

# Town of Fairfax Fire Department

15 Goodall Street, Fairfax, VT 05478

(802) 849-6075 fire@fairfax-vt.gov

**1) Personal Information:**

Applicant's Name (Last, First, M.I.)	Phone Number	Email	Date of Birth / Current Age /
Street Address	City/Town	State / Zip Code	Drivers License #

**2) General Information:**

Are you able to perform the essential job functions of the position of Firefighter? (job description available upon request)

YES    NO

<input type="checkbox"/> Yes <input type="checkbox"/> No - I am a citizen of the United States	<input type="checkbox"/> Yes <input type="checkbox"/> No - I am an alien authorized to work in the US (attach documents)
<input type="checkbox"/> Yes <input type="checkbox"/> No - Past or current member of US Armed Forces	<input type="checkbox"/> Yes <input type="checkbox"/> No - Current member of National Guard
<input type="checkbox"/> Yes <input type="checkbox"/> No - Have you ever been convicted of a Felony (attach explanation)	<input type="checkbox"/> Yes <input type="checkbox"/> No - Do you currently have any Felony charges pending
<input type="checkbox"/> Yes <input type="checkbox"/> No - Have you ever been convicted of a crime (attach explanation)	<input type="checkbox"/> Yes <input type="checkbox"/> No - Have you been discharged from a previous job (attach explanation)
<input type="checkbox"/> Yes <input type="checkbox"/> No - Do you possess a valid drivers license	<input type="checkbox"/> Yes <input type="checkbox"/> No - Has your drivers license previously been suspended (attach explanation)

**3) Emergency Services Background:**

Certifications & Expiration dates

Fire	ICS	EMS
<input type="checkbox"/> Essentials of Firefighting (VT ABC) <div style="text-align: right; margin-right: 20px;">date issued    exp date</div> <input type="checkbox"/> Firefighter I    _____ <input type="checkbox"/> Firefighter II    _____ <input type="checkbox"/> Hazmat Awareness – last review date _____ <input type="checkbox"/> Hazmat Operations – last review date _____	<input type="checkbox"/> ICS 100 <input type="checkbox"/> ICS 200 <input type="checkbox"/> ICS 300 <input type="checkbox"/> ICS 400 <input type="checkbox"/> ICS 700	<input type="checkbox"/> CPR/AED - exp date _____ <div style="text-align: right; margin-right: 20px;">Reg #                    exp date</div> <input type="checkbox"/> EMR -                    _____ <input type="checkbox"/> EMT -                    _____ <input type="checkbox"/> AEMT -                    _____ <input type="checkbox"/> Paramedic - _____

List previous Fire Departments that you have been affiliated with, and name of the Chief at the date of departure for said Department;

1)
2)
3)

**4) Certification:** By signing and submitting this form and any attachments, I certify that this application is complete and all information provided is true and accurate and contains no willful falsifications or misrepresentations. I understand that falsifications, misrepresentations, or omissions may disqualify me from consideration for employment with the Fairfax Fire Department, or if hired, may be grounds for termination. I hereby authorize this employer to (1) contact current & previous employers for verification of employment, (2) conduct a background investigation, and (3) check my driving record.

<b>Signature:</b>	<b>Date:</b>
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**5) Educational Background:** Circle last grade completed – Grade 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4  
 Name & Address of School

Grade School	
Middle School	
High School	

Licenses / Registrations / Certifications	License/Certification/Bar ID Number	Issuing Agency	Issue Date	Expiration Date

**6) Employment History**

**Current Employer**

Company Name	Phone #	Your Title
Street Address	City	Sate Zip
Job Duties:		
Name/Tile of Supervisor	Contact information	

**Previous Employer 1**

Company Name	Phone #	Your Title
Street Address	City	Sate Zip
Job Duties:		
Name/Tile of Supervisor	Contact information	
Reason for Leaving		

**Previous Employer 2**

Company Name	Phone #	Your Title
Street Address	City	Sate Zip
Job Duties:		
Name/Tile of Supervisor	Contact information	
Reason for Leaving		