



Shapleigh Rescue Squad

Membership Application Packet



Serving the Community Since 1980

Applicant, we are very pleased that you are considering submitting an application to The Shapleigh Rescue Squad. For your reference and convenience, a checklist of information, including procedures and requirements, is included.

About us:

The Shapleigh Rescue Squad provides per-diem employment for licensed Maine EMS providers whom have the responsibility to provide patient care and rescue services. The Shapleigh Rescue Squad is staffed by two licensed providers twenty-four hours a day, seven days a week. The Shapleigh Rescue Squad responds to approximately 300 calls for service annually. The Town of Shapleigh offers competitive wages, training and continuing education hours for all levels of EMS providers.

Equal Opportunity Statement

The Town of Shapleigh is an equal opportunity employer. All employees and applicants will be provided equal opportunities, and the Town shall make all its employment decisions without regard to religion, age, sex, marital status, race, color, ancestry, national origin, and physical or mental disability, except as a bona fide occupational qualification. The Town shall employ, without discrimination, the best qualified persons who are available at the salary levels established for Town employment.

Please do not hesitate to call or email if we can be of any assistance to you with your application. 207-636-2211 or email rescuechief@shapleigh.net.

Thank you for your interest in the Shapleigh Rescue Squad. We look forward to receiving your application.

Sincerely,

Gene Streck, Rescue Chief

10/2022

Application Information and Checklist

Applicants to Shapleigh Rescue must:

- Submit a completed and signed application. A completed application includes all supporting materials listed below. Incomplete applications will not be considered. Your application must be in a sealed envelope.
- Include 4 references, 3 professional and 1 personal reference. Only 1 member of the Shapleigh Rescue Squad may be used.
- Present a photocopy of your driver's license, EMS certification(s), NIMS 100 &200, CPR card, and any other current EMS certifications you possess.

Requirements:

- Must be immediately available to begin orientation and membership process
- Be at least 18 years of age
- Possess a valid Maine EMS License
- Possess a valid driver's license
- High School Diploma or Equivalent

Typical Membership Process:

1. Submit complete application with all required documents
2. Application review by the Rescue Chief
3. Background check
4. Interview with the Rescue Chief and/or the Chief's designees (*This does not guarantee that all applicants will advance to the interview process*)
5. Skills/Assessment evaluation
6. Medical Clearance/Physical-after offer of employment
7. 180-day probationary membership begins

Shapleigh Recue Squad Members must at all times:

- ✓ Maintain patient confidentiality
- ✓ Comply with the Standard Operating Guidelines and Procedures of the Organization,
- ✓ Comply with Shapleigh Rescue Squad and the Town of Shapleigh Policies
- ✓ Follow the direction of Officers and Chain of Command structure

Correspondence Address: Shapleigh Rescue Squad- PO BOX 51- Shapleigh, ME 04076

Physical Location: 506 Shapleigh Corner Road- Shapleigh, ME 04076

Public Safety Building Phone Number: (207) 636-2211

Application for Employment

The Town of Shapleigh is an equal opportunity employer. All employees and applicants will be provided equal opportunities, and the Town shall make all its employment decisions without regard to religion, age, sex, marital status, race, color, ancestry, national origin, and physical or mental disability, except as a bona fide occupational qualification. The Town shall employ, without discrimination, the best qualified persons who are available at the salary levels established for Town employment.

Legal Name: _____

Last,

First,

Middle

Preferred Name: _____

Street Address: _____

Mailing Address (if different): _____

Telephone Number: _____

Email Address: _____

Are you 18 years or older? _____ Yes _____ No

Have you ever been employed by the Town of Shapleigh? _____

If yes, please list the dates of employment and position(s) held:

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

If Yes, please list charges brought against you, excluding those that you were found not guilty or

If charges were dismissed:

Education:

High School Diploma: _____ Yes _____ No

GED: _____ Yes _____ No

School Attended: _____ Year of Graduation: _____

City/State: _____

University/Vocational School:

Years Completed: (circle one) 1 2 3 4

School: _____

City/State: _____

Certification/Degrees Earned: _____

Other Training, Certifications, or Degrees:

School: _____

City/State: _____

Major: _____

Course(s): _____

Are you in School Now? _____

Expected Date of Graduation: _____

Area of Academic Concentration/Major: _____

Degree Goal: _____

Employment History: *Start with the most recent*

Dates of Employment: From _____ To _____

Employer: _____

Address/Phone Number: _____

Position and General Job Duties: _____

Reason For Leaving: _____

Dates of Employment: From _____ To _____

Employer: _____

Address/Phone Number: _____

Position and General Job Duties: _____

Reason For Leaving: _____

Dates of Employment: From _____ To _____

Employer: _____

Address/Phone Number: _____

Position and General Job Duties: _____

Reason For Leaving: _____

Have you ever been terminated from a job? _____ Yes _____ No

If yes, please explain: _____

References:

1 Personal (non-related) reference and 3 Professional references, only one reference may be a member of the Shapleigh Rescue Squad.

Personal:

Name: _____

Phone: _____ Email: _____

Professional:

Name: _____

Employer/Position: _____

Phone: _____ Email: _____

Name: _____

Employer/Position: _____

Phone: _____ Email: _____

Name: _____

Employer/Position: _____

Phone: _____ Email: _____

Licensing/Certifications:

NREMT Cert # _____ Exp: _____
MEMS License# _____ Exp: _____
Other State EMS License# _____ State/Exp: _____
EVOC/AVOC: _____ Course Date: _____
CPR: _____ Exp: _____
ACLS: _____ Exp: _____
PALS: _____ Exp: _____
AMLS: _____ Exp: _____
GEMS: _____ Exp: _____
PEPP: _____ Exp: _____
PHTLS: _____ Exp: _____
ITLS: _____ Exp: _____
Water Rescue Cert Level _____ Exp: _____
Swift Water Rescue Level _____ Exp: _____
Ice Rescue Level _____ Exp: _____

Please include a copy of all EMS Related LICENSING/CERTIFICATIONS you hold

Application Certification and Attestation

I hereby attest that the information in this application is true and complete to the best of my knowledge. I authorize the Town of Shapleigh to verify accuracy and obtain reference information by contacting educational institutions, references, past and present employers, and current or former EMS agencies, and to rely on and use such information as they see fit.

I understand that if granted membership, falsified statements of any kind or omissions of facts called for on this application, regardless of the time of discovery, shall be considered sufficient basis for dismissal.

I understand that if I am offered membership, membership is conditioned upon my providing such other information as may be required by the department.

I understand that if I am offered employment, that my employment is probationary for 180 days and that that probationary may be extended by the Rescue Chief while completing the orientation process. I also understand that the Town of Shapleigh reserves right to terminate my employment if I do not meet expectations or complete the orientation process as required.

Signature of Applicant

Date

This application is valid for up to 1 year from the date received. If not acted upon within 1 year, you may submit and updated application for reconsideration.

.....
Office Use Only:

Application Received By: _____ Date: _____

Paperwork Complete? _____ Yes _____ No

Consider for Interview Process _____ Yes _____ No

Interview Scheduled-Date/Time: _____

Interview Completed by: _____

Skills/Assessment evaluation- Date of Completion _____

Physical Scheduled: _____

Background Form Completed/Processed: _____

Immunization Records Received: _____

Recommend for Hiring? _____ Yes _____ No

Approved by Board of Selectmen _____ Yes _____ No

Date 180-day Probationary Employment Begins: _____