



APPLICATION FOR EMPLOYMENT

TOWN OF PITTSFIELD FIRE DEPARTMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job related medical conditions, or handicap or any other legally protected status.

(PLEASE PRINT)

Position Applied For:

Date Of Application

Fire Fighter Rescue Member Support Unit Other

How Did You Learn About Us?

Advertisement Friend Walk-in Web site
 Employment Agency Relative Other _____

Last Name:	First Name	Middle Name
Address	<i>Number</i>	<i>Street</i>
		<i>City</i>
		<i>State</i>
		<i>Zip Code</i>
Telephone Number(S)		Social Security Number
Date Of Birth:		Drivers License Number:
Month	Day	Year
		Expiration Date:

Have you ever filed an application with us before? Yes No
If yes, give date _____

Have you ever been employed with us before? Yes No
If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Have you ever had any job related training in the US military? Yes No
If yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No
If yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EXPERIENCE AND EMPLOYMENT

Beginning with your present or most recent job, list all employment held for the past ten (10) years, including part-time or temporary employment.

Employer _____
Address _____
Number Street City State Zip Code
Tel. # _____ Job Title _____
Supervisor _____ Title _____
Name of Co-worker _____
Date started _____ Date Left _____
Reason For Leaving _____

Employer _____
Address _____
Number Street City State Zip Code
Tel. # _____ Job Title _____
Supervisor _____ Title _____
Name of Co-worker _____
Date started _____ Date Left _____
Reason For Leaving _____

Employer _____
Address _____
Number Street City State Zip Code
Tel. # _____ Job Title _____
Supervisor _____ Title _____
Name of Co-worker _____
Date started _____ Date Left _____
Reason For Leaving _____

EDUCATION:

High School/GED

Address _____
Number Street City State Zip Code

From _____ To _____ Did you graduate? Yes No

College/University _____ From _____ To _____

Town/City and State _____ Did you receive a degree? Yes No

List other schools attended (Trade, Vocational, Business, Etc.)

Name _____ From _____ To _____

Address _____
Number Street City State Zip Code

Course Of Study _____

Did you receive a Diploma or Certificate? Yes No

SPECIAL QUALIFICATIONS AND SKILLS

List any special licenses or certificates you hold, (Pilot, Radio Operator Scuba)

Issuing Authority _____

Date Issued _____ Expiration Date _____

List Any Specialized Machinery Or Equipment You Can Operate:

List Any Special Skills Or Qualifications You May Have:

REFERENCES:

Give name, address & telephone numbers of 3 references who are not related to you and are not previous employers.

- | | <i>NAME</i> | <i>ADDRESS: STREET, TOWN, STATE, ZIP</i> | <i>DAY TEL. #/NIGHT TEL. #</i> |
|----|-------------|--|--------------------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

LEGAL:

Have you ever been summonsed into court, detained, arrested, or convicted by any police agency or legal jurisdiction? Yes No

Convictions will not necessarily or automatically disqualify an applicant from employment.

If yes, please complete the following: (List all occurrences)

Agency _____
City State

Offense Charged _____ Disposition _____

*** Applicant may be requested to provide certified copy of criminal record.**

Agency _____
City State

Offense Charged _____ Disposition _____

*** Applicant may be requested to provide certified copy of criminal record.**

Agency _____
City State

Offense Charged _____ Disposition _____

*** Applicant may be requested to provide certified copy of criminal record.**

Have you ever been involved as a party in any civil litigation? Yes No

If yes, please give details: _____

MOTOR VEHICLE OPERATION:

Has your driver's license ever been suspended or revoked? Yes No

If yes, please give date, location, & reason: _____

Name of auto insurance carrier _____

Office: _____ Policy # _____ Tel. # _____

List, to the best of your recollection, all driving citations you have received, both as a juvenile and as an adult, excluding parking tickets.

Month/Year	Offense	City & State	Disposition
_____	_____	_____	_____
_____	_____	_____	_____

Briefly describe any traffic accidents in which you have been involved, giving locations and approximate dates.



EMPLOYMENT DATA RECORD

TOWN OF PITTSFIELD FIRE DEPARTMENT

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this data record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. **Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

VOLUNTARY SURVEY

(Please print)

Date _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name		
Address		
City	State	Zip
Social Security #		

✓ Complete Only the sections below that have been checked	
<input type="checkbox"/>	Current Job
<input type="checkbox"/>	Check one <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/>	Check One Of The Following (Ethnic Origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/>	Check Any Of The Following That Are Applicable <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual
<input type="checkbox"/>	Birthdate

Authorization To Release Information

TOWN OF PITTSFIELD FIRE DEPARTMENT

I, _____ Born in _____
Print Full Name, City and State of Birth

having filed an application for employment with the Pittsfield, NH Fire Department, consent herein to have an investigation made as to my moral character, reputation, and fitness for the position for which I have applied. Furthermore, I agree to give any additional information that may be required during the conduct of that investigation.

I also authorize and request every person, firm, company, corporation, partnership, governmental agency, court, association, medical professional*, medical facility or institution*, school, college, or branch of the military having control of any documents, records, reports, or other written information pertaining to me, to cooperate and allow inspection or provide copies of such documents, records, reports, or other written information to the Pittsfield Fire Department or any of its agents or representatives.

I hereby release, exonerate and discharge the Pittsfield Fire Department, its agents and representatives, and any person or entity so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such written documents, records, reports, or other written information to the said Pittsfield Fire Department or its agents and representatives.

It has been explained to me, and I fully understand, that refusal to grant this authorization will not necessarily void my application.

This authority shall continue for one year from the date below, unless sooner revoked by me in writing.

Signature of Applicant _____
Dale

*Medical records will not be sought unless and until you have been given a conditional offer of probationary employment.

APPLICANT'S STATEMENT

I certify that answers given Herein are true and complete to) the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Dale