

Ogunquit Fire Rescue
23 School Street
Ogunquit, Maine 03907

APPLICATION FOR MEMBERSHIP

Date of Application: _____	Signed: _____	Dated: _____
Date Received: _____	Signed: _____	Dated: _____
Date Processed: _____	Signed: _____	Dated: _____

Position(s) Applying for: EMT Firefighter Both Lifeguard

Name: _____

Nickname/Known by: _____ Maiden Name: _____

Date of Birth: Mo ____ Day ____ Yr ____ Place of Birth: _____

(City) (State)

SS# _____

Street Address: _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone#: (Home) () (Work) ()

(Pager) () (Cell Phone) ()

Driver's License#: _____	Class: _____	State: _____	
Status:	<input type="checkbox"/> Valid	<input type="checkbox"/> Suspended	<input type="checkbox"/> Other
Explain: _____			

Height: _____ Weight: _____ Sex: Male Female (This line is optional)

Person(s) to Notify in Case of Emergency:

(Name) (Relationship) (Telephone)

(Name) (Relationship) (Telephone)

AUTHORIZATION TO RELEASE INFORMATION:

I, _____, hereby request and authorize you to furnish to the Ogunquit Fire Rescue, Fire Chief or his representative, any information they may request concerning my work record, educational history, military record, criminal record or drivers license record. This authorization is specifically intended to include all information of confidential nature as well as photocopies of such documents, if requested. The information will be used for determining my eligibility for employment and/or membership with the Ogunquit Fire Rescue.

I hereby release you and/or your organization from any liability, which may result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a Firefighter, Emergency Medical Technician or Lifeguard.

Name of Applicant: _____ Date: _____
(Please Print)

Signature of Applicant: _____ Date: _____

Have you ever been convicted of a crime after your 18th birthday? Yes No

Explain:

APPLICANT DECLARATION

I understand that all appointments to the *Ogunquit Fire Rescue* are probationary for a minimum of 6 months and that any appointment tendered me will be contingent upon my character and history investigation and I am aware that willfully withholding information or making false statements on this application will be a basis for dismissal from the *Ogunquit Fire Rescue*. I agree to these conditions and hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

Name of Applicant: _____ Date: _____
(Please Print)

Signature of Applicant: _____ Date: _____



APPLICATION ADDENDUM

Ogunquit Fire Department Application Process and Procedures

Please note that in addition to the application for membership the following will also be required at the discretion of the Fire Chief and the Town Manager.

- High School Diploma or GED required.
- References must be furnished and will be contacted by the Fire Chief.
- All applicants will be subject to a physical and psychological examination at Town expense.
- A three (3) person screening committee interview, with favorable report to the Town, is required.