



# Truro Fire Department Employment Application

344 Route 6, P.O. Box 2013

Truro, Massachusetts 02667

Phone: 508-487-7548 Fax: 508-487-6708

[www.trurofirerescue.org](http://www.trurofirerescue.org)

Truro Fire Department is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, ancestry, national origin, age, disability, sexual orientation, gender identification, or any other class protected by federal, state or local law. Any person who needs assistance in participating in the application process should contact the Fire Chief.

A fully completed application is required for position applied for.

Also, "see resume" is not acceptable in any field.

## I. Contact Information

\_\_\_\_\_ Date

\_\_\_\_\_ Name

\_\_\_\_\_ Permanent Address

\_\_\_\_\_ Street

\_\_\_\_\_ City/ Town

\_\_\_\_\_ State

\_\_\_\_\_ Zipcode

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

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

\_\_\_\_\_ Telephone (home)

\_\_\_\_\_ (cell)

\_\_\_\_\_ (work)

## II. Position

\_\_\_\_\_ How did you hear about this position?

\_\_\_\_\_ Position for which you are applying

Have you ever been employed by the Truro Fire Department? \_\_\_No \_\_\_Yes

If Yes, when? \_\_\_\_\_ to \_\_\_\_\_

III. Education	Name, Address, City, State	Years Attended	Degree
High School			
College			
Graduate School			
Trade, Business, Night Courses			
Military Service, Other Training			

## IV. Licenses (Please list all licenses you possess that are relative to the position you seek). A valid license is a condition of employment, where required.

Do you have a valid driver's license (Class D Auto)? Yes \_\_\_ No \_\_\_ If yes, enter expiration date. \_\_\_\_\_

Do you have a valid CDL license (Class A or B)? Yes \_\_\_ No \_\_\_ if yes, enter expiration date. \_\_\_\_\_

V. Specialized Certifications

VI. Hobbies / Personal Interests

VII. Employment History (Please do not write “see resume”)

Please account for the last 4 positions you have held. Start with your present of last employer. You may include military service and any verifiable work performed as an intern or volunteer. You \_\_\_ may \_\_\_ may not contact my present employer.

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Salary Received	Reason for Leaving

Description of Primary Duties

Employer	Address
Telephone	Title
Supervisor	Dates Worked
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Description of Primary Duties

**VIII. References** (A minimum of 3 references is required. Please do not write "see resume")

Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship

**IX. Medical Information**

All offers of employment are conditional upon the satisfactory completion of a Health Questionnaire and conditional upon a physical examination, including drug testing. Satisfactory fitness to perform the essential duties of the position is a condition of employment.

## X. Lie Detector Test

**It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.**

## XI. Signature **\*CAREFULLY READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING\***

A. I understand that acceptance of this application by the Truro Fire Department does not imply that I will be employed. (Exceptions to A is an employee filling out this application for promotional purposes only)

B. The information that I have provided is true and complete. I understand that misrepresentation or omission of any fact in my application, resume, or in any other materials or as provided during interviews, can be justification for refusal of employment or can be justification for termination from employment, if employed.

C. I understand that any offer of employment that I receive from the Truro Fire Department is contingent upon my successful completion of the pre-employment screening process including but not limited to the department receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry, satisfactory verification of driver's license or certifications where required and satisfactory completion of any required post-offer pre-employment psychological test, drug test or physical examination.

D. In processing my application for employment, the Truro Fire Department may verify all of the Information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation and personal characteristics.

E. I authorize the Truro Fire Department to take whatever steps deemed necessary to obtain Information regarding my qualifications for employment including contacting my present and former employers, by contacting individuals listed as business, educational or personal references, and by contacting other Individuals to provide or further clarify information about me.

F. I hereby release my present and former employers and all Individuals contacted for factual information about me from any and all liability for damages arising from furnishing the requested Information.

G. I understand that as a condition of employment, I may be required to furnish additional or updated medical information, that I may be required to undergo a physical examination, that I may be subject to psychological testing, that the Truro Fire Department, may request a Criminal Offense Record Inquiry (CORI check) on me, investigate my driving record or verify my license(s) or certification(s) as required for employment at any time during my employment. As a condition of employment an employee may be required to provide additional or updated Information especially if this employee has been on workers comp and may require both psychological testing and an employment physical in order to allow us to have the necessary information for making a proper decision or reasonable accommodations, if necessary.

My Signature Certifies That I Have Read And Agree With All Statements Contained In This Application For Employment.

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Applicant Name (Please Print)

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Applicant Signature

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Date