



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: _____		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student Intern <input type="checkbox"/> Grant Funded <input type="checkbox"/> Co-op <input type="checkbox"/> Temporary/Limited Term Employment			TODAY'S DATE: _____		
Name: (Last) _____		(First) _____		(M.I.) _____	
Current Address: (Street) _____			(Apt. #) _____		
(City) _____		(State) _____		(Zip Code) _____	
Permanent Address: (Street) _____			(Apt. #) _____		
(if different than current address)			(City) _____		
(State) _____			(Zip Code) _____		
Are you a U.S. Citizen? <input type="checkbox"/> yes <input type="checkbox"/> no			When will you be available for employment? _____		
Are you legally eligible for employment in the United States? <input type="checkbox"/> yes <input type="checkbox"/> no					
Are you at least 18 years of age? <input type="checkbox"/> yes <input type="checkbox"/> no <i>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.</i>			Email Address: _____		
Have you ever been employed by the Town of Hudson? <input type="checkbox"/> yes <input type="checkbox"/> no If yes: when, in what position, and in what department? _____			Can we contact you here? <input type="checkbox"/> yes <input type="checkbox"/> no		
<i>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.</i> List any relatives employed by the Town of Hudson or serving as elected or appointed officials: _____					
Do you possess a valid Driver's License?		<input type="checkbox"/> yes <input type="checkbox"/> no			
Do you possess a valid Commercial Driver's License?		<input type="checkbox"/> yes <input type="checkbox"/> no Type/class: _____			
Do you possess any other license?		<input type="checkbox"/> yes <input type="checkbox"/> 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 <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:		
Starting salary (indicate yearly, monthly or hourly):	If currently employed, may we contact that employer? <input type="checkbox"/> yes <input type="checkbox"/> 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? <input type="checkbox"/> yes <input type="checkbox"/> 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 <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:		
Starting salary (indicate yearly, monthly or hourly):	Number of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> yes <input type="checkbox"/> 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 <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:		
Starting salary (indicate yearly, monthly or hourly):	Number of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> yes <input type="checkbox"/> 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	Hazardous Materials Awareness Operations	Decontamination
Firefighter 1B	Driver/Operator: Apparatus with Fire Pump	
Rapid Intervention Team (RIT)	Incident Command System	
Firefighter II	Fire Officer I	
Firefighter III	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	OCCUPATION	NATURE OF RELATIONSHIP
Work or education related (e.g. former employers, supervisors, co-workers, school faculty). No relatives/significant others.		
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 _____
(Affix Seal) (Comm Exp.)

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD DATE _____

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)

<p>I. Requested Information: Are you requesting:</p> <p>A. <input type="checkbox"/> Your Motor Vehicle Record?</p> <p>B. <input type="checkbox"/> Another person's Motor Vehicle Record? <i>The back of this form must be completed and notarized.</i></p> <p>C. <input type="checkbox"/> Another person's Motor Vehicle Record as an authorized agent of your employer or a company? <i>A Certificate of Authority must accompany this request, or one must be on file with the Division of Motor Vehicles.</i></p>	<p>II. Requestor Information:</p> <p>Name of Requestor: _____</p> <p>Employer/Company (if applicable): _____</p> <p>Address: _____ Tele.#: _____</p> <p>City: _____ State: _____ Zip: _____</p>
<p>III. Requested Records:</p> <p><input type="checkbox"/> Driver Record (Certified copy): \$ 10.00</p> <p><input type="checkbox"/> Driver Record (Non-Certified copy): \$ 8.00</p> <p><input type="checkbox"/> Driver Record (Insurance copy): \$ 8.00</p> <p><input type="checkbox"/> Registration Listing (Current Information Only): \$ 5.00</p> <p><input type="checkbox"/> Registration (Certified copy): \$ 10.00</p> <p><input type="checkbox"/> Title Search: \$ 20.00</p> <p><input type="checkbox"/> License Applications and Letters of Verification: \$ 10.00</p> <p><input type="checkbox"/> Insurance Card (Accident use only): \$ 1.00</p> <p><input type="checkbox"/> Accident Report (Requestor will be notified of cost): \$ 1.00 per page (\$5.00 minimum)</p> <p><input type="checkbox"/> Other: _____: \$ _____</p> <p>Make checks payable to "State of NH – DMV"</p>	<p>IV. Intended Use of Information: <u>IMPORTANT: To be completed only if you checked Box C above</u></p> <p><input type="checkbox"/> For use in connection with any civil, criminal, administrative or arbitral proceeding. Docket # _____ Court: _____ [RSA 260:14 V (a)(2)].</p> <p><input type="checkbox"/> 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)].</p> <p><input type="checkbox"/> For providing notice to the owner(s) of a towed or impounded vehicle [RSA 260:14 V (a)(5)].</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> 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)].</p> <p><input type="checkbox"/> By a public utility to perform its public service obligation provided the individual has given their express consent [RSA 260:14, V (a)(9)].</p> <p><input type="checkbox"/> For an insurance company or by its authorized agent [RSA 260:14 IV (a)(2)].</p> <p><input type="checkbox"/> Vehicle or boat information only.</p> <p><input type="checkbox"/> 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)</p>
<p>V. Search For (provide all applicable information):</p> <p>Name: _____</p> <p>Date of Birth: _____</p> <p>Registration/Plate #: _____</p> <p>Driver License/I.D. #: _____</p> <p>Vehicle Identification #: _____</p>	<p>Last Known Address: _____</p> <p>_____</p> <p>Date of Accident: _____</p> <p>Location of Accident: _____ <small>Route/Street City/Town</small></p> <p>Other Identification Information: _____</p>

*****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.

<p>Notary Public / Justice of the Peace Acknowledgement:</p> <p>I authorize my record to be released to a third person:</p> <p>_____ Date: _____ (Signature)</p> <p>State of _____, County of: _____ ss Date: _____</p> <p>The above named _____ personally appeared and made oath that the above declaration by him is true.</p> <p>In witness whereof I hereunto set my hand and official seal:</p> <p>_____ Notary Public/Justice of the Peace</p> <p>_____ Commission Expiration</p>	<p>Certification:</p> <p>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.</p> <p>_____ Signature of Requestor</p> <p>Date: _____</p>
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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: <input type="checkbox"/> Valid Photo Driver License <input type="checkbox"/> State-issued Photo ID <input type="checkbox"/> Valid Military Identification	<input type="checkbox"/> Valid Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> 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