

CENTERVILLE-OSTERVILLE-MARSTONS MILLS FIRE DEPARTMENT

EMPLOYMENT APPLICATION

As an equal opportunity employer, COMM Fire Department does not discriminate in hiring or in terms and conditions of employment because of an individual's race, creed, ancestry, color, sex, age, religion, handicap or disability, marital or veterans' status, national origin, sexual orientation or any other legally protected status. COMM Fire Department only hires individuals authorized for employment in the United States.

Please submit a cover letter and resume along with employment application.

Position Applying For: _____ **Date of Application:** _____

Are you able to meet regular attendance & punctuality requirements of the job? _____

Available start date? _____

PERSONAL INFORMATION

(Last Name) (First Name) (Middle Name) Are you authorized for employment in the U.S.? () Yes () No

(Present Street Address) (City) (State) (Zip) If you are under 18 years of age state your age? _____

(Home Phone) (Cell Phone) (Email address)

Valid MA Driver's License? Number _____ Class _____ Expiration Date _____

Do you authorize COMM to check your driving record for repeated or significant traffic violations? Yes _____ No _____

EDUCATION

TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	DEGREE/AREA OF STUDY	NO. OF YEARS COMPLETED	GRADUATED (Check One)
HIGH SCHOOL				() Yes () No
COMMUNITY COLLEGE				() Yes () No
COLLEGE				() Yes () No
GRADUATE SCHOOL				() Yes () No
TECHNICAL SCHOOL				() Yes () No
EMS TRAINING SCHOOL				() Yes () No

PROFESSIONAL LICENSES OR CERTIFICATIONS

Certifications:	Check All That Apply:	Expiration Date:

EMPLOYMENT HISTORY

Starting with your present or last job list *all* paid, volunteer, full or part-time work, military service, and summer jobs performed during the last 10 years (include work performed more than 10 years ago if it applies to the job you want). Use the back of the application and/or additional sheets of plain white paper if you need more space.

May we contact you present employer? () Yes () No

Name and Address of Employer & Date of Employment	Position & Duties	Reason for Leaving
Phone: Dates (From/To):		
Phone: Dates (From/To):		
Phone: Dates (From/To):		
Phone: Dates (From/To):		

Please list three employment-related references who are familiar with your work. Do not list relatives or friends.

Name	Address	Phone	Place of Employment	Position Held
1.				
2.				
3.				

PERSON TO CONTACT IN CASE OF EMERGENCY

Full Name:	Address:	Phone:
Place of Employment:	Address:	Phone:
Relationship to you?		

APPLICANT'S CERTIFICATION AND AGREEMENT

Please Read this Statement Carefully

I understand that this application is not a contract of employment. I understand that to be employed, I must be lawfully authorized to work in the United States, and I must show COMM Fire Department documents that will prove this. I also understand that I may be required to successfully complete a medical or psychological examination, including a urine drug analysis, before employment and/or as a condition of continued employment, submit to such lawful examinations, medical, substance abuse, or other, as may be required by COMM Fire Department.

I authorize and understand that COMM Fire Department may investigate my work and personal history which may include a Criminal Offender Record Inquiry (CORI) and/or a Sex Offender Registry Information (SORI) check, military history and verify data given on this application, on resume or related papers, and/or interviews regarding my education, past employment history and background. I authorize all individuals, schools, and firms named herein, except my current employer, if so noted, to provide any information requested about me and I release them from all liability for damage in providing this information. I understand that the information released is for COMM Fire Department's use only. Conviction of a crime or termination from a job is not an automatic bar to your employment, all circumstances will be considered. I understand that I am not required to take a lie detector test as a condition of employment as it is unlawful in the State of Massachusetts to be required to do so.

If I am hired, I agree that my employment and compensation can be terminated with or without cause and for any reason not prohibited by statute at any time with or without prior notice, at the option of COMM Fire Department or myself. I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. I also understand that I must be available from time to time to work outside of my normally scheduled hours, as the needs of the department require.

I understand that this application for employment will be considered active until the position I am applying for has been filled. I understand if I wish to be considered for future employment, I must inquire regarding re-submitting this application or completing another for any vacant position.

I certify that all the statements herein are true and understand that any falsification or misrepresentation of facts stated or implied shall be sufficient cause for dismissal or refusal of employment. I understand, also, that I am required to abide by all rules, policies or regulations of COMM Fire Department.

Applicant's Signature _____ Date _____
(You must sign and date this application to be considered for employment)