

Maynard Fire Department

Angela Lawless Fire Chief Alawless@Townofmaynard.net 30 Sudbury Street Maynard, MA 01754

Application for Employment Permanent Firefighter/EMT

- 1. These forms must be legible and 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 accurate.

| I have read and understand the above instructions. | |
|--|--|
| Candidate: | |
| | |
| | |
| This application will be held on file for a period of two 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 on ancestry and marital status.

Questions with an asterisk (*) immediately to the left of the questions are optional. Although the information is useful in our examination of applicants, your decision not to answer any or all of the asterisk questions will not be held against you.

| | | 1. PERSONAL HISTOR | Y |
|------------|-------------------------|----------------------|------------|
| Name: _ | | 2.1.11 | ~ ` |
| | (First) | (Middle) | (Last) |
| Address: | | | |
| _ | (Number and Stree | et) | |
| - | (City/Toyyu) | (Ctata) | (Zin Codo) |
| | (City/Town) | (State) | (Zip Code) |
| How long | have you lived at this | address? | _ |
| Phone: | (Home) | | _ |
| | (Home) | (Work) | (Cell) |
| | | | |
| Email pref | erred to be contacted | on | |
| Phone I pr | efer to be contacted of | on (circle one) Home | Work Cell |
| | | | |
| | | | |



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)

| From: | | To: | | | | Landlord's Name | |
|----------|--------|-----------|-----------|----------------------|-------------------|----------------------|-------|
| Month | Year | Month | Year | Apt# and Street | City/Town | State and Telephon | ie # |
| | | | | | | | |
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| Are you | ı lawf | ully elig | gible for | employment in the | ne United State | s? Yes [] No [] | |
| If you a | ire un | der the a | ige of 1 | 8 or over the age of | of 70. please sta | ate vour age. | years |
| | | | .6 | | , •, F | | |
| Have y | ou eve | er used a | nother | name? Yes [] No | o[] If yes, ple | ease explain. | |
| | | | | | | | |
| | | | | | | | |
| | | a relativ | e in our | department? Ye | s[]No[]If | yes, please give nam | e and |
| relation | ship: | | | | | | |
| | | | | | | | |



| Do you know any firefighters working in this department? Yes [] No [] If yes, name and rank (if known) | | | | |
|---|---|--|--|--|
| | | | | |
| Do you possess a valid driver's Commercial driver's license? Y | | mmonwealth of Massachusetts or a | | |
| Was your driver's license in thi No [] If yes, give details. | Was your driver's license in this state, or any state ever suspended or revoked? Yes [] No [] If yes, give details. | | | |
| | | | | |
| Have you previously submitted Yes [] No [] If yes - when. | an application for en | mployment with this municipality? | | |
| Have you ever worked for this Yes [] No [] If yes - when. | municipality before? | | | |
| | II. Education | 1 | | |
| List the name and address of th graduation. | e following schools | you attended and the dates of | | |
| School Name and Address | Graduated Yes/No | Number of Years Attended Degree/Major | | |
| High School | | | | |
| College | | | | |
| Graduate | | | | |
| Courses now studying | | | | |



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 the school, date, and action taken.

| School: | Date: |
|--|---|
| Action Take | n: |
| and other s recognition organization | honors, citations positions held in school organizations, athletic endeavors, pecial recognition you received while attending school. List any special you have received in your community since you left school. (Exclude those as and awards which by their nature, name, or character indicate the ee, or national origin of its members). |
| List any sna | cial abilities, interests, sports, or hobbies along with degrees of proficiency. |
| | cial admities, interests, sports, or hoodies along with degrees of proficiency. |
| Indicate you | r proficiency in any language other than English. |
| Language | Speak (indicate good, or fluent) Understand Read Write |
| | |
| Do you have details. | e any court judgments pending against you? Yes [] No [] If yes, give |
| | |



| Have you ever b | een sued or l | had your v | vages ga | rnished? | Yes [|] No [|] If yes, | give |
|-----------------|---------------|------------|----------|----------|-------|--------|-----------|------|
| details. | | | | | | | | |

III. EMPLOYMENT HISTORY

In reverse chronological order, list all employments, (including summer and part-time employment while attending school). All time must be accounted for in the application, if you were not working because of another obligation, please document it. If unemployed for a period, indicate those dates. (*Use additional sheets of paper and attach them if necessary*). Applicants may also include verifiable work performed on a volunteer basis.

| volunteer busis. | | | |
|-----------------------------|----------------|--------------|----------------|
| 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 | | | |
|---|-----------------------------|-----------------------------------|--|
| Have you ever served on active d Yes [] No [] if Yes, what was t | - | | |
| Branch of Military School | Serial Number | Dates of Active Duty | |
| Type of Discharge | Date of Discharge | Member of Reserve? Yes [] No [] | |
| Was any disciplinary action taken Yes [] No [] If yes, explain. | n against you in the Milita | ary Service? | |
| Are you now, or were you former | rly in the National Guard | or another reserve branch of | |
| the Armed Services? [] Present [] Former | [] Never | | |
| If you are a member of the Nation name of the unit and location. | nal Guard and attend drill | ls, meetings, or camps give the | |



V. REFERENCES

| List three References (not relatives). References should be former or present employers, |
|--|
| fellow employees, school teachers, and responsible adults, who have reputable standing |
| in their community and have known 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. |

| 2. | | | |
|----|--|--|--|
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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, may be required after an employment offer has been made. I understand that this is not a contract of employment and me, or the Town of Maynard 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, is disavowed and may not be relied upon by any prospective or existing employee.

I also understand the Maynard Fire Department has an established schedule for which I must be available as required. I further understand that any appointment tendered to 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 is 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.

| representatives, and any per every nature and kind arising records, or other information | rge, and exonerate this municipality, its agents and rson so furnished information, from any and all liability of any out of the furnishing or inspection of such documents, and, or investigations made by or on behalf of this municipality, a until revoked in writing by the undersigned. |
|--|---|
| Date | Signature of Applicant |
| COMM | IONWEALTH OF MASSACHUSETTS |
| I,the above-named person. I hand answers to each and every answer is full, true, and | , being duly sworn, depose and state I am signed the preceding statement. I have read and printed by very question therein, and I do solemnly swear that each and d correct in every respect. |
| Signature of Applicant | |
| Sworn before me this | day of, 20 |
| TEST AS A CONDITION OF EM WHO VIOLATES THIS LAW SH LIABILITIES" | Notary Public or Commissioner of Deeds My Commission Expires: CHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR MPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER HALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL 11. EDIT CHECK AUTHORIZATION |
| I, | residing at |
| | , Massachusetts authorizes the Maynard Fire Chief |
| Access to my credit report fo | or pre-employment purposes |
| Date: | Signed: |
| | |