

The background of the page features a large, semi-transparent shield-shaped logo for the Hadley Fire Department. The logo is purple with a yellow border and contains the text "HADLEY" at the top, "FIRE" in the center, "DEPT." below it, and "MASS." at the bottom. A Maltese cross is also visible within the shield.

# **Town of Hadley, Massachusetts Fire Department**

## **Application for Employment**

It is the policy of the Town of Hadley to afford equal employment opportunity to all qualified persons regardless of race, color, religion, national origin, age, military status, sexual orientation, disability, or gender, except where age or sex is bona fide occupational qualification as allowed by the Civil Rights Act of 1964

**(Please Print or Type)  
Position(s) Applying for:**

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**Personal Information:**

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**Last Name    First Name    Middle Name**

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**Mailing Address    City/Town    State    Zip Code**

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**Home Address (If different)    # of Years at this Address**

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**License Number/State    Date of Birth    Social Security Number**

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**Home Phone    Cell/Alternate Phone    Email Address**

<b>Type of School</b>	<b>Name &amp; Address of School</b>	<b>Completed?/Area of Study</b>	<b># of Years Completed</b>	<b>Graduated?/ Degree/Certificate?</b>	
<b>High School</b>				<b>Yes</b>	<b>No</b>
<b>College</b>				<b>Yes</b>	<b>No</b>
<b>Graduate</b>				<b>Yes</b>	<b>No</b>
<b>Other</b>				<b>Yes</b>	<b>No</b>
<b>Other</b>				<b>Yes</b>	<b>No</b>

**Other Training, Licenses and/or Certifications:**

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## Employment History:

Starting with your present job or most recent job, list all paid and/or volunteer positions held during the last ten (10) years. Please use additional sheets of plain white paper if you need more space. A resume may not be substituted but may be included as a supplement.

Name and Address of Employer	Positions, Duties and Supervisor	Pay Rate	Reason for Leaving
<b>Phone #:</b> <b>Date Worked From:</b> <b>Date Worked To:</b>	<b>Supervisor's Name:</b> <b>May we Contact? Yes    No</b> <b>Phone #</b>		
<b>Phone #:</b> <b>Date Worked From:</b> <b>Date Worked To:</b>	<b>Supervisor's Name:</b> <b>May we Contact? Yes    No</b> <b>Phone #</b>		
<b>Phone #:</b> <b>Date Worked From:</b> <b>Date Worked To</b>	<b>Supervisor's Name:</b> <b>May we Contact? Yes    No</b> <b>Phone #</b>		
<b>Phone #:</b> <b>Date Worked From:</b> <b>Date Worked To</b>	<b>Supervisor's Name:</b> <b>May we Contact? Yes    No</b> <b>Phone #</b>		
<b>Phone #:</b> <b>Date Worked From:</b> <b>Date Worked To</b>	<b>Supervisor's Name:</b> <b>May we Contact? Yes    No</b> <b>Phone #</b>		

Have you ever worked under a different name? No Yes Explain \_\_\_\_\_

Have you ever worked for the Town of Hadley? No \_\_\_ Yes \_\_\_ If yes, please give position and dates of employment: \_\_\_\_\_

## Professional References:

List three (3) people, not related to you, who can comment on your work performance and character.

Name	Address	Telephone #	Relationship	How Long have you known Person

## Emergency Contact:

Name	Address	Phone
Place of Employment	Address	Phone
Relationship to you		

In a brief statement, tell us about yourself and why you are interested in employment with the Hadley Fire Department: \_\_\_\_\_

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## **Applicant's Certification and Agreement:**

I understand that the foregoing will be verified in order to expedite my application for employment with the Town of Hadley. I hereby authorize the Town to conduct a full investigation into my background.

I authorize the Town to obtain my previous work records, employment records, character references and any other information concerning character, ability and habits and all other necessary information. Further I grant authority to the keeper of these records to release said records to the Town of Hadley for the purpose of making its hiring decision. I agree that the Town shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statement, omissions or answers made by me on this application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.

If employed, I agree to abide by all rules and regulations of the Town's Fire Department. I understand if convicted of a felony, I will notify my supervisor immediately. I agree to furnish such additional information and complete such examination as may be required to complete an employment process and understand that this application for employment in no way obligates the Town to employ me. I acknowledge that the Town will, if applicable, review the Criminal Offender Record Information (C.O.R.I.) and the Sex Offender Registry Information (S.O.R.I.). I understand that I will be informed if there may be an adverse employment decision based on the C.O.R.I. information.

I certify under the pains and penalty of perjury that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions or answers made by me on this application can result in my immediate termination.

I understand that unless I am subject to the terms of a collective bargaining agreement, my employment will be at-will, which means that both the Town of Hadley and I are free to terminate the employment relationship at any time for any non-statutorily prohibited reason or for no reason at all, with or without notice.

I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.

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Signature of Applicant

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Date:

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Printed Name of Applicant