



5 NORTH MAIN STREET
BERKLEY, MA 02779

TOWN OF BERKLEY MASSACHUSETTS

DEPARTMENT OF

FIRE AND RESCUE



SCOTT A. FOURNIER
FIRE CHIEF

GENERAL APPLICATION FOR EMPLOYMENT

FIRE DEPARTMENT ONLY

INSTRUCTIONS

THIS APPLICATION IS TO BE COMPLETED FULLY AND ACCURATELY. ALL STATEMENTS MADE BY YOU ARE SUBJECT TO VERIFICATION. ALL APPLICATIONS MUST BE TYPED OR PRINTED CLEARLY IN BLACK INK.

POSITION APPLYING FOR: _____ ON CALL _____ FULL-TIME _____

DATE OF APPLICATION: _____

PERSONAL INFORMATION

NAME: _____
(FIRST) (MI) (LAST)

ADDRESS: _____
(NUMBER) (STREET)

(CITY OR TOWN) (STATE) (ZIP CODE)

PHONE NUMBER: _____ EMAIL: _____

LIST OF YOUR HOBBIES, SPECIAL SKILLS, AND ABILITIES INCLUDING SPEAKING FOREIGN LANGUAGES.

RESIDENCES:

LIST YOUR RESIDENCES DURING THE PAST FIVE YEARS:

NUMBER	STREET NAME	CITY OR TOWN

WORK HISTORY:

LIST ALL THE JOBS, INCLUDING PART-TIME EMPLOYMENT, YOU HAVE HELD IN THE LAST FIVE YEARS BEGINNING WITH YOUR MOST RECENT. IF MORE SPACE IS NEEDED, YOU MAY ATTACH ADDITIONAL SHEETS.

TITLE/POSITION _____ DATES OF EMPLOYMENT _____

EMPLOYER: _____

ADDRESS: _____

SUPERVISOR: _____

NATURE OF WORK: _____

SALARY: _____

TITLE/POSITION _____ DATES OF EMPLOYMENT _____

EMPLOYER: _____

ADDRESS: _____

SUPERVISOR: _____

NATURE OF WORK: _____

SALARY: _____

TITLE/POSITION _____ DATES OF EMPLOYMENT _____

EMPLOYER: _____

ADDRESS: _____

SUPERVISOR: _____

NATURE OF WORK: _____

SALARY: _____

EDUCATION:

	Institution name	Years completed	Field of Study	Graduate or degree
High School				
College				
Business/Technical				
Schools, Additional				

ARE YOU FIREFIGHTER I AND II CERTIFIED? YES _____ NO _____

NAME OF FIRE ACADEMY ATTENDED AND DATE OF GRADUATION: _____

EMS TRAINING: YES _____ NO _____ EMT #: _____

LEVEL OF TRAINING _____ YEARS OF EMS EXPERIENCE _____

REFERENCES:

LIST BELOW THREE PERSONS NOT RELATED TO YOU WHO YOU HAVE KNOWN FOR AT LEAST 5 YEARS:

(NAME) (ADDRESS) (TELEPHONE #) (OCCUPATION) (YRS KNOWN)

(NAME) (ADDRESS) (TELEPHONE #) (OCCUPATION) (YRS KNOWN)

(NAME) (ADDRESS) (TELEPHONE #) (OCCUPATION) (YRS KNOWN)

LIST ALL TRAINING AND WORK EXPERIENCE THAT MAY BENEFIT YOUR POSITION WITHIN THE TOWN OF BERKLEY.

PLEASE STATE YOUR REASON FOR APPLYING FOR THIS POSITION:

APPLICANTS MAY BE REQUIRED TO UNDERGO A PHYSICAL AND PSYCHOLOGICAL EXAM.

APPLICANTS FOR FIREFIGHTER POSITIONS WILL BE REQUIRED TO ATTEND THE MASSACHUSETTS CALL FIREFIGHTER ACADEMY OR PROVIDE PROOF OF PREVIOUS GRADUATION OF EQUIVALENT.

I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND COMPLETE. I UNDERSTAND THAT BY SIGNING BELOW, I CONSENT TO ALLOW THE BERKLEY FIRE DEPARTMENT TO CONDUCT A COMPLETE BACKGROUND CHECK ON ME INCLUDING BUT NOT LIMITED TO: CRIMINAL BACKGROUND (CORI), DRIVERS HISTORY, WORK HISTORY, PAST EMPLOYERS, REFERENCE CHECKS. I UNDERSTAND THAT ANY FALSE STATEMENTS OF MATERIAL FACTS WILL SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

APPLICANT SIGNATURE: _____ DATE: _____