



WENHAM FIRE DEPARTMENT
140 MAIN STREET
WENHAM, MASSACHUSETTS 01984-1497

Emergency 9-1-1
Fire Prevention
508-468-5508
FAX 508-468-1919

APPLICATION FOR EMPLOYMENT

Note: Failure of the applicant to furnish all information requested or the declaration of any false statements in this application may be grounds for rejection of the application or termination of appointment if the applicant is appointed.

This application will be kept on file for a period of two years.

Name: _____

Date of Receipt: _____

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Please print or type

Name: _____
(Last) (First) (Middle)

Social Security Number: _____

Date of Birth: _____

Home Address: _____
(Number & Street) (City) (State) (Zip)

Telephone Number: _____
(Area Code)

Have You Ever Used Another Name?: Yes () No ()

If Yes, Explain: _____

Do You Have A Relative In Our Employ ? : Yes () No ()

If Yes: _____
(Name) (Relationship)

Do You Personally Know A Wenham Firefighter?: Yes () No ()

If Yes, Name / Rank: _____

List Five (5) Character References Not Related To You:

Name:	Address:	Telephone:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What Is Your Present Occupation?
Employer Name, Address & Phone #:

May We Contact Your Present Employer?
Yes () No ()

List All Prior Employers, Providing Name, Address And Dates Of Employment (You may include any verifiable work performed on a volunteer basis)

1. _____
Reason For Leaving: _____

2. _____
Reason For Leaving: _____

3. _____
Reason For Leaving: _____

4. _____
Reason For Leaving: _____

5. _____
Reason For Leaving: _____

6. _____
Reason For Leaving: _____

(Use Additional Paper If Necessary)

Do You Speak, Read Or Write Any Language Other Than English ?

State Language(s): _____

Read () Write () Speak ()

Have You Any Outside Business Interests? Yes () No ()

If Yes, Explain:

Do You Have Any Civil Judgements Pending Against You? Yes () No ()

If Yes, Give Details:

Do You Hold A Valid Motor Vehicle License? Yes () No ()

Date Issued: State: License Number: Type: Expiration:

Has Your Operator's License Or Registration Ever Been Revoked Or Suspended?
Yes () No () If Yes, Give Details:

List Any And All Motor Vehicle Accidents Within The Last Three (3) Years; Give Details:

List The Name And Address Of The Following Schools You Attended:

Elementary: _____

Middle School: _____

High School: _____

Junior, Community, Or State College Or University:

List Any Other Type Of Schooling, Firefighting Experiences, Vocational Training, Prep. Schools, Etc., Not Mentioned Above:

List Any Other Classes Or Courses Or Military Service For Which You Have Certificates Of Completion:

**An Applicant For Employment With A Scaled Record On-File With The
Commissioner Of Probation May Answer "No Record" With Respect To An Inquiry
Herein Relative To Prior Arrests, Crimminal Court Appearances Or Convictions.
In Addition, Any Applicant For Employment May Answer "No Record" With
Respect To Any Adjudications In All Cases Of Delinquency Or As A Child In Need
Of Services Which Did Not Result In A Complaint Transferred To The Superior
Court For Criminal Prosecution.**

Please Enclose a Photo Copy Of Your Valid Drivers License

Applicants Signature

Date: _____

AUTHORIZATION AND RELEASE

To Whom It May Concern:

I, _____, Hereby authorize you to provide the WENHAM FIRE DEPARTMENT or its agents with information relating to my association with your organization. This information is to be used in determining my eligibility as a candidate for the position of probationary firefighter in the TOWN OF WENHAM, MASSACHUSETTS.

I hereby release any prior employer or other entity from any claims which may arise out of providing such information.

A photocopy of this release SHALL BE VALID as an original.

Signature

Date: _____

Consent for Drug/Alcohol Screening



If you are offered and accept employment with Wenham Fire Department
you will be working with and around machinery and equipment that can cause injury to yourself and
others. In the interest of safety for all concerned, you will be required to take a urine test for alcohol and
or drug use.

I, _____ have been fully informed
by my potential employer of the reason for this urine test for alcohol and or drugs. I understand what I
am being tested for, the procedure involved, and do hereby freely give my consent. I also understand
that the results of this test will be sent to my potential employer and become part of my record.

I authorize these test results to be released to Wenham Fire Department

Signature _____ Date _____

Witness _____ Date _____