Town of Leverett Application for Employment Fire Department

Note: Massachusetts law states that no person who smokes any tobacco product shall be eligible for appointment as a firefighter or police officer. Also due to state law, M.G.L. chapter 32, section 1, no one is eligible to be on the police or fire department over the age of 65 years.

Applications are considered for all positions without regard to race, gender, color, disability, religion, national origin, national ancestry, sexual orientation, genetics, military background, gender identity, age, or any other protected class under the law.

(Please print)		Date o	of application _		
Position(s) app	lied for				
Name					
	Last	First		Middle	9
Address		Town		044	
	Street Address	Iown		State	Zip
Telephone ()		Cell ()	
Email address					
If hired and you	ı are under 18, can you fu	rnish a work perm	nit? Yes	No	_Not Applicable
Have you filed	an application here before	? YesNo	If yes, wh	nen?	
Have you ever	been employed here befor	re? Yes No_	If yes, w	vhen?	
Are you prevented from lawfully becoming employed in the United States because of Visa or immigration status? Yes No (proof of immigration status required upon employment)					
On what date are you available to begin work?					
Are you availat	ble to work: Days	Evenings	Weel	kends	
What days of the week are you available to work?					
Are you available to work: Year round Academic year only Summers only					
If otherwise employed, what is your ability to respond to calls while working?					
If you have not already attended Massachusetts Call/Volunteer Firefighting Training Program, are you willing and able to do so if hired? Yes No					
What qualifications, licenses, or skills do you possess which should be considered?					

Do you have prior experience/training as a firefighter? If so, list starting with most current experience.

Do you have CPR certification? YesNo If yes, provide number and date of expiration
Do you have First Responder Training? Yes No
Do you have First Aid Training? Yes No
Do you have Training as an EMT? Yes No
Please write a brief statement explaining why you wish to become a firefighter:
Are you able to attend weekly Thursday evening trainings from 6:00 to 9:00 pm? Yes No
Do you have a valid driver's license? Yes No What class?
State Expiration date
Do you authorize the Town to check your driving record? Yes No Please state any additional information you feel may be helpful to us in considering your application:
EDUCATION
<u>College</u> <u>Advanced</u> Circle the highest grade completed: 5 6 7 8 9 10 11 12 1 2 3 4 masters doctorate
Did you graduate from high school or do you possess a high school equivalency certificate (GED) or HiSET? Yes No
Name of High School
City/Town State

College or other training programs after high school, including military schools:

Name of school/ College/Program	Diploma, degree Licenses or Certificates

EMPLOYMENT HISTORY

Start with your present or most recent job. Include military service assignments and volunteer activities if related to position(s) for which you are applying. Exclude organization names which indicate race, gender, color, disability, religion, national origin, national ancestry, sexual orientation, genetics, gender identity, age, or any other protected class under the law.

Employer (present or most recent)	Dates employed from:	to:
Address (street, town, zip)		
Job title	Work performed	
Supervisor		
Employer	Dates employed from:	to:
Address (street, town, zip)		
Job title	Work performed	
Supervisor		
Employer	Dates employed from:	to:
Address (street, town, zip)		
Job title	Work performed	
Supervisor		
<u>REFERENCES</u> : Please list three references (one s	should be in the field in which you are a	applying).
Name	Position	
Address (street, town, zip)		
Telephone: ()	Day or evening	

Name	_ Position		
Address (street, town, zip)			
Telephone: ()	_ Day or evening		
Name	Position		
Address (street, town, zip)			
Telephone: ()	Day or evening		

These statements made by me in this application are true and complete to the best of my knowledge and belief. I understand and authorize that the information provided may be certified and that any willful misstatement of material facts herein will cause forfeiture on my part of all rights to any employment in the service of the Town of Leverett.

I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history, driving history, and background. I authorize the Town of Leverett to obtain any information from schools, employers or individuals relating to my activities. This information may include, but is not limited to: academics, achievement, performance, attendance, personal history and discipline. Further, I hereby authorize all references, persons, schools, my current employer (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the Town of Leverett any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Leverett use only.

I hereby voluntarily release, discharge and exonerate the Town of Leverett Massachusetts, its agents and representatives, and any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Town of Leverett.

I understand that all appointments are at will and that I must demonstrate my ability for continued employment. I also understand that I must be available to work outside normal business hours, as the needs of the department require.

If required for the position I am seeking, I agree to provide approval from my primary care physician as to my ability to meet the physical requirements of the position's job description or to take a physical examination, which may include testing for drugs or a psychological examination, as required, and to a Criminal Offender Record Information Search and recognize that any offer of employment may be contingent upon the results of such a physical approval and search.

I understand that any employment offer by the Town is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986 within three days of the date of hire.

I represent that I have read and fully understand the foregoing and seek employment under these conditions.

By completing the application process, applicant understands the time commitment involved in joining the Fire Department, including Thursday night trainings and response to fire and medical events as outlined in the job description.

Signature: ____

_____ Date: _____

The Town of Leverett is an equal employment opportunity/affirmative action employer.