



SANDWICH FIRE DEPARTMENT

115 Rte. 6A, P.O. Box 1340
Sandwich, Massachusetts 02563-1340
Tel: 508-888-0525
Fax: 508-833-8010



William C. Carrico II, *Chief*

John J. Burke, *Deputy Fire Chief*

APPLICATION FOR EMPLOYMENT

If you are interested in being considered for a position as a firefighter/EMT or firefighter/EMT-P, you must complete and attach all items as listed below. They must be returned in a sealed envelope to the Office of the Fire Chief.

1. Application pages 2 thru 14
2. A copy of your Social Security Card
3. A copy of your Massachusetts Driver's License
4. A copy of your EMT, EMT Intermediate or Paramedic Certification, as applicable
5. A copy of all fire certifications, training certificates, and college transcripts
6. A copy of your DD214 for proof of military service, as applicable

If you fail to provide the above information, your application will be considered incomplete and you will not be considered for an interview.

This application does not guarantee or secure a position with the department. Applicants will be graded and those with experience and a background that meet the needs of the department will be brought forth for an interview. Applicants who are made an offer of employment will be required to successfully complete a NFPA medical examination, psychological examination, Massachusetts HR Physical Abilities Testing, a swim test, and successful completion of the Massachusetts Firefighting Academy. All offers of employment are specifically contingent upon your successful completion of a background check.

INSTRUCTIONS:

1. **This form must be clearly printed in ink.**
2. **All questions must be answered if applicable. If not applicable, indicate "NA". Applications that are not complete and legible will not be considered.**
3. **If space provided is not sufficient for complete answers, or if you wish to furnish additional information, attach sheets the same size as this form and number the answers to correspond with the questions.**

Last Name _____ First Name _____

**The Town of Sandwich
is an Equal Opportunity/Affirmative Action Employer**

Personal Information:

Last Name: _____ First _____ MI _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If different from current address)

Street Address, Apt. No. City State/Zip

Place of Birth: _____ Country: _____

Telephone Numbers: Work:(_____) _____ Home:(_____) _____

Email:: _____ Cell: _____

Other Names Used: (Give other names used such as your maiden name, name by a former marriage, alias, etc.)

Name: _____ Date(s) when used : _____

Name: _____ Date(s) when used : _____

Residence:

Provide your addresses for every place you have lived, beginning with the present and working backward in the past five years, list a person who knew you at that address, preferably someone who still lives in that area.

_____ to Present _____
Month/Year Street Address, Apt. No. City State/Zip

Name of person who knows you Street Address, Apt. No. City State/Zip Telephone #

_____ to _____
Month/Year Month/Year Street Address, Apt. No. City State/Zip

Name of person who knows you Street Address, Apt. No. City State/Zip Telephone #

Last Name _____ First Name _____

Education:

Provide information about schools you are attending or, have attended, beyond Junior High School, beginning with the most recent and working backward. For schools you have attended in the past three years, list a person who knows you at the school, such as an instructor or student.

#1 _____ to _____
Month/Year Name of School Degree/Diploma (include date)

Street Address and City of School State/Zip

Name of person who knows you Street Address, Apt. No. City State/Zip Telephone #

#2 _____ to _____
Month/Year Name of School Degree/Diploma (include date)

Street Address and City of School State/Zip

Name of person who knows you Street Address, Apt. No. City State/Zip Telephone #

#3 _____ to _____
Month/Year Name of School Degree/Diploma (include date)

Street Address and City of School State/Zip

Name of person who knows you Street Address, Apt. No. City State/Zip Telephone #

#4 _____ to _____
Month/Year Name of School Degree/Diploma (include date)

Street Address and City of School State/Zip

Name of person who knows you Street Address, Apt. No. City State/Zip Telephone #

Last Name _____ First Name _____

Employment:

Provide your employment history, beginning with the present and working backward ten years. Please include all full time and part time work, all paid work, any self-employment, all periods of unemployment, active military duty and volunteer work.

1. _____ to _____
Month/Year Employer Your Title/Position

Employer's Street Address City State/Zip Telephone Number

Reason for leaving (Exclude medical reasons) Your Supervisor Telephone Number

2. _____ to _____
Month/Year Employer Your Title/Position

Employer's Street Address City State/Zip Telephone Number

Reason for leaving (Exclude medical reasons) Your Supervisor Telephone Number

3. _____ to _____
Month/Year Employer Your Title/Position

Employer's Street Address City State/Zip Telephone Number

Reason for leaving (Exclude medical reasons) Your Supervisor Telephone Number

4. _____ to _____
Month/Year Employer Your Title/Position

Employer's Street Address City State/Zip Telephone Number

Reason for leaving (Exclude medical reasons) Your Supervisor Telephone Number

Last Name _____ First Name _____

Employment (Cont.):

Extended Absences from Employment: Have you had any extended work absences for reasons other than earned vacation (excluding medical reasons)? If YES, please explain including when, name of employer, circumstances.

YES _____ NO _____

Have you ever been dismissed or asked to resign? Were you ever subject to disciplinary action in connection with any employment? If yes, please give details: (i.e., where, when, why, appeal, disposition/outcome)

YES _____ NO _____

Employer	Date	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

Investigations Record: To the best of your knowledge, has any other police or fire agency ever investigated your background for purposes of employment?

YES _____ NO _____ If yes, list all of the departments you have applied to and the year you applied.

_____	_____	_____	_____
Year	Department	Address	City/State
_____	_____	_____	_____
Year	Department	Address	City/State

Last Name _____ First Name _____

Community Involvement:

List any activity which may reflect favorably on your reputation for leadership, responsibility, honesty, and integrity (response is optional)

#1. _____ to _____
Month/Year Activity Location of Activity (City, State)

#2. _____ to _____
Month/Year Activity Location of Activity (City, State)

Military History:

A DD 214 must be submitted as part of this application if there is any military history.

A. Have you ever served on active or reserve duty in the armed forces of the United States of America?

YES _____ NO _____ Branch _____ Rank _____

#1. _____ to _____
Month/Year Activity Location of Activity (City, State)

#2. _____ to _____
Month/Year Activity Location of Activity (City, State)

B. If you have been discharged from military service, what type of discharge did you receive?

Type of Discharge _____ Date of Discharge _____

C. Was any type of disciplinary action taken against you while in the service?

YES _____ NO _____ If "Yes" please explain why:

Last Name _____ First Name _____

Licenses:

A. Are you a licensed motor vehicle operator? YES _____ NO _____

If "YES", please provide the information requested below:

Driver's License Number State Expiration Date Restrictions (if any) Status (active, revoked,ect)

B. Has your license, in any state, ever been suspended or revoked for any reason?

Yes _____ NO _____

If "YES", please explain including when, where and why.

Month/Year State Circumstances

C. Have you received any traffic citations (excluding parking tickets) within the last seven (7) years?

YES _____ NO _____ If "YES", list all traffic citations and other information requested below:

Nature of Violation Location (City, Town) Approximate Date Action Taken

Professional / Trade Associations:

Do you hold membership in any professional or trade association?

YES _____ NO _____ If "YES" please provide the information required below:

Organization Address Type Present member position held

Last Name _____ First Name _____

EMS Certifications:

A. Are you a licensed EMT/Intermediate/Paramedic? YES _____ NO _____

If "YES", please provide the information requested below:

Certification Number	Level (EMT, Paramedic)	State	Expiration Date
_____	_____	_____	_____

B. Please list other states where you have been a licensed Emergency Medical Technician:

Certification Number	State	Certification Number	State
_____	_____	_____	_____

C. Has your Certification or Authorization to Practice, in any state, ever been suspended or revoked for any reason?

Yes _____ NO _____ If "YES", please explain including when, where and why.

Month/Year	State	Circumstances
_____	_____	_____
_____	_____	_____

D. Are you certified by any State or Federal Fire Agency?

YES _____ NO _____ If "YES" Please complete the information below.

Certification Number	State	Certification Number	State
_____	_____	_____	_____
Certification Number	State	Certification Number	State
_____	_____	_____	_____

Last Name _____ First Name _____

References:

Provide four (4) references. People who are included in previous sections should not be used as references.

1. Name: _____ Relationship: _____

Address: _____

Telephone: (____) _____ How long have you know this person? _____

2. Name: _____ Relationship: _____

Address: _____

Telephone: (____) _____ How long have you know this person? _____

3. Name: _____ Relationship: _____

Address: _____

Telephone: (____) _____ How long have you know this person? _____

4. Name: _____ Relationship: _____

Address: _____

Telephone: (____) _____ How long have you know this person? _____

Last Name _____ First Name _____

Continuation Space

Use the space below to continue answers to all questions and any information you would like to add. If more space is needed than what is provided below, use a blank sheet(s) of paper. Start each sheet with your name and social security number, Identify the number of the question.

Last Name _____ First Name _____

NOTICE

PENSION REFORM COMMUNITIES

TO POLICE OFFICER AND FIRE FIGHTER CANDIDATES

Please be advised that you must meet Health and Physical Fitness Standards while employed in order to maintain your employment. Every Two Years, you will be required to undergo a health and physical fitness assessment. This assessment will consist of a job related physical fitness test designed to simulate the physical demands of the duties that may be performed by police officers or fire fighters, and an assessment of your overall health as it related to your ability to perform the essential functions of your job. In order to assist you in meeting these standards, wellness programs will 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 of Chapter 32 of the Massachusetts General Laws, as amended by chapter 697 of the Acts of 1987.

I, _____ have read and understand the above requirement.

Signature

Date

Last Name _____ First Name _____

Signature Page

After completing this form and any attachments, you should review all of your answers to insure the form is complete and accurate.

Certification that my answers are true:

I have read each question asked of me and understand each question. My statements on this form and any attachments to this form including but not limited to a resume are true and correct in every respect and are made in good faith. I acknowledge that any misrepresentation or omission of any fact in my application, resume, or any other materials submitted by me, or during interviews can be justification for refusal of employment, or, if employed, termination from employment.

Signature (sign in ink)

Date

Print Name

Last Name _____ First Name _____

**TOWN OF SANDWICH
AUTHORIZATION FOR RELEASE OF INFORMATION**

I, _____, having filed an application with the Town of Sandwich, consent to have an investigation made as to my moral character, reputation, and fitness for the position to which I have applied, and consent to have such information as may be received or developed, reported in full to the appointing/Licensing 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, hospital, clinic, physician, counselor, association or institution having control of any documents, records, and other information pertaining to me, to furnish said documents, records, and other information to the Town of Sandwich, its agents or representatives, including documents, records, and files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Town of Sandwich or any of its agents or representatives to inspect and make copies of such documents, records and other information.

I hereby release, discharge and exonerate the Town of Sandwich, its agents and representatives and any person so furnishing such 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 Town of Sandwich.

This authorization shall continue for one year, unless sooner revoked in writing by the undersigned.

Signature: _____ Witness: _____

Name (print): _____ Date: _____
(Please include Maiden Name, if applicable)

Last Name _____ First Name _____

TOWN OF SANDWICH

NOTICE OF COMPLIANCE TO MGL 41 SECTION 101A

Subsequent to January 01, 1988, no person who smokes any tobacco product shall be eligible for appointment as a police officer or firefighter in a city or town and no person so appointed after said date shall continue in such office or position if such person thereafter smokes any tobacco products.

Signature: _____ Witness: _____

Name (print): _____ Date: _____
(Please include Maiden Name, if applicable)