



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: _____

EMERGENCY CONTACT

NAME: _____ HOME PHONE: _____
ADDRESS: _____ WORK PHONE: _____
_____ CELL PHONE: _____

ADMINSTRATIVE INFORMATION

SSN# _____ GENDER: _____
RACE: _____

DRIVER LIC # _____ EXPIRES DATE: _____
CLASS TYPE: _____

BENEFICIARY

NAME: _____ HOME PHONE: _____
ADDRESS: _____ WORK PHONE: _____
_____ CELL PHONE: _____

Relationship _____

MADAWASKA FIRE DEPARTMENT

PARENT/GUARDIAN CONSENT

My son/daughter, _____, has my permission to join the future firefighter program for the Madawaska fire department.

I, _____, give my consent to allow him/her to be part of the program and do not hold the department, its members or the town responsible for any injuries or actions that occur under reasonable circumstances as part of this program.

Applicant signature and date

Parent/guardian signature and date

CONTRACT OF UNDERSTANDING

My son/daughter and I have read all the guidelines, protocols and rules regarding the department's future firefighter program and understand that future firefighter program members will serve in support roles for the department and they learn and train for possible future service. My son/daughter and I understand that members of the future firefighter program are to follow instructions from superiors and follow department protocols at all times. We also understand that he/she will represent the department and act in a professional manner that is courteous and respectful at all times. We understand that there is a "zero tolerance policy" regarding the use of alcohol and drugs while attending any department events. My son/daughter and I understand that in signing this Contract of Understanding, we are declaring that any violation of the program's/department's bylaws or standard operating procedure/guidelines will be dealt with by the future firefighter coordinator and/or department officers and may be grounds for immediate dismissal. Any acts that violate state or federal laws will be referred to the proper law enforcement agency.

Future firefighter signature and date

Parent/guardian signature and date

I acknowledge that the parties above received a copy of the department's future firefighter program guidelines

Fire chief signature and date

Medical Release and Liability Form
Madawaska Fire Department

(Please do not alter this form)

Name of Participant _____

Name of Legal Guardian/s _____

Address, City, State, Zip _____

Home Phone (_____) _____ Work/Cell Phone
(_____) _____

Age _____ Birthday _____ SS#

E-mail _____ Date of Last Tetanus _____

Functions and Activities

I understand that participating in programs, trainings, other activities of the Madawaska Fire Department Student Firefighter program is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission and Waiver Form, I expressly warrant that this child named is capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the child participating in the activities, whether such risks are known or unknown to me at this time. I further release the Town of Madawaska, Madawaska Fire Department and its officers, leaders, firefighters, volunteers, and agents from any claim that my child may have or that I may against them as a result of injury or illness incurred during the course of participation in these activities.

I also expressly warrant that this child name above has had a physical exam in the past year by a currently practicing Medical Doctor, and has been cleared to participate in the Madawaska Fire Department Student Firefighter Program.

This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives or assigns may have against the Town of Madawaska, Madawaska Fire Department and its officers, leaders, firefighters, volunteers. I further agree to indemnify and hold harmless the Town of Madawaska, Madawaska Fire Department and its officers, leaders, firefighters, volunteers from

any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the Madawaska Fire Department to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment. I also agree to let the hospital or medical agent release the child or myself back to the Madawaska Fire Department representative after treatment.

Emergency Contacts

Medical Doctor _____ Phone Number _____

Name#1 _____ Relation _____

Home Phone _____ Work/Cell Phone _____

Name#2 _____ Relation _____

Home Phone _____ Work/Cell Phone _____

Insurance information

Carrier _____ Policy Number _____

Policy Holder Name _____ Carrier Phone Number _____

Medical History

(Include special medical needs or concerns such as asthma, allergies, conditions, dietary needs, medications, etc.)

Other Information that Officers should know about the child or adult participant:

For use if the Participant is a Minor

I represent that I am the parent/guardian of the child listed above, who is under 18 years of age. I have read the above Permission and Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of Madawaska Fire Department Student Firefighter Program. I hereby consent to the Permission and Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission and Waiver Form shall be binding upon me and my estate. I realize that if my child breaks the covenant, he or she is subject to be sent home.

Signature of Parent or Legal Guardian _____ Date _____

Print Name of Parent or Legal Guardian _____

All Participants

I agree to conduct myself in a respectable and professional manner. I understand that my agreement holds me responsible to these things and the consequences thereof. By signing this covenant, I understand that action will be taken and I am subject to be sent home if I partake in any of the following activities: possession of illegal drugs, non-prescribed medication, alcohol or tobacco products, possession of weapons, disrespect for authority, or any other activity that the officers of the Madawaska Fire Department deem as inappropriate.

Signature _____ Date _____