



TOWN OF HUDSON, NH

INVITES YOUR INTEREST IN THE POSITION OF

FIREFIGHTER with

EMT/AEMT/PARAMEDIC

HUDSON, NH FIRE DEPARTMENT

HUDSON FIRE DEPARTMENT
39 FERRY STREET
HUDSON, NH 03051
PHONE: (603) 886-6021
www.hudsonnh.gov

OVERVIEW OF THE FIRE DEPARTMENT

The Hudson Fire Department is comprised of fifty nine (63) full-time and one (1) part-time members, who serve a residential population of about 28,000 residents. Our town is ranked in the top 10 among New Hampshire's incorporated cities and towns. Our three (3) fire stations provide services to a geographical area of over 28.5 square miles of land and 0.8 square miles of inland water area. That service area includes residential, commercial and rural districts.

The Hudson Fire Department provides the following services: Fire Suppression, Emergency Medical Services, Vehicle Rescue, Emergency Management, Hazardous Materials Mitigation, Public Education, Fire Prevention, Commercial and Residential Building Inspections, Permitting Services, First Aid, CPR and Fire Extinguishment Training.

Under the leadership of Chief Scott Tice, the Hudson Fire Department strives to be pro-active in the operations of the department. The department is fortunate to have the support of the citizens of Hudson, which has allowed several major projects to be approved over the past several years. Facility improvements include the renovation of our Central Fire Station and building a brand new 8,000 square foot fire station. We have increased staff to provide 12 per shift, which provides optimal coverage. Our fleet has seen several upgrades including, replacing two ambulances, two pumpers, a ladder, squad unit and several staff vehicles. Currently, we have a tower truck in production. We have recently placed in service, new SCBA units that include state of the art electronic safety devices to include electronic accountability, pak tracker and SEEK Thermal Imaging cameras for all duty staff.

FIREFIGHTER/AEMT

The Hudson Fire Department is accepting applications for a full-time Firefighter with a minimum EMT certification. AEMT certification would be required by the end of probationary period.

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 is usually present at all fire scenes and issues instructions concerning methods of firefighting and appropriate course of action. Firefighter is required to use initiative and judgment in carrying 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.

DEPARTMENT VALUES

The Hudson Fire Department is seeking individuals who share our common values. Our organization values are PRIDE, Professionalism, Respect, Integrity, Dedication and Empathy.

These values help us with reaching our vision — To empower our organization with the knowledge, abilities and resources to meet the ever changing challenges that face our community.

Both provide us with the support needed to carry out our mission, which is Prepare—Prevent—Protect.

EXAMPLES OF DUTIES

1. Drives pumpers, ladder trucks and water supply apparatus to scene of fire, positioning according to Officer's directions or pre-fire plan. Operates pump and adjusts valves to proper water pressure. Drives ambulances, rescue trucks, forestry units, tankers and other vehicles as required.
2. As directed, makes search of building interior for rescue purposes. Utilizes techniques of ventilation, applies knowledge of hydraulics and effective application of water for suppression of fire. Enters burning building with hose and other necessary equipment taking direction from Officer-in-Charge.
3. Performs advanced emergency medical care to persons involved in accident, fire or rescue incidents and/or requiring ambulatory services.
4. Performs fire prevention inspections, recording findings and issuing notice of violations.
5. Performs general maintenance on fire station grounds, equipment and apparatus.

QUALIFYING EXPERIENCE AND EDUCATION

1. Must be 18 years old and have a valid Driver's License. CDL preferred but not required.
2. Must have a valid CPAT certification at time of hiring.
3. Must be certified to Firefighter II.
4. Must be certified to a minimum of EMT & must obtain AEMT by end of probation.

COMPENSATION AND BENEFITS

Hourly Pay Range FF/EMT: \$23.80 to \$31.70

Hourly Pay Range FF/AEMT: \$26.52 to \$33.85

Hourly Pay Range FF/Paramedic: \$29.07 to \$37.11

24 hour schedules to include 24 on, 48 off, 24 on, 96 off

This is a full-time permanent position and is covered under the International Association of Firefighters' Local #3154 Collective Bargaining Agreement. The Town offers a highly competitive benefits' package which includes a Group 2 New Hampshire Retirement System Plan, generous paid time off, 12 paid holidays (4 holidays paid at double time for hours worked), a flexible benefits' plan including health and dental coverage.



SUBMITTAL REQUIREMENTS

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

Deputy Chief James Paquette
Hudson Fire Department
Administration Office
39 Ferry Street
Hudson, NH 03051
(603) 886-6021



**MAIL APPLICATIONS TO:**

Hudson Fire Department
C/O Fire Administration
39 Ferry Street
Hudson, NH 03051

(603) 886-6021 (option #1) PHONE

Email: fireadmin@hudsonnh.gov

Town of Hudson

Hudson Fire Department

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

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.)		Home Phone: () - - - - -	
Current Address: (Street) (Apt. #)		Cell Phone: () - - - - -	
(City) (State) (Zip Code)		Can we contact you at this number? yes no	
Permanent Address: (Street) (Apt. #) (if different than current address)		If yes, list hours	
(City) (State) (Zip Code)		When will you be available for employment?	
Are you a U.S. Citizen? yes no		When will you be available for employment?	
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 <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: 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? _____			
Were you referred to us by an employee? yes no If yes, by whom? _____			
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, on-line coursework, correspondence courses, service schools, police academy, in-service training. Please provide dates.

IMPORTANT: You must complete the Employment Section of this application. Use additional sheets if necessary. You may attach a resume to further explain your qualifications. Please list a minimum of ten prior 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? 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 print an additional page for additional employers if needed.

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 licensed 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 License: ☐ Yes ☐ No If yes, what is your license number: _____

What is the expiration date: _____

Fire Certifications: (check all that apply)

Firefighter I ICS 100 Hazardous Materials Technician

Firefighter II ICS 200 Driver/Operator: All Vehicles

Firefighter III ICS 700 Driver/Operator: Pumping Apparatus

Fire Officer I Driver/Operator: Aerial Apparatus

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 to 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 Department. 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



TOWN OF HUDSON

FIRE DEPARTMENT

39 FERRY STREET, HUDSON, NEW HAMPSHIRE 03051



Emergency 911
Business 603-886-6021

Scott J. Tice
Chief of Department

Firefighter Screening Questionnaire

This questionnaire is to be completed by all candidates. Please consider each question carefully and answer them honestly. This is a tool to aid in determining if you are pursuing the correct career path.

Name: _____

1. Are you willing to work a large percentage of weekends and holidays?

Yes No

2. Are you willing and able to be assigned to all shifts (days, nights, 24 hour shifts, holdover past the end of your shift, in early for your shift)?

Yes No

3. Are you willing and able to be mandated for shifts last minute which may require you to cancel personal plans?

Yes No

4. Are you willing and able to work emergency recalls?

Yes No

5. Are you willing to work in adverse weather conditions including snow, ice, rain, heat and humidity?

Yes No

6. Are you willing to receive correction, criticism, direction, and feedback from a supervisor in front of your peers?

Yes No

7. Are you willing to work under stressful conditions including death, serious injury, and unsanitary housecleaning?

Yes No

8. Are you willing to read several hundred pages of manuals, complete assignments, and take tests during your training period?

Yes No

9. Are you willing to accept close supervision and daily critique of your job performance?

Yes No

10. Are you willing to deal calmly and respectfully with angry people when the problem is not your fault?

Yes No

11. Are you willing and able to handle workloads that can change dramatically during a shift (periods of low activity and periods of high activity)?

Yes No

12. If you smoke, are you willing to quit or go an entire shift without a cigarette if necessary?

Yes No

13. Are you willing to work under constant electronic surveillance of all your telephone and radio messages?

Yes No

14. Are you willing and able to modify and adjust your resting/sleeping schedule to accommodate a rotating schedule?

Yes No



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.

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
