# Williston Fire Department

645 Talcott Road, Williston VT 05495

# [applications@willistonfire.com](mailto:applications@willistonfire.com)

# (802) 878-5622



**Employment Application for Career Firefighter/EMT**

|  |
| --- |
| **Applicant Information** |

Full Name: Over 18 years of Age? \_\_\_\_\_\_\_

Last First M.I.

Address:

Street Address Apartment/Unit #

City State ZIP Code

Phone: Date Available:

E-Mail Address:

**YES**  **NO** **YES**  **NO**

Prior employment with the Town of Williston?   Are you currently employed?

If yes, when? If yes, may we contact your current employer?

**Career Firefighter/EMT**

**YES NO**  **YES NO**

Are you a certified Firefighter I in the State of VT?   Are you a certified EMT in the State of VT?

If yes, date you were certified: If yes, date you were certified:

Are you a certified Firefighter II in the State of VT?   Are you a certified AEMT in the State of VT?

If yes, date you were certified: If yes, date you were certified:

Do you hold other Fire certification?   Are you a certified Paramedic in the State of VT?

If yes, please attach copies If yes, date you were certified:

Are you currently enrolled in a Fire I or II class?   Are you currently enrolled in an EMS class?

If yes, check type:,  Fire I  Fire II  Fire I/II If yes, check type:,  EMT  AEMT  Paramedic

Expected class end date (mm/yy): Expected class end date (mm/yy):

***Attach a copy of your highest Fire certification*  *Attach a copy of your highest EMS certification***

**YES NO** Check all the EMS license(s) you hold:

Do you have BLS Provider CPR certification?

If no, do you have other CPR certification?    NREMT VT  Other**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Attach a copy of your most recent CPR certification***

Do you have a current CPAT?

***Attach a copy of your CPAT proof of completion***

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| **Professional References** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Relationship: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Company | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | ( ) | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Relationship: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Company: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | ( ) | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Relationship: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Company: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | ( ) | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  | | --- | | **Education** |   **High School**: City: State:  YES NO  Did you graduate?  **College**: City: State:  YES NO  Did you graduate?   Degree In:  **Other**: City: State:  YES NO  Did you graduate?   Degree In: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Military Service** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | From: | | | | | | | | |  | | | | | | To: |  | | | | |
| Rank at Discharge: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Type of Discharge: | | | | | | | | | | | | | | |  | | | | | | | | | | |
| If other than honorable, explain: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Employment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Company:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | **Phone**: | | | | | | | | | | ( ) | | | | | | | | | | | | | |
| Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | | | | | | |  | | | | | | | | | |
| Job Title: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Responsibilities: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: | | | | |  | | | | | | | | | | | To: | |  | | | | Reason for Leaving: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | NO | | | | | |  | | | | | | | | | | | | | | | | |
| **Company:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **Phone**: | | | | | | | | | ( ) | | | | | | | | | | | | | | | |
| Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | | | | | | |  | | | | | | | | | |
| Job Title: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Responsibilities: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: | | | | |  | | | | | | | | | | | To: | |  | | | | Reason for Leaving: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | NO | | | | | |  | | | | | | | | | | | | | | | | |
| **Company:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **Phone**: | | | | | | | | | ( ) | | | | | | | | | | | | | | | |
| Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | | | | | | |  | | | | | | | | | |
| Job Title: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Responsibilities: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: | | | | |  | | | | | | | | | | | To: | |  | | | | Reason for Leaving: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | NO | | | | | |  | | | | | | | | | | | | | | | | |
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| **Previous Fire & EMS Experience** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Department:** | | | | | | | | | | | | |  | | | | | | | | | | |  | | **City**: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dates Served: | | | | | | | | | | | | From: | | | |  | | To: | |  | | |  | | Rank: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dept Contact: | | | | | | | | | | | |  | | | | | | | | | | |  | | Rank: | | | |  | | | | | | | | | | | | | Phone: | | | | | |  | | | | | | | |
| **Department:** | | | | | | | | | | | | |  | | | | | | | | | | |  | | **City**: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dates Served: | | | | | | | | | | | | From: | | | |  | | To: | |  | | |  | | Rank: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dept Contact: | | | | | | | | | | | |  | | | | | | | | | | |  | | Rank: | | | |  | | | | | | | | | | | | | Phone: | | | | | |  | | | | | | | |
| **Department:** | | | | | | | | | | | | |  | | | | | | | | | | |  | | **City**: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dates Served: | | | | | | | | | | | | From: | | | |  | | To: | |  | | |  | | Rank: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dept Contact: | | | | | | | | | | | |  | | | | | | | | | | |  | | Rank: | | | |  | | | | | | | | | | | | | Phone: | | | | | |  | | | | | | | |
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| **Disclaimer and Signature** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Due to the nature of our business and the populations we serve, the Williston Fire Department performs without limitation: driver record and criminal history searches on all potential staff members. We will not automatically exclude applicants based upon adverse driving or criminal history without first reviewing the facts or circumstances surrounding the offense or conduct. Warning: Failure to accurately and fully answer any question may result in your elimination from consideration of, or termination from, employment.***  Have you ever been disciplined or discharged by a former employer (including volunteer positions) for any type of **YES NO**  dishonesty, ethical misconduct, act involving moral turpitude, or violent behavior in the last fifteen (15) years?  Have you ever been sanctioned, excluded, or otherwise prohibited from participating in any Fire or EMS position  (including volunteer), or in any program that serves a vulnerable population (i.e., the elderly, disabled, or children)?  Do you have a current, valid driver’s license and a clean driving history?  Have you ever been arrested for, prosecuted for, or convicted of a crime?  Have you ever been adjudicated, plea bargained, dismissed from, or otherwise deferred with regard to a  criminal conviction? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *If I am hired by the Town of Williston Fire Department, I understand that the Town’s handbook and personnel policies, and the Fire Department’s personnel policies, shall be applicable to me. These policy manuals are updated from time to time, and I agree to read and stay current with their provisions during my employment.*  *I understand that if I accept employment with the Town of Williston, I may receive Town owned property to fulfill my employment obligations. At the time my employment with the Town ends, I shall promptly return to the Town all of its property and in good working condition. If I fail to do this, I will be held personally liable for any missing or damaged property.*  I understand that the position for which I am applying includes driving Fire and/or EMS apparatus, and includes work with individuals or groups who are recognized as vulnerable populations (i.e. the elderly, disabled, or children). Therefore, I must consent to a driving record and criminal history search prior to employment.  I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is intended as an “at will” relationship, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.  I certify that my answers on this form and on any attachments are true and complete to the best of my knowledge.  I authorize investigation of all statements contained in this application for employment and any attachments as may be necessary in arriving at an employment decision.  I am aware that if a search or investigation discloses without limitation, misrepresentation or falsification, my application may be rejected, my name removed from the applicant list, and if already employed, may result in immediate termination. I also understand that I am required to abide by all of the rules and regulations of the employer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature**: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date**: | | |  | | | |

*It is the policy of this municipality to provide equal employment opportunity to all applicants and employees without regard to race, color, religion, sex, national origin, ancestry, place of birth, age, marital status, pregnancy status, genetic information, physical or mental condition, HIV status, veteran status, sexual orientation, gender identity, or other category protected by state or federal law. No question is asked on this application or during the application process for the purpose of excluding any applicant due to the aforementioned protected categories or other category protected by state or federal law.*