

Maynard Fire Department

Anthony Stowers
Fire Chief

1 Summer Street
Maynard, MA 01754
(978) 897-1015
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Application for Employment Permanent Firefighter/EMT

1. These forms must be typewritten or printed in blue or black ink by the applicant.
2. All questions must be answered, if applicable. If not applicable, indicate n/a.
3. Failure to answer any and all questions truthfully, accurately or completely, shall result in the applicant's disqualification, or, if discovered after an individual is hired, termination of employment.
4. 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.
5. You are applying for a responsible public safety position. It is essential that you follow instructions specifically as directed. Make sure all dates and information are absolutely accurate.

I have read and understand the above instructions.

Candidate: _____

This application will be held on file for a period of _____ years.

Date Received: _____

To The Applicant: READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, national origin or disability. Federal Law also prohibits discrimination on the basis of age with respect to certain individuals. The Laws of Massachusetts also prohibit some or all of the above –stated discrimination as well as some additional types, such as discrimination based upon ancestry and marital status.

1. PERSONAL HISTORY

1. Name:

(First) (Middle) (Last)

Address:

(Number and Street)

(City/Town) (State) (Zip
Code)

How long have you lived at this address? _____

Phone: _____

(Home) (Work) (Cell)

2. Neighbor's Name, Address and Telephone Number who can verify above:

3. In chronological order, please state every place you have resided within the past ten years. Include addresses while attending school, if away from home, and all military addresses. (Note: Your present address should be listed on the first line below)

4. From: To:
Landlord's Name

Month, Year, to Month, Year	Apt# and Street	City/Town	State and Telephone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Are you lawfully eligible for employment in the United States? Yes [] No []
6. Have you ever used another name? Yes [] No [] If yes, please explain.

7. Do you have a relative in our employ? Yes [] No [] If yes, please give name and relationship:

8. Do you personally know any firefighters working in this department?
9. Yes [] No [] If yes, name and rank (if known)

10. If your application is considered favorably, on what date can you start work?

11. Do you possess a valid driver's license from the Commonwealth of Massachusetts, or a valid Commercial Driver's License?

Yes [] No []

12. Has your driver's license in this state or any state ever suspended or revoked?

Yes [] No [] If yes, give details.

13. Have you previously submitted an application for employment with this municipality? Yes [] No [] If yes, give name and agency and when.

14. Have you ever worked for this municipality before?
Yes [] No [] If yes, give the name of the agency and when.

II. Education

15. List the name and address of the following schools you attended and dates of graduation.

School Name and Address	Graduated Yes/No	Number of Years Attended	Degree	Major
High School				
College				
Graduate				
Other, equivalency, etc.				
Courses now studying				

16. Were you ever dismissed from a school or was any disciplinary action, including scholastic probation ever taken against you during your scholastic career?
Yes [] No [] If yes, give school, date and action taken.

School: _____ Date: _____

Action Taken: _____

17. List awards, honors, citations positions held in school organizations, athletic endeavors, and other special recognition you received while attending school. Also list any special recognition you have received in your community since you left school. (*Exclude those organizations and awards which by their nature, name or character indicate the religion, race or national origin of its members*).

18. List any special abilities, interests, sports or hobbies along with degrees of proficiency.

19. Indicate your proficiency in any language other than English.

Language Speak (indicate good, or fluent) Understand Read Write

20. Please list any office machines, special equipment or computer systems on which you have experience. Also include your degree of proficiency with each.

21. Do you have any court judgments pending against you? Yes [] No [] If yes, give details.

27. Have you ever been sued or had your wages garnished? Yes [] No [] If yes, give details.

Firefighting/Emergency Medical Service Experience

28. Do you have any firefighting experience?

29. Have you had any Firefighting Training?

30. Do you have any E. M. S. experience?
 Are you an E.M.T.? Yes [] No [] Are you a Paramedic? Yes [] No []
 If yes, in what state? _____ E.M.T./Paramedic # _____

III. EMPLOYMENT HISTORY

31. In reverse chronological order, list all employments, (including summer and part time employments while attending school). All time must be accounted for. If unemployed for a period, set forth the dates of unemployment. *(Use additional sheets of paper and attach if necessary).* Applicants may also include verifiable work performed on a volunteer basis.

Dates	Name & Address	Rate of Pay		Supervisor's
From: (Mo/Yr) To: (Mo/Yr)	Employment	Start	Finish	Name and Title
Reason for Leaving: _____				

Dates	Name & Address	Rate of Pay		Supervisor's
From: (Mo/Yr) To: (Mo/Yr)	Employment	Start	Finish	Name and Title
Reason for Leaving: _____				

Dates	Name & Address	Rate of Pay		Supervisor's
From: (Mo/Yr) To: (Mo/Yr)	Employment	Start	Finish	Name and Title
Reason for Leaving: _____				

Dates	Name & Address	Rate of Pay		Supervisor's
From: (Mo/Yr) To: (Mo/Yr)	Employment	Start	Finish	Name and Title

 Reason for Leaving: _____

Have you ever been fired or forced to resign because of misconduct or unsatisfactory employment? Yes [] No [] If yes, give details.

IV. MILITARY SERVICE

32. 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 School	Serial Number	Dates of Active Duty
_____	_____	_____
Type of Discharge	Date of Discharge	Member of Reserve? Yes [] No []
_____	_____	_____

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.

V. REFERENCES

33. List three (3) references (not relatives, former or present employers, fellow employees or school teachers) on the following page who are responsible adults, have reputable standing in their community and who have know you for at least five (5) years. All persons to whom you refer may be asked to appraise your character, ability and experience, personality and other qualities.

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW INDICATING THAT YOU UNDERSTAND AND AGREE TO THE TERMS AS STATED.

I understand that a physical, which includes a drug screening urinalysis, and a psychological test, may be required after an employment offer has been made. As a candidate for a position of firefighter, I understand and agree to allow the Maynard Fire Department to contact my current and former employers.

I understand that this is not a contract of employment and I or the municipality may sever the employment relationship at any time for any reason. Any oral or written statement to the contrary, including any which are made by a City/Town representative are disavowed and may not be relied upon by any prospective or existing employee.

I understand also that this Department has established a specific schedule for which I must be available as required, and I further understand that schedule may be changed in the future. I further understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be the basis for rejection of my application or dismissal from the Department. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I hereby give the Maynard Fire

Department authorization to contact any person reasonably related to the character and fitness investigation and to request that an independent credit report be prepared as to my financial condition. I also authorize any person contacted to share written and oral information which is reasonably related to the public safety position for which I am applying.

Finally, I hereby release, discharge and exonerate this municipality, its agents and representatives, and any person so furnished information, from any and all liability of ever nature and kind arising out of the furnishing or inspection of such documents, records, or other information or investigations made by or on behalf of this municipality. This authority shall continue until revoked in writing by the undersigned.

Date

Signature of Applicant

COMMONWEALTH OF MASSACHUSETTS

I, _____, being duly sworn, depose and state I am the above named person. I signed the foregoing statement. I personally read and printed by hand answers to each and every question therein and I do solemnly swear that each and every answer is full, true and correct in every respect.

Signature of Applicant _____

Sworn before me this, the _____ day of _____, 20____.

Notary Public or Commissioner of Deeds
My Commission Expires: _____

“IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITES”
11.

CREDIT CHECK AUTHORIZATION

I, _____ residing at _____

_____, Massachusetts authorize the Maynard Fire Chief

Access to my credit report for pre-employment purposes

Date: _____ Signed: _____