



TOWN OF NORWELL

Fire Department

300 Washington Street

Norwell, MA 02061

Phone: (781) 659-8158

Fax: (781) 659-0010

Firefighter/Paramedic Position

1. These forms must be typewritten in blue or black ink by the applicant himself/herself.
2. All questions must be answered, if applicable. If not applicable, indicate N/A.
3. **Failure to answer any questions truthfully, accurately or completely shall result in the applicant's disqualification, or, if discovered after an individual is hired, termination from employment.**
4. If the space provided is not sufficient for complete answers, or you wish to make additional comments, attach sheets the same size as these forms and indicate to which question those sheets pertain.
5. You are applying for a responsible public safety position. It is essential that you follow instructions specifically as directed. **Make sure all dates and information are absolutely accurate.**
6. All applicants must submit the following documents with their applications.
 - a. A copy of your Paramedic Certification
 - b. One copy of your High School Diploma or Equivalency Certificate.
 - c. One certified copy of your higher education diploma (if applicable), and all transcripts from any/all college and graduate study.
 - d. One copy of your birth certificate.
 - e. A copy of your social security card.
 - f. A copy of your driver's license.
 - g. A copy of your DD214 form (if applicable)
7. A Criminal Offender Record Information (CORI) check will be performed on each applicant who submits an application for employment with this Police Department.

I have read and understand the above instructions.

Applicant Signature: _____ Date Received: _____

This application will be held on file for a period of three years.



To The Applicant:

**READ THIS INTRODUCTION CAREFULLY BEFORE
ANSWERING ANY QUESTIONS.**

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, national origin or disability. (As does the Americans with Disabilities Act). Federal Law also prohibits discrimination on the basis of age with respect to certain individuals. The Laws of Massachusetts also prohibit some or all of the above-stated discrimination as well as some additional types, such as discrimination based upon ancestry, sexual orientation and marital status.

Questions with an asterisk (*) immediately to the left of the questions are optional. Although the information is useful in our examination of applicants, your decision not to answer any or all of the asterisk questions will not be held against you.

I. PERSONAL HISTORY

a. Name: _____
(First) (Middle) (Maiden) (Last)

Address: _____
(Number & Street)

(City/Town) (State, Country, Zip)

Home Phone #: _____ Cell Phone#: _____

Email: _____

b. Date of Birth _____ Social Security No: _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

c. Other names used: Give any other names by which you have been legally known (if any):
Name: _____ Date(s) when used: _____
Why used: _____
Name: _____ Date(s) when used: _____
Why used: _____

d. How long have you lived at this address? _____
Phone _____
(Home) (Business)

e. Neighbor's Name, address and telephone number who can verify above:
Name: _____

- f. In reverse chronological order, please list every place you have resided within the past fifteen (15) years. Include addresses while attending school, if away from home, and all military addresses.

(Note: Your present address should be listed on the first line below.)

| From Mo/Year | To Mo/Year | Address | APT# | City/Town | State | Landlord's Name and Telephone # |
|-----------------|---------------|---------|------|-----------|-------|------------------------------------|
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- g. Do you own a home, rent, live with parents, other? If other, please elaborate:

Do you own or have a financial interest in any other real estate property or land? Yes ☐ No ☐

If yes, please list the following:

Address _____

Owner _____ Relationship (self, spouse, etc.) _____

- h. If you own a home, give the name and address of mortgage holder:

Mortgage Holder: _____

Address: _____ Phone: _____

i. Your Financial Record

- a. In the last five (5) years, have you, or a company of which you own 10% or more, filed for bankruptcy, been declared bankrupt, been subjected to a tax lien, or had legal judgment rendered against it for a debt? If you answer yes, provide the date of initial action and other information requested below: Yes ☐ No ☐

| Month/Yr | Type of Action | Business Name | Name/Address of Court handling case (State/Zip) |
|----------|----------------|---------------|--|
|----------|----------------|---------------|--|

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|--|--|--|--|
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- b. Are you now over 180 days delinquent on any loan or financial obligation? Include loan or financial obligations funded by the Federal Government.
If you answer yes, please provide information requested below: Yes ☐ No ☐

| Month/Yr | Type of loan or obligation /Account # | Name/Address of Creditor (State/Zip) |
|----------|---------------------------------------|---|
|----------|---------------------------------------|---|

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- c. List all loans whose principal outstanding balance exceeds \$1,000.00 and on which you are individually or jointly liable either directly or as a guarantor:

| Lender | Loan # | Original Balance | Outstanding Balance | Purpose of Loan |
|--------|--------|------------------|---------------------|-----------------|
|--------|--------|------------------|---------------------|-----------------|

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j. Do you own any other real estate? Yes ☐ No ☐. If yes, give details:

| Address | State | Mortgage Held By | Mortgage Holders | Type of Property (Residential, Rental, Commercial, etc.) |
|---------|-------|------------------|------------------|--|
| | | | | |
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k. Are you lawfully eligible for employment in the United States? Yes ☐ No ☐

l. Do you have a relative employed by this municipality? Yes ☐ No ☐
Please give name and relationship:

m. Do you personally know any Firefighters working in this department?

Yes ☐ No ☐. If yes, name and rank (if known): _____

n. Are you willing to work any shift, including, for example, 06:00:00 p.m. to 00:00. or 00:00 to 06:00:00 during the weekends and Holidays if required? Yes ☐ No ☐. If no, why not?

o. If your application is considered favorably, on what date can you start work?

p. Do you possess a valid driver's license from the Commonwealth of Massachusetts?

Yes ☐ No ☐ Driver's license No: _____

q. Was your driver's license in this state, or any state, ever suspended or revoked?

Yes ☐ No ☐ If yes, give details: _____

r. Have you ever received any traffic citations (exclude parking tickets) within the past seven years? If yes, please list all citations and other information below: Yes ☐ No ☐

| Nature of Violation | Location (City/State) | Appx Date | Action Taken |
|---------------------|-----------------------|-----------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

- s. Have you ever been involved, as a driver of a motor vehicle, in an accident within the last seven years? If yes, please give details for each accident in the spaces below:

| Month/Day/Year | Location (City/State) | Injuries?(Y/N) | Investigating Police agency if any. |
|----------------|-----------------------|----------------|-------------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

- t. Have you previously submitted an application for any employment with this municipality? Yes ☐ No ☐. If yes, give the name of the agency, position sought and when.

- u. Have you ever worked for this municipality before? If yes, give the name of the agency, position and when so employed: _____

- v. Please list all registered Social Media Accounts that are active, inactive or deactivated: (Please use an extra sheet of paper if needed)

| Name of Account | User Name/ Account Name | URL | Current Activation/ Status of Account |
|-----------------|----------------------------|-----|--|
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- w. Has a Law Enforcement Agency responded to an incident where you were present?
Yes ☐ No ☐. If yes, please explain: (Use an extra sheet of paper if needed)

| Date | Law Enforcement Agency | Brief Incident Description |
|------|------------------------|----------------------------|
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II. EDUCATION

- a. List the name and address of the following schools you attended and dates of graduation.

| | School Name, Address and Phone Number | Graduated Yes/No | Number of years attended | Degree | Major |
|-------------------------------|---------------------------------------|------------------|--------------------------|--------|-------|
| High School | | | | | |
| College | | | | | |
| Graduate | | | | | |
| Other: Equivalency Etc. | | | | | |

- b. Were you ever dismissed from a school or was any disciplinary action, including scholastic probation, ever taken against you during your scholastic career
Yes ☐ No ☐. If yes, give school, date and action taken:

School: _____ Date: _____

Action Taken: _____

- c. *List awards, honors, citations, positions held in school organizations, athletic endeavors, and any other special recognition you received while attending school. (Exclude those organizations and awards, which by their nature, name or character indicate the religion, race or national origin of its members)

- d. List any special abilities, interests, sports or hobbies along with degrees of proficiency:

- e. Indicate your proficiency in each phase of each foreign language as “none”, “good”, or “fluent”.

| Language | None | Speak Good/Fluent | Understand Good/Fluent | Read Good/Fluent | Write Good/Fluent |
|------------|------|----------------------|---------------------------|---------------------|----------------------|
| Spanish | | | | | |
| French | | | | | |
| Italian | | | | | |
| German | | | | | |
| Russian | | | | | |
| Greek | | | | | |
| Chinese | | | | | |
| Portuguese | | | | | |
| Laotian | | | | | |
| Vietnamese | | | | | |
| Japanese | | | | | |
| Other | | | | | |

- f. Please list any office machines, special equipment or computer systems with which you have experience: _____

- g. Do you have any court suits pending against you? Yes ☐ No ☐. If yes, give details:

h. Have you ever been sued or had your wages garnished? Yes ☐ No ☐. If yes, give details:

i. Do you now owe money for traffic fines? Yes ☐ No ☐

Do you now owe money for parking tickets? Yes ☐ No ☐

Do you now owe money for excise taxes? Yes ☐ No ☐

Do you now owe money for income taxes? Yes ☐ No ☐

Have your Massachusetts Tax Returns been filed on time for the last seven years? Yes ☐ No ☐

Have your Federal Tax Returns been filed on time for the last seven years? Yes ☐ No ☐

If you answered yes to any of the above, please give complete details including the amount owed and to whom it is owed:

III. EMPLOYMENT HISTORY



- a. In reverse chronological order, list all employment (including summer and part-time employment while attending school). All time must be accounted for. If unemployed for a period, list dates of unemployment. (Use additional sheets of paper if necessary). Applicants may also include verifiable work performed on a volunteer basis.

| Dates | | | |
|---------------------|-------------|--------------------------------|--|
| From Mo/Yr | To Mo/Yr | Name and Address of Employment | Supervisors Name, Title, and Telephone Number |
| | | | |
| Reason for Leaving: | | | |

| | | | |
|---------------------|-------------|--------------------------------|---|
| Dates | | | |
| From Mo/Yr | To Mo/Yr | Name and Address of Employment | Supervisors Name, Title and Telephone Number |
| | | | |
| Reason for Leaving: | | | |

| | | | |
|---------------------|-------------|--------------------------------|---|
| Dates | | | |
| From Mo/Yr | To Mo/Yr | Name and Address of Employment | Supervisors Name, Title and Telephone Number |
| | | | |
| Reason for Leaving: | | | |

| | | | |
|---------------------|-------------|--------------------------------|---|
| Dates | | | |
| From Mo/Yr | To Mo/Yr | Name and Address of Employment | Supervisors Name, Title and Telephone Number |
| | | | |
| Reason for Leaving: | | | |

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|---------------------|-------------|--------------------------------|---|
| Dates | | | |
| From Mo/Yr | To Mo/Yr | Name and Address of Employment | Supervisors Name, Title and Telephone Number |
| | | | |
| Reason for Leaving: | | | |

| | | | |
|---------------------|-------------|--------------------------------|---|
| Dates | | | |
| From Mo/Yr | To Mo/Yr | Name and Address of Employment | Supervisors Name, Title and Telephone Number |
| | | | |
| Reason for Leaving: | | | |

Have you ever been fired or forced to resign because of misconduct or unsatisfactory employment?
Yes ☐ No ☐ If yes, give details:

Are you eligible for rehire with each of your former employers? Yes ☐ No ☐.
If no, please explain

Have you had any extended absences from work for reasons other than earned vacations?
If yes, please explain. Include dates, name of Employer and circumstance:



IV. MILITARY SERVICE

Have you ever served on active duty in the Armed Forces of the United States or the National Guard? Yes ☐ No ☐. If yes, what was the highest rank attained?

If yes, please complete each of the following:

a. General Information:

| | | |
|----------------------------|---------------|----------------------|
| Branch of Military Service | Serial Number | Dates of active duty |
| _____ | _____ | From: _____ |
| | | To: _____ |

Type of discharge _____ Date of Discharge _____

Commanding Officer _____
Address/phone number _____

Member of the Reserves? Yes ☐ No ☐ Branch _____

b. Was any type of disciplinary action taken against you in the Military Service?

Yes ☐ No ☐ If yes, explain:

c. Are you now or were you formerly in the National Guard?

☐ Present

☐ Former

☐ Never

If you are a member of the National Guard and attend drills, meetings, or camps, give the name of the unit and location: _____

Summer camp or similar training attendance:

From: _____ To: _____

Location: _____

d. Do you claim Veteran's Preference under the Civil Service Law? Yes ☐ No ☐

Basis: ☐ Active Duty prior to June 6, 1976

☐ Active Duty in Grenada

☐ Active Duty in Lebanon

☐ Active Duty in Persian Gulf

☐ Active Duty in Panamanian Intervention Force

☐ Other (Explain): _____

If served on Active Duty, list dates:

If you were ever a member of the Armed Services, were you court-martialed?

Yes ☐ No ☐. If yes, please explain:



V. REFERENCES

- A. List three references (not relatives, in-laws, former or present employers, fellow employees or school teachers) that are responsible adults, have reputable standing in their community and who have known you for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities.

First Reference:

Name: _____

Address: _____

Phone: _____

How does this person know you?

How long has this person known you? _____

Second Reference:

Name: _____

Address: _____

Phone: _____

How does this person know you?

How long has this person known you? _____

Third Reference:

Name: _____

Address: _____

Phone: _____

How does this person know you?

How long has this person known you? _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read all parts of this application before signing

- I understand that acceptance of this application by the Town of Norwell does not imply that I will be employed.
- The information that I have provided is true and complete. I understand that misrepresentation or omission of any fact in my applications, resume, or in other materials or as provided during interviews, can be justification for refusal of employment or can be justification for termination from employment, if employed.
- I understand that an offer of/or employment by the Town of Norwell is conditional upon my successful completion of the pre-employment screening process, including but not limited to, satisfactory references, satisfactory criminal history and Criminal Offense Record Inquiry, proof of citizenship or immigration status, satisfactory verification of a driver's license/record, other licenses/certifications, and/or credit record as required by the position, and satisfactory completion of any required post-offer pre-employment drug test and/or physical examination.
- I authorize the Town of Norwell and its agents to conduct a full investigation into my background and activities. Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent, or representative of the Town of Norwell.
- I understand that during this investigation process and in accordance with the Fair Credit Reporting Act, an investigative and consumer report will be obtained concerning my previous employment, education, general reputation, and personal characteristics. Further, I understand that you may be requesting information concerning motor vehicle operations, history, and criminal record history from various public sources along with other public records that are available.
- I hereby release all Courts, Selective Service Boards, Employers, Educational Institutions, Credit Bureaus, Law Enforcement, the Town of Norwell and Government Agencies, federal, state, and local, without exception, both foreign and domestic, from any and all liability and responsibility of every nature and kind arising out of the furnishing or inspection of such documents, record, and other information of the investigations made by or on behalf of the Town of Norwell. I hereby release my present and former employers and all individuals contacted for factual information about me from any and all liability damages arising from furnishing the requested information.
- I also understand that no verbal promises, or guarantees are binding on the Town of Norwell and that no one, other than the Town Administrator, has authority to enter into an employment agreement, which must be made in writing.
- I understand that the Town of Norwell is an at-will employer. If employed, I understand that my employment is for no definite period and that I can be terminated at any time, with or without cause, unless otherwise provided by civil service or a collective

bargaining agreement, regardless of the method of wage/salary payment.

- I understand that I am required to abide by all the rules and regulations of the Town of Norwell.
- I authorize that a Photostat of this release be accepted with the same authorization as the original.
- This authorization shall continue for one year, unless sooner revoked in writing by the undersigned.
- I have read and fully understand the above statements.

Applicant Name (Please Print)

Applicant Signature

Date