



Rollinsford Fire Department Employment Application



Accurate, legible completion of this application form is the first step in the department screening process. Incomplete or inaccurate applications will not be accepted. Supply all information requested.

SECTION A: PERSONAL INFORMATION		
Last Name:	First Name:	MI:
Street Address:	City:	Postal Code:
Mailing Address (if different):	City:	Postal Code:
Phone - home:	e-mail address:	
Phone - mobile:	cell phone carrier	
SSN #:	DOB:	
Current Employer	Typical Work Schedule	
Will your employer allow you to leave work if called from the RFD? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Why do you want to become a member of the Rollinsford Fire Department?		

SECTION B: BASIC REQUIREMENTS	
Are you eligible for employment in the US?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you possess a valid Driver's License and a good driving record?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you understand that applicants will be required to submit to a Criminal Record Check ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of any criminal matter? If so, please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you understand that successful applicants are required to remain without facial hair to ensure a self-contained breathing apparatus mask will form a positive seal on the face? <i>(moustache and short side burns are acceptable as long as they don't affect the seal)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION C: AVAILABILITY	
If accepted by the Fire Department, you will be required to attend regular Monday night sessions (approximately 6:00PM to 9:00PM). Can you meet this requirement?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION D: SKILLS AND EXPERIENCE

Experience: Please indicate if you have any of the following skills or training:

First Aid/CPR/AED Training

Expiration Date:

EMS Training or Experience

License #:

Expiration Date:

Previous Firefighter Experience

Skilled Trade (i.e. mechanic, welding, etc.)

Other (Describe):

SECTION E: LICENSE INFORMATION

Driver's License #:

State:

Expiration Date

Class:

Restrictions:

Do you have reliable transportation?

Yes No

Has your driver's license ever been suspended or revoked? If so, please give the date, location and reason:

Yes No **SECTION F: EDUCATIONAL HISTORY**

High School:

Address:

Years Attended:

From:

To:

Did you graduate?

SECTION G: REFERENCES (Preferably from current or previous employers)

Please provide three references that are not related to you.

Name:

Phone:

Address:

Years Known:

Name:

Phone:

Address:

Years Known:

Name:

Phone:

Address:

Years Known:

SECTION H: MEDICAL HISTORY

Do you have any medical conditions or impairments that will affect your duties as a firefighter?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain:			
Date of last physical:			
Do you have a history of:			
Dizzy Spells		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart Trouble		Yes <input type="checkbox"/>	No <input type="checkbox"/>
High Blood Pressure		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cancer		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bleeding Easily		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Back or Spinal Problems		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respiratory Problems		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you wear contacts or glasses?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you take any medications? If yes, please list type and reason		Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION I: EMERGENCY CONTACT INFORMATION

Name:	Phone:
Address:	
Relationship:	
Name:	Phone:
Address:	
Relationship:	

SECTION I: DECLARATION OF APPLICANT

I certify that all the information submitted in this application is truthful and correct. I understand that if I provide information in connection with my application which is found to be untrue or incomplete, my application may be rejected and I may be subject to discipline up to and including termination if I am hired as a successful applicant.

Signature: _____ Date: _____