

Chepachet Fire Department
1170 Putnam Pike ~ P.O. Box 755
Chepachet, R.I. 02814
401-568-5200

Application for Employment

Personal Information:

Name: _____
Last First Middle

Address: _____
Street City State Zip

Mailing address if different from above: _____

Home Phone: (____) ____ - ____ Email _____

Marital Status: M S W D

Date of Birth: ____ / ____ / ____

Drivers License # _____ Class _____

If you are injured on duty, who should be notified: Name: _____

Relationship: _____ Phone Number: _____

Health Information:

Disabilities or Physical Aliments: YES / NO

If yes, please describe:

Are you willing to take a physical examination if requested by the department: YES / NO

Blood Type: _____

Education:

High School Completed: YES / NO

If no was GED Obtained: _____

Previous Fire/ Rescue Experience: YES / NO

If yes, please describe below:

Nature of experience

Department _____ Length of Service: _____ Rank Attained _____

Nature of experience

Department _____ Length of Service: _____ Rank Attained _____

List any other education, training, etc.: _____

Employment Information:

Present Employer: _____

Company Name

How long have you been employed with your present employer? _____

Supervisor: _____ Phone Number: _____

May we contact your current employer? YES / NO If no, Please explain why not:

Employer: _____

Company Name

How long have you been employed with your present employer? _____

Supervisor: _____ Phone Number: _____

May we contact your current employer? YES / NO If no, Please explain why not:

Employer: _____

Company Name

How long have you been employed with your present employer? _____

Supervisor: _____ Phone Number: _____

May we contact your current employer? YES / NO If no, Please explain why not:

References:

Name: _____ Phone: _____ Years Known: _____

_____ Phone: _____ Years Known: _____

_____ Phone: _____ Years Known: _____

I, _____, understand that if I am accepted for employment in the Chepachet Fire Department, I am subject to all the risks and hazards relative the fire and rescue service. I agree to abide by and obey all rules and regulations of the Department. I also understand that I must comply with all directions, orders, and commands of the Chief and Officers of the Chepachet Fire Department. Any and all equipment issued to me while employed with the department, I accept responsibility for, and agree to surrender at the request of the Chief or upon termination of my service to the Chepachet Fire Department.

Applicants Signature _____ Date: _____

Authorization for Release of Information

I, _____, have made application for employment with the Chepachet Fire Department, and it is my understanding that a criminal background check will be conducted in connection with my application. I understand that any history, which adversely reflects on my credentials for employment, may be cause for disqualification from further consideration.

I hereby give the Chepachet Fire Department and its agents, the authority to conduct a criminal background check including, but not limited to, oral interviews with any person concerning my background and a review with full disclosure of all records and other information, whether such records and other information are public, private, privileged, or confidential. This review includes records maintained by past and present employer, law enforcement agencies, and other local, state and federal agencies. This *Authorization of release of Information form* is solely for the purpose of conducting an applicant background investigation for the employment process of the Chepachet Fire Department.

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of the *Authorization for Release of Information form*. I consider a copy of the *Authorization for Release of Information form* to be as valid as the original, even though a copy does not have my original signature.

I hereby release the Chepachet Fire Department and its agents and anyone who gives written or oral information about me to the Chepachet Fire Department from any claims of liability or damages, which may occur as a result of the background investigation. This release also extends to my heirs, associations, assigns and representatives.

Social Security Number

Drivers License Number

Date of Birth

Applicants Signature

Date

Witness Signature

Date

Chepachet Fire Department

1170 PUTNAM PIKE, P.O. BOX 753
CHEPACHET, RHODE ISLAND 02814

PHONE (401) 568-5200 Fax: (401) 568-6100

Date _____

Authorization for _____

who is seeking membership and or employment with the
Chepachet Fire Department to have a background check both National and
State for criminal records. Fingerprinting will be required.

This background check will be paid for by the Chepachet Fire Department.

This will be conducted at the Glocester Police Department located at
162 Chopmist Hill Road Chepachet, R.I. You must call 401-568-2533
to make an appointment.



Dennis A. Huestis
Chief

Instructions:

***Please fill out forms and mail or email
to:***

***Chepachet Fire Department
Attn: Chief Dennis A. Huestis
PO Box 755
1170 Putnam Pike
Chepachet, RI 02814***

chief@chepachetfire.com