



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: _____



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CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

The Berkley Fire and Rescue Department is registered under the provision of M.G.L c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Berkley Fire and Rescue Department to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Berkley Fire and Rescue Department written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Berkley Fire and Rescue Department may conduct subsequent CORI checks within one year of the date this form was signed by me provided however, that Berkley Fire and Rescue Department must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE



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SUBJECT INFORMATION: (asterisk (*)) denotes a required field)

*Last Name	*First Name	Middle Name	Suffix
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Maiden Name (or other name(s) by which you have been known)

*Date of Birth	Place of Birth
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*Last six digits of your social security number _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name	Father's Full Name
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Current and Former Addresses:

Street Number & Name	City/Town	State	Zip
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Street Number & Name	City/Town	State	Zip
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The above information was verified by reviewing the following form(s) of government-issued identification

VERIFIED BY: _____
Name of verifying employee (please print)

Signature of verifying employee