

# SABATTUS FIRE/EMS DEPARTMENT

TOWN OF SABATTUS  
190 MIDDLE RD. SABATTUS MAINE 04280  
(207) 375-4201

## Membership Application

All three pages of this application must be returned to:  
Acting Chief  
Robert Gayton

Please submit any relevant fire or EMS training with this application

UPON COMPLETION OF THIS APPLICATION AND BACKGROUND CHECK  
YOU WILL BE CONTACTED BY THE CHIEF, ASSISTANT CHIEF, OR CAPTIAN  
TO SCHEDULE AN INTERVIEW.

Please note, this application may take up to 4 weeks to process.

# SABATTUS FIRE/EMS DEPARTMENT

## Membership Application

PLEASE CHECK ONE:

PAID ON CALL: **Firefighter** [ ] **EMS** [ ] **Firefighter/EMS** [ ]  
Support Staff [ ] JUNIOR FIREFIGHTER [ ]  
**Non Fire/EMS/Support-** FireCorps/Auxillary Member [ ]

**PER DIEM: FIREFIGHTER/EMS** [ ]

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

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

Phone \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Age: \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_

Do you have any medical condition that could interfere with duty performance? If yes,  
Please explain \_\_\_\_\_

Why do you want to become a member? \_\_\_\_\_

How did you here about the Sabattus Fire Department? \_\_\_\_\_

Are you employed? Yes / No What kind of hours do you regularly work? AM / PM

Company name \_\_\_\_\_ Years employed: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Phone \_\_\_\_\_

List all relevant training and experience: \_\_\_\_\_

List three non-related names for personal references:

1.) \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

2.) \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

3.) \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

All of the above listed information is true and correct to the best of my knowledge. I understand that the Sabattus Fire Department is a volunteer non-profit organization and I will expect no monetary compensation for any of my services. I further understand that I will be placed on a one-year probationary period during which I will be evaluated by the chief officers.

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

**FOR JUNIOR FIREFIGHTERS, PARENTAL PERMISSION REQUIRED**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approval Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Chief's Signature: \_\_\_\_\_

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## Membership Application

For: Driving Record / Criminal Record

Driving records will be obtained for the last 10 years. Criminal records will be obtained for the past 10 years for review. By signing below, I agree to allow the Fire Chief to obtain these records for review along with this application.

From: \_\_\_\_\_  
(FIRST, MIDDLE, LAST NAME- PLEASE PRINT)

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

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

DRIVERS LICENSE ISSUED: \_\_\_\_/\_\_\_\_/\_\_\_\_

DRIVERS LICENSE EXPRIATION: \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE SEND CHIEF OF FIRE A COPY OF ANY DRIVING VIOLATIONS THAT I MAY HAVE HAD FOR THE PAST THREE (3) YEARS.

REQUESTED BY CHIEF MARC VEILLEUX: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ RECEIVED BACK

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P.O. BOX 190 SABATTUS MAINE 04280  
(207) 375-4201

## **A pre-employment physical and drug testing for prospective firefighters**

This letter is to inform you that a pre-employment physical and a drug test is required of you before becoming a member of the Sabattus fire Department.

By signing and dating this letter, it indicates that you were notified, in writing, of the pre-employment physical, and a drug test prior to becoming a member of the Sabattus Fire and EMS Department.

Signature\_\_\_\_\_ Date\_\_\_\_\_

Chief\_\_\_\_\_ Date\_\_\_\_\_