

APPLICANT NAME: \_\_\_\_\_

QUALIFICATIONS FOR EMPLOYMENT

- Be 18 years of age by date of hire.
- Must be a United States citizen.
- A High School Diploma or equivalent.
- Must meet the height and weight restrictions, and be a non smoker at the time of hire, as set down in the Union contract.
- A current EMT Certification by the State of Connecticut.
- A Candidate Physical Ability Test card issued after 12/1/2010 to be submitted by the written test date.
- No felony arrests or convictions.
- No major moving violations (e.g. DUI, Reckless Endangerment).
- Must be able to accept an assignment to any shift, and work weekends, holidays and overtime as required.

INSTRUCTIONS TO CANDIDATES

Read every question carefully. Answer every question. Leave no blank spaces. If a question does not apply to you, please state. The candidate shall personally prepare this form. All entries, except the signature, must be printed legibly. Entries must be made in either blue or black ink. If space available for answering any questions is insufficient, use a separate sheet.

A candidate shall be rejected who has intentionally made a false statement of material fact, or practices or attempts to practice any deception or fraud in this application.

Submit the following with the application:

- (1) Photo copy of military discharge certificate and/or report of separation from the Armed Services DD214, if applicable.
- (2) Letter from three (3) personal references (See Page #4)
- (3) Photo copy of current EMT Certification, State of Connecticut.
- (4) An affidavit from your personal physician (physical exam must have been performed within the last three months) certifying that you are physically able to perform the essential job functions for firefighter and EMT duties.
- (5) Photo copy of the front and back of a current driver's license.
- (6) A cash or money order for \$50.00, made payable to MRI.

NOTE: Do not submit originals of any documents other than letters of reference and letters from physicians, as they will not be returned to you. A copy of a recent Candidate Physical Ability Test card (issued after 12/1/2010) will be needed in order to take the written exam.



Phone: \_\_\_\_\_ Circle: Full Part Time Volunteer

Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Dates of Participation: \_\_\_\_\_ TO \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Are there any other experiences, skills or qualifications, which you feel would especially fit you for work with the Fire Department?

Explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever previously submitted an application for appointment to any Fire Department? \_\_\_\_\_ If yes, where \_\_\_\_\_

Have you ever been convicted of a felony or major motor vehicle violation (e.g. DUI, Reckless Endangerment)? \_\_\_\_\_

If yes, describe in full \_\_\_\_\_

What prompted you to submit this application for appointment to the Fire Department?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you speak, read or write any foreign language? \_\_\_\_\_

If so, specify if you are fluent in speaking and/or reading said language \_\_\_\_\_  
\_\_\_\_\_

**RECORD OF EDUCATION**

SCHOOL	NAME AND ADDRESS	COURSE OF STUDY	HIGHEST GRADE COMPLETED	DID YOU GRADUATE	LIST DIPLOMA DEGREE
High				yes/no	
College				yes/no	
Other (Specify)				yes/no	

**MILITARY SERVICE RECORD**

Have you served in the military?      Yes \_\_\_\_\_      No \_\_\_\_      Branch of Service \_\_\_\_\_

Dates Served \_\_\_\_\_ to \_\_\_\_\_      Type of Duty \_\_\_\_\_

Special Training Received \_\_\_\_\_      Type of Discharge \_\_\_\_\_

Do you have any military obligations?      Yes \_\_\_\_\_      No \_\_\_\_

**REFERENCES:**

Please provide three (3) persons, other than relatives, who are familiar with your character, job qualification and work performance to provide information about you (be sure to include complete address and phone number of references) in writing.

**PERSONAL REFERENCES – (No Relatives)**

	NAME AND OCCUPATION	ADDRESS	PHONE NO.
1.	_____	_____	( ) _____
2.	_____	_____	( ) _____
3.	_____	_____	( ) _____

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT

Start Date	End Date	Final Position Title	Final Salary	May We Contact yes/no
Employer		Last Supervisor's Name	Reason For Leaving	
Street Address, City, State, Zip Code			Phone ( )	

Position Description:

Start Date	End Date	Final Position Title	Final Salary	May We Contact yes/no
Employer	Last Supervisor's Name		Reason For Leaving	
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Employer	Last Supervisor's Name		Reason For Leaving	
Street Address, City, State, Zip Code				Phone  (    )
Position Description:				

**NOTICE TO APPLICANTS REGARDING PRE-MEMBERSHIP DRUG AND ALCOHOL TESTING**

Any individual applying for employment with the Southington Fire Department shall submit to a drug and alcohol test as a mandatory part of the employment process. This notice serves as a written statement of the Southington Fire Department's intention to conduct such testing as part of the employment process. The testing will be conducted by a certified laboratory/testing service selected by the Southington Fire Department, in accordance with the procedures required by applicable state and federal regulations.

All test results shall be considered confidential by the Southington Fire Department and shall not be disclosed to the employees of the Southington Fire Department, or any other person, other than to those persons for whom such disclosure is necessary. Positive test results, or a refusal to sign this consent form and participate in pre-employment drug testing, shall be grounds for denial of employment.

By signing below, you consent to be drug tested and acknowledge you have thoroughly read the foregoing notice and policy, and you understand and agree that in order to be considered for employment with the Southington Fire Department, you will comply in full with the Southington Fire Department's drug and alcohol testing policy.

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(Signature) (Date)

**AUTHORIZATION FOR RELEASE OF INFORMATION**  
**SOUTHINGTON BACKGROUND CHECK**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to the Southington Fire Department, or Southington Police Department, whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, employment and pre-employment records, including background reports, complaints or grievances filed by or against me, records of complaints, arrest, trial and/or conviction of alleged or actual violations of the law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys-at-law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

It is the intent of this authorization to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Southington Fire Department to consider in determining my suitability for employment with the Town. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Southington Fire Department.

A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_\_\_

SS #: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF CONNECTICUT  
TOWN OF SOUTHLINGTON  
COUNTY OF HARTFORD

I, \_\_\_\_\_, being duly sworn, depose and say that I am the person named in this application. I personally read and printed by hand answers to each and every question therein and I do solemnly swear that the preceding information is accurate and truthful to the best of my knowledge and belief. If investigation should disclose any willful misrepresentation or falsification, I am aware that my application will be rejected and/or such misrepresentations will be considered cause for my dismissal in the event such misrepresentations are not discovered prior to my being hired.

Furthermore, I hereby authorize the Fire Chief or his agents to investigate and verify any information I have provided in this application.

After an offer of employment, I understand and agree to submit to a physical examination, which includes drug and alcohol testing, to determine if I am physically able to perform the essential job functions of the position for which I have applied and to submit to the Fire Chief the following:

- (1) One photo copy of my birth certificate.
- (2) One photo copy of my high school diploma or equivalency certificate.
- (3) One photo copy of my current Connecticut operator driver's license.
- (4) One photo copy of my Social Security card.
- (5) A signed Memorandum of Agreement (Form E1)

\_\_\_\_\_  
(Signature)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Notary Public of Commissioner of Deeds)