

Easton Fire Department
PO Box 258, 3 Station Road
Easton, ME 04740
(207) 488-6656

ASST. CHIEF
LOREN WHITE SR
521-1503

CHIEF
GREG WHITE
227-1687

CLERK
BARB LOVELY
554-9756

APPLICATION FOR MEMBERSHIP

ALL APPLICANTS MUST COMPLETE A MINIMUM SIX (6) MONTH PROBATION

1. Name: _____ Date: _____
2. Address: _____
3. Email Address: _____
4. Phone # _____ 5. Birthdate: _____ 6. Age: _____
7. Work Phone #: _____ 8. Cell Phone #: _____
9. Social Security #: _____ 10 Sex: Male ___ Female ___
11. Marital Status: Single ___ Married ___ Divorced ___
12. Beneficiary: _____
13. Do you hold a valid Maine drivers license? Yes ___ No ___ License # _____
14. Do you have your own transportation? Yes ___ No ___
15. Do you have any experience with the fire service? Yes ___ No ___
16. Do you have any experience with the medical service? Yes ___ No ___
17. Have you been a member of any other emergency service? Yes ___ No ___
18. If yes, where? _____
19. Reason for leaving. _____
20. Have you had a physical in the last two years? _____
21. If yes, were there any problems? Yes ___ No ___ Date of last exam: _____
22. Do you have physical conditions preventing performance of assigned duties? Yes ___ No ___
23. If yes, please explain. _____

24. Are you currently employed? Yes ___ No ___

25. If yes, where? _____

26. What shift do you work? Days ___ Evenings ___ Nights ___ Rotating ___

27. Can you leave work for fires? Yes ___ No ___

28. Do you have any experience driving a truck? Yes ___ No ___

29. Have you been convicted of a crime? Yes ___ No ___

30. If yes, please explain. _____

31. Do you give permission for a S.B.I. background check? Yes ___ No ___

32. Other non-emergency organizations you are involved with _____

33. Please list personal references:

34. Comments. _____

35. Emergency contact: _____

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Applicant's signature: _____

By signing above, I certify information provided by me herein is true and accurate.

If under 18, parent or legal guardian's signature: _____

_____ appeared before me on _____ and signed the above in my presence.

Cheryl J. Clark, Notary Public

EASTON FIRE DEPARTMENT VACCINE WAIVER

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Have already been vaccinated with hepatitis B vaccine.

Employee Name: _____

Date: _____

Fire Chief: _____

Date: _____