

Town of Newbury New Hampshire

# Application for Employment

Pre-Employment Questionnaire Equal Opportunity Employer

**Personal Information**

Name (Last Name First)		Social Security No.	
Address	City	State	Zip
Phone No.	Cell Phone	E-mail	Referred By

**Employment Desired**

Position	Date Available	Salary Desired
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your present employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Education History**

	Name of School	Year Attended	Subjects
High School			
College			
Other schools			

**General Information**

Subject of special study
Special training
Driver's License Y/N <span style="margin-left: 100px;">CDL License Y/N</span>

**Former Employers** (List below the last four employers, starting with the last one first)

Date Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From To				
From To				
From To				
From To				

**References**

Name	Address	Business	Years Known

**Authorization**

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed falsified statements in this application shall be grounds for dismissal.

I understand that the Town of Newbury may require drug and alcohol testing as a condition of employment. Employees in some positions may be subject to random drug & alcohol testing.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the Town of Newbury from any liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the Town of Newbury has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized town representative.

The waiver does not permit the release of disability-related or medical information in a manor prohibited under the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

In understand that a consumer credit report, motor vehicle record, or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the town will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization form from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment.”

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required eligibility verification document upon hire.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Date \_\_\_\_\_ Interviewed by: \_\_\_\_\_

**Remarks:** \_\_\_\_\_

Approved

Department Head \_\_\_\_\_ Town Administrator \_\_\_\_\_

Selectboard \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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# Fire Department Supplement

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Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Newbury Fire Department Sponsor/Reference \_\_\_\_\_

Are you over 18 years of Age \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Type \_\_\_\_\_ CDL Certificates \_\_\_\_\_

Have you been a member of a professional, call or volunteer fire department or EMS squad? Y /N  
If so provide name/position and years served: \_\_\_\_\_  
List any firefighter certifications \_\_\_\_\_

Are you a licensed NH EMS provider: If so License # \_\_\_\_\_ and type: \_\_\_\_\_ CPR Cert \_\_\_\_\_  
Current Hepatitis vaccination: Y /N If not would you be willing to be vaccinated: Y /N

Do you have any physical limitations that would prevent you from fulfilling your responsibilities as a member of the fire department Y /N If yes explain \_\_\_\_\_  
Would you be submit to a physical examination by a medical doctor if requested: Y /N

Availability: Weekday daytime hours Y /N, Nights Y /N, Weekends Y /N

Agreement Section:

I \_\_\_\_\_

(Print Name) (Address)

Do hereby apply for membership in the Newbury Fire Department located in the Town of Newbury, New Hampshire. If appointed to the Newbury Fire Department, I agree to abide by all rules, regulations policies and procedures of the Town of Newbury and the Newbury Fire Department. I agree to follow all orders of department officers and to attend department training, meetings and other training as required by the Newbury Fire Department. I understand that this position is a 24 hour paid on call position and agree to respond to emergencies as directed by the department.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_

## DEPARTMENT USE

Standing Committee Interview: Date: \_\_\_\_\_ Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Standing Committee: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Application Package complete

Fire Chief: \_\_\_\_\_ Date: \_\_\_\_\_