Merrimac Fire Department

Application of Employment

Note: Massachusetts law states that no person who smokes any tobacco product shall be eligible for appointment as a firefighter or police officer.

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 of application____ Please provide a "Letter of Interest" in addition to the application explaining why you should be considered, what expectations you have and what makes you the best candidate. Position(s) applied for_____ Last First Middle Address Street Address Town State Zip Telephone (_____) ______Cell (_____) ____ Email address: Have you filed an application here before? Yes____ No____ If yes, when? Have you ever been employed here before? Yes____ No____ If yes, when? On what date are you available to begin? Are you available to respond for calls: Days _____ Evenings ____ Weekend ____? 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 appointed? Yes No
	A Resume may be attached for pages 2,3 & 4
•	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? Yes No 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 trainings and meetings up to four nights a month? Yes No
•	List the kinds of firefighting equipment you can operate:

List the kinds of office equip	pment and computer so	ftware you can operate:	
Do you have a valid driver's State Exp		What class?	
EDUCATION Advanced Circle the highest College 1 2 3 4 M	0 1	3 4 5 6 7 8 9 10 11	12
Did you graduate from high school, Yes No	possess a high school e	quivalency certificate (GED)	or HSE?
Name of High School			
City/Town			
College or other training programs a Name of school/ Diploma, degree College/Program	after high school, includ Major	ing military schools: Licenses or Certifi	cates
EMPLOYMENT HISTORY Start with your present or most rece activities if related to position(s) for indicate race, gender, color, disabilit genetics, gender identity, age, or any	which you are applying y, religion, national origi	. Exclude organization names in, national ancestry, sexual o	which
Employer (present or most recent)	Dates employ	yed from: to:	
Address (street, town, zip)			
Job title	Work performed		
Supervisor Phone#		May contact Y/N	

Employer	Dates employed from:	to:	
Address (street, town, zip)			
Job title	Work performed		
Supervisor Phone#	May co	ntact Y/N	
Employer	Dates employed from:	to:	
Address (street, town, zip)			
Job title	Work performed		
Supervisor Phone#	May co	ntact Y/N	
REFERENCES: Please list three references (one	e should be in the field in which you ar	e applying).	
Telephone: ()	Day or evening_		
Name			
Position			
Address (street, town, zip)			
Telephone: ()	Day or evening		
Name			
Address (street, town, zip)			
Telephone: ()	Day or evening_		

General Release

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 Merrimac.

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 Merrimac 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 Merrimac any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Merrimac use only.

I hereby voluntarily release, discharge and exonerate the Town of Merrimac 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 Merrimac.

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 take a physical examination, which may include testing for drugs or a psychological examination, as required, and/or to a Criminal Offender Record Information Search and recognize that any offer of employment may be contingent upon the results of such an examination or 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.

Signature:	Date	
Witness_	Date	

CORI CHECK ACKNOWLEDGMENT

Ι,	residing at
	, acknowledge that a Criminal Offender Record
Information (CORI) check will be perfor	emed as part of the municipality's hiring process. I further
acknowledge that a refusal to allow the C	ORI check to be performed will cause my application to no
longer be considered for employment.	
Minimum Required information for a (Co	ori) to be completed
Name	
Former Last Names	
DOB	Sex
Last Six SSN	Race
Father's Last Name	First Name
Mother's Last Name	First Name
Mother Maiden Name	
	Signature

IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYEE WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Thank you for completing this application and your interest in employment with the

Merrimac Fire Department