

# 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 \_\_\_\_\_

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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) and/or a Sex Offender Registry Information (SORI) 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.