



SOUTH HADLEY FIRE DISTRICT NO. 2
20 WOODBRIDGE STREET
SOUTH HADLEY MA 01075
413-532-9210



EMPLOYMENT APPLICATION

DATE:

APPLICANT INFORMATION			
Last Name	First Name	M.I.	Date of Birth
Street Address		Apt/Unit #	
City	State	Zip	
Phone	E-mail address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a Citizen of the United States	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

CURRENT OR PAST CERTIFICATIONS AND LICENSES HELD	
	From To

DISCLAIMER AND SIGNATURE
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this applicant leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>

Signature

Date

SMOKING PROHIBITION

SMOKING PROHIBITION: The rule has been adopted under the authority of the Pension Reform Act, Chapter 697 of the Acts of 1987.

Section 117 of the Act adds the following to Chapter 41 of The General Laws of the Commonwealth of Massachusetts:

"Section 101A. Subsequent to January first, Nineteen Hundred and Eighty-Eight, no person who smokes any Tobacco product shall be eligible for appointment as a Police Officer or Firefighter in a city or town and no person so appointed after said date shall continue in such office or position if such person thereafter smokes any tobacco products. The personnel Administrator shall Promulgate regulations for the Implementation of this section".

" I understand that I am prohibited by law from smoking tobacco products, at any time, as long as I am employed by South Hadley Fire District No. 2." "I Acknowledge and I understand this Prohibition."

Sign: _____ **Date:** _____

FOR OFFICE USE ONLY

DATE

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