



Fire Department

MEMORANDUM

TO: All Applicants to the South Portland (ME) Fire Department
FROM: Kevin W. Guimond, Fire Chief
SUBJECT: South Portland Call Company Firefighter Application

All applicants to the Fire Department must meet the following *minimum* qualifications:

1. Be at least 18 years old
2. Hold a High School Diploma or Equivalent
3. Hold a valid motor vehicle driver's license
4. Have no disqualifying criminal conduct or conviction(s)
5. Suitable physical condition allowing successful completion of the South Portland Fire Department physical exam

In order for your application to be deemed complete, all fire department applicants must file the attached application / questionnaire:

- Photocopy of the applicant's *current* and *valid* driver's license.
- Copies of relevant verifying documents, as outlined below should also be included with the returned application / questionnaire.
 - Drivers License
 - EMT License
 - NIMS training
 - Firefighter I/ II certificates
 - Diploma / GED

Please return your application along with the above-noted attachments to:

City of South Portland
Human Resource Office, Rm. 105
25 Cottage Road, P.O. Box 9422
South Portland, ME 04116-9422

Only **complete** applications will be forwarded to the Chief of the department for consideration. It remains the sole responsibility of the candidate to file a complete application, including all necessary attachments, with the City's Human Resources Office. Once the application is complete candidates will be interviewed by the call company captains as well as the Chief of the department. The candidate then will be sent for the required physical exam at the cities medical provider.

Any questions may be directed to the Fire Chief at 799-3314 x-7334

20 Anthoine Street
South Portland, ME 04106
207-799-3314 x-7334 - Main
207-799-7583 - Fax

South Portland Fire Department

CALL FIREFIGHTER

Performs a variety of hazardous tasks when engaging in extinguishing and preventing fires; in answering emergency medical calls, extricating and rescuing individuals from fires and entrapment, treating the sick and injured, and in operation and maintenance of fire department equipment, apparatus and stations.

APPOINTMENT:

Entry Level Position

REPORTS TO:

Fire Company Officers

QUALIFICATIONS:

- 18 years of age at appointment.
- Graduation from High School or G.E.D.
- Ability to speak, read, write, and understand the English language.

DUTIES & RESPONSIBILITIES:

- Responds to alarms with a company to operate pumps, aerial ladders and auxiliary equipment; lays and connects hose; holds nozzles, directs fog or water streams; raises ladders uses chemical extinguishers, bars, hooks, lines, and other equipment.
- Utilizes self contained breathing apparatus.
- Ventilates burning buildings by opening windows and skylights using power equipment or by chopping holes in roofs and floors
- Rescues persons from danger
- Administers first aid & CPR to injured persons
- Performs salvage operations such as throwing salvage covers, vacuuming and removing water, cleaning up and removing debris.
- Responds to vehicle accident scenes and performs extrication techniques using specialized heavy hydraulic equipment during emergency situations.
- Attends classes in Firefighting, Fire Prevention, Rescue, Hazardous Materials, and Emergency Medical Care.
- Performs general maintenance work in the up-keep of fire department property.
- Prepares and submits reports regarding alarms, supplies, equipment and other matters pertaining to his/her unit.
- Makes minor repairs to property and equipment; washes, hangs and dries hoses; washes, cleans and disinfects equipment and apparatus.
- Relays orders, instructions and information accurately.
- Tests pumps and records results.
- Tests fire hydrants and records flow information for department use.
- Tests hose.
- Performs assigned fire inspections, checks building exits and related structures and appurtenances for compliance with fire prevention ordinances.
- In the absence of a Fire Company Officer supervises junior firefighters or as assigned by Fire Company Officers.

South Portland Fire Department CALL FIREFIGHTER

- Utilizes radios and mobile telephones to relay information.
- Utilizes personal protective equipment to reduce the spread of infectious disease in accordance with the exposure control plan.
- All other duties as assigned by Fire Company Officers.

SKILLS:

- Working knowledge of modern fire prevention and suppression methods, equipment and supplies.
- Working knowledge of technical fire fighting techniques and the principles of hydraulics applied to fire suppression.
- Working knowledge of the Incident Command & Incident Management Systems.
- Working knowledge of department rules and regulations.
- Working knowledge of department policy & procedure manual.
- Working knowledge of life saving and rescue techniques.
- Working knowledge of streets and locations throughout the town.
- Working knowledge of the use and maintenance of fire fighting equipment and apparatus.
- Working knowledge of the use and maintenance of tools and equipment contained in emergency vehicles.
- Skill in the operation of a variety of fire vehicles, apparatus and specialized tools, equipment, and vehicles.
- Skill in the performance of routine mechanical and maintenance tasks and the utilization of tools, ropes and equipment.
- Ability to work in extreme climate conditions from dry to humid and from extremely cold to extremely hot.
- Ability to work in noisy and loud environments.
- Ability to work safely in roadways where traffic may be moving.
- Ability to use axes, haligans, pry bars, hose, nozzles, electric and gas powered fans, ladders, ropes, saws (both hand and gas operated), portable radios, lights and any other equipment necessary to complete his/her tasks.
- Ability to wear heavy personal protective equipment for extended periods of time.
- Ability to utilize tools, equipment and perform tasks with limited sensory and motor function.
- Ability to lift & move heavy objects from a standing, crouching or lying position.
- Ability to follow directions and orders.
- Ability to understand and follow oral and written instructions.
- Ability to establish and maintain effective working relationships with staff and the general public.
- Ability to learn a wide variety of firefighting duties and methods.
- Ability to perform heavy physical labor under arduous conditions.
- Ability to wear an SCBA Respirator & perform strenuous work in a hazardous working environment.
- Ability to learn to perform various tasks utilizing a computer.
- Ability to remain calm during stressful events.

South Portland Fire Department CALL FIREFIGHTER

INITIAL TRAINING REQUIREMENTS:

- Basic Fire School
- NIMS 700 & 100
- CEVO III Driver Safety Class
- Public Safety Traffic Flagger

ANNUAL TRAINING REQUIREMENTS:

- Bloodborne Pathogens
- Hazardous Materials: Awareness
- Fire Extinguisher Training
- Workplace Harassment
- Right Two Know
- Lockout/Tagout
- Hearing Protection
- Respiratory Protection Training (SCBA) (if medically cleared)
- Respiratory Fit Test
- Driver Training (if certified to operate department apparatus)

PROBATIONARY REQUIREMENTS:

- 1-year probation period from appointment.
- Attain Basic Fire School Certification
- Complete all annual mandatory training requirements.

**CITY OF SOUTH PORTLAND
NEW CITY EMPLOYEE INFORMATION**

NAME: _____ SOCIAL SEC. NO. _____

DEPARTMENT _____ CATEGORY _____
FULL, PERM, PART., SEASONAL, TEMP.

POSITION _____ MARITAL STATUS _____

BIRTH DATE _____ DATE EMPLOYED _____

SEX _____ RACE _____ GRADE _____ STEP _____

ADDRESS _____ PAY CYCLE _____ HOURS CODE _____

CITY _____ PAY CODE _____ UNION CODE _____

STATE _____ ZIP CODE _____ WORKERS COMP CODE _____

HOME PHONE _____ RATE OF PAY _____

BOX NUMBER _____ ACCOUNT NO. _____

FOR TAX PURPOSES MARITAL STATUS _____ FOR MAINE STATE RETIREMENT MSRS _____

FEDERAL EXEMPTIONS _____ MSRS LIFE INS. _____

ADDITIONAL FEDERAL _____ STATUS CODE _____

STATE EXEMPTIONS _____ REMARKS CODE _____

ADDITIONAL STATE _____ POS. CLASS CODE _____

RACE	CATEGORY
B-WHITE	P-PERMANENT PART TIME ONLY
C-BLACK	F-FULL TIME
D-HISPANIC	T-TEMPORARY
E-ASIAN OR PACIFIC ISLANDER	S-SEASONAL
F-AMERICAN INDIAN OR ALASKAN NATIVE	R-RETIRED

UNION CODE	PAY CYCLE
001-NON-UNION CITY	W-WEEKLY
002-LOCAL 481 PW & PARKS	M-MONTHLY
003-LOCAL 1476 FIRE	Q-QUARTERLY
004-PATROLMAN'S ASSOC.	
005-POLICE SUPERIOR OFFICERS	
014-DISPATCH	
010- FIRE COMMAND OFFICERS	

PAYCODE	HOURS CODES
SE-SALARIED, EXEMPT FROM O.T.	01-PART TIME VARIOUS HOURS
SN-SALARIED, NON-EXEMPT FROM O.T.	02-37.5 HR/WK 30-20 HR/WK
HE-HOURLY, EXEMPT FROM O.T.	03-40 HR/WK 12-35 HR/WK
HN-HOURLY, NON-EXEMPT FROM O.T.	04-42 HR/WK 35-25 HR/WK
	40-19 HR/WK

Form W-4 (2013)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H _____
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	

Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="margin: 0;">2013</h1>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____		5 _____
6 Additional amount, if any, you want withheld from each paycheck _____		6 \$ _____
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature _____ (This form is not valid unless you sign it.) ►		Date ► _____
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____		9 Office code (optional) _____
		10 Employer identification number (EIN) _____

**FORM
W-4ME**

**MAINE
Employee's Withholding Allowance Certificate**

1. Type or print your first name		M.I.	Last name		2. Your social security number	
Home address (number and street or rural route)					<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	
City or town		State	ZIP code		3. <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married, but withholding at higher single rate (See Instructions)	

4. Total number of allowances you are claiming from line C of the personal allowances worksheet below	4.	
5. Additional amount, if any, you want withheld from your paycheck	5.	\$

6. If you do not want any state income tax withheld, check the appropriate box that applies to you (you must qualify - see instructions below). By signing below, you certify that you qualify for the exemption that you select:

a. You claimed "Exempt" on line 7 of your federal Form W-4 6a.

b. You completed federal Form W-4P and checked the box on line 1 6b.

c. You are a resident employee with no Maine tax liability in prior or current year 6c.

d. You are a recipient of periodic retirement payments with no tax liability in prior or current year 6d.

e. Your spouse is a member of the military assigned to a location in Maine and you qualify for exemption under the Military Spouse's Residency Relief Act. You must attach supporting documents. See instructions 6e.

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances or the exemption claimed on this certificate.

EMPLOYEE'S/PAYEE'S SIGNATURE
(Form is not valid unless you sign it.) Date

TO BE COMPLETED BY EMPLOYER/PAYER (see Instructions)

7. Employer/Payer Name and Address (Employer/Payer: Complete lines 7, 8, 9, and 10 only if sending to Maine Revenue Services)	8. Identification Number
9. Employer/Payer Contact Person:	10. Contact Person's Phone Number: (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>

----- Cut here and give the certificate above to your employer. Keep the part below for your records. -----

Personal Allowances Worksheet - for line 4 above

Note: Because the personal exemption amount for 2013 is \$3,900 (an increase of \$1,050 over the 2012 personal exemption amount), you should determine the number of allowances for 2013 carefully.

A. Number of federal allowances claimed (see instructions for line 4) A. _____

B. Less: Number of allowances claimed on federal Form W-4 Personal Allowances Worksheet, line G for the Child Tax Credit B. _____

C. Maximum number of allowances for Maine purposes (line A minus line B). Enter here and on line 4 above. See line 4 instructions below if you want to claim fewer allowances or more allowances than claimed for federal purposes C. _____

Employee/Payee Instructions

Purpose: Complete Form W-4ME so your employer/payer can withhold the correct Maine income tax from your pay. Because your tax situation may change, you may want to recalculate your withholding each year.

Line 4. If you qualify for one of the Maine exemptions from withholding, please complete lines 1, 2, 3 and 6, and sign the form. Otherwise, complete the Personal Allowances worksheet above. Enter on line A the number of allowances you claimed on federal Form W-4, line 5 or Form W-4P, line 2. If you are a spouse in a same-sex marriage, enter the number of allowances that would be allowed if you had completed federal Form W-4 or W-4P as a married person. You may claim fewer allowances than you are entitled to, but you must obtain special permission from the State Tax Assessor if you want to claim more allowances than claimed on your federal Form W-4.

Box 3. Select the marital status that applies to you. You must select the single box if you are single, married but legally separated, or you or your spouse are a nonresident alien. Married individuals have the option of selecting either the married filing joint or married but withholding at higher single rate box.

Line 6. Exemptions from withholding:

Line 6a. You may check this box if you claimed "Exempt" on line 7 of your federal Form W-4. Do not check this box if you want Maine income taxes withheld even though you are exempt from federal withholding.

Line 6b. You may check this box if you completed federal Form W-4P and put a check in the box on line 1. Do not check this box if you want Maine income taxes withheld even though you are exempt from federal withholding.

Line 6c. You may elect this exemption if you are an employee receiving wages and you meet both of the following conditions:
1. You had no Maine income tax liability last year, and
2. You reasonably expect to have no Maine income tax liability this year.

This exemption will expire at the end of the year and you must complete a new Form W-4ME for next year or you will be subject to Maine withholding at the maximum rate.

Line 6d. You may elect this exemption if you receive periodic retirement payments pursuant to IRC § 3405, you had no Maine income tax liability in the prior year and you reasonably expect you will have no Maine income tax liability this year.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (<i>Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.</i>)					
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)
Address (Street Number and Name)			Apt. Number	City or Town	State Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][]-[][]-[][][][]	E-mail Address			Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

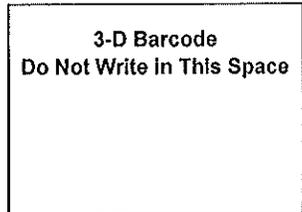
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write In This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
--------------------------------------------------------------------------------------------	-------------------------------------------------

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
-----------------------------------------------------	--------------------	------------------------------------------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport, and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize the City of South Portland to automatically deposit any funds owed to me to my account at the Depository Financial Institution named below.

I recognize that the City of South Portland has the legitimate need and ability to cancel out erroneous entries made into my accounts. The City agrees to notify me prior to canceling out the erroneous entry. Employees can feel confident that the City is not allowed access to private information about employee's accounts at financial institutions. The City is only allowed to deposit or cancel entries into personal accounts.

In the event the City overpays that an employee's wages, a separate repayment form will be utilized.

BANK NAME: _____
 Routing number: _____
 BANK ADDRESS: _____

DEPOSIT ACCT.NUMBER: _____ CHKING/SAVNG _____ \$ %
 (CIRCLE ONE) (CIRCLE ONE)

BANK NAME: _____
 Routing number: _____
 BANK ADDRESS: _____

DEPOSIT ACCT.NUMBER: _____ CHKING/SAVNG _____ \$ %
 (CIRCLE ONE) (CIRCLE ONE)

BANK NAME: _____
 BANK ADDRESS: _____

DEPOSIT ACCT.NUMBER: _____ CHKING/SAVNG _____ \$ %
 (CIRCLE ONE) (CIRCLE ONE)

Please be sure to indicate whether this is a checking or savings account and if the amount stated is a dollar amount or percentage. Also, please beware that the amounts stated must encompass 100% of your net pay. It can be sent to any number of accounts and/or institutions but it must be 100%. And finally, this form does not and will not affect any contributions you may be making to the Greater Portland Municipal Credit Union. Any changes to the voluntary deductions to the credit union must be handled separately. Please call Colleen Selberg at 767-7607 if you have any questions regarding this form or credit union information.

CUSTOMER NAME (PRINT): _____

SIGNATURE: _____

DATE: _____

I UNDERSTAND that this agreement may be terminated by me or the City of South Portland at any time by written notification. Any such notification requires a reasonable time to act upon it. All direct deposit accounts are started by the pre-note process. This process takes about three weeks. After the receipt of the authorization agreement form, a pre-note (or test run) is issued to the institution(s) listed above. There is a ten-day waiting period for the bank to either accept or refuse the information.



CITY OF SOUTH PORTLAND
 P.O. Box 9422
 South Portland, ME 04116-9422

APPLICATION for EMPLOYMENT
 (Please Print)

<p align="center">Equal Employment Policy</p> <p>It is the policy of The City of South Portland to recruit and employ qualified personal without discrimination based on Race, Creed, Color, Religion, Age, Sex, National Origin, or Disability at all of its facilities. The City is committed to providing equal employment opportunities (EEO) to all applicants.</p>	<p>Position for which you are applying:</p> <hr/> <p>Salary/Rate Expected: _____ per _____.</p> <p>Circle all days and shifts for which you are available: SUN. MON. TUE. WED. THUR. FRI. SAT. Day • Evening • Night FULL TIME (35+) • PART-TIME (UNDER 35) SEASONAL – Available: _____ to _____</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PERSONAL DATA

First Name _____ Middle _____ Last _____ Phone () _____				
Street Address _____				
Number	Street	City	State	Zip
Mailing Address _____				
Number	Street	City	State	Zip
Social Security # _____			Are you age 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Age _____	

EDUCATIONAL DATA

SCHOOLS ATTENDED	NAME	CITY, STATE	COURSES STUDIED	GRADUATED		DEGREE EARNED
				NO	YES	
High School						
College or University						
College or University						
Trade School or Apprenticeship						
Certifications Held						

SKILLS OR MANAGEMENT COURSES/SEMINARS

NAME of PROGRAM	OFFERED/SPONSORED BY	YEAR TAKEN

EMPLOYMENT DATA

STARTING WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT, AND PROGRESSING BACKWARD, PLEASE ACCURATELY RECORD ALL OF YOUR WORK HISTORY. If necessary, continue list on separate sheet of paper, and attach to this application. Any omission or misrepresentation may result in your disqualification from employment consideration, or your termination if hired.

Employer Name	Street Address, City and State	From Mo. Yr.	To Mo. Yr.
Position Held:	Phone Number: ()	Final Base Pay:	
Duties:	Supervisor's Name:	Reason for Leaving:	
	Supervisor's Title:		

Employer Name	Street Address, City and State	From Mo. Yr.	To Mo. Yr.
Position Held:	Phone Number: ()	Final Base Pay:	
Duties:	Supervisor's Name:	Reason for Leaving:	
	Supervisor's Title:		

Employer Name	Street Address, City and State	From Mo. Yr.	To Mo. Yr.
Position Held:	Phone Number: ()	Final Base Pay:	
Duties:	Supervisor's Name:	Reason for Leaving:	
	Supervisor's Title:		

Employer Name	Street Address, City and State	From Mo. Yr.	To Mo. Yr.
Position Held:	Phone Number: ()	Final Base Pay:	
Duties:	Supervisor's Name:	Reason for Leaving:	
	Supervisor's Title:		

Employer Name	Street Address, City and State	From Mo. Yr.	To Mo. Yr.
Position Held:	Phone Number: ()	Final Base Pay:	
Duties:	Supervisor's Name:	Reason for Leaving:	
	Supervisor's Title:		

Employer Name	Street Address, City and State	From Mo. Yr.	To Mo. Yr.
Position Held:	Phone Number: ()	Final Base Pay:	
Duties:	Supervisor's Name:	Reason for Leaving:	
	Supervisor's Title:		

COMPUTER SKILLS

Describe your skills with personal computers, data entry and information systems. List programs with which you are familiar.

MECHANICAL/MACHINE OPERATING SKILLS (Complete this section only if applicable)

Machines/Equipment Operated	Length/Depth of Experience	Maintenance Of Machine?	
		Yes	No
1. _____	_____	Yes	No
2. _____	_____	Yes	No
3. _____	_____	Yes	No
4. _____	_____	Yes	No
5. _____	_____	Yes	No

Vehicle/Equipment Licenses held:	#	Class	Endorsements	Comments
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

ADDITIONAL DATA Any omission or misrepresentation below may result in your disqualification from employment consideration or your termination, if hired.

- Have you ever been disciplined for or had your employment terminated for attendance or punctuality issues? _____ No _____ Yes

If yes, please explain:

- Have you ever been disciplined for or had your employment terminated for safety issues? _____ No _____ Yes

If yes, please explain:

- Have you ever been disciplined for or had your employment terminated for: harassment; insubordination; threats or violence; willful damage to property; theft; or violation of policy? _____ No _____ Yes

If yes, please explain:

- Do you have the full physical, mental, emotional and medical ability to perform the functions of the job for which you are applying, with or without reasonable accommodation? [If you require more information about this position before responding to this question, please request it.] _____ No _____ Yes

If no, please explain:

ADDITIONAL DATA (Continued)

- Do you have the legal right to remain permanently in the United States? YES NO
- Do you have the legal right to work in the United States? YES NO
- Have you ever been convicted of a felony? NO YES

Date of conviction _____

If yes, explain: [Such a conviction does not necessarily disqualify you from employment consideration.]

- Have you ever worked for the City of the School Dept. of South Portland? YES NO

If yes, when? _____ Where? _____

In what capacity? _____ Reason for separation? _____

- Is there a current City employee who might act as a character reference on your behalf? YES NO

If yes, name of employee(s) _____

READ THESE STATEMENTS VERY CAREFULLY BEFORE SIGNING! (If necessary, please ask for clarification.)

I understand that the purpose of this form is to provide individuals with a standard format by which they may apply for employment with the City of South Portland. It does not constitute or imply an employment contract, nor does its completion qualify me for employment consideration. In the absence of a clear, written agreement, signed by the City Manager, each employee is hired for an indefinite period and is an employee-at-will.

Public Law 91-508 requires that the City of South Portland advise you that an investigative consumer report, which provides information concerning your character and general reputation, may be used in the processing of your application. Upon written request, information as to the nature and scope of this report, if one is requested, will be provided.

I hereby authorize: the City of South Portland and its representatives to make any legal investigation of my background/work history deemed necessary; my previous employers to release information about my work history to the City of South Portland.

SIGNATURE OF APPLICANT

DATE

Should I be made an offer of employment by the City, I will have no objection to taking a medical exam. If hired, as a condition of continued employment with the City, I agree to abide by and observe all the policies and practices of this municipality.

SIGNATURE OF APPLICANT

DATE

I hereby certify that all of the information provided on this application form is truthful, accurate, and complete. I understand that any omission or misrepresentation of information requested/provided in this application may result in my disqualification of employment consideration or my dismissal from employment, if I have been hired.

SIGNATURE OF APPLICANT

DATE

FOR FUTURE EMPLOYMENT CONSIDERATION, YOU MUST RE-APPLY.