Berkley Fire/Rescue Department

APPLICATION FOR EMPLOYMENT

Berkley Fire/Rescue Department
5 North Main Street
Berkley, Massachusetts 02779

A. This application is for employment with the Berkley Fire/Rescue Department.

B. At the time of filing, applicants must be at least 18 years of age and have a valid Massachusetts driver's license.

C. Return completed applications to the Berkley Fire/Rescue Department, 5 North Main St, Berkley, MA 02779.

1. Returned applications will remain confidential.
2. All questions must be answered, if applicable. If not applicable, indicate N/A.
3. If the space provided is not sufficient for complete answers, or you wish to make additional comments, attach sheets the same size as these forms and indicate to which question those sheets pertain.
4. "See resume" is not acceptable in any field.
5. **Applicants must submit the following documents with their application:**

a. Resume (if applicable)

b. High School Diploma or Equivalency Certificate

c. Higher education diploma (if applicable)

d. A copy of your birth certificate

e. A copy of your Massachusetts EMT or Paramedic certification (if applicable)

f. A copy of your social security card

g. A copy of your driver's license

h. A copy of any firefighting related certificates (if applicable)

I have read and understand the above instructions.

Applicant (Print Name): _____

Date Application was turned in: _____

Individual receiving application: _____

To the applicant: read this introduction carefully before answering any questions.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, national origin or disability. Federal Law also prohibits discrimination on the basis of age with respect to certain individuals. Massachusetts Laws also prohibit some or all of the above-stated discrimination as well as some additional types, such as discrimination based upon ancestry and marital status.

THE TOWN OF BERKLEY IS AN AA/EEO EMPLOYER

I. Personal Information

a. Name: _____
(First) (Middle) (Last)

b. Address: _____
Street City/Town State Zip code

c. Phone: _____

d. Date of Birth: _____ Social Security Number: _____

e. Other: List other names you have used. (For example: maiden name, former name(s), or alias(es)

Name(s): _____

f. Email Address: _____

g. Do you have any relatives under our employment? If so whom: _____

h. Are you willing to work any non-traditional hours? _____

i. Do you know any firefighters working for this department? If so whom: _____

_____

j. If your application is considered favorably, on what date can you start work? _____

k. Do you possess a valid Massachusetts driver's license? Yes [ ] No [ ]

Driver License Number: _____

II. Education / Experience

a. List the name, and address for your educational level and degree obtained:

School	Name and Location	Degree
High School		
College		
Grad School		
Military/Other		

b. Are you proficient in any foreign languages? _____

_____

c. Summarize any special skills or qualifications acquired from employment or other experience: _____

d. Do you have firefighter training? _____

_____

_____

III. Licenses / Certifications

a. Are you a certified Massachusetts EMT or Paramedic? Yes [ ] No [ ]

EMT number: _____

How long have you had your certification? _____

b. Please list all certifications that you possess that are related to the position.

Certification	Date Issued	Expiration date	Card Number (if applicable)
NREMT			
CPR			
ACLS			
PALS			
Other			

IV. Employment History

Please account for the last four full / part-time positions that you have held. Start with your present or most recent employer:

Employer / Description of Primary Duties	Address
Phone	Dates worked
Supervisor's Name and Title	Reason for Leaving

Employer / Description of Primary Duties	Address
Phone	Dates worked
Supervisor's Name and Title	Reason for Leaving

Employer / Description of Primary Duties	Address
Phone	Dates worked
Supervisor's Name and Title	Reason for Leaving

Employer / Description of Primary Duties	Address
Phone	Dates worked
Supervisor's Name and Title	Reason for Leaving

V. Military Service

a. Have you ever served on active duty in the Armed Forces of the United States?

Yes [ ] No[ ] If yes, what was the highest rank attained? _____

Branch of Military Service	Serial Number	Dates of Active Duty
_____	_____	From:_____
		To:_____
Type of Discharge	Date of Discharge	
_____	_____	

b. Was any type of disciplinary action taken against you in the Military Service?

Yes [ ] No [ ] If yes, explain:

c. Are you now or were you formerly in the National Guard?

[ ] Present [ ] Former [ ] Never

If you are a member of the National Guard and attend drills, meetings, or camps, give the name of the unit and location: _____

VI. References

a. List three references (not relatives or in-laws). References you list may be asked to appraise your character, ability, experience, personality and other qualities. Provide phone numbers and the length of time you've known each reference.

1. _____
2. _____
3. _____

GENERAL RELEASE

Date:_____

I, _____, born at _____

on _____, having filed an application for employment with the Berkley Fire/Rescue Department, consent to have an investigation made as to my moral character, reputation and fitness for the position to which I have applied, and such information as may be received, and reported to the appointing authority. I agree to give any further information which may be required in reference to my past record.

I also authorize and request every person, firm, company, corporation, (governmental agency, court, association or institution) having control of any documents, records and other information pertaining to me, to furnish to the Berkley Fire/Rescue Department any such information including documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Berkley Fire/Rescue Department or any of its agents or representatives to inspect and make copies of such documents, records and other information.

I hereby release, discharge and exonerate the Berkley Fire/Rescue Department, its agents and representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Department.

This authority shall continue until revoked in writing by the undersigned.

_____

Applicant Signature

_____ _____

Witness Signature Witness Name

_____

Witness Address

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW INDICATING THAT YOU UNDERSTAND AND AGREE TO THE TERMS AS STATED.

I understand that a physical, which includes a drug screening urinalysis, may be required after an employment offer has been made. I understand that this is not a contract of employment and I or the municipality may sever the employment relationship at any time for any reason. Any oral or written statement to the contrary, including any which are made by a City/Town representative, are disavowed and may not be relied upon by any prospective or existing employee.

I understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be the basis for rejection of my application or dismissal from the Department. I agree with these conditions, and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I hereby give the Berkley Fire/Rescue Department authorization to contact any person reasonably related to the character and fitness investigation. I also authorize any person contacted to share written and oral information which is reasonably related to the public safety position for which I am applying.

Finally, I hereby release, discharge and exonerate this municipality, its agents and representatives, and any person so furnished information, from any and all liability of every nature and kind arising out of the furnishings or inspection of such documents, records, or other information or investigations made by or on behalf of this municipality. This authority shall continue until revoked in writing by the undersigned.

_____ _____

Date Signature of Applicant

_____ _____

Witness Signature Witness Name

_____

Witness Address

CORI CHECK ACKNOWLEDGMENT

I, _____ residing at _____

_____, Massachusetts, acknowledge that a Criminal Offender Record Information (CORI) check will be performed as part of the municipality's hiring process. I further acknowledge that a refusal to allow the CORI check to be performed will cause my application to no longer be considered for employment.

_____

Signature

Date:_____

SORI CHECK ACKNOWLEDGMENT

I, _____ residing at _____

_____, Massachusetts, acknowledge that a Sexual Offender Record Information (SORI) check will be performed as part of the municipality's hiring process. I further acknowledge that a refusal to allow the SORI check to be performed will cause my application to no longer be considered for employment.

_____

Signature

Date:_____