

# Application for Employment

**Poquonnock Bridge  
Fire District**  
373 Long Hill Road  
Groton, CT 06340  
(860) 446-5997

REV. 4/2019

**The Poquonnock Bridge Fire District is an equal opportunity employer. All applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, disability, or any other legally protected status.**

Position Applied For: **POQUONNOCK BRIDGE FIRE DISTRICT ADMINISTRATOR** Date: \_\_\_\_\_

How did you learn of the position?  
 Newspaper  Internet  Inquiry  Employment Service  Friend/Relative  Other \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (home) \_\_\_\_\_ Phone: (cell) \_\_\_\_\_ Email: \_\_\_\_\_

**Note:** All prospective employees must submit proof of identity and eligibility for employment in the U.S. prior to appointment. A social security card and driver's license are preferred.

Are you legally eligible to work in the U.S.?.....  Yes  No

Are you age 18 or older?.....  Yes  No

Have you ever been an employee or volunteer for the Poquonnock Bridge Fire District?  Yes  No

If yes, Please state position, dates, & reason for leaving \_\_\_\_\_

Are you currently employed?.....  Yes  No

If yes, may we contact your current employer?.....  Yes  No

Do you have any relatives (blood or marriage) employed by this Fire District?.....  Yes  No

If yes, please explain \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation?.....  Yes  No

If yes, please explain. \_\_\_\_\_

Have you ever been fired or asked to resign from a job? .....  Yes  No

If yes, please explain reason and give name and address of employer \_\_\_\_\_

Do you have a valid CT driver's license? License # \_\_\_\_\_ Type \_\_\_\_\_  Yes  No

On what date would you be available to work? \_\_\_\_\_

If hired, will you be available for 24-hour recall to emergencies?.....  Yes  No

<b>EDUCATION</b>	High School	College/University	Other
School Name & Location			
Years Completed	9 10 11 12 GED	1 2 3 4	
Diploma/Degree			
Course of Study			
Describe any Honors you have received.			
Describe any specialized training, skills, and extra-curricular activities that are related to this position.			
State any additional information you feel may be helpful to us in considering your application.			

List professional, trade, business or civic activities and offices held. *You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestor or protected status.*

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## EMPLOYMENT DATA

Please accurately and completely list your employment history beginning with your present or most recent employer. Please list all positions held, including military, part-time, seasonal, and significant volunteer work. Attach additional sheets if necessary.

Current or Last Employer:		Address:	
Position (s):		Supervisor Name:	
Number Supervised by You:	Full Time: Years. ____ Months ____	Part Time: Years. ____ Months ____	Volunteer: Years. ____ Months ____
Date Employed:	Starting Salary:	Ending Salary:	Reason for Leaving:
Date Separated (month/year):	Duties:		

Next Employer:		Address:	
Position (s):		Supervisor Name:	
Number Supervised by You:	Full Time: Years. ____ Months ____	Part Time: Years. ____ Months ____	Volunteer: Years. ____ Months ____
Date Employed:	Starting Salary:	Ending Salary:	Reason for Leaving:
Date Separated (month/year):	Duties:		

Next Employer:		Address:	
Position (s):		Supervisor Name:	
Number Supervised by You:	Full Time: Years. ____ Months ____	Part Time: Years. ____ Months ____	Volunteer: Years. ____ Months ____
Date Employed:	Starting Salary:	Ending Salary:	Reason for Leaving:
Date Separated (month/year):	Duties:		

**REFERENCES**

Please list the names of three persons who are not related to you and who have a definite knowledge of your work, ability and character.

Name:	Phone (home)	Phone (work)
Address:		

Name:	Phone (home)	Phone (work)
Address:		

Name:	Phone (home)	Phone (work)
Address:		

**DISCLOSURE AND ACKNOWLEDGEMENT OF INTENT TO CONDUCT DRUG TEST**

The Poquonnock Bridge Fire District does not tolerate or condone substance abuse. It is the policy of the Fire District to maintain a workplace free from alcohol and other drug abuse and its affects.

Please be advised that prior to making a decision regarding your hire, the Poquonnock Bridge Fire District will conduct a urinalysis drug test as part of the application process. The urinalysis drug test will be performed using a reliable methodology. The results of any such test shall be confidential and shall not be disclosed by the employer or its employees to any person other than any such employee to whom such disclosure is necessary; the results shall be maintained along with other confidential employee medical records.

I certify by my signature below that I have read and reviewed the "Disclosure of Intent to Conduct Drug Test," and I understand that I will be required to submit to a drug test as part of the application process.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**DISCLOSURE AND ACKNOWLEDGMENT REGARDING  
AUTHORIZATION TO CONTACT PRIOR AND CURRENT EMPLOYERS**

In processing your application for employment and/or in evaluating you for hire, promotion, continuation or retention in employment, or other employment related purposes, the Poquonnock Bridge Fire District may obtain information about you from a prior or current Employer.

By signing this notice you are acknowledging receipt and review of this disclosure.

By signing this notice you are also authorizing the Poquonnock Bridge Fire District or its affiliates or agents to obtain information/opinions about you, from prior or current employers, at any time prior to or during your employment with the Poquonnock Bridge Fire District or its affiliates or agents for purposes of evaluating you for hire, promotion, continuation or retention in employment or any other permissible employment related purposes.

A photocopy of this authorization is to be accepted as an original.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**DISCLOSURE AND ACKNOWLEDGMENT REGARDING  
CRIMINAL HISTORY CONVICTION INFORMATION REQUEST**

Have you ever been convicted of a crime\* (other than minor motor vehicle offenses)?

Yes     No    If yes, please give charge, location, court date and describe in full.

I certify by my signature below that I understand that if I am offered and accept employment, a criminal history conviction information request shall be submitted to confirm the conviction information I have provided in this application.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\*Note: The applicant is not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Sections 46b-146, 54-760 or 54-142a. These criminal records subject to erasure pertain to a finding of delinquency or a child's being a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nulled, a criminal charge for which the person has been found not guilty, or a conviction for which the person received an absolute pardon. Any person whose criminal records have been erased pursuant to these rules shall not have been considered arrested within the meaning of the Connecticut General Statutes with respect to the erased proceedings and may so swear under oath.

**DISCLOSURE OF RIGHTS UNDER THE FAIR CREDIT REPORTING ACT AND  
AUTHORIZATION TO OBTAIN CREDIT OR CONSUMER INFORMATION**

In processing your application for employment and/or in evaluating you for hire, promotion, continuation or retention in employment, or other employment related purposes, the Poquonnock Bridge Fire District may seek credit and/or consumer information about you from a credit reporting agency (CRA) or other sources. This may include the Poquonnock Bridge Fire District or its affiliates or agents requesting information about your character, general reputation, personal characteristics or mode of living, obtained through personal interviews with neighbors, friends, associates or acquaintances of the consumer. A report containing such information is defined by the Federal Trade Commission as an "investigative consumer report."

The Fair Credit Reporting Act provides you with certain rights whenever an employer or other entity seeks credit or consumer information about you, including information contained in an "investigative consumer report." The attached notice, which is copied from a form developed by the Federal Trade Commission, provides a summary of your rights under the Fair Credit Reporting Act.

By signing this notice you are acknowledging receipt and review of this disclosure and the attached summary of your rights under the Fair Credit Reporting Act.

By signing this notice you are also authorizing the Poquonnock Bridge Fire District or its affiliates or agents to obtain credit or consumer information about you, including an investigative consumer report, at any time prior to or during your employment with the Poquonnock Bridge Fire District or its affiliates or agents for purposes of evaluating you for hire, promotion, continuation or retention in employment or any other permissible employment related purposes.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**NO SMOKING POLICY**

The Poquonnock Bridge Fire District prohibits smoking, use of an electronic nicotine delivery system or vapor product by its employees. Smoking, use of an electronic nicotine delivery system or vapor product is prohibited at all District workspaces, work sites, District owned or leased property, and in District owned vehicles.

By signing this notice you are acknowledging receipt and review of this disclosure and you are verifying that you can adhere to this policy.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**APPLICANT'S STATEMENT & SIGNATURE**

Prior to an offer of employment, a background check, including a driver's record check, criminal record check, and fingerprinting, will be conducted. Upon an offer of employment being extended and accepted, candidate will be required to participate in a medical screening and drug test prior to employment.

I authorize the Poquonnock Bridge Fire District or its affiliates or agents to make such investigations and inquiries of the information provided herein, and other matters that relate hereto, as may be necessary, whether or not it is in my records. I hereby release the Fire District from any damage whatsoever for issuing same. I hereby release employers, schools and other persons, institutions and businesses from all liability in responding to inquiries in connection with my application. I understand that if I am offered and accept a position, criminal history conviction information request shall be submitted by the Poquonnock Bridge Fire District to confirm the conviction information I have provided in this application. I understand that misrepresented, misstated, omitted, or falsified information given in my application, resume, or during my interviews may result in a refusal to hire, or discharge in the event of employment. I certify that to the best of my knowledge, the information given truly represents my background and experience.

I understand and agree that, if hired, my employment is at will. I also understand that if I am hired my employment is for no definite period of time. I may terminate my employment at any time and I may be dismissed at any time without prior notice. I further understand and agree that nothing in this application form shall constitute a contract of employment or shall constitute a contract or a guarantee of employment.

I also understand that any policies or procedures implemented by the Poquonnock Bridge Fire District in the event of my employment are for purposes of operations only and are not intended to be nor constitute a contract for employment. In addition, I understand that any of these policies or procedures may be changed at any time at the employer's discretion and without notice.

A photocopy of this authorization is to be accepted as an original.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**PROCESSING RECORD**

Notes:

Position Offered:

Accepted \_\_\_\_\_ Refused \_\_\_\_\_

Confirmation Letter Sent: