

LITCHFIELD FIRE RESCUE

257 Charles Bancroft Highway, Litchfield, New Hampshire 03052
603-424-8071



Application for Employment

Litchfield Fire Rescue is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Employment Position

Position(s) applying for: On-Call Firefighter/EMT (part time)

How did you hear about this position? _____

What days and hours are you available for work? _____

On what date can you start working if you are hired? _____

Do you have reliable transportation to and from work?

Yes

No

Personal Information

Have you ever applied to or worked for the Town of Litchfield, NH before? Yes No
If yes, when?

Do you have any friends, relatives, or acquaintances working for Litchfield Fire Rescue Yes No
If yes, state name & relationship:

Are you 18 years of age or older? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status?

Do you have any condition which would require job accommodations? Yes No
If yes, please describe accommodations required below.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

DATE	CHARGE	CITY/STATE	POLICE AGENCY	DISPOSITION

Have you ever been arrested or taken into police custody for outstanding warrants? Yes No

Have you ever been involved as a party in civil litigation? Yes No

If yes, to either question, please explain.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Traffic History

Current driver's license number: _____

State issued: _____

Name of automobile insurance company: _____

Has your DL ever been suspended or revoked for any reason? Yes No

If yes, please give date, location and reason.

Traffic Violation Record

Have you received any traffic/motor vehicle violations in the last three years? Yes No

If yes, please list all violations you have received in the preceding three years in this or any other state or country (excluding parking tickets). Include DO violations, seat, no insurance, inspection, all moving violations, etc. List the disposition of each, such as dismissed, paid fine, defensive driving, etc.

DATE	CHARGE	CITY/STATE	POLICE AGENCY	DISPOSITION

Have you ever been convicted for driving while intoxicated or under the influence? Yes No

If yes, please explain.

Accident Record

Have you been involved in a motor vehicle crash in the last three years? Yes No

If yes, please list all accidents in which you were involved as a driver during the preceding three years in this or any other state or country:

DATE	Nature	# OF FATALITIES	# OF PERSONS INJURED

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Litchfield Fire Rescue complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military

Are you a member of the Armed Services? Yes No If yes, what branch? _____
What was your military rank when discharged? _____
How many years did you serve in the military? _____

Previous Employment

Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	

Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	

Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	

References

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information

Applicants are encouraged to provide a resumé and include copies of any certifications relevant to the position they are applying for.

AT-WILL EMPLOYMENT

The relationship between you and the Town of Litchfield is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Town of Litchfield. No representative of Litchfield Fire Rescue has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you, the Fire Chief, and the Litchfield Town Administrator or Board of Selectmen.

