

# Falmouth Fire-EMS Department

## Application for Employment



This Agency is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability. **Applicant must be at least 16 years of age.**

Personal			
Last Name	First	Full Middle Name	Social Security #
Address			
City, State, Zip		Email Address	
Home Phone #	Work Phone #	Cell #	
Business or Profession			
Drivers License #	State	Expiration Date	Class
Applying For: <input type="checkbox"/> Fire <input type="checkbox"/> EMS <input type="checkbox"/> Both	Referred By/Sponsored By:		
Availability (Check all that apply) <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekday Evenings <input type="checkbox"/> Weekends			
Have you ever been employed by Falmouth Fire-EMS before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s), location(s) & reason for leaving	
Do you have any relatives employed Falmouth Fire-EMS? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list name(s), job title(s) & location(s)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If a High School student, please attach a copy of your school transcript.

Education			
Circle Highest Grade Completed: High School 9 10 11 12			
College, Trade or Business 1 2 3 4			
Graduate Studies BA/BS Master's Doctoral Other: please explain			
School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			
List Any Professional Designations			
Other Special Knowledge, Skills or Qualifications			

### Employment History

List all employments for the past 3 employers, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employer Name	Employed From	Supervisor Name
Employer Address	Employed Until	Supervisor Phone #
Job Title	Reason for Leaving	
Duties & Responsibilities		

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### Emergency Services Experience

Do you have any previous Firefighting or EMS Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, where?		
Please list any formal training or certifications:			
EMT Lic. Level: First Responder EMT-B EMT-I Paramedic	EMS License Number	EMS Exp. Date	Firefighter I II Other: _____
CPR card <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date:	Are you able to regularly attend trainings (Monday nights) and/or EMS meetings (Wednesday nights)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Military Service

Branch of Service	From	To
Present Military Affiliation	<input type="checkbox"/> None	<input type="checkbox"/> Reserve (Active) <input type="checkbox"/> Reserve (Inactive)
Type of training (MOS) when in Service		

### References

Please list the name of three character references.

Name	Ph #	Relationship	Title
Name	Ph #	Relationship	Title
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### General

<b>Emergency Information</b> Person to Notify in Emergency	Relation	Contact Ph #
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Yes No

- May we contact your current employer for references?
- Have you ever been convicted of traffic charges? If yes, explain in notes below.
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- Are you currently out on bail or released on your own recognizance pending trial? If yes, please explain.
- Do you have any medical conditions which would affect your availability to respond in Fire-EMS operations? If yes, explain below.

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## Background Check

I, \_\_\_\_\_ (*full first, middle and last name*), understand that in order to assess my qualifications for the position of \_\_\_\_\_ a full background investigation is necessary. I, therefore, authorize the Town of Falmouth to conduct an investigation which may include verification of information provided by me to the Town of Falmouth; a financial management check; contacting persons, institutions, government and law enforcement agencies for character references and record history information; and contacting employers for performance information; verifying educational attainment; and when applicable, verification of prior drug and alcohol test results and violations of any drug and alcohol testing policies with previous employers. All the information and materials I have provided to the Town of Falmouth as part of the employment process are accurate and truthful.

I authorize all my present and previous employers, or references, to furnish information concerning my personal character, habits or employment performance and when applicable, verification of prior drug and alcohol test results and violations of any drug and a

Signature \_\_\_\_\_

Date of Birth        /        /

Date                /        /

## Certification & Authorization

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If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature \_\_\_\_\_

Date                /        /

## Parental Permission Form

If the applicant is under eighteen (18) years of age, parental permission must be given on this form.

**To the Chief of the Falmouth Fire-EMS Department:**

I \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_ who is applying for employment at Falmouth Fire-EMS Department. I am fully aware that there are several dangers involved in Firefighting and/or EMS activities (including but not limited to: burns, exposure to smoke and chemicals, exposure to communicable diseases, and other traumatic injury). I however, also understand that my child will be supervised in their role within the department by adult staff and will be equipped and supplied with appropriate safety gear and training. **I understand that a parent must accompany their child to the interview.** I therefore grant permission for my child to join the Department.

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Signature: \_\_\_\_\_

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I \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_ who is applying for employment at Falmouth Fire-EMS Department. I am fully aware that there are several dangers involved in Firefighting and/or EMS activities (including but not limited to: burns, exposure to smoke and chemicals, exposure to communicable diseases, and other traumatic injury). I however, also understand that my child will be supervised in their role within the department by adult staff and will be equipped and supplied with appropriate safety gear and training. **I understand that a parent must accompany their child to the interview.** I therefore grant permission for my child to join the Department.

Signature of Parent/Guardian \_\_\_\_\_

Date                    /        / \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

# Physical Examination Form

Each person who joins Falmouth Fire-EMS Department is required to have a physical examination. This requirement may be waived if a physical examination has been completed within 6 months and a copy is forwarded to the Chief

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Indicate physician choice: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Falmouth Fire-EMS Department

## Application for Employment



This Agency is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability. **Applicant must be at least 16 years of age.**

Personal			
Last Name	First	Full Middle Name	Social Security #
Address			
City, State, Zip		Email Address	
Home Phone #	Work Phone #	Cell #	
Business or Profession			
Drivers License #	State	Expiration Date	Class
Applying For: <input type="checkbox"/> Fire <input type="checkbox"/> EMS <input type="checkbox"/> Both	Referred By/Sponsored By:		
Availability (Check all that apply) <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekday Evenings <input type="checkbox"/> Weekends			
Have you ever been employed by Falmouth Fire-EMS before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s), location(s) & reason for leaving	
Do you have any relatives employed Falmouth Fire-EMS? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list name(s), job title(s) & location(s)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If a High School student, please attach a copy of your school transcript.

Education			
Circle Highest Grade Completed: High School 9 10 11 12			
College, Trade or Business 1 2 3 4			
Graduate Studies BA/BS Master's Doctoral Other: please explain			
School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
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Vocational, Business, Other			
List Any Professional Designations			
Other Special Knowledge, Skills or Qualifications			

Employment History		
List all employments for the past 3 employers, starting with the most recent position. All information <b>must</b> be completed. You may attach a resume, but not in place of completing the required information.		
Employer Name	Employed From	Supervisor Name
Employer Address	Employed Until	Supervisor Phone #
Job Title	Reason for Leaving	
Duties & Responsibilities		

Employer Name	Employed From	Supervisor Name
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Duties & Responsibilities		

Employer Name	Employed From	Supervisor Name
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Duties & Responsibilities		

### Emergency Services Experience

Do you have any previous Firefighting or EMS Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, where?		
Please list any formal training or certifications:			
EMT Lic. Level: First Responder EMT-B EMT-I Paramedic	EMS License Number	EMS Exp. Date	Firefighter I II Other: _____
CPR card <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date:	Are you able to regularly attend trainings (Monday nights) and/or EMS meetings (Wednesday nights)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Military Service

Branch of Service	From	To
Present Military Affiliation	<input type="checkbox"/> None	<input type="checkbox"/> Reserve (Active) <input type="checkbox"/> Reserve (Inactive)
Type of training (MOS) when in Service		

### References

Please list the name of three character references.

Name	Ph #	Relationship	Title
Name	Ph #	Relationship	Title
Name	Ph #	Relationship	Title

### General

<b>Emergency Information</b> Person to Notify in Emergency	Relation	Contact Ph #
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Yes No

- May we contact your current employer for references?
- Have you ever been convicted of traffic charges? If yes, explain in notes below.
- Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
- Have you ever been convicted of any crime? (excluding convictions for marijuana related offenses for personal use more than two years old, convictions that have been sealed, expunged or legally eradicated, or misdemeanors for which probation was completed and the case was dismissed by court) (Note: A Yes response does not automatically disqualify your application.) If Yes, please explain.
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I, \_\_\_\_\_ (*full first, middle and last name*), understand that in order to assess my qualifications for the position of \_\_\_\_\_ a full background investigation is necessary. I, therefore, authorize the Town of Falmouth to conduct an investigation which may include verification of information provided by me to the Town of Falmouth; a financial management check; contacting persons, institutions, government and law enforcement agencies for character references and record history information; and contacting employers for performance information; verifying educational attainment; and when applicable, verification of prior drug and alcohol test results and violations of any drug and alcohol testing policies with previous employers. All the information and materials I have provided to the Town of Falmouth as part of the employment process are accurate and truthful.

I authorize all my present and previous employers, or references, to furnish information concerning my personal character, habits or employment performance and when applicable, verification of prior drug and alcohol test results and violations of any drug and a

Signature
Date of Birth     /     /
Date             /     /

## Certification & Authorization

The above information is true and correct. I understand that the hiring process will be terminated, or in the event of my employment by the Department, I shall be subject to dismissal, if any information that I have given in this application, the background release form, in any resume or interview or any part of the hiring process is false or misleading or if I have failed to give any information herein requested, or if I have withheld relevant information, regardless of the time elapsed after discovery.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Department is intended to create an employment contract between myself and the Department under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Department at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature
Date             /     /

## Parental Permission Form

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### To the Chief of the Falmouth Fire-EMS Department:

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Date     /     / \_\_\_\_\_

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Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Falmouth Fire-EMS Department

## Application for Employment



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Personal			
Last Name	First	Full Middle Name	Social Security #
Address			
City, State, Zip		Email Address	
Home Phone #	Work Phone #	Cell #	
Business or Profession			
Drivers License #	State	Expiration Date	Class
Applying For: <input type="checkbox"/> Fire <input type="checkbox"/> EMS <input type="checkbox"/> Both	Referred By/Sponsored By:		
Availability (Check all that apply) <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekday Evenings <input type="checkbox"/> Weekends			
Have you ever been employed by Falmouth Fire-EMS before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s), location(s) & reason for leaving	
Do you have any relatives employed Falmouth Fire-EMS? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list name(s), job title(s) & location(s)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Job Title	Reason for Leaving	
Duties & Responsibilities		

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Do you have any previous Firefighting or EMS Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, where?		
Please list any formal training or certifications:			
EMT Lic. Level: First Responder EMT-B EMT-I Paramedic	EMS License Number	EMS Exp. Date	Firefighter I II Other: _____
CPR card <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date:	Are you able to regularly attend trainings (Monday nights) and/or EMS meetings (Wednesday nights)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Branch of Service	From	To
Present Military Affiliation	<input type="checkbox"/> None	<input type="checkbox"/> Reserve (Active) <input type="checkbox"/> Reserve (Inactive)
Type of training (MOS) when in Service		

### References

Please list the name of three character references.

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### General

<b>Emergency Information</b> Person to Notify in Emergency	Relation	Contact Ph #
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Yes No

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# Falmouth Fire-EMS Department

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Drivers License #	State	Expiration Date	Class
Applying For: <input type="checkbox"/> Fire <input type="checkbox"/> EMS <input type="checkbox"/> Both	Referred By/Sponsored By:		
Availability (Check all that apply) <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekday Evenings <input type="checkbox"/> Weekends			
Have you ever been employed by Falmouth Fire-EMS before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s), location(s) & reason for leaving	
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Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Other Special Knowledge, Skills or Qualifications			

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Duties & Responsibilities		

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Job Title	Reason for Leaving	
Duties & Responsibilities		

### Emergency Services Experience

Do you have any previous Firefighting or EMS Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, where?		
Please list any formal training or certifications:			
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CPR card <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date:	Are you able to regularly attend trainings (Monday nights) and/or EMS meetings (Wednesday nights)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Present Military Affiliation	<input type="checkbox"/> None	<input type="checkbox"/> Reserve (Active) <input type="checkbox"/> Reserve (Inactive)
Type of training (MOS) when in Service		

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### General

<b>Emergency Information</b> Person to Notify in Emergency	Relation	Contact Ph #
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Applying For: <input type="checkbox"/> Fire <input type="checkbox"/> EMS <input type="checkbox"/> Both	Referred By/Sponsored By:		
Availability (Check all that apply) <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekday Evenings <input type="checkbox"/> Weekends			
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Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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<b>Emergency Information</b> Person to Notify in Emergency	Relation	Contact Ph #
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Signature
Date of Birth     /     /
Date             /     /

## Certification & Authorization

The above information is true and correct. I understand that the hiring process will be terminated, or in the event of my employment by the Department, I shall be subject to dismissal, if any information that I have given in this application, the background release form, in any resume or interview or any part of the hiring process is false or misleading or if I have failed to give any information herein requested, or if I have withheld relevant information, regardless of the time elapsed after discovery.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Department is intended to create an employment contract between myself and the Department under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Department at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature
Date             /     /

## Parental Permission Form

If the applicant is under eighteen (18) years of age, parental permission must be given on this form.

### To the Chief of the Falmouth Fire-EMS Department:

I \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_ who is applying for employment at Falmouth Fire-EMS Department. I am fully aware that there are several dangers involved in Firefighting and/or EMS activities (including but not limited to: burns, exposure to smoke and chemicals, exposure to communicable diseases, and other traumatic injury). I however, also understand that my child will be supervised in their role within the department by adult staff and will be equipped and supplied with appropriate safety gear and training. **I understand that a parent must accompany their child to the interview.** I therefore grant permission for my child to join the Department.

Signature of Parent/Guardian \_\_\_\_\_

Date     /     / \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

# Physical Examination Form

Each person who joins Falmouth Fire-EMS Department is required to have a physical examination. This requirement may be waived if a physical examination has been completed within 6 months and a copy is forwarded to the Chief

The Fire-EMS Department will pay the cost of the physical exam if given by Occupational Health and Rehabilitation. If the applicant desires to have the physical exam given by his/her own physician the applicant must pay for the exam. In either case, a written report shall be provided to the Chief of Department.

Indicate physician choice: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Falmouth Fire-EMS Department

## Application for Employment



This Agency is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability. **Applicant must be at least 16 years of age.**

Personal			
Last Name	First	Full Middle Name	Social Security #
Address			
City, State, Zip		Email Address	
Home Phone #	Work Phone #	Cell #	
Business or Profession			
Drivers License #	State	Expiration Date	Class
Applying For: <input type="checkbox"/> Fire <input type="checkbox"/> EMS <input type="checkbox"/> Both	Referred By/Sponsored By:		
Availability (Check all that apply) <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekday Evenings <input type="checkbox"/> Weekends			
Have you ever been employed by Falmouth Fire-EMS before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s), location(s) & reason for leaving	
Do you have any relatives employed Falmouth Fire-EMS? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list name(s), job title(s) & location(s)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If a High School student, please attach a copy of your school transcript.

Education			
Circle Highest Grade Completed: High School 9 10 11 12			
College, Trade or Business 1 2 3 4			
Graduate Studies BA/BS Master's Doctoral Other: please explain			
School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			
List Any Professional Designations			
Other Special Knowledge, Skills or Qualifications			

Employment History		
List all employments for the past 3 employers, starting with the most recent position. All information <b>must</b> be completed. You may attach a resume, but not in place of completing the required information.		
Employer Name	Employed From	Supervisor Name
Employer Address	Employed Until	Supervisor Phone #
Job Title	Reason for Leaving	
Duties & Responsibilities		

Employer Name	Employed From	Supervisor Name
Employer Address	Employed Until	Supervisor Phone #
Job Title	Reason for Leaving	
Duties & Responsibilities		

Employer Name	Employed From	Supervisor Name
Employer Address	Employed Until	Supervisor Phone #
Job Title	Reason for Leaving	
Duties & Responsibilities		

### Emergency Services Experience

Do you have any previous Firefighting or EMS Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, where?		
Please list any formal training or certifications:			
EMT Lic. Level: First Responder EMT-B EMT-I Paramedic	EMS License Number	EMS Exp. Date	Firefighter I II Other: _____
CPR card <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date:	Are you able to regularly attend trainings (Monday nights) and/or EMS meetings (Wednesday nights)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Military Service

Branch of Service	From	To
Present Military Affiliation	<input type="checkbox"/> None	<input type="checkbox"/> Reserve (Active) <input type="checkbox"/> Reserve (Inactive)
Type of training (MOS) when in Service		

### References

Please list the name of three character references.

Name	Ph #	Relationship	Title
Name	Ph #	Relationship	Title
Name	Ph #	Relationship	Title

### General

<b>Emergency Information</b> Person to Notify in Emergency	Relation	Contact Ph #
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Yes No

- May we contact your current employer for references?
- Have you ever been convicted of traffic charges? If yes, explain in notes below.
- Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
- Have you ever been convicted of any crime? (excluding convictions for marijuana related offenses for personal use more than two years old, convictions that have been sealed, expunged or legally eradicated, or misdemeanors for which probation was completed and the case was dismissed by court) (Note: A Yes response does not automatically disqualify your application.) If Yes, please explain.
- Are you currently out on bail or released on your own recognizance pending trial? If yes, please explain.
- Do you have any medical conditions which would affect your availability to respond in Fire-EMS operations? If yes, explain below.

Notes:
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## Background Check

I, \_\_\_\_\_ (*full first, middle and last name*), understand that in order to assess my qualifications for the position of \_\_\_\_\_ a full background investigation is necessary. I, therefore, authorize the Town of Falmouth to conduct an investigation which may include verification of information provided by me to the Town of Falmouth; a financial management check; contacting persons, institutions, government and law enforcement agencies for character references and record history information; and contacting employers for performance information; verifying educational attainment; and when applicable, verification of prior drug and alcohol test results and violations of any drug and alcohol testing policies with previous employers. All the information and materials I have provided to the Town of Falmouth as part of the employment process are accurate and truthful.

I authorize all my present and previous employers, or references, to furnish information concerning my personal character, habits or employment performance and when applicable, verification of prior drug and alcohol test results and violations of any drug and a

Signature
Date of Birth     /     /
Date             /     /

## Certification & Authorization

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If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature
Date             /     /

## Parental Permission Form

If the applicant is under eighteen (18) years of age, parental permission must be given on this form.

### To the Chief of the Falmouth Fire-EMS Department:

I \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_ who is applying for employment at Falmouth Fire-EMS Department. I am fully aware that there are several dangers involved in Firefighting and/or EMS activities (including but not limited to: burns, exposure to smoke and chemicals, exposure to communicable diseases, and other traumatic injury). I however, also understand that my child will be supervised in their role within the department by adult staff and will be equipped and supplied with appropriate safety gear and training. **I understand that a parent must accompany their child to the interview.** I therefore grant permission for my child to join the Department.

Signature of Parent/Guardian \_\_\_\_\_

Date     /     / \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

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Indicate physician choice: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Falmouth Fire-EMS Department

## Application for Employment



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Personal			
Last Name	First	Full Middle Name	Social Security #
Address			
City, State, Zip		Email Address	
Home Phone #	Work Phone #	Cell #	
Business or Profession			
Drivers License #	State	Expiration Date	Class
Applying For: <input type="checkbox"/> Fire <input type="checkbox"/> EMS <input type="checkbox"/> Both	Referred By/Sponsored By:		
Availability (Check all that apply) <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekday Evenings <input type="checkbox"/> Weekends			
Have you ever been employed by Falmouth Fire-EMS before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s), location(s) & reason for leaving	
Do you have any relatives employed Falmouth Fire-EMS? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list name(s), job title(s) & location(s)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If a High School student, please attach a copy of your school transcript.

Education			
Circle Highest Grade Completed: High School 9 10 11 12			
College, Trade or Business 1 2 3 4			
Graduate Studies BA/BS Master's Doctoral Other: please explain			
School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			
List Any Professional Designations			
Other Special Knowledge, Skills or Qualifications			

Employment History		
List all employments for the past 3 employers, starting with the most recent position. All information <b>must</b> be completed. You may attach a resume, but not in place of completing the required information.		
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Duties & Responsibilities		

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Do you have any previous Firefighting or EMS Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, where?		
Please list any formal training or certifications:			
EMT Lic. Level: First Responder EMT-B EMT-I Paramedic	EMS License Number	EMS Exp. Date	Firefighter I II Other: _____
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Yes No

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Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_