



# Holbrook Regional Emergency Communications Center

## Application for Employment

1. This application and any forms herein must be typewritten or printed legibly in blue or black ink by the applicant
2. All questions must be answered. If not applicable, indicate N/A
3. Failure to answer any and all questions truthfully, accurately or completely shall result in the applicant's disqualification or if discovered after an individual is hired, termination from employment
4. If the space provided is not sufficient to complete answers or you wish to make additional comments, attach paper the same size as these forms and indicate which section these sections pertain to
5. You are applying for a Public Safety position with a professional organization. It is essential to follow instructions specifically as directed. Make sure all dates and information are absolutely correct
6. Please include an updated resume when submitting this application as well as any applicable current certifications

I have read and understood the above instructions

|                                |  |
|--------------------------------|--|
| <b>Applicant Printed Name:</b> |  |
| <b>Applicant Signed Name:</b>  |  |
| <b>Date:</b>                   |  |

This application will remain on file with the Holbrook Regional Emergency Communications Center for a period of one (1) year

Received by: \_\_\_\_\_

Date & Time: \_\_\_\_\_

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

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

|                       |                         |                 |
|-----------------------|-------------------------|-----------------|
| _____                 | _____                   |                 |
| <i>Street Address</i> | <i>Apartment/Unit #</i> |                 |
| _____                 |                         |                 |
| _____                 | _____                   | _____           |
| <i>City</i>           | <i>State</i>            | <i>ZIP Code</i> |

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Driver's License  
Number: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

| Have you ever worked for the Town of Holbrook? | YES                      | NO                       | If yes, when and for what department? |
|--|--------------------------|--------------------------|---------------------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> |                                       |

Have you ever been convicted of a felony? YES NO  
☐ ☐

If yes, explain: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? ☐ YES ☐ NO Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? ☐ YES ☐ NO Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

### Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From (dates): \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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

## Release of Information Agreement

TO WHOM IT MAY CONCERN: I am an applicant for a position as a permanent full time Emergency Telecommunicator with the Town of Holbrook. The Town of Holbrook needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Town of Holbrook.

I hereby authorize any representative of the Town of Holbrook bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer, I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Town of Holbrook, whether said records are of public, private, medical, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of the authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Town of Holbrook to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may be.

I consent to your release of any and all public information that you may have concerning myself, my work record, my background and reputation, my military records, financial status, my criminal history record including any arrest records. Any information contained in investigation files, efficiency rating, complaints or grievances filed by or against me. The records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest. Attendance records, polygraph examinations and any internal affairs investigations and discipline including any files which are deemed to be confidential and or sealed.

I hereby release you, your organization and all others from liability or damages that may result from furnishing the information requested including any liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records of your organization, including its officers, employees, or related personnel both individually and collectively from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request to the duly accredited representative of the Town of Holbrook regardless of any agreement I have made with you previously to the contrary. The public safety organization requesting the information pursuant to this release will discontinue processing my application if I refuse to disclose the information requested.

For consideration of the Town of Holbrook's acceptance and processing of my application for employment, I agree to hold the Town of Holbrook, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Town of Holbrook. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I have waived those rights with the understanding that information furnished will be used by the Town of Holbrook in conjunction with employment procedures.

A photocopy or fax of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

This waiver is valid for a period of sixty (60) days from the date of my signature. Should there be any question as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and its agents and employees, from and against all claims, damages, losses and expenses including reasonable attorney fees arising out of or by reason of complying with this request.

|                         |  |
|-------------------------|--|
| Full Name:              |  |
| Address:                |  |
| Telephone Number:       |  |
| Date of Birth:          |  |
| Social Security Number: |  |

## PROOF OF AUTHENTICATION OF SIGNATURE

**This Section MUST be completed by the Applicant in presence of notary.**

Applicant's full legal name (print or type): \_\_\_\_\_

X: \_\_\_\_\_

Signature as it will appear on contract or other document **(Complete only in presence of notary):**

### **AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor. \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

My MA Commission expires on: \_\_\_\_\_

AFFIX NOTARY SEAL

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, the undersigned corporate clerk, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor. \_\_\_\_\_

Corporate Clerk Signature: \_

AFFIX CORPORATE SEAL

## Certifications

| Course Title                                 | Date Certified | Expiration Date | Cert Enclosed Y/N |
|--|----------------|-----------------|-------------------|
| APCO Public Safety Telecommunicator 1 (PST1) |                |                 |                   |
| APCO Emergency Medical Dispatch (EMD)        |                |                 |                   |
| NG911 Equipment Training                     |                |                 |                   |
| Communications Training Officer (CTO)        |                |                 |                   |
| Communications Center Supervisor (CCS)       |                |                 |                   |
| APCO Registered Public Safety Leader (RPL)   |                |                 |                   |
| Communications Center Manager (CCM)          |                |                 |                   |

Special education, training, certifications or experiences that you feel may be relevant and/or beneficial in this position:

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