

CHATHAM FIRE RESCUE DEPARTMENT

Application for Employment

An Equal Opportunity Employer

The Town of Chatham is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, national origin, age, disability, sexual orientation or any other class protected by federal, state or local law. Any person who needs assistance in fully participating in the application process should contact the Town of Chatham Human Resources Department.

Position Applying For:	Date of Application:
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Last Name	First Name	Middle	
Address	City	State	Zip Code
Mailing Address (if different)			
Telephone Number	Cell Number	Email	

EDUCATION BACKGROUND

Type of School	Name/Location	Graduated	Type Degree	Field of Study
High School/GED		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College, Tech or Business School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No		

FIRE/EMERGENCY MEDICAL SERVICE DEGREE

School Name/Location	Field of Study	Number of Matriculated Credits	Associates Degree	Bachelor's Degree	Masters Degree

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EMERGENCY MEDICAL TECHNICIAN CERTIFICATION

<input type="checkbox"/> None	<input type="checkbox"/> EMT/Basic	<input type="checkbox"/> EMT/Intermediate	<input type="checkbox"/> EMT/Paramedic
State _____		Certification # _____	
		Expiration Date _____	
Number of Years Certified _____		Present Employer of Practice _____	

FIREFIGHTING TRAINING

NFPA 1001 Firefighter Training: <input type="checkbox"/> None <input type="checkbox"/> Firefighter I/II	
Name of Academy _____ Date Completed _____	
Massachusetts/National Certification <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Certification _____	
National Incident Management System (NIMS) certification level: <input type="checkbox"/> None	
<input type="checkbox"/> NIMS-ICS 100/700 <input type="checkbox"/> NIMS-ICS 200 <input type="checkbox"/> NIMS-ICS 300 <input type="checkbox"/> NIMS-ICS 400	
NFPA 472 Hazardous Materials Certification: <input type="checkbox"/> None	
<input type="checkbox"/> Awareness <input type="checkbox"/> Operations <input type="checkbox"/> Technician	
NFPA 1006 Technical Rescue Certification: <input type="checkbox"/> None	
Rope Rescue	<input type="checkbox"/> Operational level - I <input type="checkbox"/> Technician Level - II
Confined Space Rescue	<input type="checkbox"/> Awareness Level - I <input type="checkbox"/> Technician Level -II
Trench Rescue	<input type="checkbox"/> Awareness Level -I <input type="checkbox"/> Technician level -II
Structural Collapse	<input type="checkbox"/> Awareness Level -I <input type="checkbox"/> Technician Level -II
Water Rescue	<input type="checkbox"/> Awareness Level -I <input type="checkbox"/> Technician Level II
	<input type="checkbox"/> Surface Ice Rescue
NFPA 1041 Fire Service Instructor Level: <input type="checkbox"/> None <input type="checkbox"/> Fire Instructor I <input type="checkbox"/> Fire Instructor II	
NFPA 1021 Fire Officer Level: <input type="checkbox"/> None	
<input type="checkbox"/> Fire Officer I <input type="checkbox"/> Fire Officer II <input type="checkbox"/> Fire Officer III <input type="checkbox"/> Fire Officer IV	
Call/Volunteer Firefighter Experience: <input type="checkbox"/> None	

Department _____ Dates _____
Comments or other Fire/EMS related training/experience:

EMPLOYMENT HISTORY

May we contact your present employer? Yes NO

Present Employer _____ Address _____

Dates Worked _____ Job Title _____

Supervisor _____ Telephone _____

Reason for Leaving _____

Description of Primary Duties:

List all other employment during the past seven years. Include military service, periods of unemployment and volunteer work.

Employer _____ Address _____

Dates Worked _____ Job Title _____

Supervisor _____ Telephone _____

Reason for Leaving _____

Description of Primary Duties:

Employer _____ Address _____

Dates Worked _____ Job Title _____

Supervisor _____ Telephone _____

Reason for Leaving _____

Description of Primary Duties:

Employer _____ Address _____
 Dates Worked _____ Job Title _____
 Supervisor _____ Telephone _____
 Reason for Leaving _____
 Description of Primary Duties:

Use additional paper as required

PERSONAL REFERENCES (Not Relatives)

NAME	ADDRESS	CITY / STATE	TELEPHONE
1			
2			
3			

PROFESSIONAL REFERENCES

NAME	BUSINESS	ADDRESS	CITY / STATE	TELEPHONE
<u>1</u>				
<u>2</u>				
<u>3</u>				
<u>4</u>				

LIST YOUR ADDRESSES OVER THE PAST SEVEN YEARS

ADDRESS	CITY / STATE	FROM:	TO:

Use additional paper as required

MILITARY SERVICE

Have you ever served in the U.S. Armed Forces? Yes No

Branch: _____ Highest Rank Achieved: _____

Date entered: _____ Date discharged: _____

Type of Discharge: _____

List any special training relating to the Fire/EMS Service

MISCELLANEOUS

List any professional honors received, works published or other professional accomplishments:

List languages you speak or read fluently:

List any names, nicknames or aliases previously used:

MOTOR VEHICLE DRIVER'S LICENSE

Applicants must possess a valid motor vehicle driver's license. Photocopy **MUST** be attached to this application:

State in which license is issued: _____

Vehicle class: _____ Expiration date: _____

All offers of employment are conditional upon a medical examination, psychological examination and an occupational evaluation. Certain positions within the Chatham Fire Rescue Department require physical lifting, manual labor and ambulation requirements that may preclude some applicants with handicap conditions. Satisfactory fitness to perform the essential duties of the position is a condition of employment. Massachusetts General Law Chapter 41, Section 101A mandates that firefighters are prohibited from using or smoking tobacco products of any types while either on or off duty.

All offers of employment are conditional upon the satisfactory completion of a pre-employment drug test. Satisfactory completion of a required drug or alcohol test is a condition of employment as outlined in the Drug and Alcohol Testing Policy of the Town of Chatham.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

CAREFULLY READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING.

- A. I understand that acceptance of this application by the Town of Chatham does not imply that I will be employed.
- B. The information that I have provided is true and complete. I understand that misrepresentation or omission of any fact in my application, resume, or in any other materials, or as provided during interviews, can be justification for refusal of employment or can be justification for termination from employment, if employed.
- C. I understand that any offer of employment that I receive from the Town of Chatham is contingent upon my successful completion of the pre-employment screening process including but not limited to the Town of Chatham receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry if required, satisfactory verification of driver's license or certifications where required and satisfactory completion of any required post-offer pre-employment drug test or physical examination.
- D. In processing my application for employment, the Town of Chatham may verify all of the information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation and personal characteristics.
- E. I authorize the Town to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting my present and former employers, by contacting individuals listed as business, educational or personal references, and by contacting other individuals to provide or further clarify information about me.
- F. I hereby release my present and former employers and all individuals contacted for factual information about me from any and all liability for damages arising from furnishing the requested information.
- G. If employed by the Town of Chatham, I understand that as a condition of employment, I may be required to furnish additional or updated medical information, that I may be required to undergo a physical examination, and/or an occupational evaluation, that I may be subject to drug and/or alcohol testing, that the Town may request a Criminal Offense Record Inquiry (CORI check) on me, investigate my driving record or verify my license(s) or certification(s) as required for employment at any time during my employment. As a condition of employment an employee may be required to provide additional or updated information especially if this employee has been on workers comp and may require both drug testing and an employment physical in order to allow us to have the necessary information for making a proper decision or reasonable accommodations, if necessary.
- H. I understand that the Town of Chatham is an at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time unless there is an appropriate bargaining unit contract.

My signature Certifies That I Have Read And Agree With The Above Statement And All Statements Contained In This Application For Employment.

Applicant Name (Please Print)

Applicant Signature Date

TOWN OF CHATHAM DEPARTMENT OF HUMAN RESOURCES
APPLICANT PROFILE
OPTIONAL INFORMATION

Please complete this information for our records AND REQUIRED REPORTING. Please submit form with your completed application. Thank you.

PLEASE PRINT

Applicant Name: _____

last first middle initial

Applicant Address: _____

P.O. Box, street, town, state & zip code

Position applying for: _____

Sex: M F

Race Selection

Please circle one of the following:

1. White: (not Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
2. Black: (not of Hispanic origin) All persons having origins in any of the Black racial groups of Africa.
3. Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
4. Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
5. American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
6. Cape Verdean: All persons who are descendants of anyone born in the Cape Verde Islands.
7. Unknown