



Application for Employment

PLEASE PRINT

Name: _____

Date: _____

Driver's License #: _____

Address: _____

Social Security #: _____

City / Town: _____

Date of Birth: _____

Phone 1: _____

Work Phone#: _____

Phone 2: _____

Emergency contact: _____

Phone #: _____

Name of physician: _____

Phone #: _____

The reason(s) I am applying for membership at Dartmouth Fire District 2:

Any impairment (physical, mental, or other) that would prevent you from performing fire department duties YES/NO. If "YES" please explain:

References: List three references other than relatives.

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Education:

High school: _____

College or University: _____

City and State: _____

City and State: _____

Diploma: _____

Degree: _____

I hereby agree that the information provided above is accurate and agree that the fire department may verify such information including conducting background checks and obtaining a copy of my driving records, criminal history and physical examination. I agree to disclose of such information to the fire department by any agency or person and release any agencies or persons from any liability connected with such disclosures.

I further agree, if employed by the fire department, I will obey all policies and procedures of the municipality, fire department and all applicable statues of the state of Massachusetts. I understand that employment with the fire department is at – will and I may be terminated by the municipality for any reason.

Applicant Signature _____

OFFICE USE ONLY

Date application received _____ Date reviewed _____

Approved YES () NO ()

Reasons _____

Notes/ Restriction _____

Background check performed by: _____ Date _____

Approved by: _____ Date _____

APPLICANT RELEASE FORM

I, _____, presently residing at _____

hereby apply for membership/employment with Dartmouth Fire District 2. I have been advised and am fully aware that a representative of the department will be conducting a thorough investigation of my background to assist in determining my suitability for this employment. I realize that while conducting this background investigation, representatives will be making inquiries of the following personal institutions. Physicians and /or other persons who may have examined or treated me for any physical or other type illness or injury; Police and /or Court records with whom I may have an arrest or conviction record; present and previous employers; and any other persons who may be able to provide information about me which the department deems necessary.

I hereby authorize and instruct any person or institution in possession of information about me to release it to the department. I hereby waive any privileged or right which might otherwise forbid any physician, or other person who has attended me or any school official, court, police agency, employer, firm or person, from disclosing to the department any knowledge or information they have concerning me. I further consent to the Chief of the department or his/her representative be provided with a copy of any such records.

I hereby give my consent to Dartmouth Fire District 2 to perform a test of my blood and/or urine to determine my possible usage of illegal/prohibited substances.

I recognize the right of Dartmouth Fire District 2, in its sole discretion, to treat all sources as confidential, and withhold from me and/or my agent the names of such confidential sources and information obtained there from.

Applicants Signature _____ Date _____