



## 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 return in a sealed envelope to the Office of the Fire Chief.**

1. Application pages 2 thru 17
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**

**Section 1 - 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: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

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 : \_\_\_\_\_

**Section 2 - 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 Present \_\_\_\_\_  
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 \_\_\_\_\_

**Section 3 - 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.

\_\_\_\_\_ 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 #

\_\_\_\_\_ 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 #

\_\_\_\_\_ 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 #

\_\_\_\_\_ 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 \_\_\_\_\_

**Section 4 - 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 \_\_\_\_\_

**Section 4 - Employment (Cont.):**

Extended Absences from Employment: Have you had any extended work absences for reasons other than earned vacation (excluding medical reasons)? Yes No

If you answered "Yes" to this question, write or type your version of what happened including when, name of employer, and circumstances.

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Have you ever been dismissed or asked to resign? Were you ever subject to disciplinary action in connection with any employment? Yes No

If you answered "Yes" to this question, write or type your version providing details: (i.e., where, when, why, appeal, disposition/outcome)

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**Section 5 - Driving Record:**

Provide your Massachusetts Driver's License Number and Expiration Date.

Mass Drivers License. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Do you own or have access to an automobile Yes No

Registration Number \_\_\_\_\_ Make \_\_\_\_\_ State \_\_\_\_\_

- a. Have you ever received a written warning from a police officer? Yes No
- b. Have you ever received a citation from a police officer in Massachusetts? Yes No
- c. Have you ever been involved in an automobile accident in any state? Yes No
- d. If YES, how many automobile accidents have you been involved in? Number \_\_\_\_\_
- e. Have you ever been charged or convicted of driving a vehicle while under the influence of alcohol or drugs? Yes No

If you answered "Yes" to this question, write or type your version of the incident on an additional response form. Be sure to number your response to match the number of the particular question

- f. Have you ever been charged or convicted of any criminal motor vehicle offense? Yes No

If you answered "Yes" to this question, write or type your version of the incident on an additional response form. Be sure to number your response to match the number of the particular question.

- g. Do you currently owe money for traffic fines? Yes No
- h. Do you currently owe any money for parking tickets? Yes No
- i. Do you currently owe any money for excise taxes? Yes No

If yes to any of the above, list the towns, or court jurisdiction and amounts.

Town	Court/jurisdiction	Amount
Town	Court/jurisdiction	Amount
Town	Court/jurisdiction	Amount
Town	Court/jurisdiction	Amount
Town	Court/jurisdiction	Amount

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**Section 6 - Court Record:**

An applicant for employment with a sealed record on file with the Commissioner of Probation may answer “no record” with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer “no record” with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services, which did not result in a complaint transferred to the Superior Court for criminal prosecution. (See M.G.L. C276, s100a, s110c)

- a. Have you ever been convicted of a felony? Yes No
- b. Within the past five (5) years, have you been convicted of a misdemeanor offense Yes No
- c. Are there any felony or misdemeanor charges currently pending against you? Yes No
- d. Have you ever been, or are you now, a defendant in any civil court action? Yes No

If “Yes” explain fully your version of the incident on an additional response form. Be sure to number your response to match the number of the particular question, give nature of action and court

- e. Are you now, or have you ever been, a member of the Communist Party, USA, or any Communist or Fascist Organization? Yes No

If “Yes” explain fully your version of the incident on an additional response form. Be sure to number your response to match the number of the particular question.

- f. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist or subversive, or which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States by unconstitutional means? Yes No

If “Yes” explain fully your version of the incident on an additional response form. Be sure to number your response to match the number of the particular question

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**Section 7 - Drug Use / Experimentation:**

Have you ever used or possessed any of the following substances?

- |                    |     |    |                     |     |    |
|--------------------|-----|----|---------------------|-----|----|
| a. Marijuana       | Yes | No | f. Psilocybin       | Yes | No |
| b. Cocaine         | Yes | No | g. LSD              | Yes | No |
| c. PCP             | Yes | No | h. heroin           | Yes | No |
| d. Hashish         | Yes | No | i. Morphine         | Yes | No |
| e. Methamphetamine | Yes | No | j. Any illegal drug | Yes | No |

Have you ever used or possessed the following prescription drugs without a prescription?

- |                 |     |    |                            |     |    |
|-----------------|-----|----|----------------------------|-----|----|
| a. Valium       | Yes | No | d. sleeping pills          | Yes | No |
| b. Barbiturates | Yes | No | e. prescription diet pills | Yes | No |
| c. Codeine      | Yes | No | f. Amphetamines            | Yes | No |

For each “Yes” answer in the two questions above, you are required to answer on an additional response form, the following questions:

- What form of the drug did you take? (crack, powder, pill)
- How was it administered? (smoked, sniffed, injected)
- What was the last date you used the drug?
- How many times in total did you use the drug(s)?

**Section 8 - Use of Alcohol:**

Have you ever?

- |   |     |    |
|---|-----|----|
| a. Been involved in a fight while under the influence of alcohol?           | Yes | No |
| b. Been involved in an accident while under the influence of alcohol?       | Yes | No |
| c. Been taken into protective custody while under the influence of alcohol? | Yes | No |

A “Yes” to any of the above requires you to submit a written version of the incident(s) on an additional response form. Be sure to number your response to match the number of the particular question.



Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**Section 9- 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)

**Section 10 -Military History:**

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

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)

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

Type of Discharge \_\_\_\_\_ Date of Discharge \_\_\_\_\_

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

YES \_\_\_\_\_ NO \_\_\_\_\_ If "Yes" please explain why:

\_\_\_\_\_  
\_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**Section 11 - Licenses:**

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)  
\_\_\_\_\_  
\_\_\_\_\_

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
_____	_____	_____
_____	_____	_____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Section 12 -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 \_\_\_\_\_

**Section 13 - 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 \_\_\_\_\_

**Section 14 - References**

Provide three (3) 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? \_\_\_\_\_

Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_ How long have you know this person? \_\_\_\_\_

Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_ How long have you know this person? \_\_\_\_\_

Email: \_\_\_\_\_

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.

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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)