

PETERBOROUGH FIRE/RESCUE DEPARTMENT  
16 SUMMER STREET  
PETERBOROUGH NH 03458

DATE OF APPLICATION: \_\_\_\_\_

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

POSITION DESIRED: (CHECK ONE)

FIREFIGHTER/EMT \_\_\_\_\_

EMT ONLY \_\_\_\_\_

PER DIEM PARAMEDIC \_\_\_\_\_

RECRUITED BY: \_\_\_\_\_

(For Office use only- do not write below this line)

DATE RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

REFERENCE CHECK COMPLETE: \_\_\_\_\_

INTERVIEW SCHEDULED: \_\_\_\_\_

ACTION TO FOLLOW: \_\_\_\_\_

APPLICATION OUTCOME: APPROVED: \_\_\_\_\_

DENIED: \_\_\_\_\_

START DATE: \_\_\_\_\_

## TERMS AND CONDITIONS OF EMPLOYMENT

The Town of Peterborough is an Equal Opportunity Employer, and selects the best matched individuals for the job based upon job related qualifications, regardless of race, color, creed, sex, national origin, age, handicap or other protected groups under local, state, or federal Equal Opportunity laws.

To the Applicant –

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. It is understood that the Peterborough Fire Department, Town of Peterborough, may make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving or receiving of any information by the Peterborough Fire Department, Town of Peterborough, and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

I further understand that this is an application for employment and that no employment contract is being offered at this time.

I have read and understand the above.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TOWN OF PETERBOROUGH  
DEPARTMENT OF FIRE AND EMS  
EMPLOYMENT APPLICATION

1. Name in full \_\_\_\_\_
2. Nickname: \_\_\_\_\_
3. Current Address: \_\_\_\_\_  
Street \_\_\_\_\_
- \_\_\_\_\_
- City State Zip

If lived at above address for less than 3 years, please list former addresses for the last 10 years:

Street	City	State	Zip	Dates	
				From	To
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

5. Place of Birth: \_\_\_\_\_

6. Social Security Number: \_\_\_\_\_  
(Optional) \*Town will need for pay if hired \*

7. Do you currently hold a valid license to operate motor vehicles? \_\_\_\_\_

List types: \_\_\_\_\_

8. Have you ever been convicted of a moving traffic violation? \_\_\_\_\_. If Yes, explain

\_\_\_\_\_

9. Current Occupation: \_\_\_\_\_

10. Current Employer: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

11. May we contact your employer? \_\_\_\_\_ If No, explain \_\_\_\_\_

12. Are you a certified firefighter or E.M.T. in this or any other state? \_\_\_\_\_ If Yes, which state, and to what levels:

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

13. List any fire or E.M.S. related classes or course work. \_\_\_\_\_

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

14. Person to be notified in case of injury or emergency:

\_\_\_\_\_

Please provide a list of five personal references with home and business phone numbers (preferably NH residents):

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work/cell # \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work/cell # \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work/cell #: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work/cell # \_\_\_\_\_

5. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work/cell #: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_



# Town of Peterborough

## APPLICATION FOR EMPLOYMENT

**PERSONAL**

Last Name	First	Middle	Date
Street Address			Home Phone ( ) ( )
City, State, Zip			Business Phone ( ) ( )
Have you ever applied for Employment with us? <input type="checkbox"/> Yes    Month and Year:                      Location <input type="checkbox"/> No			Pay Expected
Position Desired			Are you able to work nights & weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No
Apart from Absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States?			When will you be available to begin work?
How did you learn of our organization?			Do you have a valid Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No

**EDUCATION**

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH				<input type="checkbox"/> YES <input type="checkbox"/> NO	
ELEMENTARY				<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER				<input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS</b> <i>(Exclude those which may disclose your race, color, religion or national origin)</i>

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, ancestry, marital status, veteran's status, handicap or disability

# EMPLOYMENT

Please give accurate, complete, full-time and part-time employment record. Start with present or most recent employer.

<b>1</b>	Company Name	Telephone: (    )
	Address	Employed (State Month and Year)
	Name of Supervisor	From:                      To:
	State Job Title and Job Description	Weekly Pay: Start                      End
		Reason for Leaving
<b>2</b>	Company Name	Telephone: (    )
	Address	Employed (State Month and Year)
	Name of Supervisor	From:                      To:
	State Job Title and Job Description	Weekly Pay: Start                      End
		Reason for Leaving
<b>3</b>	Company Name	Telephone: (    )
	Address	Employed (State Month and Year)
	Name of Supervisor	From:                      To:
	State Job Title and Job Description	Weekly Pay: Start                      End
		Reason for Leaving
<b>4</b>	Company Name	Telephone: (    )
	Address	Employed (State Month and Year)
	Name of Supervisor	From:                      To:
	State Job Title and Job Description	Weekly Pay: Start                      End
		Reason for Leaving

**We may contact the employers listed above unless you indicate those you do not want us to contact.**

**DO NOT CONTACT**  
Employer #(s)                      Reason:

\_\_\_\_\_

\_\_\_\_\_

REFERENCES: (LIST BELOW THE NAMES OF THREE (3) PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	YEARS KNOWN
1		
2		
3		

**If additional space is needed, please attach sheet to the back of this application.**

List any personal skills' qualities that you feel may be beneficial for this position. \_\_\_\_\_

List any special training and/or related classes that you feel may be beneficial for this position. \_\_\_\_\_

**DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE  
CORRESPONDING BOX IS CHECKED**

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination in the basis of age and disability. The Federal and State Equal Opportunity Laws also prohibit discrimination based upon ancestry, marital status and Veteran Status.

Are you a United States Citizen?  
 Yes  No

Are you over 18 years of age?  Yes  No  
If not, employment is subject to minimum legal age.

Have you ever been bonded?  
 Yes  No If Yes, with what employers? \_\_\_\_\_

Do you have any relatives who work or have worked for the Town of Peterborough? If so, state name, when and in what position. \_\_\_\_\_

Do you have any physical impairments which preclude you from performing any of the tasks connected with the job for which you are applying?  Yes  No If yes, explain: \_\_\_\_\_

Have you been convicted of a crime in the last 10 years?  Yes  No If yes, provide dates, type of offense and result of charges. \_\_\_\_\_

Have you ever had your Motor Vehicle license revoked or suspended for any reason?  Yes  No  
If yes, explain. \_\_\_\_\_

Have you ever been arrested for or convicted of any criminal offense involving a sexual assault on a child or person under the age of 18 years old?  Yes  No If yes, please state the date of arrest or conviction, and the crime involved. \_\_\_\_\_

**AFTER COMPLETING APPLICATION, PLEASE READ CAREFULLY AND SIGN**

We appreciate your interest in the Town of Peterborough and assure you that we will carefully review your qualifications. A clear understanding of your background and work history will aid us in considering you for the position that best meets your qualifications.

1. I certify that I have not knowingly withheld any information that might adversely effect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

2. I hereby authorize the Town of Peterborough to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further authorize the references I have listed to disclose to the Town any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Town, 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 investigation or disclosure.

3. I understand that, if employed, for the protection of myself and the residents, I will undergo a physical examination, including a drug test, given by a physician approved by the Town and agree that a satisfactory physical examination and drug test is a requirement for my employment. I also agree to take a physical examination and drug test at other such times as required by the Town during the period of my employment.

4. If employed, I agree to abide by all Town rules and regulations. I understand that if employed, my employment will be subject to the conditions of any applicable, special review period established by the Town Policy. I

understand that this employment application and any other town documents are not contracts for employment, and that any individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the Town at will for any reason. Failure to provide proper notice of resignation may result in the forfeiture of certain accrued benefits. I understand that no management representative has any authority to enter into any agreement for employment for any specific period of time, or make any agreement contrary to the foregoing.

5. If employed and in the event of resignation or termination, I agree to return Town of Peterborough property loaned to me such as identification badges, uniforms, tools, keys, etc. If these items are not returned, the Town may withhold from my final compensation due me, monies to cover the value of any unreturned Town property.

6. Sworn Police Personnel only- In accordance with the requirements of the Fair Credit Reporting Act, Title 15, U.S.C.S. 1618 et seq., this is to disclose to you that we may request an investigative consumer or credit report be prepared by a consumer or credit reporting agency as a part of your application for employment with the Town of Peterborough. This report may include information as to your character, general reputation, financial condition, personal characteristics and mode of living.

7. I understand that, if employed, I will be required to complete the U.S. Department of Justice Immigration and Naturalization Service Form I-9 and to provide the required supporting documentation to verify my eligibility to work in the United States.

The following question is voluntary and refusal to answer will have no adverse effect on the employment decision: In the process of requesting information as noted above, is there another name under which you have worked and/or attended school that we should use when making such inquiries on your behalf?

Yes. Other Name: *(Please Print)* \_\_\_\_\_

**My signature below indicates that I have read, understood, and consented to the above statements. This authorization or photocopy shall serve as a consent for the Town of Peterborough to request any information concerning my application.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_