

# Application For Employment Fairhaven Fire & EMS

(Please Print)

<b>FOR OFFICE USE ONLY</b>	
Application Received	_____
Interview Date	_____
Interview Time	_____

Job applying for: Firefighter/Paramedic – Career

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last      First      MI      Social Security #

Address: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
No.      Street      City/State      Zip

Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Optional Information: Height \_\_\_\_\_ Weight \_\_\_\_\_ M/F \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

In case of emergency notify: \_\_\_\_\_  
Name – First/Last      Relationship      Telephone #

U.S. Citizen:  Yes  No Drivers License # \_\_\_\_\_

List the name and address of the following schools you attended and the dates of graduation

	School Name & Address	Graduated YES/NO (Give date if YES)	Number of Years Attended	Degree	Major
High School					
College					
Graduate					
EMT / Paramedic School					
Courses Now Studying					

Are there any additional foreign languages that you are fluent? \_\_\_\_\_

**Military Service:**

Have you ever served on active duty in the Armed Forces of the United States or National Guard? \_\_\_\_\_

Branch of Military Service \_\_\_\_\_ Dates of Active Duty : From \_\_\_\_\_ To \_\_\_\_\_

Member of Reserve?  Yes  No If yes, unit and location \_\_\_\_\_

List present and past employment, beginning with the most recent:

Dates		Name, Address and Phone # of Employment	Supervisor's Name and Title
From Mo/Year	To Mo/Year		
Your Position or Title:			
Describe work performed:			
Reason for leaving:			

Dates		Name, Address and Phone # of Employment	Supervisor's Name and Title
From Mo/Year	To Mo/Year		
Your Position or Title:			
Describe work performed:			
Reason for leaving:			

Dates		Name, Address and Phone # of Employment	Supervisor's Name and Title
From Mo/Year	To Mo/Year		
Your Position or Title:			
Describe work performed:			
Reason for leaving:			

Dates		Name, Address and Phone # of Employment	Supervisor's Name and Title
From Mo/Year	To Mo/Year		
Your Position or Title:			
Describe work performed:			
Reason for leaving:			

Other education training or certifications pertinent to the position that you are applying: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References:** List three references (not relatives, in-laws, former or present employers, fellow employees or school teachers) that are responsible adults, have reputable standing in their community and who have known you for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience personality, and other qualities.

***First Reference:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How does this person know you? \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

***Second Reference:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How does this person know you? \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

***Third Reference:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How does this person know you? \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

***To be considered for this position you will be required to provide a drivers history from the RMV and pass a CORI check prior to employment. You will also be required to meet the State of Massachusetts health and fitness standards by passing a medical examination and physical agilities test. By signing this application you are aware that Fairhaven Fire & EMS may conduct additional background investigations or require a psychological evaluation prior to employment.***

***The facts set forth in my application for employment are true and complete. I understand if employed, false statements on the application shall be considered sufficient cause for dismissal.***

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

\_\_\_\_\_  
*Date*

## CRIMINAL RECORD

**Note:** With regard to questions contained in this section, under Massachusetts Law, you may answer "no record" if any of the following circumstances are applicable:

- (1) *You have never been arrested for violation of a criminal statute;*
- (2) *You have been arrested but have never been tried for a criminal offense;*
- (3) *You have been tried for a criminal offense but were not convicted;*
- (4) *You have a first conviction for any of the following misdemeanors:*
  - (a) *drunkenness*                      (b) *simple assault*                      (c) *speeding*
  - (d) *minor traffic violation*                      (e) *affray or*                      (f) *disturbance of the peace;*
- (5) *You have not been convicted of a criminal offense within the five years before the date of this application and you have been convicted of misdemeanors where the date of conviction or the termination of incarceration, if any, occurred more than five years before the date of this application;*
- (6) *You have felony or misdemeanor convictions which have been sealed pursuant to Massachusetts Law; or*
- (7) *You have juvenile delinquency or child in need of services complaints which were not transferred to Superior Court for prosecution.*

- a. Have you ever been convicted of a felony?    Yes [  ] No [  ]
- b. Have you been convicted of a misdemeanor within the last 5 years other than the first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace?    Yes [  ] No [  ]
- c. Were you convicted of a misdemeanor (other than first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace) more than 5 years ago which resulted in a jail sentence from which you were released within the last 5 years?  
Yes [  ] No [  ]
- d. If your answer to any of the three preceding questions (a., b., or c.) is yes, please describe the offense involved, the date of the offense, the court in which you were convicted, and any mitigating circumstances. Please include the Docket Number:

Full Description of Offense	Date of Offense	Court & Docket No.	Disposition, (Finding, Sentence, & Probation) and any mitigating circumstances

e. Have you ever been convicted of a sexual offense? Yes [ ] No [ ]  
 If you have answered yes, please state the following.

Full Description of Offense	Date of Offense	Court & Docket No.	Disposition, (Finding, Sentence, & Probation) and any mitigating circumstances

f. Have you ever been convicted of a narcotic drug offense? Yes [ ] No [ ]  
 If you have answered yes, please state the following.

Full Description of Offense	Date of Offense	Court & Docket No.	Disposition, (Finding, Sentence, & Probation) and any mitigating circumstances

g. Have you ever been sentenced to imprisonment after conviction of a crime? Yes [ ] No [ ]  
 If you have answered yes, please state the following.

Full Description of Offense	Date of Offense	Court & Docket No.	Disposition, (Finding, Sentence, & Probation) and any mitigating circumstances

h. Are you now under charge for any criminal offense on which you are awaiting trial or final disposition? Yes [ ] No [ ] If you have answered yes, please state the following.

Full Description of Offense	Date of Offense	Court & Docket No.	Disposition, (Finding, Sentence, & Probation) and any mitigating circumstances

i. Have you ever been or are you currently the subject of any petition for restraining order requested or issued pursuant to c. 209A or other abuse prevention statutes, of the Massachusetts General Laws or any other domestic violence, abuse prevention or "no contact" order in this or any other state? Yes [ ] No [ ] If you have answered yes, please explain when and where.

Date	Police/Department	Charge/Court/Disposition	Docket No.

j. Have you ever been, or are you now, a defendant in any civil court action? Yes [ ] No [ ] If yes, provide the nature of action, court, and docket number.

Nature of Action	Court	Docket No.



# TOWN OF FAIRHAVEN

MASSACHUSETTS

## FIRE DEPARTMENT / EMERGENCY MEDICAL SERVICE

146 Washington Street, Fairhaven, MA 02719

Phone: 508 994-1428 • Fax: 508 994-1515

Emergency # 911



### **Acknowledge of Requirements of Position**

I, \_\_\_\_\_ acknowledge that in order to be hired as a member of the Fairhaven Fire Department I must have an acceptable CORI check and driving record. I am also aware that I must pass the medical examination, which incorporates the Massachusetts initial-hire medical standards, and also the Massachusetts Physical Abilities Test.

Once hired, in order to continue my employment in the Fairhaven Fire Department I must maintain my Paramedic Certification. I also must attend and pass the Recruit Course at the Massachusetts Firefighting Academy, which takes approximately 10 weeks. I am aware that during my time at the firefighting academy if at any time my deficiencies reach or exceed 63, my employment at the Fairhaven Fire Department could be terminated depending on the situation.

By signing below, I acknowledge the above requirements of the Firefighter/Paramedic position at the Fairhaven Fire Department.

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

\_\_\_\_\_  
Candidate

\_\_\_\_\_  
Kristine Austin, Witness

\_\_\_\_\_  
Todd M. Correia  
Chief of Department



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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 the I or the Fairhaven Fire Department 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, are disavowed and may not be relied upon by any prospective or existing employee.

I understand that the Fairhaven Fire Department has established 24 hour tours for which I must be available as required. I further understand that any appointment tendered 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 Fairhaven Fire 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 Fairhaven Police Department and the Fairhaven Fire Department authorization to contact any person reasonably related to the character and fitness investigation and to request that an independent credit report be 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.

Finally, I hereby release, discharge and exonerate the Fairhaven Police Department, the Fairhaven Fire Department, its agents and representatives, and any person furnishing or receiving information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, or other information or investigations made by or on behalf of this municipality. This authority shall continue until revoked in writing by the undersigned.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

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





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### GENERAL RELEASE

I, \_\_\_\_\_, born in \_\_\_\_\_  
(first name, middle initial, last name) (City, State)

on \_\_\_\_\_, having filed an application for employment with the Fairhaven  
(date of birth)

Fire Department (Fairhaven Fire & EMS), consent to have an investigation made as to my moral character, reputation and fitness for the position to which I have applied. I also agree that such information as may be received, reported to and reviewed by the appointing authority. I agree to give any further information which may be required in reference to my past record.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association of institution having control of any documents, records and other information pertaining to me, to furnish to the Fairhaven Fire Department any such information, including documents, records, files, regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Fairhaven Police Department, the Fairhaven Fire Department or any of its agents or representatives to inspect and make copies of such documents, records and other information.

Specifically, in addition, I hereby authorize the release of the following data or records to the Fairhaven Fire Department: I, \_\_\_\_\_ hereby release, discharge and exonerate the Fairhaven Police Department, Fairhaven Fire Department, its agents and representatives and any person so furnishing information from any and all liability 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 Fairhaven Police Department and Fairhaven Fire Department.

I agree that, with the exception of an investigative consumer (credit) report, any information furnished may be declared "confidential" by the police department and need not be disclosed to me.

The authority shall continue for one year unless sooner revoked in writing by the undersigned.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed name of Witness

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

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date



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### **MEDICAL AND PHYSICAL FITNESS STANDARDS**

Please be advised that once established, the Department has the right to require you to meet Medical and Physical Fitness Standards while employed in order to maintain your employment. Every two years, you may be required to undergo a medical and physical fitness assessment. This assessment will consist of a related physical fitness test designed to simulate the physical demands of the duties that may be performed by police officers or firefighters, and an assessment of your overall medical condition as it relates to your ability to perform the essential functions of your job. In order to assist you in meeting these standards, wellness programs may be made available to you that will provide you with information on maintaining your physical fitness and overall health and provide an assessment of key health indicators such as blood pressure and cholesterol levels. These standards are mandated by the provisions of Section 22D of Chapter 32 of the Massachusetts General Laws, as amended by Chapter 697 of the Acts of 1987.

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Date

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Printed Name of Applicant

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Signature of Applicant



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## ***TOBACCO PRODUCTS***

Please be advised that, in accordance with the provisions of Chapter 697, Section 117 of the Acts of 1987, no person who smokes tobacco products shall be eligible for appointment as a Police Officer or Firefighter from any Civil Service eligible list established after the effective date of this act, and no person appointed shall continue in such office or position if such person thereafter smokes any tobacco products.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

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



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### **CREDIT CHECK AUTHORIZATION**

The undersigned applicant certifies that he/she has duly authorized this credit check, and he/she acknowledges that all information requested is for the exclusive, official use of the Fairhaven Fire Department and for use only in connection with such investigation; and the consumer report requested is for a permissible purpose under the Fair Credit Reporting Act, of which the undersigned is knowledgeable.

Pursuant to the provisions of the Fair Credit Reporting Act, any person who knowingly and willfully obtains information from a consumer reporting agency under false pretenses shall be fined not more than \$5000 or imprisoned for not more than one year, or both.

In addition, similar rights are provided under applicable Massachusetts statutes. For example, M.G.L. c.93, §53 requires that prior to requesting a consumer report, we secure your written permission. You should know that an investigative consumer report commonly includes information as to the consumer's character, general reputation, personal characteristics, and mode of living. The Fairhaven Fire Department will request a consumer credit report on you and you have the right to have a copy of the report on request.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Police Department Employee  
Requesting This Report

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Fairhaven Fire Department

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date



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### **CORI CHECK ACKNOWLEDGMENT**

I, \_\_\_\_\_ residing at \_\_\_\_\_  
(first name, middle initial, last name) (street address)

\_\_\_\_\_, acknowledge that a Criminal Offender Record  
(city, state)

Information (CORI) check will be performed as part of the Fairhaven Fire Department's hiring process. I further acknowledge that a refusal to allow the CORI check to be performed will cause my application to no longer be considered for employment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

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



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GFAIFD

G

### CORI REQUEST FORM

Fairhaven Fire Department has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As a (prospective) employee/volunteer for the position of Firefighter / Call Firefighter, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANT/EMPLOYEE SIGNATURE

(Unless otherwise preempted by law)

\_\_\_\_\_  
APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

\_\_\_\_\_  
PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

(Requested but not required)

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

\_\_\_\_\_  
CURRENT AND FORMER ADDRESSES:

SEX: \_\_\_\_\_ HEIGHT: \_\_\_ ft. \_\_\_ in. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_

\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

SIGNATURE OF CORI AUTHORIZED EMPLOYEE