

APPLICATION for EMPLOYMENT

ADAMS FIRE DISTRICT

3 Columbia St. Adams, MA 01220

(413) 743-0179

(Please Print Plainly)

To Applicant: We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

Position applied for _____ Rate of pay expected \$ _____ per week

Would you work Full-Time _____

Would you work Part-Time _____ Specify days and hours if part-time _____

Were you previously employed by us? _____

If yes, when and in what capacity _____

List any friends working for us. _____

List any relatives working for us. _____

If your application is considered favorably, on what date will you be available for work? _____

PERSONAL

Date _____

Name _____
Last First Middle

Present address _____ Telephone No. _____
No. Street City State Zip

Are you legally eligible for employment in the U.S.A. _____

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes _____ No _____ If yes, what Branch? _____

Dates of duty: From _____ To _____ Rank at discharge _____

EDUCATION

Circle last year completed

Circle One

Elementary School 5 6 7 8

High School 9 10 11 12

College 1 2 3 4

| | | |
|-------------------|-----|----|
| Diploma: | Yes | No |
| GED or Equivalent | Yes | No |
| Degree: | Yes | No |

Describe any other training, skills or education: _____

LICENSES (Please list all licenses you possess that are relative to the position you seek).
A valid license is a condition of employment where required.

Do you have a valid driver's license (Class D Auto)? Yes ___ No ___ If yes, enter expiration date _____
Do you have a valid CDL license (Class A or B)? Yes ___ No ___ If yes, enter expiration date _____
Do you have a valid Hoisting Engineer's license? Yes ___ No ___ If yes, enter Grade/expiration date _____

PERSONAL REFERENCES

 (Do not include present employer or relatives)

Name _____

Address _____

Telephone # _____

Name _____

Address _____

Telephone # _____

EMPLOYMENT (List below all present and past employment beginning with your most recent)

1. Employer Name _____

Address: _____

Telephone # _____

From _____ To _____

Describe the work you did _____

Reason for leaving _____

2. Employer Name _____

Address: _____

Telephone # _____

From _____ To _____

Describe the work you did _____

Reason for leaving _____

3. Employer Name _____

Address: _____

Telephone # _____

From _____ To _____

Describe the work you did _____

Reason for leaving _____

May we contact the employers listed above? yes no

If not, indicate by number, those you DO NOT want us to contact. _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice, which may include a Criminal Offender Record Inquiry (CORI), a Sex Offender Registry Information (SORI), and/or Driving Record check. In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation and personal characteristics. I also, understand that as a condition of employment, I may be required to successfully complete a pre-employment medical examination, including a urine drug analysis.

Signature of Applicant

Date

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, disability, marital or familial status. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, or call 202/720-5964 (voice and TDD).
USDA is an equal opportunity provider and employer.