



HOLLIS FIRE-RESCUE

34 TOWN FARM ROAD
HOLLIS, ME 04042
207-727-3623



Dear Applicant,

Thank you for your interest in Hollis Fire Rescue. Please read this entire letter and complete your application packet in it's entirety to be considered for employment. This process may take as long as a few weeks or just a few days.

Hollis Fire Rescue serves a population of approx. 5000 in a rural 33 square miles area. The department has two stations and provides mutual aid to neighboring communities. Hollis Fire Rescue is a progressive department that works with the community to promote fire and health safety. In your application, please enclose the following:

- ☐ Completed Application
- ☐ Copies of Applicable Certifications including EMS license, firefighting, HazMat, etc.
- ☐ Current Resume and Cover Letter (If desired, Required for full time applicants)

Once your packet is complete, submit your application and all related documents to:

Hollis Fire Rescue
34 Town Farm Road
Hollis Maine 04042

If you have questions or concerns, please contact Hollis Fire Rescue at 207-727-3623.

Current Preferred Qualifications for Employment:

Full Time/Per Diem: Maine EMS License, Interior Qualified Firefighter Certification, EVOC, Valid Driver's License, Paramedics must have ACLS, PALS & Cath Lab Activation Certification, High School Diploma or GED, CPR Certified, Pumps operator (Pumps I preferred), Extrication (Preferred), Must be 21 years old or age 18 with a CDL License.

Call Company: Resident of the Town of Hollis or with in a 10 minutes travel distance of a Hollis Fire Station, Age 18 and older, Valid Driver's License, High School Diploma or GED.

Fire Police: Resident of the Town of Hollis or with in a 10 minutes travel distance of a Hollis Fire Station, Age 18 and older, Valid Maine License with transportation.

Junior Firefighter Program: Resident of the Town of Hollis, Age 16 to 18, Parental Permission, reliable transportation

Date of Application: _____

- ☐ Full time Employee
- ☐ Per Diem Employee
- ☐ Call Company (Must reside within Town of Hollis or within reasonable distance)
- ☐ Junior Member- Call Company



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Name (Last, First, Middle Initial): _____

Address: _____ Town: _____ Zip: _____

Phone Number: _____ (Home) _____ (Cell) _____ (Work)

Email Address: _____

Email: _____

Have you ever been a member of filed an application for employment with Hollis Fire Rescue Before? ☐ Yes ☐ No

If yes, month/date of application _____

Military Status

Are you an active member of the United States Military? ☐ Yes ☐ No

Have you ever served as a member of the United States Military? ☐ Yes ☐ No

If yes, Discharge status ☐ Honorable ☐ Other

Education

Name of School	Address of School	Years Attended	Did you graduate?	Degree/Course of Study
High School:				
College:				
Other:				

REFERENCES

Please provide 3 professional references (Include no more than 1 family member).

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____



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EMPLOYMENT HISTORY

Please list your 3 most recent employments, including any related jobs, military assignments and/or volunteer activities

Employer: _____ Dates Employed: _____
Address: _____
Position Title: _____ Phone: _____
Supervisor: _____ Reason for Leaving: _____
Work Performed:

May we contact this employer? ☐ Yes ☐ No

Employer: _____ Dates Employed: _____
Address: _____
Position Title: _____ Phone: _____
Supervisor: _____ Reason for Leaving: _____
Work Performed:

May we contact this employer? ☐ Yes ☐ No

Employer: _____ Dates Employed: _____
Address: _____
Position Title: _____ Phone: _____
Supervisor: _____ Reason for Leaving: _____
Work Performed:

May we contact this employer? ☐ Yes ☐ No



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EMS & FIRE CERTIFICATIONS/INFORMATION

Do you have any Fire/Emergency Medical Service experience/education/training?

☐ Yes ☐ No If no, please skip this page. If yes, please complete the following:

Length of time in the Fire/EMS service _____

Do you presently work within the Fire/EMS Service?

☐ Yes ☐ No

Please list all departments that you have worked for or been affiliated with including volunteer, call, career, combinations, or other applicable agencies that provided emergency services?

EMS CERTIFICATIONS

Do you hold a Maine EMS License?

☐ Yes ☐ No

If yes: License Level: _____ Expiration Date: _____ License Number: _____

Do you hold valid CPR Certification?

☐ Yes ☐ No

Advanced Life Support Providers

Do you have current ACLS certification?

☐ Yes ☐ No

Do you have current PALS/equalivent certification?

☐ Yes ☐ No

Have you completed a Cath-Lab education program in Maine? ☐ Yes ☐ No

FIRE TRAINING AND CERTIFICATIONS

Please check off any certification/training level, you have successfully completed and the date completed.

BLS Interior Qualified	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Fire fighter I	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Firefighter II	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
SCBA Qualified	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
AVOC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
EVOC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Pumps I (Basic)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Pumps II (Advanced)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
HazMat Awareness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
HazMat Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____

Other training, specialized fields, certifications

etc: _____



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BACKGROUND INFORMATION

Have you ever been disciplined, discharged or asked to resign from a prior position?

Yes___No___

Have you ever resigned from a prior position after a complaint has been received against you or your conduct was under investigation or review?

Yes___No___

Have you ever been charged with or investigated for sexual abuse of another person?

Yes___No___

Have you ever been convicted of a crime or traffic offense?

Yes___No___

Have you ever entered a plea of guilty or “no contest” (nolo contendere) to any crime (including traffic offenses)?

Yes___No___

Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed are requirement as to your behavior or conduct for a period of time in connection with any crime?

Yes___No___

If you answered YES to any of the previous questions, provide full details below, including with respect to court actions, the date, offense in question, and the address of the court involved (attach additional page(s) if necessary). Conviction or other disposition is not necessarily a disqualification to employment

APPLICANT AUTHORIZATION AND ACKNOWLEDGMENT

My signature below constitutes authorization to check, at any time prior to or during employment, my employment history and, without limitation, criminal arrest and conviction record checks, driving record check, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that the Town of Hollis contacts in connection with my employment application to fully provide the Town of Hollis any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the Town of Hollis, its agents and officials, or against any such provider of such information. **I hereby certify that this application contains no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I understand that my answers will be verified and that I may be declared ineligible for employment or dismissed from employment if there are any misrepresentations or falsifications. I understand the instructions to the applicants and agree to the conditions established.**

Application Statement

Signature_____Date_____

Parent/Guardian Signature (If under 18 years of age) _____



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AUTHORIZATION TO RELEASE INFORMATION

Background checks for employment with the Town of Hollis, Maine

As an applicant for employment with the Town of Hollis, I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize the investigation of my past and present work, character, educational, military, and/or police records to ascertain any and all information which may be pertinent.

The release in any manner of any and all information by you is authorized whether such information is of record or not, and I do hereby release all persons, firms, agencies or companies, whomsoever, from any damages resulting from furnishing such information.

This authorization shall be valid for twelve months from the date of my signature below. The Town of Hollis may retain this copy of my release for its files.

Date _____

Full Legal Name: _____

Previous Names: _____

Address _____

Phone number _____

Drivers License Number _____ State: _____

Date of Birth _____

Social Security Number _____

Signature of Applicant _____

Parental consent if under age 18: I hereby give my consent for the above-mentioned applicant to have a background check performed on him/her. I hereby understand and agree to the conditions of this release as described above.

Name of Parent/Guardian _____

Parent/Guardian Signature _____

Date: _____



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Office Use Only

Application Received Date: _____ Initials: _____

First Interview Date: _____ Initials: _____

First Interview Committee:

Recommended for Employment ☐ Yes ☐ No

Chiefs Interview Date: _____

Remarks:

☐ Criminal Background Check ☐ Pass ☐ Fail

☐ Driving Record Check ☐ Pass ☐ Fail

☐ Chiefs Approval Date: _____ Hire Date: _____

☐ Selectboard Approval Date: _____

☐ Schedule Orientation