

Mont Vernon Fire Department Employment Application

Mont Vernon Fire Department

PO Box 483

1 Main St, Mont Vernon, NH 03057

Authorization to Release Information

I, (print full name)		, born in (City/State)	
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Having filed an employment application with the Mont Vernon Fire Department, consent herein to have an investigation made as to moral character, reputation, work history, volunteer history, and fitness for which I have applied. Furthermore, I agree to give any additional information that may be required during the conduct of the investigation. I also authorize and request every person, firm, company, corporation, court, government agency, medical professional*, medical facility or institution, education facility, or branch of the military having control of any document, records, reports, or other written information as requested by the Mont Vernon Fire Department or Mont Vernon Police Department.

I hereby release, exonerate and discharge the Mont Vernon Fire and Police Department's, its agents and representatives, and any person or entity so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such written documents, records, reports, or other written information supplied to the Mont Vernon Fire and Police Department's or its agents or representatives. It has been explained to me, and I fully understand, that refusal to grant this authorization will necessarily voice my application.

This authority shall continue for one year from		(date); unless sooner revoked by me in writing
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Signature of Applicant		Date	
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Signature of Witness		Date	
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*Medical records will not be sought unless and until you have given a conditional offer of employment as a probationary firefighter. PC physician physical maybe requested at your expense to insure you are medical fit to perform the duties of a firefighter.

Applicant will provide a certified copy of their NH Driver's License and History and a Criminal Background Report. Any expense for this information will be reimbursed to the applicant if application is accepted.

Completed application		Motor vehicle certified record		Criminal background report	
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Application received and reviewed by:

Date	Official	Signature	Comments
	Fire Chief		
	Police Chief		
	Board of Fire Wards		

Application accepted	Yes		No		If applicant not accepted, brief explanation
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Personal History Statement

Instructions: These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Personal History Statement should be printed legibly and in ink. Answer all questions to the best of your ability and knowledge. If a question is not applicable to you, enter N/A in the space provided. If you do not know the answer to a particular question, indicate by entering 'do not know' in the provided space.
2. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in the proper sequence before you begin.
3. You are responsible for obtaining correct addresses and telephone numbers. If you are not sure of an address, check it by personal verification.
4. If there is insufficient space on the form for you to include all information required, attach extra sheets to the application. Be sure to reference the relevant section and question number.
5. An accurate and complete form will expedite your investigation. Deliberate omissions or falsifications may result in disqualification.

A. Applicant Identification

Name / DOB					Email					
Address										
Telephone	Home			Cell			Work			
Social Security Number					Driver's License Number				State	
Height			Weight			Eye Color			Hair Color	
Are you a US Citizen	Yes		No		If no, permit number					
Alias or Maiden Name										
Scars, tattoos, or other distinguishing marks										

B. Residences: List all addresses you have resided at during the past 15 years.

Month / Year	To	Month / Year	Street	Town/City	State	ZIP
	To					
	To					
	To					
	To					

C. Military History

*DD214 copy will be returned

Have you ever served in the U.S. Armed Forces, National Guard, Coast Guard				Yes		No	
If yes, Branch:		Date of Service: From		To			
Military Service Number			Highest Rank Attained				
Type of Discharge			Copy of DD214 attached		Yes		No
Were you ever disciplined while in military service (court-martial, Captain's mast, company punishment, etc.)? List charges, date, agency, age at time of incident				Yes		No	

If you received a discharge other than Honorable, give complete details.

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D. Employment and Experience

Start with present-most recent, list back 15 years.

Employer / Address							
Phone Number		Job Title		Supervisor			
Employment Dates: From		To		Reason for Leaving			
Does the Department have permission to contact this employer				Yes		No	

Employer / Address							
Phone Number		Job Title		Supervisor			
Employment Dates: From		To		Reason for Leaving			
Does the Department have permission to contact this employer				Yes		No	

Employer / Address							
Phone Number		Job Title		Supervisor			
Employment Dates: From		To		Reason for Leaving			
Does the Department have permission to contact this employer				Yes		No	

Employer / Address							
Phone Number		Job Title		Supervisor			
Employment Dates: From		To		Reason for Leaving			
Does the Department have permission to contact this employer				Yes		No	

E. Personal Status and Relatives

Include immediate and separated family

Single		Married		Separated		Divorced		Windowed	
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Spouse/Significant other's Name and Date of Birth	
Children (indicate if living with you)	Relation (natural, step, adopted, foster)
Other relatives that live with you	
Parent(s), Brother(s), Sister(s)	Relation

This information is requested as part of emergency notification; this form is confidential and is in place until applicant is accepted and Department Emergency Contact Notification Form is completed.

Emergency contact information: Name with address and phone number(s) and relation

F. References: List five persons who know you well enough to provide current information.

Do not list relatives or former employers/supervisors.

Name	Address	Phone	Years Known

G. Education Emergency services related and special skills list separately

High School / GED	From		To		Degree	Yes		No	
Name/Address									

Tech, Trade, College, University	From		To		Degree	Yes		No	
Name/Address									
Name/Address									
Name/Address									

Special Skills and Emergency Services Experience and Training

Fire Service Trainings/ Certifications	EMS-Medical Training/Certifications	Specialized Equipment/Machinery	Foreign Language / Sign Language

H. Criminal and Motor Vehicle History *This information is in addition to official copies.

Have you ever been charged or convicted of a criminal offense					Yes		No	
Charge	Location			Disposition				

NH Driver's License and History		Include information if you lived in another state or had offenses in another state						
Has your driver's license ever been suspended or revoked	Yes		No		Reason			
List any vehicle offenses for the past 7 years								
Offense	Location				Agency			

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the Personal History State.

Date		Signature of Applicant	
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