

BLUE HILLS FIRE DEPARTMENT  
 1021 Blue Hills Avenue  
 Bloomfield, CT 06002  
 860-243-8949  
 dbanks@bluehillsfire.org

Application for Employment

The Blue Hills Fire District is committed to a policy of non-discrimination and equal opportunity for all employees and qualified applicants for employment. Blue Hills Fire District does not discriminate based on race, color, sex, religion, marital status, national origin, veteran status, sexual orientation, gender identity or expression, or disability as defined by the law.

**THE APPLICATION MUST BE COMPLETED IN FULL**

TITLE OF POSITION APPLYING FOR		
Position:	Date of Application	
Are you able to perform essential functions of this job with or without accommodation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>PERSONAL INFORMATION</b>		
Last Name:	First Name:	MI:
Home Address:	City, State:	
Zip Code:		
E-mail Address:	Home Phone:	
Cell Phone:		
Are you a U.S. Citizen or an alien authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If hired, must provide documentation.		
Are you 18 years old or older? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, when will you turn 18 years of age? _____		
Date available for work: Month _____ Day _____ Year _____		
Are you related to any Blue Hills Fire District employee? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, employee's name _____		
Have you ever been fired or asked to resign from a Job? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain (use separate sheet if necessary)		

Have you been convicted? Yes  No  A “yes” answer will not automatically disqualify you from employment. The nature and seriousness of the offense will be considered in relation to the position sought, if so, explain. If you have applied or received a pardon, please attach evidence for the date and time.

---

Military Background: Have you ever served in the United States Military? Yes  No   
 If yes, you must provide a copy of your DD 214 to receive veterans credit)

**Please list your Social Media Handles:**

Facebook \_\_\_\_\_ Twitter \_\_\_\_\_

Instagram \_\_\_\_\_ LinkedIn \_\_\_\_\_

TikTok \_\_\_\_\_ SNAPChat \_\_\_\_\_

We reserve the right to review your social media handles.

**EDUCATION BACKGROUND**

List High School, Colleges, Universities, Business, or Trade Schools you attended and/or graduated from. If you graduated or earned honors, please list below.

Name of School and Location	From (Mo/Yr)	To (Mo/Yr)	Course of Study	Did you graduate?	List Diploma or Degree

List if Any:

**Community Services Awards, Recognitions, Honors/Awards**

---

---

---

---

**LICENSES/CERTIFICATIONS AND SKILLS**

Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	State _____
Class _____	Endorsements _____

Computer Skills: MS Word_____, Excel_____, Power Point_____, Others _____
Are there any other experiences, skills or qualifications that will be of benefit in the job for which you are applying?

**EMPLOYMENT HISTORY/EXPERIENCE – Please upload or attach your resume or curriculum vitae (C.V.)**

Begin with your present or most recent employment and work backward consecutively accounting for all your time since school. List all employment separately. If you need more space, use additional paper.

Please tell us about your volunteer experience, if any.

**Current Employer:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Dates of  
Employment: \_\_\_\_\_

(Mo/Yr) \_\_\_\_\_ to (Mo/Yr) \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Part Time\_\_ Full Time\_\_ Hours per week\_\_

Supervisor Name & Title \_\_\_\_\_

May we contact your supervisor? Yes,  No  Telephone:

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Starting Hourly/Annual Wage \$ \_\_\_\_\_

Ending Hourly/Annual Wage \$ \_\_\_\_\_

Description of Duties – Must be complete in full even if resumes or other supporting materials are attached:

**Employer:**

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

Telephone: \_\_\_\_\_

Dates of

Employment:

(Mo/Yr) \_\_\_\_\_ to (Mo/Yr) \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Part Time\_\_ Full Time\_\_ Hours per week\_\_

Supervisor Name & Title \_\_\_\_\_

May we contact your supervisor? Yes,  No  Telephone:

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Starting Hourly/Annual Wage \$ \_\_\_\_\_

Ending Hourly/Annual Wage \$ \_\_\_\_\_

Description of Duties – Must be complete in full even if resumes or other supporting materials are attached:

**Employer:**

Name: \_\_\_\_\_  
Employment:

Telephone: \_\_\_\_\_

Dates of

(Mo/Yr) \_\_\_\_\_ to (Mo/Yr) \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Part Time\_\_ Full Time\_\_ Hours per week\_\_

Supervisor Name & Title \_\_\_\_\_

May we contact your supervisor? Yes,  No  Telephone:

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Starting Hourly/Annual Wage \$ \_\_\_\_\_

Ending Hourly/Annual Wage \$ \_\_\_\_\_

Description of Duties – Must be complete in full even if resumes or other supporting materials are attached:

**Employer:**

Name: \_\_\_\_\_  
Employment:

Telephone: \_\_\_\_\_

Dates of

(Mo/Yr) \_\_\_\_\_ to (Mo/Yr) \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Part Time\_\_ Full Time\_\_ Hours per week\_\_

Supervisor Name & Title \_\_\_\_\_

May we contact your supervisor? Yes,  No  Telephone:  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Starting Hourly/Annual Wage \$ \_\_\_\_\_

Ending Hourly/Annual Wage \$ \_\_\_\_\_

Description of Duties – Must be complete in full even if resumes or other supporting materials are attached:

**REFERENCES**

Please list three non-family member references. Example, supervisor, teacher, professor, work colleague, etc. Reference may choose to write a letter.

Name: \_\_\_\_\_ Company \_\_\_\_\_  
Title \_\_\_\_\_

Email  
Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone/Mobile: \_\_\_\_\_  
\_\_\_\_\_

How Long have you known this  
person? \_\_\_\_\_

Name: \_\_\_\_\_ Company \_\_\_\_\_

Title \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone/Mobile: \_\_\_\_\_

How Long have you known this  
person? \_\_\_\_\_

Name: \_\_\_\_\_ Company \_\_\_\_\_ Title \_\_\_\_\_

Email  
Address: \_\_\_\_\_

Telephone/Mobile: \_\_\_\_\_  
\_\_\_\_\_

How Long have you known this  
person? \_\_\_\_\_



Please write below why do you want this position, and why you believe you are most qualified for this position?

---

---

---

---

**APPLICANT’S CERTIFICATION**

I certify that there are no misrepresentations, omissions, or falsifications of information in the written expressed statements. The statements and answers that are made by me are true, complete to the best of my knowledge. I understand that falsification of any information is grounds for disqualification.

I understand that failure to follow directions and complete all sections of this application is grounds for immediate dismissal from the application process.
I give my consent to the Blue Hills Fire District to check with personal references, previous employers and educational institutions concerning my employment.
I release Blue Hills Fire District previous employers and educational institutions from any liability arising from disclosure of information concerning my employment or personal history.
The acceptance of this application or the granting of an interview does not constitute an offer of employment or an employment agreement of any kind. In the event I am employed by the Blue Hills Fire District, I understand that the terms and conditions of my employment will be governed by the orders, rules, regulations and/or collective bargaining agreement.
Proof of citizenship or employment eligibility in accordance with the Immigration and Reform and Control Act of 1986 will be required at the time of appointment.
Applicants are subject to pre-employment drug testing pursuant to Connecticut General Statutes 31.5v. A positive test result is grounds for denial of employment or the withdrawal of any offer of employment. Individuals who are employed in positions intended as safety sensitive or high risk, or in positions requiring Commercial Driver’s Licenses will be subject to random testing in pursuant to state and federal law.

I hereby acknowledge that I have read the above statements and understand them.

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

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

Print Name: \_\_\_\_\_

**Dept. Use Only**

Rece'd Date: \_\_\_\_\_

Completed

Form: \_\_\_\_\_

Action: \_\_\_\_\_