RANDOLPH FIRE DEPARTMENT APPLICATION

RANDOLPH VILLAGE. ☐

RANDOLPH CENTER. ☐

EAST RANDOLPH. ☐

NAME:_____ M/F___ S/S_____
PRINT PLAINLY :LAST FIRST MID.

D.O.B._____ DRIVERS LICENSE NUMBER_____

ADDRESS_____
STREET OR P.O. BOX CITY STATE/ZIP

TELEPHONE_____
HOME WORK

MARRIED_____ SPOUSE'S FIRST NAME_____

IN THE EVENT OF INJURY OR ACCIDENT, NOTIFY:_____

LIST THREE (3) REFERENCES, NAME AND PHONE NUMBER

1._____

2._____

3._____

EMPLOYER'S NAME_____

ADDRESS:_____

WORK SCHEDULE / HOURS_____

LIST ANY PHYSICAL DISABILITIES:(LAMENESS, BAD BACK, AMPUTATIONS,HEART DISEASE, ETC._____

PHOBIAS: HEIGHTS_____ FALLING_____ FIRE_____ SMOKE_____ BEING CLOSED IN_____

OTHER_____

A MEDICAL EVALUATION WILL BE REQUIRED UPON ACCEPTANCE AS A VOLUNTEER FIRE FIGHTER. HAVE YOU HAD A PHYSICAL EXAM WITHIN LAST SIX (6) MONTHS? YES_____ NO_____

WILL EMPLOYER GIVE PERMISSION TO LEAVE FOR FIRE? YES_____ NO_____

CAN RESPOND TO ALARM: ALWAYS___ FREQUENTLY___ PERIODICALLY___

WILLING TO SPEND EXTRA TIME: ALWAYS___ FREQUENTLY___ PERIODICALLY___

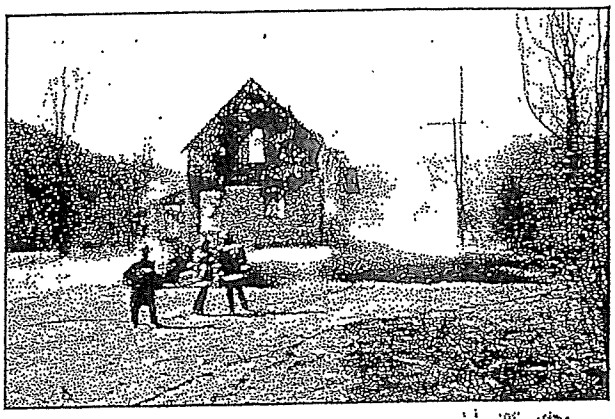
I REALIZE, UPON SIGNING THIS APPLICATION, THAT ANY FALSE INFORMATION SUBMITTED MAY ADVERSELY EFFECT MY APPLICATION, AND THAT IF DISCOVERED AFTER ACCEPTANCE IN THE DEPARTMENT MAY RESULT IN AUTOMATIC DISCHARGE FROM THE DEPARTMENT. I FURTHER REALIZE THAT I MUST FULFILL MY DUTIES TO THE BEST OF MY ABILITY ACCORDING TO THE BY-LAWS OF THE RESPECTIVE FIRE DEPARTMENT, QUALIFIED APPLICANT MUST BE 18 YEARS OR OLDER.

_____ _____
SIGNATURE DATE

INTERVIEW DATE:_____ ACTION: ACCEPTED:_____ REJECTED:_____

SIGNATURE OF SENIOR OFFICER DATE

PRIOR EXPERIENCE:



LIST BELOW ANY EXPERIENCE IN THE FIRE SERVICE THAT YOU HAVE HAD.

DEPARTMENT : (position, rank, etc.)_____

SCHOOLS / CLASSES:_____

MILITARY:_____

Town of Randolph Fire Departments

*I certify that the statements on all pages of this employment packet are true to the best of my knowledge. I understand **ALL** statements will be investigated by the Town of Randolph. I realize that failure to provide all of the requested information, as well as any misrepresentations or omissions, will cause my immediate rejection.*

I understand that if I have attained employment and an investigation discloses misrepresentation(s) relative to my initial application, my employment with the Town of Randolph may be terminated.

I further understand that the information contained in this employment application packet and any other information obtained during the investigation of your suitability for the position of Firefighter is the property of the Town of Randolph and it is in the sole discretion of the Town whether any of the information obtained will be released to any person including to you.

_____
Signature

_____
Date

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, **(please print)**_____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Town of Randolph's Fire Department or other Randolph Town Agencies, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full complete disclosure of the records of educational institution; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration's employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys of law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation that developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment as a firefighter for the Town of Randolph, Vermont. I also certify that any person(s), agencies, or businesses who may furnish such information shall not be held accountable for giving this information; and I do hereby release said person(s), agencies, or businesses from any or all liability which may be incurred as a result of furnishing such information.

A photocopy of this release will be valid as an original thereof, even though the said photocopy may not contain an original writing of my signature.

This release will expire 120 days after date signed.

_____ _____

Date Signature/Include Maiden name

Mailing Address:_____

Legal Address: _____

Phone:_____ DOB:_____

POB _____

SS# _____

_____ _____

Date Justice of the Peace/Notary Public

TOWN OF RANDOLPH
Identification Information

This form must be filled out completely. Leave no Boxes blank. If, for example you have lived at your present address for the past ten years state none under previous addresses.

Last Name	First Name	Middle Name
Current Home Street Address		
City	State	Zip
Nickname(s), Maiden Name, or other Names by which you have been known		
Date of Birth	Place of Birth	
Height	Weight	Hair Color
Eye Color	Blood Type	Social Security Number
Birthmarks, Scars and Tattoos (Type & Location)		
Home Phone	Business Phone	E-mail

List ALL previous Addresses for the past ten years with the most recent address first. Use additional sheets, if necessary.

From Month/Year	To Month/Year	Street Address	City	State

I certify that all the information on this form is true to the best of my knowledge.

Signature _____ Date _____