



WASHINGTON, NH

FIRE-EMS DEPARTMENT

Department Membership & Employment Application

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

Date of Application: \_\_\_\_\_

Please check the position(s) to which applying:

Resident Firefighter

Resident EMS

Per Diem EMS

Note- Resident positions residency in or near Washington and will respond to calls from home as available. Per Diem EMS is a designated shift, in quarters position, residency is not required.

Directions:

1. This application must be typewritten or legibly printed.
2. This application must be completely filled out; any blank spaces should be filled in with N/A.
3. Any questions which cannot be answered in the space available should be answered on the back of that page.
4. Applicants must sign the CRIMINAL RECORD RELEASE AUTHORIZATION FORM and have it notarized by a Notary Public or Justice of the Peace. The form is attached to this document.
5. Applicants must sign the RELEASE of MOTOR VEHICLES RECORD AUTHORIZATION FORM and have it notarized by a Notary Public or Justice of the Peace. The form is attached to this document.
6. Completed applications may be mailed to the Washington Fire Department, 7 Halfmoon Pond Rd. Washington, NH. 03280 or hand delivered to the Washington Fire Station at 75 Lempster Mountain Rd.
7. Include copies of any training or certifications have listed in this application.

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

Are you 18 years of age or older? No Yes

***The following section is to be completed by all Fire and EMS applicants:***

EDUCATION

Year of High School Graduation or GED: \_\_\_\_\_ Did not graduate/ no GED: \_\_\_\_\_

Name of High School: \_\_\_\_\_ City/Town, State: \_\_\_\_\_

College/University/Tech Program attended: \_\_\_\_\_

City/Town, State: \_\_\_\_\_ Year of graduation/completion: \_\_\_\_\_

Major/ Program Focus: \_\_\_\_\_ Degree/Certificate earned: \_\_\_\_\_

*If applicable-*

Firefighter certification level: \_\_\_\_\_ Date: \_\_\_\_\_

Certifying authority: \_\_\_\_\_ Location: \_\_\_\_\_

EMS certification level: \_\_\_\_\_ Date: \_\_\_\_\_

EMS training program: \_\_\_\_\_ Location: \_\_\_\_\_

List any other pertinent professional training (attached resumé or curriculum vitae is acceptable)

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Are you a Veteran?: No Yes (Branch, MoS & dates of service): \_\_\_\_\_

Do you possess a valid driver's license?: No Yes (class & endorsements): \_\_\_\_\_

EMPLOYMENT HISTORY- Please list your work experience and include volunteer work and military experience for the past ten years. (Most recent first)

Job Title \_\_\_\_\_ From (mm/yr) \_\_\_\_\_ To (mm/yr) \_\_\_\_\_

Employer \_\_\_\_\_ Phone number \_\_\_\_\_

Address: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Supervisor name & title \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Job Title \_\_\_\_\_ From (mm/yr) \_\_\_\_\_ To (mm/yr) \_\_\_\_\_

Employer \_\_\_\_\_ Phone number \_\_\_\_\_

Address: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Supervisor name & title \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Job Title \_\_\_\_\_ From (mm/yr) \_\_\_\_\_ To (mm/yr) \_\_\_\_\_

Employer \_\_\_\_\_ Phone number \_\_\_\_\_

Address: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Supervisor name & title \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Job Title \_\_\_\_\_ From (mm/yr) \_\_\_\_\_ To (mm/yr) \_\_\_\_\_

Employer \_\_\_\_\_ Phone number \_\_\_\_\_

Address: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Supervisor name & title \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

(continue on back or attach a supplement page if needed)

***The following section is to be completed by EMS applicants:***

Position for which you are applying (circle): EMR EMT AEMT EMTP Driver

Current level of certification: \_\_\_\_\_ Date of certification: \_\_\_\_\_

NREMT Number: \_\_\_\_\_ NH EMS Provider License Number: \_\_\_\_\_

***The following section is to be completed by all fire and EMS applicants:***

REFERENCES

Please provide the names, addresses and phone numbers of three references

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known \_\_\_\_\_

A criminal felony conviction may disqualify an applicant from consideration for hiring by the Town of Washington Fire-EMS Department. A signed and notarized NH Criminal History Request Form (DSSP 256) must be attached to this application to continue the application process.

A valid driver's license is required for employment. A signed and notarized NH Motor Vehicle Records Release Form (DSMV 505) must be attached to this application to continue the application process.

I certify the information provided in or attached to this application is complete, accurate and current as of the date specified below. I certify that I have the legal right to accept employment in the United State and State of New Hampshire, and that I will produce, at or before the date of hire, proof of that right to accept employment. I further certify that there are no willful misrepresentations of the information provided on this application, and that I have made no omissions of material fact with respect to any of my answers to the questions presented. I understand that if an investigation should disclose such misrepresentations or omissions, my application may be rejected. I understand that if I should be employed at the time such misrepresentations or omissions are discovered, my service may be terminated.

By checking this box, you are certifying that you have read and agree to the above statement.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

THE TOWN OF WASHINGTON, NH IS AN EQUAL OPPORTUNITY EMPLOYER

**For Official Use Only**

Date Application Received \_\_\_\_\_

Nomination Date \_\_\_\_\_

References Checked \_\_\_\_\_

Criminal Record Check \_\_\_\_\_

MV Record Check \_\_\_\_\_

Accepted / Rejected Date \_\_\_\_\_