



HILL FIRE DEPARTMENT



Community, Dedication, Integrity
"Ever Ready, come Hill or High Water"

Chief Scott Richard

18 Commerce Street · 30 Crescent Street Suite # 5 · Hill NH, 03243 · (603) 934-5350

APPLICATION FOR EMPLOYMENT

Please print and fill out all sections

Applicant Information

Applicant Name: _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Current Address: _____

City: _____ State & Zip: _____

How were you referred to Hill Fire-Rescue? _____

Employment Positions

Position(s) applying for: _____

Personal Information

Have you ever applied to / worked for the Town of Hill before? _____ yes _____ no

If yes, please explain (include dates): _____

Do you have any friends, relatives, or acquaintances currently employed by the Town of Hill?

_____ yes _____ no

If yes, state name and relationship: _____

If hired, would you have transportation to/from work? _____ yes _____ no

Are you over the age of 18? _____ yes _____ no

If hired, would you be able to provide evidence of U.S. citizenship or proof of your legal eligibility to work in the United States? _____ yes _____ no

If hired, are you willing to submit to and pass a controlled substance test? _____ yes _____ no

Are you able to perform the essential functions of the position you are applying for, either with or without reasonable accommodations? _____ yes _____ no

If no, describe the functions that cannot be performed: _____

(Note: Hill Fire Department complies with ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a newly hired employee may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? _____ yes _____ no

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

(Note: No applicant will be denied employment solely on the basis 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.)

Employment History

Are you currently employed? _____ yes _____ no

If you are currently employed, may we contact your current employer? _____ yes _____ no

Below, please describe past and present employment, dating back 5 years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer: _____

Name of Supervisor: _____

Supervisor telephone number: _____

Business Type: _____

Business Address: _____

City, State, Zip: _____

Dates of Employment: _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? _____ yes _____ no

Name of Employer: _____

Name of Supervisor: _____

Supervisor telephone number: _____

Business Type: _____

Business Address: _____

City, State, Zip: _____

Dates of Employment: _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? yes no

Name of Employer: _____

Name of Supervisor: _____

Supervisor telephone number: _____

Business Type: _____

Business Address: _____

City, State, Zip: _____

Dates of Employment: _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? yes no

Education, Training and Experience

High School:

School Name: _____

School Address: _____

School City, State, Zip: _____

Number of years completed: _____

Did you Graduate? ____ yes ____ no

Degree / Diploma earned: _____

College / University:

School Name: _____

School Address: _____

School City, State, Zip: _____

Number of years completed: _____

Did you Graduate? ____ yes ____ no

Degree / Diploma earned: _____

Vocational / Technical School:

School Name: _____

School Address: _____

School City, State, Zip: _____

Number of years completed: _____

Did you Graduate? ____ yes ____ no

Degree / Diploma earned: _____

Military Service:

Military Branch: _____

Rank at separation: _____

Total years of service: _____

Type of discharge: _____

Skills/Duties: _____

Related details (awards, commendations, military training etc.): _____

Additional Information

Do you speak, write, read or understand any foreign languages? _____ yes _____ no

If yes, please indicate which language(s) and how fluent of a speaker you consider yourself to be.

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? _____ yes _____ no

If yes, please explain: _____

References

Below, please list three persons who have knowledge of your work performance, character, or reliability.

Name – First, Last: _____

Telephone Number: _____

Address: _____

City, State, Zip: _____

Personal or professional reference? _____

Number of years acquainted: _____

Name – First, Last: _____

Telephone Number: _____

Address: _____

City, State, Zip: _____

Personal or professional reference? _____

Number of years acquainted: _____

Name – First, Last: _____

Telephone Number: _____

Address: _____

City, State, Zip: _____

Personal or professional reference? _____

Number of years acquainted: _____

PLEASE READ AND INITIAL EACH PARAGRAPH, THEN SIGN BELOW

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and abilities. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure employment can be grounds for rejection of this application, or if employed by the Town of Hill, terms for immediate termination.

INT: _____

I understand that if I am employed by the Town of Hill, my employment is not definite and can be terminated at any time, with or without prior notice, by either myself or the Town of Hill

INT: _____

I permit the Town of Hill to examine my references, record of employment, education records, and any other information I have provided. I authorize the references I have provided to disclose any information related to my work record and professional experiences, without giving me prior notice of any such disclosure. In addition, I release the Town of Hill, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

INT: _____

Applicant Signature: _____

Date: _____

**Town Of Hill Public Safety
Authority For Release of Information**

I, _____ whose personal information is:

Current Address: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Driver's License State of issue and Number: _____

Father's Name: _____

Mother's Maiden Name: _____

Having filed an application for employment with the Hill Police Department or the Hill Fire Department consent to have an investigation made as to my moral character, reputation, and fitness for the position to which I have applied and to have such information as may be received in reference to my past record. I also agree that if applied to the Police Department and if requested, I will submit to a polygraph test.

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

When such documents and/or information are supplied, on the condition that the Hill Police Department holds them in confidence, I waive my right to inspect them.

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

The authority will not be revoked during the effective period from the date hereof to the date of revocation, if any, and will continue for one calendar year unless sooner revoked by the undersigned.

Witness

Applicant

Date

Date