



Robert J. Caron, Chief

## STANDISH FIRE/EMS

Central Station  
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[Standishfirechief@roadrunner.com](mailto:Standishfirechief@roadrunner.com)

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Dear Standish Public Safety Applicant,

I would like to welcome you to our application process for positions within the Department of Public Safety. Our application process is lengthy that includes in order: submission of your application, a license and criminal background check, an interview with our hiring committee (held quarterly), an orientation seminar, a medical/physical exam and one year probationary period.

Our requirements include that the applicant must be above the age of 16 years old, in good health and ready to take on the responsibility and requirements needed to be an active member of our organization. You must live within the Town of Standish and have a valid driver's license, no past criminal history or significant traffic violations.

Additional requirements include but not limited to the following:

- 1) Attend mandatory training as required by the department, Maine Department of Labor & Federal OSHA.
- 2) Attend required Public Safety Division specific training.
- 3) Respond to a minimum 24 hours of call time and 24 hours of training time per calendar year.
- 4) Become interior Firefighter qualified or a licensed EMS provider within 18 months of hire.
- 5) Follow the Town of Standish Personnel Policy and Public Safety Rules & Regulations, Division SOP's & SOG's and job descriptions.

Training & Safety are paramount to our organization.

As an active member of our public safety team we will offer you countless training and advancement opportunities. You will become part of one of the most well respected professions in our community.

Please submit a completed application package to the Chief's Office for further consideration.



## STANDISH FIRE/EMS APPLICATION FOR EMPLOYMENT

FORM # SFD 1

Applying For: FT ☐ Per Diem ☐ Call Company ☐

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Function: Fire, EMS or Both \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M ☐ F ☐

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work Phone #: \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell # \_\_\_\_-\_\_\_\_-\_\_\_\_

Email Address: \_\_\_\_\_

Do you hold a valid Driver's License: Yes ☐ No ☐ State: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Class of License: \_\_\_\_\_ Expires \_\_\_\_\_

Conditions/Restrictions: \_\_\_\_\_

Is your right to operate a motor vehicle under suspension: Yes ☐ No ☐

Do you have a vehicle: Yes ☐ No ☐

Make of Vehicle: \_\_\_\_\_ Year: \_\_\_\_\_

Plate #: \_\_\_\_\_ Color: \_\_\_\_\_

Current Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Pay Rate: \_\_\_\_\_ Contact Phone # \_\_\_\_-\_\_\_\_-\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Person to notify in case of injury: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: H - \_\_\_\_\_ W - \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any health problems or restrictions: Yes ☐ No ☐

If Yes please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have a High School Diploma Or Equivalent : \_\_\_\_\_

Highest Grade Completed \_\_\_\_\_

Education and/or Special Training: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Previous Fire/Rescue Experience: (Please provide all certificates of training) \_\_\_\_\_

\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

EMS License # and level \_\_\_\_\_ State: \_\_\_\_\_

References (Include Name, Address & Phone #):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I hereby apply for employment with Standish Fire/EMS. I certify that the information above is accurate and current. I understand that there is a six (6) month probationary period to start after my hire date.

By signing this application I agree to allow the Town of Standish to conduct a complete back ground check that may consist of a Police Records Check, Drivers License status and history, Criminal Record (Local, State & Federal), Past Work History, Education, Social Media and References.

I also agree that upon my termination of service to Standish Fire/EMS I will return all issued equipment including protective gear, radios, and any training materials (Manuals and Workbooks) that were issued. I understand that my final pay check will be with held until all items are returned, inspected and accepted. Failure to comply with this may result in further legal action.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do not write below this line (for office use only)

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Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Captain's Approval: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Fire Chief's Approval: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_