



Dalton Fire District
20 Flansburg Avenue
Dalton, MA 01226

APPLICATION FOR EMPLOYMENT

We consider all applicants for all positions without regard to age, race, color, religious creed, national origin, sex, sexual orientation, criminal record, mental illness, handicap/disability, or any other legally protected status pursuant to Massachusetts Fair Employment Practices Act, and other relevant federal, state and local laws.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for the district? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Do you have an immediate family member working for the district? YES NO

If yes employee's name: _____

How did you learn about the job for which you are applying?

Newspaper: <input type="checkbox"/>	Job Search Website: <input type="checkbox"/>
District Employee: <input type="checkbox"/>	Professional Web Site: <input type="checkbox"/>
District Web Site Posting: <input type="checkbox"/>	Other: <input type="checkbox"/>

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Education

Name / Location	Course of Study	# of years completes	Did you graduate?		Type of Degree
			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Do you possess the following skills or licenses?
Please list in detail all that apply (Additional sheet may be attached)

Specialized Training?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Name of Training/Course:	
Professional Licenses?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Licenses:	
Professional Memberships?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Name of Organizations:	
Computer Software?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Name of Programs:	
Office Equipment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Describe Equipment:	
Drivers' License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	State:	

References

Please list three professional and/or business references only. Please note that references will be contacted.

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Previous Employment

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

PLEASE READ CAREFULLY BEFORE SIGNING THIS EMPLOYMENT APPLICATION

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

I hereby authorize my present and former employers, educational institutions and references to disclose to the District any and all information concerning my previous employment and any other pertinent information they may have, and I release all parties from any liability whatsoever resulting from such disclosure.

I certify that all the information provided by me on this Employment Application (and accompanying resume and/or other documents, if any) is true, accurate, and complete to the best of my knowledge, and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any omission or false statement made by me on this Employment Application may result in withdrawal of any job offer or termination of employment.

I understand that an offer of employment may be conditioned upon the results of a medical screening exam, pre-employment drug screening, criminal records check, and/or a background check.

I also understand and agree that if I am offered employment with the District, it will be as an employee-at-will and that no employment contract rights have been created. I also understand and agree that my employment may be terminated at any time with or without cause, and with or without advance notice, at the option of either the District or myself.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND IT

Signature: _____ Date: _____