

SEEKONK FIRE DEPARTMENT EMPLOYMENT APPLICATION



AN EQUAL OPPORTUNITY EMPLOYER

THE SEEKONK FIRE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER. WE DO NOT DISCRIMINATE BASED UPON RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, DISABILITY, MARITAL STATUS, RELIGION OR ANY OTHER LEGALLY PROTECTED STATUS.

ALL APPLICATIONS ARE KEPT CONFIDENTIAL

POSITION(S) APPLYING FOR: _____

All applicants must submit the following documents with their applications:

- A copy of your higher education diploma (if applicable), and all transcripts from any/all college and graduate study.
- High school diploma or Equivalent**
- A copy of your birth certificate.
- A copy of your social security card.
- A copy of your driver's license

**Unless otherwise specified for posted positions

INSTRUCTIONS

- ♦ These forms must be typewritten or printed in blue or black ink by the applicant himself/herself.
- ♦ All questions must be answered, if applicable. If not applicable, indicate N/A.
- ♦ Failure to answer any and all questions completely, truthfully, or accurately shall result in the applicant's disqualification, or, if discovered after an individual is hired, termination from employment.
- ♦ If the space provided is not sufficient for complete answers, or you wish to make additional comments, attach sheets the same size as these forms and indicate to which question those sheets pertain.

PERSONAL INFORMATION

Name

Last

First

Middle

Present Address

Street

City

State

Zip

Permanent Address

Street

City

State

Zip

Contact Number

() _____ () _____

Home Phone

Cell Phone

Other: List all other names you have used. (For example: maiden name, former name(s), alias(es), or nickname(s).)

Are you 18 years of age or older?

Yes

No

EMPLOYMENT DESIRED

What date can you start? _____

Are you employed now?

Yes

No

May we contact your present Employer?

Yes

No

Have you ever applied with this department?

Yes

No

If so, when?

EDUCATION / TRAINING

	Institution Name and Address	Dates Attended Mo./Yr.		Years Attended	Graduate Yes/No	Area of Study
		From	To			
High School						
Undergraduate School						
Graduate School						
Other: Equivalency, etc.						
Courses Now Studying						
EMT / Paramedic School						

Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school:

Indicate any special education, training, or certifications:

Did you receive a certificate for this training? Yes No **Include Copies**

EMPLOYMENT HISTORY

Beginning with your most recent employment, please list every job, including military service, you have held in the last ten years.

In accordance with M.G.L. Chapter 149; It shall be an unlawful practice for an employer to screen job applicants based on their wage, including benefits or other compensation or salary histories, including by requiring that an applicant's prior wages, including benefits or other compensation or salary history satisfy minimum or maximum criteria; or request or require as a condition of being interviewed, or as a condition of continuing to be considered for an offer of employment, that an applicant disclose prior wages or salary history.

Name and Address of Employer	Dates Worked Mo./Yr.		Supervisor's Name	Supervisor's Title	
	From	To			
Name					
Address	Position Held			<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
City, State, Zip				Reason for Leaving	
Area Code & Phone Number					
Name and Address of Employer	Dates Worked Mo./Yr.		Supervisor's Name	Supervisor's Title	
	From	To			
Name					
Address	Position Held			<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
City, State, Zip				Reason for Leaving	
Area Code & Phone Number					
Name and Address of Employer	Dates Worked Mo./Yr.		Supervisor's Name	Supervisor's Title	
	From	To			
Name					
Address	Position Held			<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
City, State, Zip				Reason for Leaving	
Area Code & Phone Number					
Name and Address of Employer	Dates Worked Mo./Yr.		Supervisor's Name	Supervisor's Title	
	From	To			
Name					
Address	Position Held			<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
City, State, Zip				Reason for Leaving	
Area Code & Phone Number					

Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? Yes No

Have you ever been suspended by an employer or received a formal written reprimand? Yes No

Date:	Employer:	Circumstances:

Have you ever failed a background check or been rejected or disqualified based on the results of a background investigation or interview? Yes No

ARREST HISTORY/COURT DATA

Have you ever been convicted of a criminal offense? Yes No

Have you ever admitted in any court of law to having committed a criminal offense?

Including a plea of NOLO (no contest)? Yes No

Either as an adult or juvenile, have you ever been arrested? Yes No

Have you ever been charged with a criminal act? Yes No

This includes charges that were dismissed, dropped or reduced. If yes, provide the following information. Start with the most recent.

Date	Charges	Police Agency	Results

Circumstances	
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Date	Charges	Police Agency	Results

Circumstances	
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MILITARY SERVICE

Have you ever served on active duty in the Armed Forces of the United States? Yes No

If yes, what was the highest rank attained? _____

Branch of Military Service		Serial Number	
Dates of Active Duty		From:	To:
Type of Discharge		Dates of Discharge	
Member of Reserve?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Branch:	

Was any type of disciplinary action taken against you in the Military Service? Yes No

If yes, explain. _____

Are you now or were you formerly in the National Guard?

Present Former Never

If you are a member of the National Guard and attend drills, meetings, or camps, give the name of the unit and location.

Summer Camp Attendance From: _____ To: _____

Location: _____

If served on Active Duty, list dates:

If you were ever a member of the Armed Services, were you court-martialed? Yes No

If yes, explain: _____

REFERENCES

List three references (not relatives, in-laws, former or present employers, fellow employees or school teachers) on this page who are responsible adults, have reputable standing in their community and who have known you for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience personality and other qualities.

Name	Address	Phone Number	Relationship	Years Acquainted

GENERAL RELEASE

Date: _____

I, _____, born at _____

on _____, having filed an application for employment with the Seekonk Fire Department, consent to have an investigation made as to my moral character, reputation and fitness for the position to which I have applied and such information as may be, received, reported to the appointing authority. I agree to give any further information which may be required in reference to my past record.

I also authorize and request, every person, firm, company, corporation, (governmental agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish to the Seekonk Fire Department any such information, including, documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Seekonk Fire Department or any of its agents or representatives to inspect and make copies of such documents, records and other information.

Specifically, I hereby authorize the release of the following data or records to the Seekonk Fire Department.

I hereby release, discharge and exonerate the Seekonk Fire Department, its agents and representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Seekonk Fire Department.

This authority shall continue for one year unless sooner revoked in writing by the undersigned.

Signed

Witness

Address

CORI CHECK ACKNOWLEDGMENT

I, _____ residing at _____

_____, acknowledge that a Criminal Offender Record Information (CORI) check will be performed as part of the municipality's hiring process. I further acknowledge that a refusal to allow the CORI check to be performed will cause my application to no longer be considered for employment.

Signature