

TOWN OF CHATHAM

Chatham, Massachusetts

CHATHAM FIRE - RESCUE DEPARTMENT

135 Depot Road
Chatham, MA 02633

Bus. 508-945-2324
Fax. 508-945-5120

Personal History and Application for Employment

An Equal Opportunity Employer

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition handicap or sexual preference

| | | | |
|--|------------------------|----------------------------------|-----|
| Last Name | First | Middle | |
| Street Address | City | State | Zip |
| Social Security # | Country of Citizenship | Home Phone # Business Phone # | |
| Permanent Mailing Address (if different) | | | |

| | | |
|------------------|-----------------|-----------------|
| Position Sought: | Date Available: | |
| Full Time () | Call () | Other () _____ |

HEALTH:
Date of most recent physical examination: _____ NOTE: Certain positions within the Fire - Rescue Service require physical lifting, manual labor and ambulation requirements that may preclude some applicants with handicap conditions. A complete physical examination for all Fire Fighter/ EMT positions and Massachusetts Physical ability test.

MISCELLANEOUS:
If you are not a U.S. citizen, please describe your status in "remarks" below. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates the law shall be subject to criminal penalties and civil liability

REMARKS:

For official use only

EDUCATION:

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 4+

Do you have a High School Equivalency Diploma? Yes [] No []

| SCHOOL | NAME | CITY / STATE | DIPLOMA OR DEGREE | MAJOR |
|----------------------------------|------|--------------|-------------------|-------|
| HIGH SCHOOL | | | | |
| COLLEGE, TECH OR BUSINESS SCHOOL | | | | |
| GRAD SCHOOL | | | | |
| SPECIAL TRAINING | | | | |

EMPLOYMENT HISTORY:

May we contact your present employer? Yes [] No []

| | | | |
|-------------------------------------|----------------------------|----------------------------|---------------------|
| <u>Present employment:</u> From: | <u>Salary</u> Starting: | Name of Employer: | Address of Employer |
| To: | Present: | Your Title, work performed | Reason for change |

LIST ALL OTHER EMPLOYMENT DURING THE LAST SEVEN YEARS. INCLUDE MILITARY SERVICE, PERIODS, UNEMPLOYMENT AND VOLUNTEER WORK:

| | | | |
|--------------------------------------|----------------------------|----------------------------|---------------------|
| <u>Previous employment:</u> From: | <u>Salary</u> Starting: | Name of Employer: | Address of Employer |
| To: | Ending: | Your Title, work performed | Reason for change |
| <u>Previous employment</u> From: | <u>Salary</u> Starting: | Name of Employer: | Address of Employer |
| To: | Ending: | Your Title, work performed | Reason for change |
| <u>Previous employment</u> From: | <u>Salary</u> Starting: | Name of Employer: | Address of Employer |
| To: | Ending: | Your Title, work performed | Reason for change |
| <u>Previous employment</u> From: | <u>Salary</u> Starting: | Name of Employer: | Address of Employer |
| To: | Ending: | Your Title, work performed | Reason for change |

Use additional paper as required:

PERSONAL REFERENCES: (not relatives)

| <u>NAME</u> | <u>ADDRESS</u> | <u>CITY / STATE</u> | <u>TELEPHONE</u> |
|-------------|----------------|---------------------|------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

PROFESSIONAL REFERENCES:

| <u>NAME</u> | <u>BUSINESS</u> | <u>ADDRESS</u> | <u>CITY / STATE</u> | <u>TELEPHONE</u> |
|-------------|-----------------|----------------|---------------------|------------------|
| <u>1</u> | | | | |
| <u>2</u> | | | | |
| <u>3</u> | | | | |
| <u>4</u> | | | | |

LIST YOUR ADDRESSES OVER THE LAST SEVEN YEARS:

| <u>ADDRESS</u> | <u>CITY / STATE</u> | <u>FROM:</u> | <u>TO:</u> |
|----------------|---------------------|--------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Use additional paper as required:

MILITARY SERVICE:

If you have served in the armed forces of the United States, complete the following section:

Branch: _____ Highest Rank Achieved: _____

Date entered: _____ Date discharged: _____

Type of Discharge: _____

List all decorations, achievements or speciality training and attach: Copy of DD214 MUST be attached.

MISCELLANEOUS:

List any professional honors received, works published or other professional accomplishments:

List languages you speak or read fluently:

MOTOR VEHICLE DRIVERS LICENSE:

Applicants must possess a valid motor vehicle drivers license a photocopy of which MUST be attached to this application:

State in which license is issued: _____

Vehicle class: _____ Expiration date: _____

E. M. S. CERTIFICATION:

Applicants for permanent employment MUST possess a minimum of a Massachusetts certification as a Emergency Medical Technician. Check appropriate certification and attach a copy of your certificate & current card:

EMT/B () EMT/I () EMT/P ()

Certification number: _____ Expiration date: _____

Copy of current card MUST be attached.

FIRE FIGHTER I & II, TRAINING & CERTIFICATION:

Have you completed Fire Fighter I & II training? Yes () No () Date completed _____

Location of training _____

Have you received Certification as a Fire Fighter I & II Yes () No ()

Date of Certification _____ Copy of Certification MUST be attached.

I certify the statements made in this application are true and correct to the best of my knowledge and belief and authorize investigation of all information given.

Signature

Date