

APPLICATION FOR EMPLOYMENT

Fremont Fire Rescue Department makes its employment decisions without regard to race, color, sex, national origin, religion, marital status, age or any other protected classification unrelated to job performance.

The nature of our business requires firefighters and EMS personnel to maintain regular attendance at meetings and drills as well as the ability and willingness to respond to emergencies outside of your regular work hours, weekends and holidays.

Last Name, First MI

Street Address

Mailing Address (if different)

How Many Years/Months at Current Address: _____ Years/Months

Prior Address if less than 3 Years at Current Address

Are you able to be lawfully employed in the state of New Hampshire? Yes _____ No _____

Phone (____) _____ - _____ Work (____) _____ - _____ Cell Phone (____) _____ - _____ Pager (____) _____ - _____

Do you have a current and valid New Hampshire Drivers License? Yes _____ No _____

License Number Class Issued ____/____/____

Referred By: _____
(Family member, volunteer firefighter, advertisement and/or name)

Do you have any health problems that would impair your ability to fulfill the responsibilities of a firefighter or EMT? YES _____ No _____ (if yes, please explain) _____

Please describe any education, training, qualifications or skills that you think are relevant.

Have you ever had any criminal convictions or major motor vehicle violations?
Yes _____ No _____ (if yes, please explain) _____

Please attach a copy of your driver license and any certificates you may have.



EDUCATION

School Level	Name and Location of School	No. of Years Attended	Did You Graduate ?	Subjects Studied
Grammar School				
High School				
College				
Trade Business or Correspondence School				

GENERAL

Subjects of Special Study: _____

Special Training/Skills: _____

FORMER EMPLOYERS

Name and Address of Present or Last Employer: _____

Starting Date: _____ Leaving Date _____
 Month Year Month Year

Job Title _____ May we call your Supervisor? Yes _____ No _____

Name and Title of Supervisor _____ Phone Number: (____) _____ - _____

Description of Work: _____

Reason for Leaving: _____

Name and Address of Present or Last Employer: _____

Starting Date: _____ Leaving Date _____
 Month Year Month Year

Job Title _____ May we call your Supervisor? Yes _____ No _____

Name and Title of Supervisor _____ Phone Number: (____) _____ - _____

Description of Work: _____

Reason for Leaving: _____

Name and Address of Present or Last Employer: _____

Starting Date: _____ Leaving Date _____
 Month Year Month Year

Job Title _____ May we call your Supervisor? Yes _____ No _____

Name and Title of Supervisor _____ Phone Number: (____) _____ - _____

Description of Work: _____

Reason for Leaving: _____

(Make additional copies if needed)

Created on 7/15/2008



REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Phone Number	Years Acquainted
1.			
2.			
3.			

SERVICE RECORD

Branch of Service: _____ Date of Discharge ____/____/____ Rank _____

Present Membership in _____ Date _____
National Guard or Reserves _____ Obligation Ends ____/____/____

In submitting this application for employment, I authorize investigation of all statements contained within, and it is understood and agreed that any misrepresentation by me in this application may result in cancellation of the application and/or separation from the department. I agree to immediately notify the department if I should become convicted of a felony, or any crime involving dishonesty or a breach of my trust during my period of employment. I agree that I undergo a physical examination, at my own expense, if requested.

I hereby give consent for an investigative consumer report to be done on me for employment or volunteer purposes. I hereby authorize, without reservation, any law enforcement agency, administrator, state agency, state repository, former employer, corporation, credit agency, educational institution, city, state, federal court, military institution, information service bureau, employer or insurance company contacted by the department to furnish any and all information required. I do understand the investigation will include information from law enforcement agencies, state agencies and public records information, such as credit, social security, criminal, motor vehicle and worker's compensation in accordance with the American with Disabilities Act. This report will include information as to my character work habits, performance and experience, along with the reasons for termination of past employment from previous employers. This releases the aforesaid parties from any liability and responsibility for collecting the above information at any time. Fair Credit Reporting Act (Law 91-508) SS 606.

I certify I have read all of this application and the information I have provided above is true and correct.

Print Name: _____

Signature: _____

Date: _____

