



STATE OF MAINE  
**Emergency Services Communication Bureau**  
**9-1-1 Training Academy**  
 15 Oak Grove Road, Room B-132  
 Vassalboro, Maine 04989-3201



John Elias Baldacci  
 Governor

Albert E. Gervenack  
 Director

**Public Safety Dispatcher**

**NOTICE OF EMPLOYMENT / TERMINATION** (rev. 2/08)

Forward to the ESCB **within 30 days** of employment or termination.

*Please fill out either the EMPLOYMENT or the TERMINATION information, as applicable.*

Name (Applicant) \_\_\_\_\_ Maiden/previous Name(s): \_\_\_\_\_  
 (Last) (First) (Middle)

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ SS #: \_\_\_\_\_  
 (mm/dd/yyyy) (required by statute)

Official Agency E-mail Address for this Employee: \_\_\_\_\_ ( example:JDoe@mainepd.org)

**EMPLOYMENT DATE:** \_\_\_/\_\_\_/\_\_\_ *or* **TERMINATION DATE:** \_\_\_/\_\_\_/\_\_\_

**EMPLOYMENT / TERMINATION LEVEL:**

Full Time Dispatcher  Part Time Dispatcher\*\*

Has this employee had basic training for full-time public safety dispatching OUT OF STATE? Yes \_\_\_ No \_\_\_

If the agency is requesting a waiver of the basic school for this individual, please forward the **Waiver Application Packet** to the Emergency Services Communication Bureau (ESCB)

Has this employee had training in Emergency Medical Dispatch (EMD)? Yes \_\_\_ No \_\_\_

If Yes, what program? \_\_\_\_\_ Contact Maine EMS Office for license application process.

\*\*Is applicant otherwise employed w/your agency ? if so, what position ? \_\_\_\_\_  
 (i.e. also full-time law enforcement, part-time corrections, other)

**TERMINATION: (If termination due to Conviction or Professional Misconduct, please note in comments)**

Type of Termination (Please check) Resigned \_\_\_ Discharged \_\_\_ Retired \_\_\_ Deceased \_\_\_ Other \_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*This form MUST be signed by the DEPARTMENT HEAD and submitted to the ESCB*

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ (phone) \_\_\_\_\_ Date: \_\_\_\_\_

**Phone: 207-877-8068 or Fax: 207-877-8070 (training office)**

