

**RUTLAND R.E.C.C.  
EMPLOYMENT APPLICATION**

**PO Box 669  
Rutland, MA 01543**

**\*Application must be typed or printed neatly in black or blue ink.\***

**1. PERSONAL HISTORY**

Name in Full (Last, First, Middle)

Your Current Address (Street and number, City, State and Zip Code)

Current Phone Numbers

Home:

Cell Phone:

Work:

All Other Names You Have Used (Aliases, nicknames, birth or maiden names, other name changes)

Date and Place of Birth

Date:

City:

County:

State:

Are you a United States Citizen? (If Naturalized, submit copy of Naturalization Certificate)

YES

NO

Social Security Number:

Marital Status:  Single  Married  Divorced  Separated  Widowed

\*Applicants are considered and employees are treated during employment without regard to age, race, color, religion, sex, national origin, marital or veteran status, medical condition, or disability. Date of birth is required from all applicants and employees to facilitate a background check.

**2. FAMILY MEMBERS**

List all family members in the following order: children, including step-children, parents, guardians, and any other relative with whom a close relationship exists.

Name	Relationship	Address	Home Phone #

**3. Character References**

List three (3) Character References. Do not include relatives, former employers, or persons living outside the United States. List only Character references that have a definite knowledge of your qualifications and fitness for the position for which you are applying.

Name	Years Known	Address	Phone #

**4. Residence(s)**

List chronologically all your residences in the last FIVE (5) years

From (m/y)	To (m/y)	Address (number, Street, City, State and Zip)

**5. Employment History**

Beginning with your current or most recent job, list your work history for the past TEN years. (Include part-time, seasonal and Temporary )

Name and Address of Employer:

Dates worked: From (mm/yy):

To (mm/yy):

Job or position Title:

Full Time     Part Time     Seasonal

Final Salary/Wage:

Phone Number:

Description of Duties:

Name of Supervisor and Phone Number:

Name of one or two Co-Workers and phone numbers (if known):

Reason For Leaving:

**\*\*\* ADDITIONAL COPIES OF THE NEXT PAGE MAY BE ADDED IF NEEDED FOR EMPLOYMENT RECORD \*\*\***

**5. Employment History (cont.)**

Name and Address of Employer:

Dates worked: From (mm/yy):

To (mm/yy):

Job or position Title:

 Full Time Part Time Seasonal

Final Salary/Wage:

Phone Number:

Description of Duties:

Name of Supervisor and Phone Number:

Name of one or two Co-Workers and phone numbers (if known):

Reason For Leaving:

Name and Address of Employer:

Dates worked: From (mm/yy):

To (mm/yy):

Job or position Title:

 Full Time Part Time Seasonal

Final Salary/Wage:

Phone Number:

Description of Duties:

Name of Supervisor and Phone Number:

Name of one or two Co-Workers and phone numbers (if known):

Reason For Leaving:

Name and Address of Employer:

Dates worked: From (mm/yy):

To (mm/yy):

Job or position Title:

 Full Time Part Time Seasonal

Final Salary/Wage:

Phone Number:

Description of Duties:

Name of Supervisor and Phone Number:

Name of one or two Co-Workers and phone numbers (if known):

Reason For Leaving:

**6. Employment Record**

Have you ever been involuntarily terminated from a full or part-time job, whether it was termed fired, terminated, suspended, laid-off or furloughed?  Yes  No (If yes, describe the circumstances.)

Have you ever resigned (quit) after being informed that your employer intended to discharge you?  Yes  No (If yes, explain the circumstances.)

Have you ever had any disciplinary actions taken against you at any of your jobs (written reprimands, suspension with or without pay, forfeiture of benefits or other similar actions)?  Yes  No (If yes list job and explain the circumstances.)

Do you have any reason to believe that a former employer may give you a negative job reference?  Yes  No (If yes, name of employer and why.)

**7. Dispatch Center History**

Are you currently with another dispatch center?  Yes  No

Primary PSAP  Secondary PSAP  Other public safety dispatch center

Please list: name of department, address, phone number and current supervisor's name.

**8. Education History**

List Chronologically all schools you have attended. Include High Schools, College, Trade School, Vocational School and other.

Dates Attended	School Name	Address	Date Graduated

**9. Education**

List Major and Minor college courses of study and any other special training class you have taken or certifications you now hold. (submit any certificates for certifications to get credit on application scoring)

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**10. Military Service** (if applicable)

Your Selective Service Number:	Branch of Service:
Highest Rank Held:	Serial Number:
Dates of Active Duty - From (mm/yy):	To (mm/yy)
Dates of Active Reserve Duty – From (mm/yy)	To (mm/yy):
If you are still enlisted, when will you be discharged?	
Unit(s) to which assigned to and primary duty type.	
Type of Discharge:	Are you eligible for reenlistment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or have you ever been a member of any United States Reserve or National Guard Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Unit and Location:	
Reserve Status & Obligation (if any):	
Have you received ANY disciplinary action while in the military? (Including Article 15's, Captain's Mast, Written Reprimands, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, describe circumstances.	
Have you ever been the defendant in a court martial? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide date and outcome).	

**11. Information Concerning Driving Status, Record, Convictions, and Litigation**

List ALL vehicle operators' license you now hold or have held from any state or country. (Provide type, State, Number and Expiration Date)

Have you ever received a traffic ticket?  Yes  No | How many in the past 5 years?

Have you ever been involved in a traffic accident as a driver?  Yes  No

If yes, how many of your total accidents were you judged to be at fault by the investigating officer?

Were you ever given a traffic ticket as a result of an accident?  Yes  No

Has your driver's license ever been suspended or revoked for any reason?  Yes  No

If yes, list when and for what reason was your license suspended.

Has your license ever been put on probation?  Yes  No

If yes, why?

Have you ever been denied automobile insurance or had your insurance revoked?  Yes  No

Have you ever been convicted for driving under the influence?  Yes  No

If yes, list the place, agency, date and details of each instance.

Have you ever been convicted of a misdemeanor?  Yes  No

If yes, list place, agency, date and details of each incident.

Have you ever been convicted of a felony?  Yes  No

If so, list place, agency, date and details of each incident.

Have you ever had a judgment entered against you as a result of a civil suit other than a divorce case? (This includes "small claims, evictions and collections" or any other kind of civil court actions even if settled out of court prior to judgment being entered by a judge or jury.  Yes  No

If yes, list dates location and brief facts for each case.

**APPLICANT / EMPLOYEE ACKNOWLEDGEMENT**

The job description included in this application information packet describes the duties and responsibilities for employment in this position as well as conditions I may face performing these duties. I acknowledge that I have received this information and understand that it is not a contract of employment. I am responsible for reading this job description and complying with all job duties, requirements, and responsibilities contained herein and any subsequent revisions.

***Is there anything that would keep you from meeting the job duties and requirements as outlined?***

Yes

No

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Name of Applicant/Employee

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Date



**APPLICANT STATEMENT OF TRUTHFULLNESS**

This form is to be signed and witnessed in the presence of a Notary Public.

***Please read the following statement and sign to certify your understanding:***

**I certify that all information I have provided in order to apply for and secure employment with the Rutland R.E.C.C. / Town of Rutland is true, complete, and correct.**

I understand that all the information I have provided is subject to verification and that any information found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to 1.) cancel further consideration of this application, or 2.) if already appointed, I may be subject to discharge from employment.

I have expressly authorized, without reservation, the Rutland R.E.C.C. / Town of Rutland, its representatives, employees or agents to contact all references, and any other persons in order to obtain any and all information deemed necessary by them to verify the accuracy of all information provided by me in this application or at other points throughout the entire process including interviews. I have signed a RELEASE OF INFORMATION WAIVER FORM, which is also attached to this application.

I understand that the Rutland R.E.C.C. / Town of Rutland does not unlawfully discriminate in employment and no question on this application is used for purpose of limiting or excluding any applicant from consideration on a basis prohibited by applicable local, state, or Federal law.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT!**

Before me the undersigned, a Notary Public for \_\_\_\_\_ County,  
State/Commonwealth of \_\_\_\_\_, personally appeared \_\_\_\_\_.

Name of Applicant

And he/she being first duly sworn by me upon his/her oath certified that he/she read and fully understands and accepts all terms of the forgoing Applicant Statement.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Signature of Notary Public

SEAL

\_\_\_\_\_

Commission Expiration

