Falmouth Fire-EMS Department Application for Employment

Other Special Knowledge, Skills or Qualifications



This Agency is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, ancestry, veteran status, sexual orientation, physical or mental disability or genetic information. **Applicant must be at least 16 years of age.**

| or genetic information. Applicant must be at I | east 16 years of age. | | | |
|---|-------------------------|---|--|--|
| Personal | | | | |
| Last Name | First Name | | Full Middle Name | |
| Address | | | | |
| City, State, Zip | | Email Address | | |
| Home Phone # Worl | k Phone # | Cell # | | |
| Drivers License # | State Exp | piration Date | Class | |
| Applying For: □Fire □EMS □Both | Referred By: | | | |
| Availability (Check all that apply) | □ Weekdays □ W | eekday Evenings D | ☐ Weekends | |
| Have you ever been employed by Falmouth Fire □Yes □No | e-EMS before? | If yes, list date(s), job title(s), location reason for leaving | | |
| Do you have any relatives employed Falmouth | Fire-EMS? □Yes □No | If yes, list name(s |), job title(s) & location(s) | |
| If you are under 18, are you at least 16? □Ye | s □No | | | |
| **If a High School student, please attach a co | opy of your school trar | script. | | |
| Education | | | | |
| | nool 9 10 11 12 | | | |
| College, Trade or Business 1 2 3 4 | | | | |
| Graduate Studies BA/BS Master's De | octoral Other: please | explain | | |
| School | Address | Major Studies | Degree, Diploma, License or Certificate | |
| High School | | | | |
| College/University | | | | |
| Vocational, Business, Other | | | | |
| List Any Professional Designations | | | | |

| Employment History | | | | | | | |
|--|--------------------|-----------------------------|----------------------------------|--------------------|------------------------|-------|------|
| List all employments for the past 3 emp You may attach a resume, but not in pla | | | | | tion must be co | omple | ted. |
| rou may attach a resume, but not in pi | ace or completi | ng the required in | norman | on. | | | |
| Employer Name | Em | ployed From | Supervisor Name | | | | |
| Employer Address | Em | ployed Until | Sup | Supervisor Phone # | | | |
| Job Title | | | Reason for Leaving | | | | |
| Duties & Responsibilities | | | | | | | |
| Employer Name | Em | ployed From | Sup | pervisor Name | | | |
| Employer Address | Fm | ployed Until | Sur | pervisor Phone # | | | |
| | | | | | | | |
| Job Title | | | Rea | ason for Leaving | | | |
| Duties & Responsibilities | | | | | | | |
| Employer Name | Fm | ployed From | Sur | pervisor Name | | | |
| | | | • | | | | |
| Employer Address | Em | ployed Until | Supervisor Phone # | | | | |
| Job Title | " | | Reason for Leaving | | | | |
| Duties & Responsibilities | | | | | | | |
| | | | | | | | |
| Emergency Services Experi | ence | | | | | | |
| Do you have any previous Firefighting of | or EMS Experie | ence? □ Yes □ N | No | If so, where? | | | |
| Please list any formal training or certific | cations: | | | | | | |
| | EMT-B Paramedic | EMS License Number | EMS Exp. Date Firefighter Other: | | I II | | |
| CPR card ☐ Yes ☐ No Expiration Date: | | Are you able to r □Yes □ No | regularl | y attend trainings | (Monday night | ts) | |
| | | | | | | | |
| Military Service | | | | | | | |
| Branch of Service | | | Fro | om | To | | |

□ None

☐ Reserve (Active)

☐ Reserve (Inactive)

Present Military Affiliation

Type of training (MOS) when in Service

References

Please list the name of three character references. These should not be relatives.

| Name | Phone # | Relationship | Title |
|------|---------|--------------|-------|
| Name | Phone # | Relationship | Title |
| Name | Phone # | Relationship | Title |

Physical Exam

Each person who is offered a position with the Falmouth Fire-EMS Department is required to have a physical examination to ensure that they meet the qualifications for employment. This requirement may be waived if a physical examination has been completed within 6 months and a copy is forwarded to the Chief.

The Fire-EMS Department will pay the cost of the physical exam when given by the Town's Occupational Health provider.

General

| • | Have you ever been disciplined, discharged or asked to resign from a prior position? |
|---|--|
| | Yes No (If yes, explain the circumstances on a separate sheet and attach to this application.) |
| • | Have you ever resigned from a prior position after a complaint has been received against you, or your conduct was under investigation or review? YesNo |
| • | Have you ever had a professional license or certificate suspended or revoked in any state, or have you ever voluntarily surrendered, temporarily, or permanently, a professional license or certificate in any state? Yes No |
| • | Have you ever a) been convicted of a crime, other than a minor traffic offense; or b) ever entered a plea of guilty or a plea of "no contest" (nolo contendere), or has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation for any crime other than a minor traffic offense? Yes No |
| • | Have you ever been charged with or investigated for misappropriation of funds, embezzlement, stealing or violating confidences in any prior employment situation or otherwise? Yes No |
| • | Have you ever been charged with a traffic offense or pleaded guilty or "no contest" (nolo contender) to a traffic offense? Yes No |
| • | If you have answered yes to any of the previous questions, please explain in detail. If you are detailing a legal proceeding, include the date of the court action, the offense in question, and the address of the court involved: |

Note: Conviction of a crime is not an automatic bar to employment.

Certification & Authorization

I certify that all of the information that I provide on this application and in any interviews will be true and accurate. I understand that any falsification of information or misleading or omitted information shall be fully sufficient grounds to refuse to employ me, or having been employed, shall be immediate grounds for dismissal.

My signature below constitutes authorization to check my employment and education history, including without limitation, criminal/driving records, references and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that the Department contacts in connection with my employment application to fully provide the Department any information on the matters set forth without limitation, and I specifically waive any claims for defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the department, its agents or officials, or against any provider of such information.

In consideration of my employment at the Department, should I be selected, I agree to conform to the rules and regulations of the Department. I understand that I am an "employee at will" and that my employment and compensation can be terminated, with or without cause, and with our without notice, at any time at the option of either the Department or myself. I understand that no employee or representative of the Department has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Any such modification or agreement to the contrary must be in writing and signed by an authorized representative of the Town and Department.

| I have read this application form | n carefully, and understand the m | eaning of its provisions ar | d agree to | o abide t | by them. |
|--|---|---|---------------------------------------|------------|----------|
| Printed Name | Signature | Date | Date | e of Birth | |
| Parental Permission | n | | | | |
| If the applicant is under eighteen | n (18) years of age, parental pern | nission must be given on t | nis form. | | |
| To the Chief of the Falmouth I | Fire-EMS Department: | | | | |
| who is applying for employment involved in Firefighting and/or E exposure to communicable dise | at Falmouth Fire-EMS Departme MS activities (including but not lin ases, and other traumatic injury). ermission for my child to join the | nt. I am fully aware that th nited to: burns, exposure t I understand that a pare | o smoke a e <mark>nt must a</mark> | and chen | nicals, |
| | | | Date | / | / |
| Signature of Parent/Guardian | | | | | |
| Printed Name of Parent/Guardia | n | | | | |