



## AMHERST FIRE RESCUE

177 Amherst Street, P.O. Box 1199

Amherst, NH 03031

(603) 673-1545

### APPLICATION FOR EMPLOYMENT

Complete this application and return it to the Amherst Fire Rescue at the address listed above. An incomplete application may eliminate your candidacy. We are an Equal Opportunity Employer. We do not discriminate in hiring, promotion, or other employment decisions on the basis of race, sex, color, pregnancy, religion, sexual orientation, marital status, disability, national origin or any other basis protected by law.

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

PRESENT ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

TELEPHONE: \_\_\_\_\_  
(Home) (Work) (Email)

	YES	NO
Are you 18 years or older?	_____	_____
Are you authorized to work in the United States?	_____	_____
Can you perform the essential functions of the job with or without reasonable accommodation?	_____	_____
Have you applied for employment here before? When? _____	_____	_____
Are you employed now?	_____	_____
If so, may we contact your employer?	_____	_____
Are you currently on layoff or leave from another employer?	_____	_____
Have you ever been convicted of a crime? (Including driving while impaired or its equivalent, but excluding minor motor vehicle offenses) that has not been annulled by a court of law?	_____	_____

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please note that conviction of a crime is not automatically a bar to employment, and factors such as nature, seriousness, and date of the offense, rehabilitation, and relationship to position will be considered.*

	YES	NO
Do you have a valid NH Driver's License?	_____	_____
License Number: _____		
Expires: _____		
Class: _____		
Restrictions: _____		
Has your Driver's License ever been revoked / suspended?	_____	_____
When: _____		
Where and Why? _____		
_____		
_____		

Please indicate your availability in normally required Fire Department activities (meetings, training, emergency calls, etc.).

Please check appropriate time periods:

Weekdays:	Days _____	Evenings _____	Nights _____
Weekends:	Days _____	Evenings _____	Nights _____

Previous emergency services: (Include only Fire, Rescue, and EMS Agencies)

Name, Address, Telephone and Contact Person of Agency(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list three personal references, *other than members of this organization*, who have known you for at least three years:

A. Name: _____	Telephone: _____
B. Name: _____	Telephone: _____
C. Name: _____	Telephone: _____

Please list the names of any family members, friends or acquaintances that are members of this organization:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Regulations require that you pass a physical examination before becoming a firefighter. The Department's designated physician will provide you with a free medical examination. Are you willing to undergo a medical examination? Yes \_\_\_\_\_ No \_\_\_\_\_

	Name of School and Location Include College, Graduate Work and Summer Sessions	Dates Attended	Diploma/ Degree Conferred (Please indicate: MAJOR & MINOR)
HIGH SCHOOL			
UNDERGRADUATE			
GRADUATE			

Employer and Location (Most Recent First)	Position Held	Dates Employed		Reason for Leaving
		From: (Mo./Yr.)	To: (Mo./Yr.)	

### **OTHER QUALIFICATIONS**

In addition to your work history, what other experiences, skills, qualifications, or **emergency services certifications/licenses** do you have that would enhance your candidacy for a position with the Amherst Fire Rescue? *Please attach copies of any license or certification.*

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### **ADDITIONAL INFORMATION**

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**PLEASE READ BEFORE SIGNING**

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and that Amherst Fire Rescue has the same right. I further understand that Amherst Fire Rescue may contact my previous employers, schools, or listed references to obtain any information regarding employment or education. I authorize those employers, schools, and references to disclose to Amherst Fire Rescue all records and other information pertinent to my application for employment with Amherst Fire Rescue. I agree that Amherst Fire Rescue, my previous employers, schools, and references will not be liable in any respect if a job offer is not extended, is withdrawn, or if my employment is terminated because of false statements, omissions, or other information contained within this application. I also authorize Amherst Fire Rescue to provide truthful information concerning my employment with Amherst Fire Rescue to my future prospective employers, and I agree to hold it harmless for providing such information.

I certify that all of the information that I have provided in this application and in any interview will be complete, true, and accurate. I understand that if I am employed, and any such information is later found to be incomplete, false, or misleading in any respect, I may be discharged.

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Date

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Signature

### **RETURN OF AMHERST FIRE RESCUE PROPERTY**

All Amherst Fire Rescue property, tools, equipment, documents, or records made or compiled by you or made available to you in connection with the business of Amherst Fire Rescue must be returned to the Amherst Fire Rescue promptly upon termination of your employment, resignation, or at any other time upon request.

I \_\_\_\_\_ do hereby agree to comply  
Printed Name

with the above stated.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**AMHERST FIRE RESCUE**  
**APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION**

In order to confirm the information that I have supplied on my application for membership with Amherst Fire Rescue, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and references to disclose relevant information and/or records about me to Amherst Fire Rescue whether the information be of public, private or confidential nature; and release them from liability and responsibility from doing so.

This authorization shall be valid for this and any future information, reports or updates that may be requested.

I understand this form will accompany request for official documents and confirmation of my credentials.

\_\_\_\_\_  
Applicant Name (Please Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Social Security Number

\_\_\_\_\_  
Applicant Driver License Number

Subscribed and Sworn to

Before Me, This \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public)