



## TOWN OF HUDSON

### Fire Department

39 Ferry Street  
Hudson, New Hampshire 03051



Scott Tice, Fire Chief  
stice@hudsonnh.gov · Tel: 603-886-6021 · Fax: 603-882-7115

To: All Candidates

From: David Hebert, Fire Marshal **DRH**

Date: January 30, 2026

Re: Full-Time Building Inspector

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The Hudson NH Fire Department Inspectional Services Division, is accepting applications for a **Full-Time Building Inspector**. This position is located on-site at the Inspectional Services office in Town Hall, located at 12 School Street. The working hours for this role are Monday through Friday, from 8 AM to 4:30 PM. The salary range is \$29.00 to \$31.07 per hour, depending on experience and qualifications and includes a competitive benefits package.

#### Application Instructions

Prospective applicants are encouraged to thoroughly review this announcement along with the job description. Please ensure that all submitted documents are organized, neat, and complete. A comprehensive application package must include the following:

- **Cover Letter and Resume**
- **Hudson Fire Department Employment Application**
- **Hudson Fire Department Employee Reference Release Form**
- **Waiver Request (if applicable)**

This position will remain open until it is filled. However, we will conduct an initial review of applications submitted to the Fire Department Administration at 39 Ferry Street, Hudson, NH 03051, or via email at [fireadmin@hudsonnh.gov](mailto:fireadmin@hudsonnh.gov) by 4 PM on Friday, February 20, 2026.

Additionally, applications that are incomplete, incorrect, or illegible may be discarded. Non-compliance with these instructions could lead to disqualification of your application.

For any questions regarding this position, please contact Fire Marshal David Hebert at 603-886-6005 x1271.



# Hudson Fire Department

## APPLICATION FOR EMPLOYMENT

### AN EQUAL OPPORTUNITY EMPLOYER

**MAIL APPLICATIONS TO:**

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

(603) 886-6021 – PHONE

**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 type or 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.

<b>TITLE OF POSITION YOU ARE APPLYING</b>		<b>DEPARTMENT:</b>	
<hr/>		<hr/>	
<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		<b>TODAY'S DATE:</b> <hr/>	
<b>Name:</b> (Last)      (First)      (M.I.)		Home Phone: (      )      -      -      -      -      -      -	
<b>Current Address:</b> (Street)      (Apt. #)		Cell Phone: (      )      -      -      -      -      -      -	
(City)      (State)      (Zip Code)		Can we contact you at this number? yes      no	
<b>Permanent Address:</b> (Street)      (Apt. #) (if different than current address)		If yes, list hours	
(City)      (State)      (Zip Code)			
<b>Are you a U.S. Citizen?</b> yes      no		When will you be available for employment?	
<b>Are you legally eligible for employment in the United States?</b> yes      no			
<b>Are you at least 18 years of age?</b> 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	
<b>Have you ever been employed by the Town of Hudson?</b> yes      no If yes: when, in what position, and in what department? <hr/>			
<b>Were you referred to us by an employee?</b> yes      no <b>If yes, by whom?</b> <hr/>			
<b>Do you possess a valid Driver's License?</b>		<input type="checkbox"/> yes <input type="checkbox"/> no	
<b>Do you possess a valid Commercial Driver's License?</b>		<input type="checkbox"/> yes <input type="checkbox"/> no    Type/class: <hr/>	
<b>Do you possess any other license?</b>		<input type="checkbox"/> yes <input type="checkbox"/> no    Type: <hr/>	
<b>List any memberships in professional or technical associations:</b>   			

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:		

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.

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

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  
\_\_\_\_\_