



Town of Granby Fire Department



Employment Application

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Cell 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 this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

How Were You Referred to Us?

Friend or Relative: _____ Face Book: _____

Community Event: _____ Other: _____

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

References

Please list three professional references.

Full Name: _____ Phone: _____

Address: _____

Full Name: _____ Phone: _____

Address: _____

Full Name: _____ Phone: _____

Address: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Emergency Contact

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

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: _____ Cell Phone: _____

Email: _____

EMT and Fire Training

List and fire and EMS related training, licenses and certifications you may have received to include CPR, EMT, Firefighter I/II, CDL, etc. You may also include any other relevant information you believe is relevant to the position.

Disclaimer and Signature

Qualified applicants will be considered for all positions without regard to race, color, religion, gender, national origin, sexual orientation, marital status or non-job-related medical conditions or handicap.

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 is subject to criminal penalties or civil liabilities.

I hereby affirm that I have read and understand this application and that the information, which I have provided, on this application (and accompanying resume, if applicable) is true and complete to be best of my knowledge. I agree that any omission or falsified information may disqualify me from further consideration for employment and may be considered justification for my immediate dismissal if discovered at a later date.

I hereby authorize persons, schools, current (if applicable) and previous employers, and organizations named in this application (and accompanying resume, if applicable) to provide the Town of Granby with any relevant information that may be required to arrive at an employment decision. I hereby release said persons and entities and the Town of Granby from any and all liabilities for providing this information.

Signature: _____ Date: _____