](mailto:Rlefebvre@gorham.me.us)

*~ The Town of Gorham is an equal opportunity employer ~*