



TOWN OF SPENCER FIRE AND EMERGENCY SERVICES

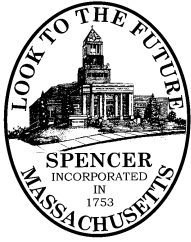
11 West Main Street
Spencer, MA 01562
Station #'s: 508-885-3555 or 508-885-7533
Fax: 508-885-7532

APPLICATION FOR EMPLOYMENT PACKET

IMPORTANT INSTRUCTIONS

1. Type or print clearly in blue ink.
2. Answer every question fully and accurately.
3. As an applicant for employment the Town of Spencer will review if applicable:
 - a. Criminal Offender Record Information (C.O.R.I.) and;
 - b. The Central Registry of child Abuse/Neglect reports maintained in accordance with M.G.L. Chapter 119, Section 51 B.
4. Read certification and releases carefully before signing.
5. Return completed application.
6. If you need an alternative version of this form, please contact the Fire Station.
7. If an offer of employment is made to you, the Town of Spencer may identify that it is contingent upon the results of a medical exam and/or tax and background check.
8. FALSE OR MATERIALLY INACCURATE INFORMATION ON THIS APPLICATION WILL BE CAUSE FOR DISQUALIFICATION FOR EMPLOYMENT OR DISMISSAL AT ANY TIME AFTER EMPLOYMENT.

THIS APPLICATION WILL BE KEPT ON FILE FOR 30 DAYS



**EMPLOYMENT APPLICATION
THE TOWN OF SPENCER
FIRE AND EMERGENCY SERVICES**

The Town of Spencer is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

(PLEASE PRINT IN INK)

Position Applied For:		Date of Application:
Last Name	First Name	Middle Name
Mailing Address		City
State	Zip Code	
Phone Number	Cell Number	
How Did You Hear About Us? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee _____ <input type="checkbox"/> Other _____		
EMAIL ADDRESS:		

Are you legally eligible to work in the United States?

YES NO

(Proof of eligibility will be required upon offer of employment)

Are you over the age of 18 years?

YES NO

(If no, you are not eligible for the Fire Department per the Department's Rules and Regulations)

Can you with or without reasonable accommodation perform the essential functions of this job?

Yes NO

(If you have any questions about the functions of the job, please ask the interviewer before answering this question.) A complete description is attached.

Have you ever applied to The Town of Spencer before? *(If yes, please give date.)* _____

YES NO

Have you ever worked for The Town of Spencer before? *(If yes, please give date.)* _____

YES NO

Position? _____ Department: _____

Have you ever been convicted of a felony? YES NO If yes please explain.

Is anyone related to you employed by the Town of Spencer?

If yes, please give their name and relationship to you _____

Please disclose any immediate family members, including those related to your immediate family by marriage, who are employed by the Town of Spencer. You are required to complete the information above. "Immediate Family" is defined as a spouse, child, parent, sibling and the spouse's child, parent or sibling. Include those employed in all branches of state government; Judicial, Legislative, Executive, higher education and state authorities; and those employed as regular or contract employees, or elected officials. This "sunshine disclosure" is intended to ensure that the citizens of our Town have full confidence in their government and its hiring process. The disclosure will not be used to exclude any qualified applicant seeking a position within the Town from receiving full consideration based on the merits or his/her credentials and the requirements of the job. Attach additional pages if necessary.

What salary or rate of pay do you expect to receive if employed? _____ per _____
(Call firefighter positions, not applicable)

On what date would you be available to work? _____

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.) (Call firefighters are on call 24/7/ 365. Duty Schedules will be assigned once appointed as a call firefighter requiring more intensive coverage for a 7 day period)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

EDUCATION

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/ Degree
Elementary				
High School				
College				
Graduate				
Vocational				

Please list any academic honors, scholarships, offices held, etc. Describe any specialized training, apprenticeships, licenses or skills.

MILITARY SERVICE INFORMATION

This information is furnished on a voluntary basis.

Check all that apply to you: Veteran Disabled Veteran Vietnam Era Veteran

Dates of service: _____ to _____ Branch: _____

If Vietnam Era Veteran, have you been certified by the State Office of Affirmative Action?

Yes No If yes what is the certification number? _____

(Please attach form DD214 or a copy of SOAA certification.)

Have you received any job-related training in the United States Military? YES NO
Please give dates and explanation:

EMPLOYMENT HISTORY *(Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at the Town of Spencer.)*

Company Name	Employment Dates From To	Salary Start End	Name and Title of Supervisor
Address		\$ \$	
Phone	Describe your duties:		
Reason for leaving and explanation			

Company Name	Employment Dates From To	Salary Start End	Name and Title of Supervisor
Address		\$ \$	
Phone	Describe your duties:		
Reason for leaving and explanation			

Company Name	Employment Dates From To	Salary Start End	Name and Title of Supervisor
Address		\$ \$	
Phone	Describe your duties:		
Reason for leaving and explanation			

Please provide any other information that you feel will help us in considering your application for employment.

REFERENCES (Please list three professional references (not personal), who can provide professional references.)

Name	Address	Phone Number	Relationship/Occupation	Years Known

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by THE TOWN OF SPENCER that such employment with THE TOWN OF SPENCER is at will, for no specified duration and may be terminated by either THE TOWN OF SPENCER or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of THE TOWN OF SPENCER or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of THE TOWN OF SPENCER except the Town Administrator has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Town Administrator.

In consideration for employment with the Town of Spencer, if employed, I agree to conform to the rules, regulations, policies, and procedures of THE TOWN OF SPENCER at all times and understand that such obedience is a condition of employment.

I understand that if offered a position with the Town of Spencer, should I accept, I may be required to submit to a pre-employment medical examination and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to THE TOWN OF SPENCER and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

THE TOWN OF SPENCER IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.

SUPPLEMENTAL QUALIFICATION STATEMENT – FIREFIGHTER

(Complete and submit this form with your application.)

Name (last, First, Middle)

NOTE TO APPLICANTS: You may use additional sheets of paper if necessary. Please include your full name on each sheet.

COMPLETE THE EXPERIENCE INFORMATION BELOW AND CHECK THE TYPE OF FIREFIGHTING EXPERIENCE YOU HAVE HAD BY USING THE FOLLOWING:

Job No.	Name & Address	A- Professional/Career			B- Call/Volunteer		C- Military		Approximate number of call you responded per yr.	Hrs per week	Fire Chief
		Indicate type of experience			Dates of Employment or membership		Month/Yr				
		A	B	C	From	To					
1.											
2.											
3.											
4.											
5.											

List all courses related to Firefighting and/of Emergency Medical Services. Attach any certificates to the end of this document.

Title of Course	School/Academy Name and Location	Course Length/Hrs	Certificate Or Credit?		Current Certificate?	
			Yes	No	Yes	No



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services**
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

The Town of Spencer is registered under the
(Organization)

provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **The Town of Spencer**
(Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The **Town of Spencer** may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that
The Town of Spencer, must first provide me
(Organization)
with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services**
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: _____ -- _____ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date

PRE EMPLOYMENT PHYSICAL AND DRUG SCREENING NOTICE

PLEASE READ BEFORE SIGNING

If an offer of employment is made to you, the Town of Spencer may specify that it is contingent upon the results of a medical exam. I freely and voluntarily agree to submit to a pre-employment physical and/or drug screen, as it relates to the requirements of a specific job, as part of my pre-employment application to the Town. I understand that either refusal to submit to such screening or failure to qualify according to the minimum standards established by the Town of Spencer for this screening may disqualify me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner.

I hereby acknowledge that I have read in full and understand the above statements.

Signature

Date

Printed Name

IMMIGRATION REFORM AND CONTROL ACT REQUIREMENT

In compliance with the Immigration and Reform and Control Act of 1986, you will be required to provide approved documentation that verifies your right to work in the United States prior to beginning work here at this agency. Please be prepared to provide any of the following documentation if you are offered and accept a position with us:

Any **one** of the following: (These establish both identity and employment authorization)

1. U.S. Passport
2. Certificate of U.S. citizenship (issued by Immigration & Naturalization Service)
3. Certificate of Naturalization (issued by INS)
4. Current foreign passport with valid endorsement authorizing equipment
5. Resident alien card or other alien registration card, with photo or other approved identifying information, which evidences employment authorization.

OR One from List A and one from List B:

List A These establish employment authorization:

1. Social Security Card (unless it specifies that it does not authorize employment)
2. Certificate of U.S. Birth or other documentation which establishes U.S. nationality or birth
3. Other approved documentation

List B These establish identity:

1. Driver's license or similar state I.D. card with photo or other approved identifying information
2. Other approved documentation of identify for applicants under age 16 or from a state which does not issue an I.D card (other than a driver's license)

THIS VERIFICATION PROCESS IS REQUIRED FOR ALL EMPLOYEES HIRED ON OR AFTER NOVEMBER 6, 1986.