

**STURBRIDGE FIRE DEPARTMENT  
EMPLOYMENT APPLICATION**

346 Main Street  
Sturbridge, MA 01566

\*Application must be typed or printed neatly in black or blue ink.\*

1. PERSONAL HISTORY			
Name in Full (Last, First, Middle)			
Your Current Address (Street and number, City, State and Zip Code)			
Current Phone Numbers			
Home:	Cell Phone:	Work:	
All Other Names You Have Used (Aliases, nicknames, birth or maiden names, other name changes)			
Date and Place of Birth			
Date:	City:	County:	State:
Are you a United States Citizen? (If Naturalized, submit copy of Naturalization Certificate)			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
Social Security Number:			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			

2. FAMILY MEMBERS			
List all family members in the following order: children, including step-children, parents, guardians, and any other relative with whom a close relationship exists.			
Name	Relationship	Address	Home Phone #

**3. Character References**

List three (3) Character References. Do not include relatives, former employers, or persons living outside the United States. List only Character references that have a definite knowledge of your qualifications and fitness for the position for which you are applying.

Name	Years Known	Address	Phone #

**4. Residence(s)**

List chronologically all your residences in the last FIVE (5) years

From (m/y)	To (m/y)	Address (number, Street, City, State and Zip)

**5. Employment History**

Beginning with your current or most recent job, list your work history for the past TEN years. (Include part-time, seasonal and Temporary )

Name and Address of Employer:

Dates worked: From (mm/yy):

To (mm/yy):

Job or position Title:

Full Time     Part Time     Seasonal

Final Salary/Wage:

Phone Number:

Description of Duties:

Name of Supervisor and Phone Number:

Name of one or two Co-Workers and phone numbers (if known):

Reason For Leaving:

**\*\*\* ADDITIONAL COPIES OF THE NEXT PAGE MAY BE ADDED IF NEEDED FOR EMPLOYMENT RECORD \*\*\***

**5. Employment History (cont.)**

Name and Address of Employer:

Dates worked: From (mm/yy):

To (mm/yy):

Job or position Title:

 Full Time Part Time Seasonal

Final Salary/Wage:

Phone Number:

Description of Duties:

Name of Supervisor and Phone Number:

Name of one or two Co-Workers and phone numbers (if known):

Reason For Leaving:

Name and Address of Employer:

Dates worked: From (mm/yy):

To (mm/yy):

Job or position Title:

 Full Time Part Time Seasonal

Final Salary/Wage:

Phone Number:

Description of Duties:

Name of Supervisor and Phone Number:

Name of one or two Co-Workers and phone numbers (if known):

Reason For Leaving:

Name and Address of Employer:

Dates worked: From (mm/yy):

To (mm/yy):

Job or position Title:

 Full Time Part Time Seasonal

Final Salary/Wage:

Phone Number:

Description of Duties:

Name of Supervisor and Phone Number:

Name of one or two Co-Workers and phone numbers (if known):

Reason For Leaving:

**6. Employment Record**

Have you ever been involuntarily terminated from a full or part-time job, whether it was termed fired, terminated, suspended, laid-off or furloughed?  Yes  No (If yes, describe the circumstances.)

Have you ever resigned (quit) after being informed that your employer intended to discharge you?  Yes  No (If yes, explain the circumstances.)

Have you ever had any disciplinary actions taken against you at any of your jobs (written reprimands, suspension with or without pay, forfeiture of benefits or other similar actions)?  Yes  No (If yes list job and explain the circumstances.)

Do you have any reason to believe that a former employer may give you a negative job reference?  Yes  No (If yes, name of employer and why.)

**7. FIRE SERVICE HISTORY**

Are you currently with another fire department?  Yes  No

Paid Department  Combination Paid/Volunteer  Volunteer

**(Volunteers must submit proof from department and time of service in order to receive community service credit)**

Please list: name of department, address, phone number and current Chief's name.

**8. Education History**

List Chronologically all schools you have attended. Include High Schools, College, Trade School, Vocational School and other.

Dates Attended	School Name	Address	Date Graduated

**9. Education**

List Major and Minor college courses of study and any other special training class you have taken or certifications you now hold. (submit any certificates for certifications to get credit on application scoring)

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**10. Military Service** (if applicable)

Your Selective Service Number:	Branch of Service:
Highest Rank Held:	Serial Number:
Dates of Active Duty - From (mm/yy):	To (mm/yy)
Dates of Active Reserve Duty – From (mm/yy)	To (mm/yy):
If you are still enlisted, when will you be discharged?	
Unit(s) to which assigned to and primary duty type.	
Type of Discharge:	Are you eligible for reenlistment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or have you ever been a member of any United States Reserve or National Guard Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Unit and Location:	
Reserve Status & Obligation (if any):	
Have you received ANY disciplinary action while in the military? (Including Article 15's, Captain's Mast, Written Reprimands, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, describe circumstances.	
Have you ever been the defendant in a court martial? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide date and outcome).	

**11. Information Concerning Driving Status, Record, Convictions, and Litigation**

List ALL vehicle operators' license you now hold or have held from any state or country. (Provide type, State, Number and Expiration Date)

Have you ever received a traffic ticket?  Yes  No | How many in the past 5 years?

Have you ever been involved in a traffic accident as a driver?  Yes  No

If yes, how many of your total accidents were you judged to be at fault by the investigating officer?

Were you ever given a traffic ticket as a result of an accident?  Yes  No

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

If yes, list when and for what reason was your license suspended.

Has your license ever been put on probation?  Yes  No

If yes, why?

Have you ever been denied automobile insurance or had your insurance revoked?  Yes  No

Have you ever been convicted for driving under the influence?  Yes  No

If yes, list the place, agency, date and details of each instance.

Have you ever been convicted of a misdemeanor?  Yes  No

If yes, list place, agency, date and details of each incident.

Have you ever been convicted of a felony?  Yes  No

If so, list place, agency, date and details of each incident.

Have you ever had a judgment entered against you as a result of a civil suit other than a divorce case? (This includes "small claims, evictions and collections" or any other kind of civil court actions even if settled out of court prior to judgment being entered by a judge or jury.  Yes  No

If yes, list dates location and brief facts for each case.

**APPLICANT/EMPLOYEE ACKNOWLEDGEMENT**

The job description (page iii), environment factors that affect job functions (page iv) and the recruitment, selection, employment and recruit training practices (page v) included in the SFD application information packet describes the duties and responsibilities for employment in this position as well as conditions I may face performing these duties. I acknowledge that I have received this information and understand that it is not a contract of employment. I am responsible for reading this job description and complying with all job duties, requirements and responsibilities contained herein and any subsequent revisions.

Is there anything that would keep you from meeting the job duties and requirements as outlined?

Yes       No

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Applicant/Employee Signature

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Date

**PRE-EMPLOYMENT INFORMATION RELEASE AUTHORIZATION**

I authorize the Town of Sturbridge, MA to obtain copies of my consumer credit reports, driving history and criminal records for the purpose of evaluating my application for employment.

I also authorize the release of any academic transcripts and any disciplinary records.

I further authorize any and all of my present and past employers to release and furnish the Town of Sturbridge, MA with any and all information, copies of records and data pertaining to my employment, including, but not limited to the following:

- 1) My dates of employment.
- 2) Each position I held including the length of time in each position.
- 3) A description of my job duties.
- 4) My wage rates.
- 5) The reason for my leaving the company.
- 6) My disciplinary records, including dates and basis for any action taken against me.
- 7) My attendance record, including days absent and days tardy.
- 8) Any and all certificates of accomplishment or record of achievement.
- 9) Whether I am eligible for rehire or precluded from same.

Copies of this authorization that show my signature are as valid as the original release signed by me. I understand that misrepresentation of information is cause for rejection of my application or dismissal after appointment.

\_\_\_\_\_  
Please print your Full Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Telephone Number

Date Signed: \_\_\_\_\_

Witnessed by: \_\_\_\_\_



**APPLICANT STATEMENT OF TRUTHFULLNESS**

This form is to be signed and witnessed in the presence of a Notary Public. Return with application.

*Please read the following statement and sign to certify your understanding.*

**I certify that all information I have provided in order to apply for and secure employment with the Sturbridge Fire Department is true, complete and correct.**

I understand that all the information I have provided is subject to verification and that any information found to be false, incomplete or misrepresented in any respect, will be sufficient cause to 1) cancel further consideration of this application, or 2) if already appointed, I may be subject to discharge from employment.

I have expressly authorized, without reservation, the Sturbridge Fire Department, its representatives, employees or agents to contact all references, and any other persons in order to obtain any and all information deemed necessary by them to verify the accuracy of all information provided by me in this application or at other points throughout the entire process including interviews. I have signed a RELEASE OF INFORMATION WAIVER FORM, which is also attached to this application.

I understand that the Sturbridge Fire Department does not unlawfully discriminate in employment and no question on this application is used for purpose of limiting or excluding any applicant from consideration on a basis prohibited by applicable local, state or federal law.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

Before me the undersigned, a Notary Public for \_\_\_\_\_ County, State  
of \_\_\_\_\_, personally appeared \_\_\_\_\_  
Printed name of applicant

And he/she being first duly sworn by me upon his/her oath certified that he/she read and fully understands and accepts all terms of the forgoing Applicant Statement.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Notary Public

SEAL

My Commission Expires \_\_\_\_\_

## INCLUSION OF REQUIRED DOCUMENTS

The applicant must attach all required additional documentation following this point of the application. Documentation should be attached in the listed order to insure no documents are omitted in evaluating the application. **Failure to include any required documentation will result in disqualification from continuing the hiring process.** (It is recommended that applicants use this list as a check sheet to insure they have included all required documentation.)

The documents required and the order that they should appear are:

- 1) Completed Application Pages 1 – 12 (including all required signatures, notarizations, etc.)
  
  
  
  
  
  
  
  
  
  
  - 5) Copy of high school diploma or GED certificate.
  - 6) Copy of college transcripts (if applicable).
  - 7) Copy of College diploma (if applicable).
  - 8) Copy of form DD-214 (military service) showing re-enlistment code (if applicable).
  - 9) Copy of current Driver's License.
  - 10) Copies of certificates of training and proof of community service involvement (if applicable).
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# Affirmative Action Voluntary Information

Completion of information below is voluntary

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position applied for \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Referral Source

- Walk-in  
 Employee  
 Advertisement - Source \_\_\_\_\_  
Name of person who referred you (if applicable) \_\_\_\_\_
- Government Employment Agency  
Relative \_\_\_\_\_
- Private Employment Agency  
School \_\_\_\_\_  
 Other \_\_\_\_\_

## Applicant Information

Name \_\_\_\_\_ Telephone# (\_\_\_\_) \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Male  Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- White (not of Hispanic origin)  
 American Indian/Alaskan Native  
 Hispanic
- Black (not of Hispanic origin)  
 Asian/Pacific Islander

## For Administrative Use Only

Position applied for  Available  Not Available

Other positions considered for \_\_\_\_\_

Hired  Yes  No

Position hired for \_\_\_\_\_

From the EEO job classifications listed below, which one best describes the position filled?

- Officials and Managers  
 Professionals  
 Technicians
- Sales Workers  
 Office and Clerical Workers  
 Craft Workers (skilled)
- Operatives (semi-skilled)  
 Laborers (unskilled)  
 Service Workers

We consider all applicants for positions without regard to race, color, religion, sex, national origin, sexual orientation, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.