TOWN OF SWANZEY FIRE DEPARTMENT

Positions/ Application

Check the box for position(s) you are applying for: Non-certified FF ☐ Non-certified EMT ☐
EMT B ☐ EMT A ☐ Paramedic ☐ Firefighter I ☐ Firefighter II ☐

Name_____
(Last) (First) (Middle)

Address_____ Apt. No_____

City_____ Zip Code _____

Home Phone _____ Work Phone_____

Cell Phone _____ Email _____

Are you under 18 years of age: _____ Yes _____ No

Current: Employer _____

Address of Employer _____

EDUCATION AND TRAINING

High School _____ College _____ Trade School _____
Yrs. Attended Yrs. Attended Yrs. Attended

Have you been a member of a fire department before? ____ Yes ____ No If so, where? _____

Chief's Name & Number _____

Do you have a firefighter certification if so what level? **FFI ☐ or FFII ☐** Date Certified _____

Do you have an **EMT B ☐ EMT A ☐ Paramedic certification ☐** Date Last Certified _____

List any skills or training that you feel relate to this position lease indicate if you have any of the following skills or training*

- CPR - Cardiopulmonary resuscitation Date last certified _____
- Fire Safety Systems - alarms, extinguishers Date last certified _____
- Rescue procedure - lifeguard, auto extrication Date last certified _____
- First Aid Type of First Aid Training_____ Date last certified _____
- Knowledge of breathing apparatus - scuba diving, etc. Date last certified _____
- PAD/Defibrillation Training Date last certified _____

Truck Driving Experience? _____ Yes _____ No Type of Vehicle _____

Does height affect you? _____ Yes _____ No Does claustrophobia affect you? _____ Yes _____ No

What hours are you available to respond to emergency calls? _____

Can you attend sessions and firefighter training 3-4 times a month? _____ Yes _____ No

Why do you want to be a Firefighter or EMT? _____

_____

Do you have the legal right to accept employment in the United States? Yes _____ No _____

Do you have a New Hampshire driver's license? Yes ☐ No ☐ Class _____ License# :_____

Do you own an insured motor vehicle? Yes ☐ No ☐

Will your employer allow you to leave work for emergencies? Yes ☐ No ☐ Restrictions:_____

Have you been employed by the town of Swanzey before? Yes ☐ No ☐

What was your reason for leaving?

REFERENCES

List 3 persons not related to you whom you have known at least 1 year, include at least one co-worker

NAME	ADDRESS	RELATIONSHIP	PHONE #
1.			
2.			
3.			

Swanzey Fire Department

I understand that in order for my application to be considered, the following affirmation below must be completed.

I certify that the information provided in or attached to this application is complete, accurate and up to date as of the date specified below. I certify that I have the legal right to accept employment in this State and Country and that I will produce, at or before the date of hire, proof of that right to accept employment. I further certify that there are no willful misrepresentations of the above statements and answers to questions herein, and understand that if an investigation should disclose such misrepresentations or omissions, my application may be rejected. Finally, I understand that if I should be employed at the time of such investigation and disclosure, my services may be immediately terminated.

Date of Application Applicant's Signature Date

Swanzey Fire Department

If you have ever been convicted of a crime (Felony or Misdemeanor) that has not been officially annulled by a court, you must complete the following section, giving the date, location and nature of the felony or misdemeanor conviction. By leaving this section blank you are certifying that you have no current record of conviction.

_____

_____

I understand that the Swanzey Fire Department requires employees to have a physical exam performed by the Fire Department Occupational Health and Safety Physician in accordance with NFPA Standards. I also understand that the specific medical information obtained in the exam is confidential between me and the physician and that the only information the Fire Department will use will be the affirmation that I am capable of performing Firefighting activities as outlined in the NFPA standard.

Name _____ Date _____

AUTHORIZATION

I authorize the schools, references, and my prior employers listed to provide my record, and all other information they may have concerning me and I release all parties from any and all liability or claims for damage whatsoever that may result therefrom.

I understand that the Swanzey Fire Department requires new employees to submit to a criminal and motor vehicle background check and that I hereby authorize the Swanzey Police Department or the State of New Hampshire Department of Safety, Division of State Police and Division of Motor Vehicles, permission to furnish the Swanzey Fire Department with any and all information concerning my criminal record, motor vehicle record. I hereby release you and your organization of any liability which may or could result from furnishing the information requested or from the subsequent use of such information in determining my qualifications to serve as an Emergency Service Worker/Firefighter/EMT.

Name: _____ Date _____

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(For Fire Department Use Only) **Supervisor's Signature _____**

Station Approval _____ Rate of Pay $_____ Hire Date_____

Circle hiring Classification(s): Call employee or Per Diem

Probationary Status 1yr 6 months none

Circle hiring Classification(s) Non Certified FF Non Certified EMT EMTB EMT I EMT A

Paramedic Firefighter I Firefighter II Driver