



JASON JOHNSON
DEPUTY CHIEF
FIRE OPERATIONS

HOLLIS FIRE-RESCUE

GEORGE DAVIS
CHIEF
FIRE-RESCUE



HARLAN HUFF
DEPUTY CHIEF
EMS OPERATIONS

**34 Town Farm Road
Hollis, ME 04042
207-727-3623**

Date of Application: _____ Position Applied for: _____

Last Name: _____ First Name: _____ Mid Int: _____

Address: _____ Town: _____ ZIP: _____

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

DOB: _____ SS #: _____

Drivers License #: _____ State: _____

Beneficiary: _____ Relationship: _____

Have you ever been a member or filed an application with Hollis Fire-Rescue before:
Yes / No

Have you ever been convicted of a felony or misdemeanor? Yes / No
If yes, please explain:

Military Status: Active: _____ Discharged: _____
If discharged: Honorable: _____ Other: _____

Education

High School Attended: _____ Years Completed: _____

College Attended: _____ Years Completed: _____

Course of Study: _____

Employment

Start with present employer; include any job related, military assignments and volunteer activities.

Employer: _____ Dates Employed; From; _____
To; _____

Address: _____

Job Title: _____ Phone: _____

Supervisor: _____ Reason for leaving: _____

Work Performed: _____

Employer: _____ Dates Employed; From; _____
To; _____

Address: _____

Job Title: _____ Phone: _____

Supervisor: _____ Reason for leaving: _____

Work Performed: _____

Employer: _____ Dates Employed; From; _____
To; _____

Address: _____

Job Title: _____ Phone: _____

Supervisor: _____ Reason for leaving: _____

Work Performed: _____

May we contact one or more of your employers: Yes ___ No ___

Fire-EMS Information

Years in Service: _____

Do you presently work within the Fire and/or EMS field: Yes ___ No ___

Volunteer: _____ (agency)
Call: _____ (agency)
Career: _____ (agency)
Combination: _____ (agency)

Do you presently hold an officer's position: Yes ___ No ___

EMS

CPR Certified: _____ Expires: _____

EMS License Level: _____ Expires: _____

Fire and Other

Training Level:

BLS Interior Qualified: Yes ___ No ___
Fire Fighter One: Yes ___ No ___
Fire Fighter Two: Yes ___ No ___

Hazardous Material:

Awareness: Yes ___ No ___
Operations: Yes ___ No ___
Technician: Yes ___ No ___

SCBA Qualified: Yes ___ No ___

Apparatus Operations:

AVOC: Yes ___ No ___
EVOC: Yes ___ No ___
Pumps One: Yes ___ No ___
Pumps Two: Yes ___ No ___

Other training, specialized fields, certifications, etc: _____

Application Statement

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. My signature also allows the Hollis Fire-Rescue to conduct any background investigation it deems necessary to obtain past criminal history, employment and driver's license history.

Date: _____ Signature: _____

Parent or Guardian if under 18 years of age: _____

In case of an emergency please notify:

Name: _____

Address: _____

Phone: _____ Relationship: _____

***** Office Use Only *****

Application received on: _____

First Screening: Date: _____

Persons Conducting Screening;

Name: _____

Name: _____

Name: _____

Remarks:

Second Screening: Date: _____

Persons Conducting Screening;

Name: _____

Name: _____

Name: _____

Remarks:

Recommended for Employment: Yes ___ No ___ Date of Hire: _____

*** please return completed application to Hollis Fire Station @ 405 Plains Road ***