**CUMBERLAND FIRE DEPARTMENT**

**FIREFIGHTER EMPLOYMENT APPLICATION**

3502 Mendon Road
Cumberland, RI 02864
(401) 658-0544

***Application must be typed or printed neatly in blue or black ink.***

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| **1. PERSONAL HISTORY** |
| Name (Last, Middle, First) |
| Current Address (Street and Number, City, State, Zip) |
| Current Phone NumbersHome: Cell: Work: |
| Email Address |
| Date and Place of BirthDate: City: County: State: |
| Are You a United States Citizen? (If naturalized, submit a copy of official paperwork) ❑ Yes ❑ No |
| Social Security Number: |
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| **2. CHARACTER REFERENCES** |
| List three (3) character references. So not include relatives, former employers, or persons living outside the United States. List only character references that have a definite knowledge of your qualifications and fitness for the position for which you are applying. |
| Name | Years Known | Address | Home Phone # |
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| **4. RESIDENCE(S)** |
| List chronologically all your residences in the last FIVE (5) years. |
| From (mo./yr.) | To (mo./yr.) | Address (number, street, city, state, zip) |
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| **5. EMPLOYMENT HISTORY** |
| Beginning with your current or most recent job, list your work history for the past TEN years. (Include part-time, seasonal, and temporary) |
| 1. Name and Address of Employer: |
| Dates worked: From (mm/yr.): To (mm/yr.): |
| Job Position or Title: | ❑ Full-time ❑Part-time ❑ Seasonal |
| Description of Duties: |
| Name and Telephone Number of Supervisor: |
| Reason for Leaving: |
| 2. Name and Address of Employer: |
| Dates worked: From (mm/yy): To (mm/yy): |
| Job Position or Title: | ❑ Full-time ❑Part-time ❑ Seasonal |
| Description of Duties: |
| Name and Telephone Number of Supervisor: |
| Reason for Leaving: |
| 3. Name and Address of Employer: |
| Dates worked: From (mm/yy): To (mm/yr.): |
| Job Position or Title: | ❑ Full-time ❑Part-time ❑ Seasonal |
| Description of Duties: |
| Name and Telephone Number of Supervisor: |
| Reason for Leaving: |
| 4. Name and Address of Employer: |
| Dates worked: From (mm/yr.): To (mm/yr.): |
| Job Position or Title: | ❑ Full-time ❑Part-time ❑ Seasonal |
| Description of Duties: |
| Name and Telephone Number of Supervisor: |
| Reason for Leaving: |
| 5. Name and Address of Employer: |
| Dates worked: From (mo/yr): To (mo/yr): |
| Job Position or Title: | ❑ Full-time ❑Part-time ❑ Seasonal |
| Description of Duties: |
| Name and Telephone Number of Supervisor: |
| Reason for Leaving: |

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| **6. EMPLOYMENT RECORD** |
| Have you ever been involuntary terminated from a full or part-time job, whether it was termed: fired, terminated, suspended, laid-off or furloughed?  ❑ Yes ❑No (If yes, describe the circumstances). |
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| Have you ever resigned (quit) after being informed that your employer intended to discharge you? ❑ Yes ❑No (If yes, describe the circumstances). |
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| Have you ever had any disciplinary actions taken against you at any of your jobs (written reprimands, suspensions with or without pay, forfeiture of benefits or other actions)?  ❑ Yes ❑No (If yes, describe the circumstances). |
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| Do you have any reason to believe that a former employer may give you a negative job reference? ❑ Yes ❑No (If yes, name of employer and why). |
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| **7. PUBLIC SAFETY HISTORY** |
| Are you currently on another department? ❑ Yes ❑No |
| Type: ❑ Fire Department ❑ Emergency Medical Services ❑ Law Enforcement/Corrections |
| ❑ Paid Department ❑ Combination paid/Volunteer ❑ Volunteer only(If claiming for minimum requirement, you must provide a letter from agency head stating you had two consecutive years of active service) |
| Please list: Department Name, full address, phone number, and current Chief’s name. |
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| **8. EDUCATION HISTORY** |
| List chronologically all schools you have attended, include high school, college, trade school, vocational school, and other. |
| Dates Attended | School Name | Address | Date Graduated |
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| **9. EDUCATION AND TRAINING** |
| Are you NFPA 1001 Firefighter I certified? ❑Yes ❑No Certify Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you NFPA 1001 Firefighter II certified? ❑Yes ❑No Certify Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you a RI Licensed EMT-Basic or higher? ❑Yes ❑No Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| List college major and minor college courses of study and any other special training classes you have taken (NFPA certified courses). |
| Course | Certifying Body | Date |
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| **10. MILITARY SERVICE** |
| Branch of Service: |
| Highest Rank Held: |
| Date of Active Service: From (mm/yy) To (mm/yy) |
| Are you still enlisted, when will you be discharged? |
| Unit assigned to and responsibilities: |
| Type of Discharge: |
| Did you receive any disciplinary action while in the military? (if yes, please explain): |
| Have you ever been the defended in a court martial? (if yes, please explain): |