



# Employment Application

Please return to: [crew-chief@swhtas.org](mailto:crew-chief@swhtas.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: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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: \_\_\_\_\_