

JOB APPLICATION

Firefighter/Maintenance Position

Hope Valley/Wyoming Fire District

P.O. Box 25, 996 Main Street, Hope Valley, Rhode Island 02832
401-539-2229

Hope Valley/Wyoming Fire District is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact the District Fire Chief at 401-539-2229.

Please fill out all of the sections below and return by 3pm, Friday January 17, 2025 to Hope Valley-Wyoming Station 1, 996 Main Street, Hope Valley RI 02832.

Applicant Information

Applicant Name: _____

Address: _____

City, State and Zip

Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Employment Position

Position(s) applying for: Firefighter/Maintenance (full time)

How did you hear about this position? _____

On what date can you start working if you are hired? _____

Salary desired: _____

Personal Information

Have you ever applied to or worked for Hope Valley/Wyoming Fire District before? Yes No

If yes, when?

Are you a U.S. citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status?

Will you consent to a mandatory controlled substance test? Yes No
 Do you have any condition which would require job accommodations? Yes No
 If yes, please describe accommodations required below.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No
 If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Hope Valley/Wyoming Fire District complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services? _____
 What branch of the military did you enlist? _____
 What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position?

Previous Employment

Employer Name: _____
 Job Title: _____
 Supervisor Name: _____
 Employer Address: _____
 City, State and Zip Code: _____
 Employer Telephone: _____
 Dates Employed: _____
 Reason for leaving: _____

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 Job Title: _____
 Supervisor Name: _____
 Employer Address: _____
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 Employer Telephone: _____
 Dates Employed: _____
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Employer Name: _____
 Job Title: _____
 Supervisor Name: _____
 Employer Address: _____
 City, State and Zip Code: _____
 Employer Telephone: _____
 Dates Employed: _____
 Reason for leaving: _____

References

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information

Additional Information:

How many years have you been in the District and what positions have you held with dates?

What Fire equipment have you operated?

AT-WILL EMPLOYMENT

The relationship between you and the Hope Valley/Wyoming Fire District is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Hope Valley/Wyoming Fire District. No representative of Hope Valley/Wyoming Fire District has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and the Board of directors.

Applicant
Signature:

Dated:
