



Employment Application

Please return to: crew-chief@shwtas.org

26 Village Green Way
 Southwest Harbor, ME 04679
 207-244-3521

Applicant Information

Full Name: _____

Last
First
M.I.

Address: _____

Street Address
Apartment/Unit #

City, State, Zip Code

Mailing (If Different) _____

Street Address
Apartment/Unit #

City, State, Zip Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Program: _____

Certifications and Licenses

Please list your active certifications, licenses, and expirations

NREMT License Number: _____ Expiration: _____

Maine EMS License Number: _____ Expiration: _____

BLS CPR: _____ Expiration: _____

PHTLS/ITLS: _____ Expiration: _____

PALS: _____ Expiration: _____

ACLS: _____ Expiration: _____

AVOC/EVOC: _____ Expiration: _____

Other () _____ Expiration: _____

Other () _____ Expiration: _____

Previous Employment

Company: _____ Phone: _____

Address: _____

Job Title: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____

Job Title: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Previous Employment (Continued)

Company: _____ Phone: _____

Address: _____

Job Title: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

MOS/AFSC/Rating: _____

Job Description: _____

Rank at Discharge: _____ Type of Discharge: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Signature

I certify that my answers are true and complete to the best of my knowledge. I also acknowledge and consent to have my previous employment and education verified, references contacted, and a background check conducted.

Signature: _____ Date: _____