TOWN OF HUDSON

FIRE DEPARTMENT

39 FERRY STREET, HUDSON, NEW HAMPSHIRE 03051

Emergency 911
Business 603-886-6021
Fax 603-594-1164

Robert M. Buxton
Chief of Department

Full-Time Firefighter Job Posting

The Hudson Fire Department is accepting applications for a full-time Firefighter with a minimum AEMT certification.

Job Summary: Performs responsible Firefighter work for the Town; engaged in fire suppression, fire prevention and emergency medical services.

Supervision Received: Works under the direct supervision of a superior officer who usually is present at all fire scenes and issues instructions concerning methods of firefighting and appropriate courses of action; Firefighter is required to use initiative and judgment in carry out assignments particularly in the absence of a supervisor.

Supervision Exercised: May on occasion and in the absence of a senior officer, exercise supervision over subordinates at the scene of an emergency or in the station.

This is a full time permanent position and is covered under the International Association of Fire Fighters Local # 3154.

Hourly Pay Range FF/AEMT: $17.08 to $21.27

Hourly Pay Range FF/Paramedic: $18.56 to $23.13

Applicants may obtain a copy of the full position job description, pay scale and application for employment by visiting www.hudsonnh.gov or by contacting:

Kevin Grebinar – Captain of Training
Hudson Fire Department
15 Library Street
Hudson, NH 03051
(603) 886-6021
kgrebinar@hudsonnh.gov

The position offers a competitive wage scale and benefits package. The Town of Hudson, NH is an equal opportunity employer.

Town of Hudson

Hudson Fire Department

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

MAIL APPLICATIONS TO:
Hudson Fire Department
C/O Fire Administration
15 Library St.
Hudson NH 03051

(603) 886-6021 – PHONE
(603) 882-7115 – FAX

INSTRUCTIONS:

To be filled out by the applicant only. If you are physically unable to fill out this application, you may request reasonable accommodations in completing the form. Answer all questions. Print neatly and accurately. Attach supplements if necessary. Exclude any reference that may reveal or tend to reveal your race, color, religion, national origin, creed, age, marital status, sex, sexual orientation or disability.

- Incomplete applications MAY NOT BE CONSIDERED.
- If resume is submitted, DO NOT write "see resume."
- DATE and SIGN this application.
- Please list a minimum of ten years' prior experience and education.
- Please complete this application in blue or black ink.
- You are not required to furnish any information, which is prohibited by federal, state or local law.

TITLE OF POSITION YOU ARE APPLYING FOR: _____

DEPARTMENT: _____

Full Time

TODAY'S DATE: _____

Name: (Last) (First) (M.I.)

Home Phone:

Current Address: (Street) (Apt. #)

(City) (State) (Zip Code)

Permanent Address: (Street) (Apt. #)
(if different than current address)

(City) (State) (Zip Code)

Cell Phone:

Can we contact you at this number?
☐ yes ☐ no

If yes, list hours_____

Are you a U.S. Citizen? ☐ **yes** ☐ **no**

Are you legally eligible for employment in the United States? ☐ **yes** ☐ **no**

When will you be available for employment?

Are you at least 18 years of age? ☐ **yes** ☐ **no**
Your employment will be subject to verification that you meet state and federal minimum age requirements for the type of work you are applying for and have a valid work permit.

Email Address:

Can we contact you here?
☐ yes ☐ no

Have you ever been employed by the Town of Hudson? ☐ **yes** ☐ **no**
If yes: when, in what position, and in what department? _____

The Town of Hudson shall prohibit employment of an individual if he/she would be directly supervising or receiving direct supervision from a family member.
List any relatives employed by the Town of Hudson or serving as elected or appointed officials:

Do you possess a valid Driver's License? yes no
Do you possess a valid Commercial Driver's License? yes no Type/class:_____
Do you possess any other license? yes no Type:_____

List any memberships in professional or technical associations:

List any current license or registration as a member of a trade or profession:

THIS SECTION MUST BE COMPLETED! Please list **ALL** instances in which you were convicted as an **ADULT** for crimes (misdemeanors or felonies), ordinance violations, traffic violations and the like. Also, please list all criminal charges (misdemeanors or felonies) currently pending against you. Failure to include all information requested under this section may result in denial of employment.

☐ CHECK HERE IF NOT APPLICABLE

Approximate dates may be listed:

Date	Location	Charge	Court	Disposition of case

NOTE: A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.

Did you graduate from high school? ☐ yes ☐ no

Name of school:_____

Location of school:_____ If no, have you passed a high school equivalency or GED test: ☐ yes ☐ no

Location: _____

Special skills & qualifications – *this information must be provided if you are applying for a position requiring these skills:*

Experience transcribing mechanically-recorded material? ☐ yes ☐ no Typing speed (if known): _____WPM

List any additional office equipment which you can operate skillfully:_____

_____

List all computer software which you can operate skillfully:_____

_____

Foreign language (spoken or read with proficiency):

French German Spanish Other:_____

Training beyond high school:

College or university, technical, nursing, business college or other schools you have attended.

College, university or school – name, location and phone number	Presently attending	Major field	Type of degree received	Credits earned	GPA

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, police academy, in-service training. Please provide dates.

IMPORTANT: You must complete the employment sections of this application. Use additional sheets if necessary. You may attach a resume to further explain your qualifications. Please list a minimum of prior ten years' experience and education.

Are you currently **unemployed**? ☐ No ☐ Yes, since _____

List any time periods of past **unemployed** status:_____

Applicant name _____

EMPLOYMENT SECTION: (Please start with your most recent position - include military service)

From (month & year)	Title of your PRESENT/MOST RECENT position:		PRIMARY DUTIES:
To (month & year)	Employer's Name (Company Name)	Phone Number	
Hours each week:	Address:		
Full time ☐ Part time ☐ Temporary ☐	Name and title of supervisor:		
Starting salary (indicate yearly, monthly or hourly):	If currently employed, may we contact that employer? yes no, not at this time	Reason for leaving or considering change:	
Present salary (indicate yearly, monthly or hourly):	Number of employees you supervise:	Were you involuntarily discharged? _ yes no	

From (month & year)	Title of position held:		PRIMARY DUTIES:
To (month & year)	Employer's Name (Company Name)	Phone Number	
Hours each week:	Address:		
Full time ☐ Part time ☐ Temporary ☐	Name and title of supervisor:		
Starting salary (indicate yearly, monthly or hourly):	Number of employees you supervised:	Were you involuntarily discharged? yes no	
Last salary (indicate yearly, monthly or hourly):	Reason for leaving:		

From (month & year)	Title of position held:		PRIMARY DUTIES:
To (month & year)	Employer's Name (Company Name)	Phone Number	
Hours each week:	Address:		
Full time ☐ Part time ☐ Temporary ☐	Name and title of supervisor:		
Starting salary (indicate yearly, monthly or hourly):	Number of employees you supervised:	Were you involuntarily discharged? yes no	
Last salary (indicate yearly, monthly or hourly):	Reason for leaving:		

Please use a separate sheet of paper for additional employers

OTHER EXPERIENCE (Include volunteer experience, internships, and/or jobs, not included in the employment section.)				
Company Name/Location	Job Title	Dates Employed (month/year)	Annual salary	Full or part-time
		From: To:		
		From: To:		

Additional Fire Service / EMS certifications:

EMS

Are you EMS certified ☐ Yes ☐ No If yes, to what level:_____

Are you licenced with the National Registry ☐ Yes ☐ No If yes, what is your registry number:_____
What is the expiration date: _____

Do you have a NH EMS Provider licence: ☐ Yes ☐ No If yes, what is your license number: _____
What is the expiration date: _____

Fire

Certifications with the State of New Hampshire Department of Safety: (check all that apply)

Firefighter 1A ☐
Firefighter 1B ☐
Rapid Intervention Team (RIT) ☐
Firefighter II ☐
Firefig hter III ☐

Hazardous Materials ☐ Awareness ☐ Operations ☐ Decontamination
Driver/Operator: Apparatus with Fire Pump ☐
Incident Command System ☐
Fire Officer I ☐
Fire Officer II ☐

Are you on the current State of NH Hiring List? ☐ Yes ☐ No

Note: A copy of each certification listed above should be enclosed with this application.

REFERENCES

NAME/TELEPHONE/ADDRESS Work or education related (e.g. former employers, supervisors, co-workers, school faculty). No relatives/significant others.	OCCUPATION	NATURE OF RELATIONSHIP
1.		
2.		
3.		
4.		
5.		

Attention: Applicants for Firefighter or Fire Officer positions

Please attach a separate sheet of paper and write (do not type) your answer to the following two-part question.

The answer should be at least 150 words, legible and responsive to the question. What qualities make you an outstanding candidate and what duties and responsibilities would comprise the ideal job for you?

Applicant name_____

AUTHORIZATION AND CERTIFICATION

Please read and initial each of the following statements. If you have a question regarding any of these statements, ask the Fire Administration Secretary for assistance prior to initialing and signing the application. Your initials and signature verify that you have read, understand and agree to abide by these statements.

Initial:

_____ I authorize any person contacted to provide the Hudson Fire Department any and all information regarding my employment, education and other information concerning any of the subjects covered by the application which may include, but not be limited to, application of employment, performance evaluations, work records, excluding workers compensation if any, wage rates, supervisors' comments, results of any and all non-medical tests, disciplinary reports or letters, and complaints or allegations regarding any misconduct. I agree to execute release authorization forms as required by the Hudson Fire Department request employment records from my present and/or former employer(s). I release and hold harmless the Hudson Fire Department, their officers, agents and employees, and the person(s) providing the information from any liability related to the providing of this information.

Initial:

_____ I understand that after receiving a conditional offer of employment I may be required to successfully pass pre-employment and post-employment exams to gain employment or continue employment with the Hudson Fire Deptment. I consent freely and voluntarily to participate in required drug tests and/or a pre-employment physical exam at a location selected by the Hudson Fire Department, and consent to the release of the test results to the Hudson Fire Department. I hereby release and hold harmless the Hudson Fire Department, their officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or a pre-employment exam and decisions concerning employment based upon the results of the tests.

Initial:

_____ I authorize the Hudson Fire Department, its officers, agents, and employees to conduct a background criminal check and a check with the Department of Transportation prior to making a decision regarding employment. I release and hold harmless the Hudson Fire Department, their officers, agents, and employees and the person(s) providing the information from any liability related to the performance or result of this check. I recognize that this information will be considered by the Hudson Fire Department only if it substantially relates to the position applied for.

Initial:

_____ If accepted for employment, I agree that my status as an employee depends upon my successful performance. I understand that just as I am free to resign at any time, the Hudson Fire Department reserves the right to terminate my employment at any time. All employees not covered by a collective bargaining agreement are considered at-will employees.

Initial:

_____ I agree to use such personal protective equipment and devices as may be required by the Hudson Fire Department and to comply with safety rules and requirements. In addition, I understand that the Hudson Fire Department maintains a workplace free from drugs, harassment and violence.

Initial:

_____ I understand that nothing contained in the application or any employee handbook, the granting of an interview, or an offer/acceptance of employment constitutes an employment contract. I understand that no representative of the Hudson Fire Department has the authority to make any assurances to the contrary.

I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

The Hudson Fire Department is committed to the equality of opportunity for all people. It is the policy of the Hudson Fire Department to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification.

_____ _____

Applicant's signature Date

New Hampshire Department of Safety

DIVISION OF STATE POLICE

Central Repository for Criminal Records

33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME_____

LAST (MAIDEN / ALIAS) FIRST MI

ADDRESS_____

STREET CITY STATE ZIP CODE

DATE OF BIRTH_____ HAIR COLOR_____ EYE COLOR_____ SEX_____

DRIVER LICENSE NUMBER_____STATE_____

PURPOSE FOR RECORD: ☐ Housing ☐ Employment ☐ Annulment/Expungement ☐ Other_____

Specify

My below signature certifies that I am the individual listed above and that the information provided is true.

YOUR SIGNATURE:_____ DATE_____

Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED **TO YOU, OR** RECEIVED BY SOMEONE OTHER THAN YOURSELF,

ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

_____

NAME OF PERSON / FIRM TO RECEIVE RECORD

ADDRESS_____

STREET CITY STATE ZIP CODE

YOUR SIGNATURE_____DATE_____

NOTARY'S SIGNATURE_____ DATE_____

(AffixSeal) **(Comm Exp.)**

_____DATE_____

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

NOTE: A $15.00 fee is required for each request - make checks payable to: State of NH – Criminal Records

RELEASE OF MOTOR VEHICLE RECORDS

(Pursuant to RSA 260:14)

NH DEPARTMENT OF SAFETY
Division of Motor Vehicles
23 Hazen Drive, Concord, NH 03305

Tele:	Driver Records	(603) 271-2322
	Registration	(603) 271-2251
	Repro/Accidents	(603) 271-2128
	Title	(603) 271-3111
	Fax	(603) 271-1061 (all areas)

Form DSMV 505 (Rev. 03/05)

I. Requested Information: Are you requesting:

A. ☐ Your Motor Vehicle Record?

B. ☐ Another person's Motor Vehicle Record?
The back of this form must be completed and notarized.

C. ☐ Another person's Motor Vehicle Record as an authorized agent of your employer or a company?
A Certificate of Authority must accompany this request, or one must be on file with the Division of Motor Vehicles.

II. Requestor Information:

Name of Requestor: _____

Employer/Company (If applicable): _____

Address: _____ Tele.#: _____

City: _____ State: _____ Zip: _____

III. Requested Records:

☐ Driver Record (Certified copy): $ 10.00

☐ Driver Record (Non-Certified copy): $ 8.00

☐ Driver Record (Insurance copy): $ 8.00

☐ Registration Listing (Current Information Only): $ 5.00

☐ Registration (Certified copy): $ 10.00

☐ Title Search: $ 20.00

☐ License Applications and Letters of Verification: $ 10.00

☐ Insurance Card (Accident use only): $ 1.00

☐ Accident Report **(Requestor will be notified of cost):**
$ 1.00 per page ($5.00 minimum)

☐ Other: _____: $_____

Make checks payable to "State of NH – DMV"

IV. Intended Use of Information:
IMPORTANT: To be completed only if you checked Box C above

☐ For use in connection with any civil, criminal, administrative or arbitral proceeding. Docket # _____ Court: _____[RSA 260:14 V (a)(2)].

☐ By a bank or similar institution to verify the accuracy of personal information submitted by the individual to the bank [RSA 260:14 V (a)(3)].

☐ For providing notice to the owner(s) of a towed or impounded vehicle [RSA 260:14 V (a)(5)].

☐ For use by any private investigative agency or security service licensed by this state for any purpose permitted pursuant to RSA 260:14, V (a), other than for bulk distribution for surveys, marketing or solicitations pursuant to RSA 260:14, V (a)(8) _____ [RSA 260:14 V (a)(6)].
Indicate specific reason here

☐ By an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license [RSA 260:14 V (a)(7)].

☐ By a public utility to perform its public service obligation provided the individual has given their express consent [RSA 260:14, V (a)(9)].

☐ For an insurance company or by its authorized agent [RSA 260:14 IV (a)(2)].

☐ Vehicle or boat information only.

☐ For use by a life insurance company authorized to write life insurance policies in New Hampshire, or its authorized agent. **In checking off this box, I represent that the named person's written consent to the release of the record has been obtained and that the record will be used solely in connection with claims investigation, rating, and underwriting.** _____ [(RSA 260:14, V(a)(10)]
(Initial here)

V. Search For (provide all applicable information):

Name: _____

Date of Birth: _____

Registration/Plate #: _____

Driver License/I.D. #: _____

Vehicle Identification #: _____

Last Known Address: _____

_____

Date of Accident: _____

Location of Accident: _____
Route/Street City/Town

Other Identification Information: _____

******Reverse Side Must Be Completed Before Processing******

VI. Signed Authorization:

If you are requesting your record be released to another person, the authorization of the person listed in Section V "Search For" must be acknowledged by a Notary Public or a Justice of the Peace on the back of this form.

Notary Public / Justice of the Peace Acknowledgement:	**Certification:**
I authorize my record to be released to a third person: _____ Date:_____ (Signature) State of _____, County of: _____ss Date: _____ The above named _____ personally appeared and made oath that the above declaration by him is true. In witness whereof I hereunto set my hand and official seal: _____ _____ Notary Public/Justice of the Peace Commission Expiration	I have read RSA 260:14 and I understand the limitations placed on the use of information received by the Department of Safety. This form is signed under penalty of unsworn falsification pursuant to RSA 641:3 and subject to the penalties specified in RSA 260:14, IX. _____ ***Signature of Requestor*** ***Date:*** _____

VIII. PENALTY CLAUSE:

RSA 260:14, IX states as follows:

(a) A person is guilty of a class B misdemeanor if such person knowingly discloses information from a department record to a person known by such person to be an unauthorized person; knowingly makes a false representation to obtain information from a department record; or knowingly uses such information for any use other than the use authorized by the department. In addition, any professional or business license issued by this state and held by such person may, upon conviction and at the discretion of the court, be revoked permanently or suspended. Each such unauthorized disclosure, unauthorized use or false representation shall be considered a separate offense.

(b) A person is guilty of a class B felony if, in the course of business, such person knowingly sells, rents, offers, or exposes for sale motor vehicle records to another person in violation of this section.

OFFICIAL USE ONLY

Date Received:_____ Date Sent:_____

Type of Identification: ☐ Valid Photo Driver License ☐ State-issued Photo ID ☐ Valid Military Identification
☐ Valid Passport ☐ Birth Certificate ☐ Other (specify) _____

ID Number _____

_____ _____
Employee Verifying Applicant Identification (Print Name) Signature

----------**DO NOT WRITE BELOW THIS LINE**----------

TOWN OF HUDSON – FIRE DEPARTMENT

15 Library Street · Hudson, New Hampshire 03051 · Tel: 603-886-6021 · Fax: 603-594-1164

Employee Reference Release Form

Your Name: _____

Address: _____

_____

_____

I authorize my current and/or previous employer to furnish the Hudson Fire Department and/or the Town of Hudson the information requested in the reference check that they may conduct. I further promise to hold, said current and/or previous employer, its employees and officers harmless for any statements made herein.

Social Security Number*: _____-_____-_____

***(Not required unless you have been presented with a conditional offer of employment)**

Signature: _____ **Date:** _____

Please Check:

___ **Yes** **I authorize the Hudson Fire Department and/or the Town of Hudson to contact any of my former employers to obtain any data necessary to support this application.**

___ **No**

_____

___ **Yes** **I authorize the Hudson Fire Department and/or the Town of Hudson to contact my present employer to obtain any data necessary to support this application.**

___ **No**

_____