



HAZARDVILLE FIRE DISTRICT

ENFIELD, CONNECTICUT



385 Hazard Avenue Enfield, Ct. 06082
Tel. (860) 749-8344 Fax (860) 749-1911

HAZARDVILLE FIRE DISTRICT FIREFIGHTER/EMT

The Hazardville Fire District is accepting applications for the position of Firefighter/EMT. Hazardville Fire District is an independent fire district within the Town of Enfield that provides fire, rescue, hazardous materials, and EMS response throughout the district.

Minimum Qualifications

- Must be at least 18 years of age
- High School diploma or equivalent
- Must have a valid Connecticut driver's license with a "Q" endorsement (CDL preferred)
- Firefighter II certification
- Hazardous Materials Operational certification
- Valid Connecticut EMT license
- Must have valid CPAT card at time of job offer
- *Pump Operator and Aerial Operator certifications preferred*

Testing Processes

- Completed application and submitted resume (shall include copies of diploma, licenses, and certifications)
- Written Exam (50%)
- Oral Exam (50%)
- Background Investigation
- Medical Exam including drug testing

**The district reserves the right to limit the number of candidates to move forward in each step of the testing process*

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Additional Information

Candidates must be willing to work 24 hour rotating shifts, including holidays and weekends.

Applications may be obtained at the Hazardville Fire Station, 385 Hazard Ave, Enfield, CT or online at www.hazardvillefiredistrict.com

The Hazardville Fire District will be accepting applications from March 1st, 2018 – March 26th, 2018 @1600hrs. Completed applications must be submitted to the Fire Chief, Hazardville Fire District, 385 Hazard Ave Enfield, Ct. 06082.

Written exam is scheduled for March 31st, 2018 @ 0800 at the Hazardville Fire Station.

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HAZARDVILLE FIRE DISTRICT

APPLICATION FOR EMPLOYMENT

THE HAZARDVILLE FIRE DEPARTMENT is an EQUAL OPPORTUNITY EMPLOYER. State and Federal Law prohibit discrimination on the basis of race , color, religious creed, age, sex, marital status, national origin, ancestry, present or past history of mental disorder, mental retardation, physical or mental disability, sexual orientation, or veteran status, except in case of a bona-fide occupational qualification law.

This application constitutes part of the examination process. It must be completed fully and accurately even if a resume or other supporting materials are attached. Applications may be rejected or receive less consideration if answers are incomplete, vague or evasive. All statements are subject to investigation. Statements of fact found to be false, exaggerated or misleading will result in your disqualification.

Position Applying For: _____

NAME: _____ / ____ / ____
Last First M.I. Date of Birth

ADDRESS: _____

TELEPHONE: _____ SOCIAL SECURITY NUMBER _____ - _____ - _____

HAVE YOU EVER FILED AN APPLICATION HERE BEFORE? YES _____ NO _____

IF YES, GIVE DATE: ____ / ____ / ____

<u>School Name and Location</u>	<u>Course of Study</u>	<u>Did you Graduate?</u>	<u>Degree(s) Earned</u>
High School	_____	YES / NO	_____
College(s)	_____	YES / NO	_____
_____	_____	YES / NO	_____
_____	_____	YES / NO	_____
Graduate School	_____	YES / NO	_____
Vocational Training or Other	_____	YES / NO	_____
_____	_____	YES / NO	_____
_____	_____	YES / NO	_____

Specialized training and skills: List any special qualifications or experience not covered elsewhere in this application which you feel may qualify you for the position for which you are applying. (including seminars, special awards, professional memberships and licenses.):

WORK HISTORY FOR THE PAST 10 YEARS

CURRENT/MOST RECENT EMPLOYER: _____ DATES: to _____ from _____

ADDRESS: _____

NAME & TITLE OF SUPERVISOR: _____

ARE WE WELCOME TO CONTACT YOUR SUPERVISOR DIRECTLY? _____

YOUR TITLE: _____

DUTIES: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: _____ DATES: to _____ from _____

ADDRESS: _____

NAME & TITLE OF SUPERVISOR: _____

ARE WE WELCOME TO CONTACT YOUR SUPERVISOR DIRECTLY? _____

YOUR TITLE: _____

DUTIES: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: _____ DATES: to _____ from _____

ADDRESS: _____

NAME & TITLE OF SUPERVISOR: _____

ARE WE WELCOME TO CONTACT YOUR SUPERVISOR DIRECTLY? _____

YOUR TITLE: _____

DUTIES: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: _____ DATES: to _____ from _____

ADDRESS: _____

NAME & TITLE OF SUPERVISOR: _____

ARE WE WELCOME TO CONTACT YOUR SUPERVISOR DIRECTLY? _____

YOUR TITLE: _____

DUTIES: _____

REASON FOR LEAVING: _____

REFERENCES

REFERENCES: List three (3) individuals who are not related to you by blood or marriage whom we may contact:

Full Name	Address	Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO YOU HAVE A VALID DRIVERS LICENSE? YES _____ NO _____

IF YES, PLEASE GIVE DRIVERS LICENSE NUMBER: _____

HAVE YOU EVER BEEN CONVICTED OF ANY MOTOR VEHICLE VIOLATIONS? YES _____ NO _____

IF YES, GIVE DETAILS: _____

HAVE YOU EVER BEEN CONVICTED OF A LAW VIOLATION OTHER THAN A TRAFFIC OFFENSE?

YES _____ NO _____ IF YES, PLEASE EXPLAIN: _____

An applicant will not necessarily be disqualified solely because he/she has been convicted of a crime. In assessing a prior conviction(s), we will consider: 1) The nature of the crime and its relationship to the job for which you have applied; 2) Information pertaining to the degree of rehabilitation; and 3) The time elapsed since the conviction or release.

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A JOB? YES _____ NO _____

IF YES, PLEASE EXPLAIN: _____

ARE YOU A UNITED STATES CITIZEN OR ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?

YES _____ NO _____

CAN YOU PERFORM THE ESSENTIAL JOB FUNCTIONS OF A FIREFIGHTER, WITH OR WITHOUT ACCOMMODATION?

YES _____ NO _____

NAME OF PERSON TO NOTIFY IN CASE OF AN EMERGENCY:

NAME: _____ ADDRESS: _____

TELEPHONE: _____ RELATIONSHIP: _____

PLEASE READ

I certify the information is correct and truthful. I realize, too, that falsification of any information on this application may be grounds for rejection of this application or termination of membership if the falsification is discovered after membership commenced. I also give consent for you to check with personal references, post-conditional job offer medical records, previous employers and educational institutions concerning my past employment and personal history and to check criminal and driving records.

I release The Hazardville Fire Department, previous employers and educational institutions from any liability arising from disclosure of information concerning my employment or personal history.

Applicant's Signature

Date

FOR PERSONNEL DEPARTMENT USE ONLY

DATE OF APPLICATION: _____ APPLICANT ACCEPTED: _____ REJECTED: _____

DATE ACCEPTED AS PROBATIONARY: _____

DATE ACCEPTED AS REGULAR MEMBER: _____

INTERVIEWED BY: _____ DATE: _____