

SECTION II: EMPLOYMENT HISTORY

1. Employer's name: _____

Address: _____ Tel: _____

Job title: _____ Worked from: _____ to: _____
Give dates

Immediate Supervisor's name & job title:

Describe work you performed: _____

May we contact this employer? _____

2. Employer's name: _____

Address: _____ Tel: _____

Job title: _____ Worked from: _____ to: _____
Give dates

Immediate Supervisor's name & job title:

Describe work you performed: _____

May we contact this employer? _____

3. Employer's name: _____

Address: _____ Tel: _____

Job title: _____ Worked from: _____ to: _____
Give dates

Immediate Supervisor's name & job title:

Describe work you performed: _____

May we contact this employer? _____

SECTION III: EDUCATION

	Name & Location Of School	Dates Attended	Diploma, Degree/Certificate
High School			
Vocational, Technical Or Correspondence			
College/University			
Graduate/Professional			

Describe Specialized Training, Apprenticeship Licenses, Skills and Extra Curricular Activities that might be applicable to the job:

State any additional information you feel may be helpful to us in understanding your application.

SECTION IV: PERSONAL REFERENCES: Please exclude relatives and supervisors

1. Name _____
Address _____
Telephone _____
Occupation _____ Years known _____

2. Name _____
Address _____
Telephone _____
Occupation _____ Years known _____

3. Name _____
Address _____
Telephone _____
Occupation _____ Years known _____

SECTION V: MILITARY HISTORY

Veteran of US Armed Forces? _____ Yes _____ No

Branch _____

Rank when discharged _____ Discharge status _____

Present military status

Service school or special experience

**AUTHORITY FOR RELEASE OF INFORMATION
TOWN OF SHERBORN FIRE DEPARTMENT**

DATE _____

I _____
(Name and Address)

having filed an application for employment with the Town of Sherborn Fire Department, consent to have an investigation made as to my moral character, reputation, and fitness for the position to which I have applied and such information as may be received, reported to the appointing authority. I agree to give any further information which may be required in reference to my past record.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish to the Town of Sherborn Fire Department any such information, including documents, records or files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Town of Sherborn Fire Department or any of its agents or representatives to inspect and make copies of such documents, records and other information.

Specifically, I hereby authorize the release of the following data or records to the Sherborn Fire Department.

I hereby release, discharge, and exonerate the Town of Sherborn Fire Department, its agents or representatives, and any person so furnishing information from any liability of every nature and kind arising out of furnishing or inspection of such documents, records and other information or the investigations made by on behalf of the Town of Sherborn.

This authority shall continue for one year unless sooner revoked in writing by the undersigned.

Witness

Signature

Address

Date

BACKGROUND CHECK AUTHORIZATION

I HEREBY GIVE AUTHORIZATION TO A REPRESENTATIVE OF THE
SHERBORN FIRE DEPARTMENT TO INQUIRE INTO MY BACKGROUND FOR
ANY REASON AS DETERMINED BY THE POLICY OF THE FIRE
DEPARTMENT, INCLUDING, BUT NOT RESTRICTED TO, MAKING
INQUIRIES TO MY CURRENT AND/OR PAST EMPLOYERS.

Signature of Applicant

Date

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

Town Of Sherborn/ Sherborn Fire Department is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS.

I hereby acknowledge and provide permission to Town Of Sherborn/ Sherborn Fire Department to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Town of Sherborn/ Sherborn Fire Department with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Town Of Sherborn/ Sherborn Fire Department may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Town of Sherborn/ Sherborn Fire Department must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature: _____

Date: _____

Town of Sherborn/ Sherborn Fire Department Use Only

Signature witnessed by: _____

CORI Information Received: _____

DRIVER'S LICENSE VERIFICATION

Date:

I hereby acknowledge and provide permission to Town Of Sherborn/ Sherborn Fire Department to complete a driving license verification and driving history review.

I may withdraw this authorization at any time by providing the Town of Sherborn/ Sherborn Fire Department with written notice of my intent to withdraw consent to a driving check.

License Information

NAME:

ADDRESS:

DATE OF BIRTH:

STATE IN WHICH DRIVERS LICENSE WAS ISSUED:

DRIVERS LICENSE NUMBER:

DRIVERS LICENSE CLASS:

EXPIRATION DATE:

If your current license was issued less than one year ago, and you had a license in another state please provide the following information.

STATE IN WHICH DRIVERS LICENSE WAS ISSUED:

DRIVERS LICENSE NUMBER:

DRIVERS LICENSE CLASS:

EXPIRATION DATE:

I HEREBY AUTHORIZE THE TOWN OF SHERBORN FIRE DEPARTMENT TO OBTAIN A REPORT OF MY DRIVING RECORD IN THE STATE OF MASSACHUSETTS OR ANOTHER STATE.

SIGNED

DATE

NOTARY PUBLIC SIGNATURE & SEAL

List all permanent addresses where you have resided for the last five (5) years.

Number	Street	Apartment #	Town/City
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

AGREEMENT

This information provided in this application for employment is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that all appointments are probationary and that I must demonstrate my fitness for continued employment during the probationary period. I understand that any employment offer by the Town is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986. I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history, personal references and background.

Date: _____

Signature: _____

APPLICANT DO NOT WRITE BELOW THIS LINE

Interview date _____ Interviewer _____

Remarks

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Action taken

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

I UNDERSTAND THAT ALL APPOINTMENTS ARE PROBATIONARY FOR A PERIOD OF ONE YEAR DURING WHICH I MUST DEMONSTRATE MY FITNESS FOR CONTINUED EMPLOYMENT BY THE SHERBORN FIRE DEPARTMENT. I FURTHER UNDERSTAND THAT ANY APPOINTMENT TENDERED ME WILL BE CONTINGENT UPON THE RESULTS OF A COMPLETE CHARACTER AND FITNESS INVESTIGATION, AND I AM AWARE THAT WILLFULLY WITHHOLDING INFORMATION OR MAKING FALSE STATEMENTS ON THIS APPLICATION WILL BE THE BASIS FOR DISMISSAL FROM THE SHERBORN FIRE DEPARTMENT. I AGREE TO THESE CONDITIONS AND I HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant

Date