



# MADAWASKA FIRE DEPARTMENT

428 MAIN ST  
MADAWASKA, ME 4756  
Tel—(207) 728-7716 \* Fax—(207) 728-3613

## APPLICATION FOR EMPLOYMENT

Re: 2-2010

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you older than 18?  yes  no If not, birth date \_\_\_\_\_

Are you a U.S. Citizen?  yes  no Social Security # \_\_\_\_\_

If the previous answer was no, are you lawfully able to work in this country? \_\_\_\_\_

Do you have a driver's license?  yes  no Class of License? \_\_\_\_\_

Driver's License number \_\_\_\_\_ Position applied for: \_\_\_\_\_

Do you have a means of transportation yes  no  Do you have a passport?  yes  no

Please list the name of the school(s) you have attended, the years attended, and degree obtained:

Name of School: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Degree/Diploma \_\_\_\_\_

Please list any additional skills you may have: \_\_\_\_\_

Please list the names and address of the companies you have been employed with, the name of the supervisor, A correct phone number for the company, the dates of the employment, and your reason for leaving the company.

Name of Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Name of Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for leaving \_\_\_\_\_



**MADAWASKA FIRE DEPARTMENT  
PERSONAL ADMINISTRATIVE ROSTER**

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
\_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
\_\_\_\_\_

D. O. B. \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
HIRE DATE: \_\_\_\_\_

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**EMERGENCY CONTACT**

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
\_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
\_\_\_\_\_

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**ADMINSTRATIVE INFORMATION**

SSN# \_\_\_\_\_ GENDER: \_\_\_\_\_  
RACE: \_\_\_\_\_

DRIVER LIC # \_\_\_\_\_ EXPIRES DATE: \_\_\_\_\_  
CLASS TYPE: \_\_\_\_\_

**BENEFICIARY**

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
\_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
\_\_\_\_\_

Relationship \_\_\_\_\_



STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**Maine Background Check Center**  
Notification and Authorization and Release

Position(s) Applied for:
Applicant / Employee Full Legal Name: (First, Middle, Last)
Address:
Date of Birth:
Occupational or Professional Licensing Identification Numbers and Type (if applicable):

**Notice to the Applicant / Employee**

This employer has offered you a job contingent upon a clear background check. The employer requires you to consent to the comprehensive background check. Your eligibility to work in this position is dependent upon whether you have a disqualifying offense in your background.

You must authorize a release of information relevant to your background, including your criminal history records and any substantiations for child or adult abuse. This information will be sent to the Maine Background Check Center and other Federal or State agencies as needed to investigate your background.

The comprehensive background check requires you to provide personally identifiable information including your name and date of birth. You may voluntarily provide additional identifying information, including physical description information in order to speed up your criminal history records check and avoid a false match of criminal records.

The comprehensive background check includes, without limitation, searches of Federal and State criminal history repositories, public registries and databases relevant to health or childcare services, and state maintained databases for abuse and neglect substantiated findings. Your name will also be checked for a match on the National and Maine sex offender registries. If you have a professional or occupational license, the licensing authority will be contacted to investigate your licensing status. Searches may not be limited to the State of Maine, and may include every jurisdiction where you have lived.

If you have a disqualifying offense as defined in 22 M.R.S.A. Ch. 1691 in your background, you will not be eligible to work in this position, or for this or any employer subject to 22 M.R.S.A. Ch. 1691 unless the disqualifying offense meets the criteria for a waiver pursuant to 22 M.R.S.A. Ch. 1691.

<b>Authorization and Release by the Applicant / Employee</b>	
Please Initial Each Line	
	I authorize the employer named herein to request the Maine Background Check Center to conduct the comprehensive background check described above.
	I authorize any duly assigned representative of the Maine Background Check Center to conduct a background investigation and receive any criminal history record information pertaining to me, which may be in the files of any Federal, State or local criminal justice agency.
	I authorize the U.S. Department of Justice to release my criminal history records to the Maine State Bureau of Identification, and the Maine Department of Health and Human Services pursuant to 5 U.S.C. Section 552a.

	I release the Maine Background Check Center from any liability for the release of information concerning my background to employers.
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<b>Acknowledgements of the Applicant / Employee</b> Please Initial Each Line	
	I understand my personal identification information will be disclosed to Federal, State or local agencies in conjunction with the application process, and I consent to such disclosure.
	I understand that the Maine Background Check Center may use the criminal justice information systems to obtain current criminal history records, and that my criminal records will be monitored for new events.
	I understand that records of civil and criminal disqualifying offenses as defined in 22 M.R.S.A. Ch. 1691 may result in a permanent or temporary employment ban for this position.
	I further understand that prior to the receipt of a finalized non-disqualifying background check report; this employer can only employ me conditionally for up to sixty (60) days.
	I acknowledge that I have been provided with the notices and appeal information described in 22 M.R.S.A. Ch. 1691 as well as the notice of an opportunity to correct inaccuracies in my record information.
	I agree to defend, indemnify and hold harmless the Federal and State agencies and agency employees to whom this background check request is presented from and against all claims, damages, lawsuits, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.
**Any individual who fails to make a full and complete disclosure on an application or a full and complete disclosure of any information required to obtain a criminal history record is subject to civil and criminal penalties.	

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian\*

\_\_\_\_\_  
Date

\*A legal guardian must sign this form if the applicant or employee is a minor.

**\*\*WARNING:** Title 18, Section 1001 of the U.S. Code, states whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully -- (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both.



STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**Maine Background Check Center**  
Voluntary Consent for Disclosure of Personal Description

**Attention Applicants / Employees**

This employer is required to conduct a comprehensive background check, including a name-based criminal history records check, as a condition for employing you in this job. Your employer must enter your name and date of birth to conduct a name-based criminal record check. It is common for more than one person to have the same or similar names and dates of birth or similar personal descriptions. Helping your employer enter accurate and detailed information about you and your physical description helps decrease the chance that a false criminal record match occurs. You may voluntarily allow this employer to enter other personal descriptors such as height, weight, eye color, hair color, gender, race, and place of birth. Your employer will enter this information into the Maine Background Check Center (MBCC) for comparison to State Bureau of Identification (SBI) criminal records.

If the SBI system does not find a matching record for the name and date of birth submitted a "NO MATCH WAS FOUND" report will be sent to the MBCC. The MBCC will inform your employer that you do not have a criminal record.

If the SBI system finds a matching record for your name and date of birth, the MBCC will receive criminal history record information from SBI that includes personal descriptors to help make a positive identification. Without your personal descriptors, a name and date of birth check could result in a "false positive," meaning that your name matches one or more possible criminal records, but the record is not yours. Therefore, the MBCC cannot eliminate you as the person listed in the name-matched records. Your employer, the MBCC, and the SBI would require more time and further information in order to determine whether you have or do not have a criminal record that will disqualify you from working in this job.

Mandatory Information		
First Name:	Middle Name:	Last Name:
Address:		
City, State, Zip:		
Maiden or Previous Married Name(s):		
Previous Name(s) / Aliases / Other:		
Date of Birth:		

Voluntary Information							
Eye Color:	<input type="checkbox"/> Black	<input type="checkbox"/> Blue	<input type="checkbox"/> Brown	<input type="checkbox"/> Green	<input type="checkbox"/> Gray	<input type="checkbox"/> Hazel	
	<input type="checkbox"/> Maroon	<input type="checkbox"/> Multi-colored	<input type="checkbox"/> Pink	<input type="checkbox"/> Unknown			
Hair Color:	<input type="checkbox"/> Bald	<input type="checkbox"/> Black	<input type="checkbox"/> Blonde or Strawberry		<input type="checkbox"/> Blue	<input type="checkbox"/> Brown	<input type="checkbox"/> Green
	<input type="checkbox"/> Gray or Partially Gray		<input type="checkbox"/> Orange	<input type="checkbox"/> Purple	<input type="checkbox"/> Pink	<input type="checkbox"/> Red or Auburn	
	<input type="checkbox"/> Sandy	<input type="checkbox"/> White	<input type="checkbox"/> Unknown				
Race:	<input type="checkbox"/> American Indian / Alaskan Native		<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Black	<input type="checkbox"/> Unknown	<input type="checkbox"/> White	
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other				
Height:	Feet      Inches		Weight:	Pounds			
Place of Birth (Country):							

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**Maine Background Check Center**  
Background Check Report  
Correcting Inaccurate Information  
Applicants or Employees

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You have the right to challenge and correct inaccurate information found during a comprehensive background check. If you know that information presented on the Maine Background Check Center (MBCC) report is incorrect or incomplete you must seek a challenge and ask for a correction to the reporting entity as follows:

**State Criminal Records:** You must challenge incorrect or incomplete state criminal record information maintained by state criminal record repositories directly to the state where the record is maintained.

State of Maine criminal history records may be challenged by contacting the Maine State Bureau of Identification (SBI) directly by writing the State Bureau of Identification, State House Station #42, Augusta, ME 04333-0042, or online at <http://www.maine.gov/dps/Sbi/contact.html>. The SBI is responsible for correcting the record and notifying the MBCC. The MBCC will issue a final background check report to your employer upon completion of the error correction process based on the final record released by the SBI.

**Federal Criminal Records:** You must challenge incorrect or incomplete criminal record information maintained by the Federal Bureau of Investigation (FBI) by communicating directly with the Federal or State agency responsible for submitting the criminal record to the FBI. Alternatively, you may challenge the accuracy of the FBI record directly to the FBI by writing the Criminal Justice Information Services (CJIS) Division, ATTN: Summary Request, 1000 Custer Hollow Road, Clarksburg, WV 26306, or online at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. The FBI is responsible for correcting the record and notifying the Maine Background Check Center, and a revised Background Check Report can be issued. (See 28 CFR §§16.30 - 16.34)

**Public Registries:** If you believe that disqualifying offense information listed on a Federal or State registry is incorrect or incomplete, you must contact the agency responsible for maintaining the registry.

- Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE)**  
E-mail Address: [sanction@oig.hhs.gov](mailto:sanction@oig.hhs.gov)  
Telephone: (202) 691-2311  
Mailing Address: HHS, OIG, OI, Attn: Exclusions, P.O. Box 23871, Washington, DC 20026  
Website: <https://exclusions.oig.hhs.gov/>

- The Dru Sjodin National Sex Offender Public Website (NSOPW)**  
To correct any errors in registration information, you must contact the state registration officials where the record is held.  
Website: <http://www.nsopw.gov/>

**State Registries:** To correct errors on registry information, you must contact the officials that maintain the registry in each state. The Background Check Center checks the following registries:

**Maine Sex Offender Registry**

Contact the Sex Offender Registry (State Bureau of Identification)

E-mail Address: [maine\\_SOR.help@maine.gov](mailto:maine_SOR.help@maine.gov)

Telephone: (207) 624-7270

**Maine Registry of Certified Nursing Assistants (CNA) and Direct Care Workers (DCW)**

Contact the CNA and DCW registry

E-mail Address: [dhrs.cnaregistry@maine.gov](mailto:dhrs.cnaregistry@maine.gov)

Telephone: (207) 624-7300

**Maine Program Integrity Excluded Providers: List of Excluded Individuals/Entities**

Contact Maine Department of Health and Human Services, Program Integrity Unit

Website: <https://mainecare.maine.gov/mhpviewer.aspx?FID=MEEEX>

Telephone: (207) 287-4660 TTY: Maine Relay 711

Mailing Address: 221 State Street, Augusta, ME 04330

**Maine Background Check Center: Request for correction of errors**

If an error appears on a Maine Background Check Center Report you must follow the procedures outlined in the Maine Background Check Program Rules by contacting MBCC

E-mail: [DHHS, MBCC-Admin <MBCC-Admin.DHHS@maine.gov>](mailto:DHHS, MBCC-Admin <MBCC-Admin.DHHS@maine.gov>)

Telephone: 888-572-5839 TTY: Maine Relay 711

Mailing Address: 11 State House Station, Augusta, ME 04333

**Out of State Registries**

The employer has the option to search Out of State Registries based on information you provide in your application. If there is an error found in information listed on registries in other states, you must contact that particular registry for corrections.

**Professional Licensing**

If you believe that information provided about your professional license is incorrect or incomplete, you must contact the agency responsible for the licensing data.