

## **JOB POSTING**

The Thompsonville Fire Department is currently accepting applications for the position of firefighter. Applications are available to be picked up in person at the office of the Fire Chief or Assistant Fire Chief, located at 11 Pearl Street, Enfield CT. Applications are also available on the Departments website, located at [www.thompsonvillefire.org](http://www.thompsonvillefire.org). Applicants are encouraged to complete and/or printout the application online. Applications can be mailed or hand delivered and must be received by May 30, 2014. A nonrefundable \$ 75 processing fee is due in the form of check or money order at the time of submittal of application.

The Thompsonville Fire Department is an Equal Opportunity Employer.

## **FIRE DISTRICT OF THOMPSONVILLE CT**

### **Requirements for all applicants applying for the position of firefighter in the Thompsonville Fire District Enfield Ct**

Thompsonville Fire Department ("The Department") is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis prohibited by law. The Department considers applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital status, veteran status, sexual orientation, gender identity/expression, genetic information or any other legally protected status. The Department will provide equal opportunity in compliance with all applicable laws.

**Education /Age:** Applicants must possess a valid High School Diploma or GED and be at least 18 years of age for eligibility at time of application.

**REQUIRED CERTIFICATION:** Current State of Connecticut EMT/B license; Connecticut certified Firefighter I; Hazardous Materials First Responder Awareness/Operational level.

**PREFERRED QUALIFICATIONS:** Connecticut certified Firefighter II; Candidate Physical Ability Test; Recruit Firefighter Certificate; Rescue Technician Core; Rescue Technician Confined Space; Cold Water Rescue; State of Connecticut Personal Watercraft Operator Certificate.

**LICENSE REQUIREMENTS:** Applicants must possess a valid Connecticut driver's license with "Q" endorsement or Commercial driver's license.

**PHYSICAL EXAM:** Pursuant to the collective bargaining agreement between the Thompsonville Fire Department and the Thompsonville Firefighters IAFF Local 3059, any job offer made to an applicant will be conditioned upon the successful completion of a full physical exam conducted by a physician selected and paid by the Fire District.

**BACKGROUND INVESTIGATION:** Applicants must successfully complete a reference check as well as a background check involving review of criminal records and motor vehicle records.

**RESIDENCY:** After nine month probationary period successful candidates will have six additional months to reside within 15 drivable miles of the Thompsonville Fire Department 11 Pearl St Enfield Ct.

**DRUG TESTING:** Applicants are required to submit to drug testing as part of the application process.

**ORAL INTERVIEW:** Applicants must successfully complete the oral interview process.

# THOMPSONVILLE FIRE DEPARTMENT

11 Pearl Street  
Enfield, CT 06082

## APPLICATION FOR EMPLOYMENT

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### PERSONAL AND POSITION INFORMATION

Last Name		First Name		Middle	
Address	Number	Street	City	State	Zip Code
Telephone Number(s): Home		Work		Cell	
Email Address:					

Position(s) applied for: \_\_\_\_\_ Hourly Rate/Salary desired? \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_ Are you available to work:  Full-time  Part-time

Days available to work:

\_\_\_\_ AM - \_\_\_\_ PM  
\_\_\_\_ AM - \_\_\_\_ PM  
\_\_\_\_ AM - \_\_\_\_ PM

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you either a U.S. citizen or an alien authorized to work in the United States?  Yes  No

Are you prevented from lawfully becoming employed in this country because of VISA or immigration status?  Yes  No

If employment is offered, can you produce documentation required by law to establish work authorization and identity?  Yes  No

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you work overtime if your job requires it?  Yes  No

Can you travel if your job requires it?  Yes  No

Do you have reliable transportation to and from work?  Yes  No

If your job requires you to use a personal vehicle, would you have one to use?  Yes  No

Can you provide a valid driver's license and proof of insurance if required to drive?  Yes  No

Have you ever applied to or worked for this Department before?  Yes  No

If yes, list dates of employment, location/department/position and (if applicable) former name: \_\_\_\_\_

Do you have any friends or relatives working at the Department?  
If yes, list name and relationship to you:

Yes  No

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**EDUCATION AND TRAINING**

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	Name and Address of School	Course of Study	Years Completed	Diploma/Degree GPA
High School, Prep School		N/A	9 10 11 12	
College, University			1 2 3 4	
Graduate, Trade, Business School				

Academic Scholarships/Awards \_\_\_\_\_

Describe any licenses or certifications (type, which state(s), date(s), license number(s)) \_\_\_\_\_

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Has any license or certification you have held been surrendered, suspended or revoked for any reason? If so, please explain: \_\_\_\_\_

Military Service (Dates, Branch, Characterization of Discharge) \_\_\_\_\_

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List any skills or knowledge relevant to the job for which you are applying that you think may be helpful to us in considering your application (such as knowledge of Excel, Word, foreign languages, military training, etc.):

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**EMPLOYMENT EXPERIENCE**

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Have you ever been dismissed, involuntarily terminated or forced to resign from employment?  Yes  No

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

Starting with your **most recent employment**, provide your complete employment history for the past 10 years. Include any job-related military service assignments and volunteer activities. Please be aware that your current and previous employers may be contacted. If you provide a resume that contains some of the requested information, you must still complete the fields marked by an asterisk (\*).

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Employer\* \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Hourly Rate/Salary\* \_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties & Accomplishments \_\_\_\_\_

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Supervisor (Name and Title) \_\_\_\_\_  
Reason for leaving\* \_\_\_\_\_

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Employer\* \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Hourly Rate/Salary\* \_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties & Accomplishments \_\_\_\_\_

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Supervisor (Name and Title) \_\_\_\_\_  
Reason for leaving\* \_\_\_\_\_

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Employer\* \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Hourly Rate/Salary\* \_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties & Accomplishments \_\_\_\_\_

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Supervisor (Name and Title) \_\_\_\_\_  
Reason for leaving\* \_\_\_\_\_

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(If you need additional space, please continue on back of application or attach additional sheets.)

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**PROFESSIONAL REFERENCES FOR EMPLOYMENT**

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Please provide names of 3 professional references, not related to you, whom you have known at least one year.

<u>NAME</u>	<u>TITLE/ADDRESS</u>	<u>HOME PHONE</u>	<u>BUSINESS PHONE</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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**NOTICE REGARDING POLYGRAPH TESTS**

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No applicant or employee shall be required to take a polygraph test or any form of mechanical or electrical lie detector test as a condition of employment or as a condition of continued employment.

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**AT-WILL EMPLOYMENT DISCLAIMER AND APPLICANT'S AGREEMENT AND CERTIFICATION**

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I certify that the answers given in this application are true to the best of my knowledge, I understand that the use of this application form does not indicate that there are any positions open and does not in any way obligate the Thompsonville Fire Department or any of its business affiliates (hereafter "the Department").

*In consideration of my employment, I agree to conform to the policies and procedures of the Department, as they may from time to time be implemented or revised. I further agree that unless my employment is otherwise governed by a collective bargaining agreement or individual written contract of employment, my employment and compensation are "at-will" and can be terminated with or without cause at any time for any lawful reason at the option of either the Department or myself.* I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of the Department that in any way would limit the Department's right to terminate my employment at will. I understand that no supervisory, management or any other employee at the Department has any authority to make a commitment of guaranteed or continuing employment to me, and no document or publication of the Department or conduct of anyone at the Department should be interpreted to make such a guarantee, unless the Board of Fire Commissioners specifically agrees to such change in writing signed by the Board of Fire Commissioners and me.

I understand that false or misleading information given in my application, resume, interview or during the course of my employment may result in withdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered. I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. I understand that if I am paid a weekly salary rather than an hourly rate, my salary is intended to compensate me for all hours I work, including any hours in excess of 40 hours in a work week.

**I have read, understood and agree to the foregoing.**

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

\_\_\_\_\_  
Date

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**NOTICE OF BACKGROUND CHECK AND FAIR CREDIT REPORTING ACT DISCLOSURE**

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As part of the interview process, the Department and any of its business affiliates (hereafter “the Department”) may conduct a background check. If you are hired, the Department may also conduct a background check in deciding whether to continue your employment and when making other employment-related decisions directly affecting you. As part of the background check, the Department may obtain a “consumer report” from a “consumer reporting agency.” These terms are defined in the Fair Credit Reporting Act (“FCRA”), which applies to you. A consumer report may include information regarding such issues as your credit standing,\* criminal record,\*\* motor vehicle record, character and reputation. If the Department obtains a “consumer report” about you, and considers any information in the “consumer report” when making an employment-related decision that directly and adversely affects you, you will be provided with a copy of the report before the decision is finalized and other information required by the FCRA (including a summary of your rights under the FCRA and the name, address and telephone number of the consumer reporting agency and other applicable federal agencies). Your signature below authorizes The Department to obtain consumer reports regarding you from consumer reporting agencies in connection with your application and during the course of your employment.

You are required to provide the following information so that the Department may conduct the background check:

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Date of Birth: \_\_\_\_\_

Driver’s License No: \_\_\_\_\_      State: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Former Name: \_\_\_\_\_      Dates Used: \_\_\_\_\_

Please note that the consumer reporting agency may contact you directly to request additional information needed to perform the background check and that you are required to comply with any such request for information as part of the application process.

**\*For individuals in Connecticut:** The Department may only obtain and/or use a credit report pertaining to any Connecticut applicants or employees when: (a) the report is required by law; or (b) the Department reasonably believes the employee engaged in any activity that constitutes a violation of the law related to his/her employment; or (c) the report is substantially related to the applicant/employee’s current or potential job or when the Department has a bona fide purpose for requesting or using the information in the credit report that is substantially job-related and is disclosed in writing to the applicant/employee.

**\*\*For applicants in Massachusetts:** The Department will not obtain and/or use a criminal background report pertaining to any Massachusetts applicants until they are interviewed or thereafter.

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**AUTHORIZATION TO COLLECT BACKGROUND INFORMATION**

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I have applied for employment with the Thompsonville Fire Department (hereafter "the Department"). I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize representatives of the Department to obtain pertinent information from my previous employers, references, and other persons with knowledge of my work history and background, financial history, education, regulatory or police records, driving records, licensing status or professional designation, and character or reputation, and to consider the information provided by the background check when making decisions regarding my employment at the Department. I authorize all previous employers, references or other persons or agencies having knowledge of my record or myself to release such information to the Department, and hereby release all persons from liability for any damage that may result from furnishing such information to the Department.

My signature below authorizes the Department to obtain consumer reports regarding me from any and all federal, state and local reporting agencies in connection with my application and, if hired, during the course of my employment. I hereby authorize, without limitation, any consumer reporting agencies or information service bureaus contacted by those reporting agencies to furnish the above-referenced information.

I acknowledge that a photocopy, facsimile or electronic copy of this authorization shall be as valid as and may be accepted in lieu of the original.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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**CRIMINAL BACKGROUND**

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**THIS PORTION OF THE APPLICATION WILL ONLY BE REVIEWED BY THE HUMAN RESOURCES DEPARTMENT, THOSE INVOLVED IN INTERVIEWING THE APPLICANT, AND THE PERSON(S) MAKING THE HIRING DECISION.**

**\*\*\*\*\*BEFORE ANSWERING, YOU MUST REVIEW STATE SPECIFIC INFORMATION BELOW\*\*\*\*\***

**YOU MAY NOT BE REQUIRED TO ANSWER OR YOU MAY LIMIT YOUR ANSWER  
DEPENDING ON APPLICABLE STATE LAW BELOW**

Have you ever been convicted of or pleaded guilty or nolo contendere (no contest) to any violation of any state, federal, county or municipal law, other than a minor traffic violation? \*\*  Yes  No

If yes, please give information regarding the nature of the charge, the date and location of conviction and the final disposition of the case:

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**\*\*For applicants in Connecticut:** Applicants are not required to disclose the existence of an arrest, criminal charge or conviction for which records have been "erased." The types of records subject to erasure under Connecticut law are as follows: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled"; (d) a criminal charge for which the person was found not guilty; and (e) a conviction for which the person received an absolute pardon. Any applicant whose criminal records were erased will be considered to have never been arrested and may so state under oath.

**\*\*For applicants in Massachusetts:** Under Massachusetts law, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. **MASSACHUSETTS APPLICANTS SHOULD NOT RESPOND TO ANY WRITTEN QUESTIONS ABOVE ON THIS APPLICATION FORM SEEKING CRIMINAL RECORD INFORMATION.** Applicants are required to disclose criminal record information orally during any interview. Applicants are not required to provide a copy of their Criminal Offender Record Information to The Company at any time. Applicants may further answer "no" to any questions asked in an interview or thereafter regarding convictions involving: (1) a first conviction for one of the following misdemeanors: minor traffic violation, speeding, drunkenness, simple assault, affray, or disturbance of the peace; or (2) a conviction for a misdemeanor where the date of conviction or completion of any period of incarceration is more than five years prior to the date of this application for employment. In addition, an applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to an inquiry relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services, which did not result in a complaint transferred to the superior court for criminal prosecution.

**\*\*For applicants in New York:** Applicants are not required to disclose the existence of an arrest or detention that did not result in conviction, a criminal proceeding terminated in a youthful offender adjudication, or convictions that are sealed.

I understand that the information provided above will not necessarily result in the rejection of my application, but that the nature of the information will be considered as it relates to the performance of the job duties in question and in light of the requirements of state and federal law.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**NOTICE TO APPLICANTS REGARDING PRE-EMPLOYMENT DRUG TESTING**

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Any individual applying for employment with the Department or any of its business affiliates (hereafter “the Department”) may be required to submit to a urinalysis drug test as a mandatory part of the employment application process.

This notice serves as a written statement of the Department’s intention to conduct drug testing as part of the application process. The testing will be conducted in accordance with the procedures required by applicable state and federal regulations. Tested applicants will be given a copy of any positive test result. All test results shall be considered confidential by the Department and shall not be disclosed to the employees of the Department, or any other person, other than to those persons for whom such disclosure is necessary. Positive test results, or a refusal to sign this consent form and participate in pre-employment drug testing, shall be grounds for denial of employment. Arrangements for testing will be made by a representative of the Department, in consultation with each applicant. Cooperation in scheduling the testing is important for processing an application.

Further, the Department prohibits employees from possessing or being under the influence of alcohol or illegal drugs or from abusing lawful drugs while performing work-related functions. Failure to consent to a properly requested test for drugs or alcohol during the course of employment or failing a drug or alcohol test are grounds for termination of employment.

By signing below, you consent to be drug tested and acknowledge you have thoroughly read the foregoing notice and policy, and you understand and agree that in order to be considered for employment with the Department, you will comply in full with the Department’s drug and alcohol policies.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_