




Ludlow Fire Department

574 Center Street, Ludlow, MA 01056

 (413) 583-8332

Email HRjobs@Ludlow.ma.us



Employment Application Packet

Career Firefighter and Paramedic





LUDLOW FIRE DEPARTMENT

574 Center Street, P. O. Box 382
Ludlow, MA 01056

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Notice To Fire Department Applicant

The Massachusetts Division of Personnel Administration has certified that you are eligible for the position of Firefighter/Paramedic with the Town of Ludlow. In order to begin the application process and to be considered for employment as a Firefighter, it is necessary that you follow all of the instructions below.

INSTRUCTIONS: All forms must be typewritten or clearly printed in ink. All questions must be answered fully, truthfully, and correctly. If not applicable, indicate N/A. Willfully withholding information or making false statements on this form will be the basis of rejection of the application or dismissal from the Ludlow Fire Department.

Applications that are not complete, illegible or not **NOTARIZED** will not be considered. If space provided is not sufficient for answers, or you wish to furnish additional information, attach sheets the same size as this form, and number the answers to correspond with the questions and page number.

Completed Employment Application Packets should be returned to the Ludlow Fire Department, 574 Center Street, Ludlow, Mass., within ten (10) days of signing the Civil Service List indicating your interest in the position.

For this to be a complete Employment Application Packet, you must check-off and include the documents listed below. Failure to produce any of the documents listed may disqualify your Application from further consideration.

- 1. Completed Firefighter Employment Application
- 2. A photocopy of your Social Security Card
- 3. A photocopy of your Massachusetts Driver's License
- 4. A photocopy of your High School Diploma or G.E.D.
- 5. A photocopy of any Higher Education Diploma
- 6. A photocopy of all Higher Education Transcripts
- 7. A photocopy of your Birth Certificate
- 8. A photocopy of your Service Discharge Form, if a Veteran
- 9. A photocopy of your DD214 Service Record, if a Veteran
- 10. A photocopy of your EMT/Paramedic Card

NOTE: You should not consider this as notice of employment. Completed Employment Application Packets will be reviewed and a background check will be made. Thereafter, you will be notified when interviews will be scheduled. Interviews will be conducted by the Chief, Officers of the Ludlow Fire Department and the Director of Human Resources.

If you have any questions, contact the Fire Chief or our Administrative Assistant at 583-8332.

Fire Chief, Ryan M. Pease



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Authorization For Release of Information

TO WHOM IT MAY CONCERN: I, *(print full name)* _____ am an applicant for a position with the Ludlow Fire Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied, and then to use and disclose that information as a basis for and in support of its decisions regarding my application. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above Department.

I hereby authorize any representative of the Ludlow Fire Department or their designated background agency, bearing this Authorization For Release, to obtain any information in your files and hereby direct you to release such information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Ludlow Fire Department, whether said records are of public, private, or confidential nature. The intent of this Authorization For Release is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this Authorization is to provide full and free access, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Ludlow Fire Department to consider in determining my suitability for employment in that Department and to authorize the Town of Ludlow to then use and disclose that information as a basis for and in support of its decisions regarding my application however personal or confidential it may appear to be.

I consent the release of any and all public and private information that you may have concerning me, my work record, my medical and/or psychological records, my background, my reputation, my military service records, my educational records, my financial status, my criminal history record including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other council, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed, and to permit any duly authorized agent of the Ludlow Fire Department to inspect and make copies of any documents or records of information. I hereby specifically waive any attorney-client privilege, which may apply to any information sought in connection with my Application and this Authorization For Release, both as to this Application process and any administrative and/or judicial proceedings, which may arise from it.

I understand my rights under Title 5 United States Code, Section 552a the privacy act of 1974, with regard to access and disclosure or records, and I waive those rights with the understanding that information furnished will be used by the Ludlow Fire Department in conjunction with the employment procedures.

A photocopy or FAX copy of this Authorization For Release form will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

TO THE TOWN OF LUDLOW: I hereby authorize the Ludlow Fire Department to use the information obtained pursuant to this Release, or otherwise obtained as part of my application process, in making its determination on my Employment Application. I further authorize the Ludlow Fire Department and the Town of Ludlow to disclose any such information:

1. to any individual, department, or entity involved in the processing of my Employment Application;



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- 2. in all administrative and judicial proceedings arising out of the processing of my Employment Application; and
- 3. to any civil or criminal law enforcement agency.

Applicant Signature (*Sign in ink legibly*)

Date

This Authorization For Release is valid from the time the information is furnished through and including its use by the Ludlow Fire Department and the Town of Ludlow in processing my application, all administrative and judicial proceedings arising there from, and all civil or criminal enforcement actions arising there from.

Should there be any questions as to the validity of this Release, you may contact me at the address listed below.

I agree to indemnify and hold harmless the person whom this request is presented and the Ludlow Fire Department, the Town of Ludlow and their agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with, or using and disclosing the information as authorized pursuant to this request.

Applicant Signature	Date of Birth	Social Security #
Full Name <small>(Print First, Middle, Last)</small>	() Telephone Number	Date
Current Legal Address:		
<small>(Street)</small>		
<small>(City, State, Zip)</small>		

AUTHENTICATION OF SIGNATURE BY NOTARY PUBLIC

Commonwealth of Massachusetts]
County of Hampden] SS

Then appeared before me the above named, _____, and swore
the statements made herein to be true. (Print First, Middle, Last)

Date	Notary Public Signature	My Commission Expires
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EMPLOYMENT APPLICATION

The Town of Ludlow is an Equal Opportunity Employer. Race, color, religion, age, sex, marital or veteran status and place of national origin are not factored in employment, promotion, compensation, or working conditions.

Please Print Clearly or Type

Applicant Personal Information

Date: _____

Full Name (*Last, First, Middle*): _____

List all other names you have used; include maiden name, if applicable. If you have ever used any surnames other than your true name, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place and court of record. _____

Current Address: _____

Town/State/ Zip: _____ Telephone: (____) _____

Email: _____

Social Security Number: _____ Height: _____ Ft, _____ Inches. Weight: _____ lb.

Date of Birth: ____/____/____ Place of Birth (*Town, State*): _____

1. Are you lawfully eligible for employment in the United States? Yes No
 Natural Born Naturalized; Naturalization Number: _____

2. Have you previously applied for any position with the Town of Ludlow? Yes No
If "Yes," state position applied for and date of application: _____

3. Are you currently on a Civil Service list for another fire department? Yes No



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Employment History Questionnaire

List all previous employers, both full-time and part-time, starting with your current or most recent position. Attach additional sheets if necessary.

Name of Company: _____
Name of Supervisor: _____
Address: _____
Town/State/Zip: _____ Phone #: (____) _____
Position and Duties: _____

Dates of Employment, From: _____ To: _____
Starting Rate of Pay: _____ Ending Rate of Pay: _____
Reason for Leaving: _____

Name of Company: _____
Name of Supervisor: _____
Address: _____
Town/State/Zip: _____ Phone #: (____) _____
Position and Duties: _____

Dates of Employment, From: _____ To: _____
Starting Rate of Pay: _____ Ending Rate of Pay: _____
Reason for Leaving: _____

Name of Company: _____
Name of Supervisor: _____
Address: _____
Town/State/Zip: _____ Phone #: (____) _____
Position and Duties: _____

Dates of Employment, From: _____ To: _____
Starting Rate of Pay: _____ Ending Rate of Pay: _____
Reason for Leaving: _____

Name of Company: _____
Name of Supervisor: _____
Address: _____
Town/State/Zip: _____ Phone #: (____) _____
Position and Duties: _____



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Employment History - Continued

Dates of Employment, From: _____ To: _____
Starting Rate of Pay: _____ Ending Rate of Pay: _____
Reason for Leaving: _____

Name of Company: _____
Name of Supervisor: _____
Address: _____
Town/State/Zip: _____ Phone #: (____) _____
Position and Duties: _____

Dates of Employment, From: _____ To: _____
Starting Rate of Pay: _____ Ending Rate of Pay: _____
Reason for Leaving: _____

Name of Company: _____
Name of Supervisor: _____
Address: _____
Town/State/Zip: _____ Phone #: (____) _____
Position and Duties: _____

Dates of Employment, From: _____ To: _____
Starting Rate of Pay: _____ Ending Rate of Pay: _____
Reason for Leaving: _____

1. List any awards or recognition you received during the course of your work history (do not include military service): _____

2. Have you ever or has it ever been determined that you committed one or more of the following acts:

- a. Stealing from an employer? Yes No
- b. Reported for work under the influence of drugs or alcohol? Yes No
- c. Been fired for any reason? Yes No
- d. Left a job for any other reasons under unfavorable circumstances? Yes No

3. Were you ever the subject of any disciplinary action or were you ever dismissed from any previous employment? Yes No . If "Yes," please explain: _____



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Education And Training

If you have attended more than one school, college, trade or other school, etc., list all of them on a separate sheet and attach to completed Employment Application.

HIGH SCHOOL Graduated/GED? Yes No Year Graduated/GED _____

Name and address of high school: _____

COLLEGE Graduated? Yes No Year Graduated _____

Name and address of college: _____

Major field of study: _____ Number of credits: _____

Degree(s)/Awards received: _____

OTHER/ EQUIVALENCY/ TRADE SCHOOL Graduated? Yes No Dates: _____

Name and address of institution: _____

Major field of study: _____ Number of credits: _____

Degree(s)/Awards received: _____

CURRENTLY ENROLLED

Are you currently enrolled in a college or university? Yes No

If "Yes," give name and address of school: _____

Major field of study: _____

SCHOLASTIC DISCIPLINARY ACTION

Have you ever been the subject of any disciplinary action (including scholastic probation), or dismissed, suspended, or expelled from a school or other educational institution during your scholastic career? Yes No

For each "Yes" answer, write or type your version of the incident on a separate piece of paper. Be sure to include specifics regarding dates, institutions, individuals, and actions taken.

LANGUAGE PROFICIENCY

Indicate any language and proficiency you possess (*name of language, speak, understand, read, write*).



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Military Service Questionnaire

1. Are you now, or ever have been, a member of any branch of the Armed Forces, including Reserves? Yes No
If "Yes," Active Duty Reserve Forces Discharged IRR

Branch of Service: _____ Service Number: _____

Dates and location of entrance into service: _____

Date, location and type of discharge: _____

Highest rank held: _____

2. Special training/ skills: _____

3. Duties performed: _____

4. List awards, medals and decorations received as a member of the Armed Forces: _____

5. Are you currently a member of any branch of the armed services, the reserve components, or the National Guard?

If "Yes," indicate the name, location and telephone number of the Unit. _____

6. Has any type of disciplinary action ever taken against you while in the Armed Forces, Reserves or National Guard?

Yes No If "Yes," please explain: _____



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EMT/Paramedic Questionnaire

OEMS EMT/PARAMEDIC CERTIFICATION # _____

1. When did you obtain your Basic EMT Certification? _____ (month/year)

2. List the services you worked for as a Basic EMT. _____

3. When did you obtain your Intermediate EMT Certification? (if applicable) _____ (month/year)

4. List the services you worked for as an Intermediate EMT. (if applicable) _____

5. When did you obtain your Paramedic Certification? _____ (month/year)

6. List the services you have worked for as a Paramedic. _____

7. In the performance of your EMT/Paramedic duties, have you ever:

(a) been the subject of an Office of Emergency Medical Services inquiry or investigation? Yes No

(b) had your EMT/Paramedic Certification suspended or revoked? Yes No

(c) had your medical control suspended or revoked? Yes No

If you answered yes to any of the above questions, please explain: _____



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Residency Questionnaire

1. List chronologically all of your previous residences. Include addresses while attending school, if away from home, and all military addresses. List most recent address first.

From: <i>(Month/Yr.)</i>	To: <i>(Month/Yr.)</i>	Address of Applicant <i>(Include apartment #)</i>	Name of a person who knew or knows you at the address	Telephone Number

2. List all persons currently residing with you (*excluding relatives, spouse or children*).

Name	Date of Birth	Relationship	Occupation	Telephone Number

3. Have you ever been evicted from a rental property, school dorm, military housing? Yes No

If "Yes," explain: _____



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Drivers History

1. Do you possess a valid driver's license from the Commonwealth of Massachusetts? Yes No

License #: _____

Expiration Date: _____

2. Have you ever been issued a driver's license from the Commonwealth of Massachusetts under a different name or license number other than your current license number? Yes No

If "Yes," please list the name, license number and reason: _____

3. Did you ever possess a driver's license issued by any other state? Yes No

If "Yes," please list: _____

4. For each "Yes" answer to the following questions, write or type your version of the incident on a separate sheet of paper. Be specific with regards to dates, agencies, locations, amounts paid or owed and action taken.

- a. Have you ever received a written motor vehicle citation (or written warning), from a Police Officer?

Yes No

- b. Has any state or governmental agency ever suspended or revoked your right to operate a motor vehicle?

Yes No



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Drug/Alcohol Use History

1. Have you ever used, possessed, supplied, or manufactured illegal drugs? Yes No
2. Have you ever used, possessed, supplied, or manufactured any prescription drugs without a prescription?
 Yes No
3. Have you ever been in a fight having recently consumed drugs or alcohol? Yes No
4. Have you ever been in an accident after having recently consumed drugs or alcohol? Yes No
5. Have you even been taken into protective custody? Yes No
6. Are you willing to undergo a drug test? Yes No

For each “Yes” answer to Questions 3, 4 and/or 5 above, write or type your version of the incident on a separate sheet of paper. Be specific with regards to dates, locations, agencies involved and actions taken.

Social Media Use History

Please list all social media accounts you have:

1. Facebook Url: _____
2. LinkedIn Url: _____
3. Twitter Url: _____
4. Instagram Url: _____
5. Other _____



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Court Record

An applicant for employment may answer “no record” on Question 1 if any of the following circumstances are applicable:

- You have never been arrested
- You have been arrested but never been tried for a criminal offense
- You have been tried for a criminal offense but never convicted
- You have a first conviction for any of the following misdemeanors:
 - a) drunkenness
 - b) simple assault
 - c) speeding
 - d) minor traffic violations
 - e) affray
 - f) disturbance of the peace
- You have not been convicted of an offense within the five (5) years **before the date of this Application** and/or
- You have been convicted of misdemeanors where the date of conviction or the completion of any period of incarceration resulting from, whichever date is later, occurred five (5) or more years **prior to the date of this Application**. (See MGL 151B Sec4).

An applicant for employment with a sealed record on file with the Commissioner of Probation may answer “no record” with respect to any inquiry herein relative to prior arrests criminal court appearances, or convictions. In addition, any applicant for employment may answer “no record” with respect to prior arrest, court appearances and adjudication in all cases of delinquency or as a child in need of service, which did not result in a complaint transferred to the Superior Court for criminal prosecution. (See MGL CH276 Sec100a & Sec100c).

1. Have you ever been convicted of a criminal offense? Yes No

If the answer to the above question is “Yes,” you must write or type, on a separate sheet of paper, your version of the above incident(s). Be sure to include: date of arrest and/or arraignment, investigating law enforcement agency, court of record, charges, and disposition.

2. To the best of your knowledge are you currently, or have you ever been, under investigation by any local, state, county, federal or foreign law enforcement agency? Yes No

If the answer to the above question is “Yes,” you must write or type, on a separate sheet of paper, your version of the investigation. Be specific regarding dates, agencies, locations, individuals and final outcome.



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References

Applicant's name: _____

Fill in below the names of three (3) persons, not related to you, who have known you for at least the past five (5) years. All persons you name as references may be asked to appraise your character, ability, experience, personality and other qualities.

FIRST REFERENCE

Name: _____

Address: _____

Phone #: (____) _____

Business, Occupation, or Profession: _____

Business Phone #: (____) _____ How long has this person known you? _____

SECOND REFERENCE

Name: _____

Address: _____

Phone #: (____) _____

Business, Occupation, or Profession: _____

Business Phone #: (____) _____ How long has this person known you? _____

THIRD REFERENCE

Name: _____

Address: _____

Phone #: (____) _____

Business, Occupation, or Profession: _____

Business Phone #: (____) _____ How long has this person known you? _____



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Residency Requirement

New employees of the Ludlow Fire Department, are required to reside not further that ten (10) miles from any Town boundary line.

Name of Applicant (*Print*): _____

Signature _____ Date: _____

Address: _____

Town/ State/ Zip: _____



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Smoking Prohibition – Municipal Police And Fire Departments

I, (*print name*) _____, understand that I am prohibited by law from smoking tobacco products, at any time, as long as I am employed by the Town of Ludlow as a firefighter, regardless of rank, and that I must be terminated if I smoke.

This rule has been adopted under the authority of the Pension Reform Act, Chapter 6978 of the Acts of 1987. Section 117 of the Pension Reform Acts adds the following to Chapter 41 of the Massachusetts General Laws:

"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".

Name of Applicant (*Print*): _____

Signature _____ Date: _____

Witness: _____ Date: _____



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Pre-Employment Drug Screening Consent Form

In consideration of my appointment as a firefighter to the Ludlow Fire Department, **I agree and consent** to submit to certain tests including, but not limited to, laboratory examination and analysis of urine samples which I agree to submit to the Ludlow Fire Department when requested to do so for the purpose of determining whether I have unlawfully used any prescription drugs, controlled substances, narcotics or hallucinogens, so defined in Massachusetts General Laws, Chapter 94C.

This agreement shall remain in full force and effect for the period of time during which I remain in a probationary status pursuant to Massachusetts General Laws Chapter 31, Sections 34 and 61.

I acknowledge and understand that the Ludlow Fire Department is required by the Human Resources Division pursuant to Massachusetts General Laws Chapter 31, Section 61A to conduct pre-employment physical and medical examinations in accordance with the requirements of the National Fire Protection Association.

Name of Applicant (*Print*): _____

Signature _____ Date: _____

Witness: _____ Date: _____



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Medical/Physical Abilities Testing

On November 1, 1996, the Town of Ludlow adopted the Medical and Physical Fitness Standards Program through the Pension Reform Act of 1987 and Section 61A and 61B of Chapter 31, along with Section 5 - (3)(e) of Chapter 32 of the Massachusetts General Laws.

Therefore, anyone hired after November 1, 1996 must successfully pass the Medical and Physical Abilities test, which is administered according to standards set by the Commonwealth of Massachusetts, prior to being appointed to the Ludlow Fire Department.

Firefighters hired after November 1, 1996, are also required to pass the same Medical and Physical Abilities testing every two (2) years during their employment with the Town of Ludlow Fire Department.

Name of Applicant (*Print*): _____

Signature _____ Date: _____

Witness: _____ Date: _____



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Additional Conditions Of Employment

I understand that all appointments are probationary for a period of twelve (12) months, during which I must demonstrate my fitness for continued employment by the Ludlow Fire Department. I also understand that I must successfully complete recruit training at the Massachusetts Firefighting Academy.

I further understand that any appointment tendered to me will be contingent upon the results of a complete character and fitness investigation. I understand that I must pass a Physical Abilities Test to be administered by the Town of Ludlow and a medical examination to be performed by a Town designated physician. I also understand that I am being hired as a Firefighter/Paramedic and that I must maintain my Paramedic Certification for the duration of my employment with the Ludlow Fire Department. I am aware that willfully withholding information or making false statements on this Employment Application will be the basis for dismissal from the Ludlow Fire Department.

I agree to all of the above conditions and further hereby certify that all statements made by me on this Employment Application are true and complete to the best of my knowledge.

Further, that this appointment shall not be effective until approved by the Town of Ludlow.

Name of Applicant (*Print*): _____

Signature _____ Date: _____

Witness: _____ Date: _____



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Statement Of Accuracy

1. I am aware that any falsifications, omissions, misrepresentations or misstatements contained in the application for employment may disqualify me for further consideration for employment and may be considered justification for immediate dismissal if discovered at a later date. _____
Applicant Initials

2. I certify that to the best of my knowledge and belief, all of the statements and information contained herein and on any attachment are true, correct, complete and made in good faith. _____
Applicant Initials

3. I am aware that my employment is based upon the integrity of this application and I understand the importance of providing information in the manner stated above. I further acknowledge that I may be held criminally or civilly responsible for any damages resulting from the submission of an inconsistent application for employment. _____
Applicant Initials

Name of Applicant (*Print*): _____

Signature _____ Date: _____

Address: _____

Witness (Notary): _____ Date: _____

NOTARY PUBLIC SEAL

Commonwealth of Massachusetts)
County of Hampden) SS:

I, (*print name*) _____, being duly sworn, depose and say that I am the above-named person. I have signed the foregoing statement. I personally prepared the answers to each and every question therein, and I do solemnly swear that each and every answer is full, true and correct in every respect.

Applicant Signature: _____ Date: _____

Sworn to before me this _____ day of _____, 20____

Notary Public

My Commission Expires: _____