

**CITY OF CENTRAL FALLS
FIRE DEPARTMENT**



**APPLICATION FOR EMPLOYMENT
PROBATIONARY FIREFIGHTER**

City of Central Falls

580 Broad Street
 Central Falls, Rhode Island 02863
www.centralfallsri.us
 401.727.7400



APPLICATION FOR EMPLOYMENT

The City of Central Falls complies with all Federal, State and Local Laws prohibiting discrimination.
 THE CITY OF CENTRAL FALLS SUBSCRIBES TO A DRUG AND ALCOHOL FREE WORKPLACE!

PLEASE PRINT

GENERAL INFORMATION				
Name (Last, First, MI)		Home Telephone		Cell Phone
Residence Address (No. Street)		E-mail address		
City		State		Zip Code
Position(s) you are applying for:				
FORMER ADDRESSES (Past 5 years, use additional pages if necessary)				
Former Address (No. Street)		City, State, Zip Code		
Former Address (No. Street)		City, State, Zip Code		
BACKGROUND INFORMATION				
Are you 18 years of age or older?		____ Yes ____ No		
Are you eligible to work in the United States?		____ Yes ____ No		Proof of eligibility will be required at the time you start work.
Are you licensed to operate a motor vehicle?		____ Yes ____ No		State issued & License #:
Has your motor vehicle license ever been suspended?		____ Yes ____ No		If Yes, explain (use additional pages if necessary).
EDUCATIONAL BACKGROUND				
Circle highest education level completed:	Grade School 4 5 6 7 8	High School 9 10 11 12	College/Tech 1 2 3 4 5	Grad School 1 2 3 4 5
High School Attended:		City: Providence		State:
Degree: Yes No GED				
College Attended:		City: Providence		State:
Degree: Yes No		Associates Bachelors Masters PhD		
Course of Study:				
College Attended:		City:		State:
Degree: Yes No		Associates Bachelors Masters PhD		
Course of Study:				
MILITARY SERVICE				
Have you ever served in the military?		____ Yes ____ No		Which branch:
Number of years served?		Type of discharge?		
Please attach a copy of your form DD-214 (Discharge papers):				
SKILLS & QUALIFICATIONS				
Do you speak a foreign language?		____ Yes ____ No		If Yes, explain.
Do you possess any specialty licenses?		____ Yes ____ No		If Yes, explain.
Do you possess any specialty certifications?		____ Yes ____ No		If Yes, explain.
Are you computer literate?		____ Yes ____ No		
Computer Programs (List):				
PREVIOUS EMPLOYMENT (List all employers for past 5 years, use additional pages if necessary)				
Company:		Telephone:		
Address:		Supervisor:		
Job Title	Salary	Dates of Employment	10/2020	To

Responsibilities		Reason for Leaving:	
May we contact your supervisor? Yes ___ No ___			
Company:		Telephone:	
Address:		Supervisor:	
Job Title	Salary	Dates of Employment:	To
Responsibilities		Reason for Leaving:	
May we contact your supervisor? Yes ___ No ___			
Company:		Telephone:	
Address:		Supervisor:	
Job Title	Salary	Dates of Employment:	To
Responsibilities		Reason for Leaving:	
May we contact your supervisor? Yes ___ No ___			
Company:		Telephone:	
Address:		Supervisor:	
Job Title	Salary	Dates of Employment:	to
Responsibilities		Reason for Leaving:	
May we contact your supervisor? Yes ___ No ___			

REFERENCES

Name:	Relationship:	Telephone No.:
Name:	Relationship:	Telephone No.:
Name:	Relationship:	Telephone No.:

JOB REQUIREMENTS (Essential Job Functions)

The following are considered to be *essential job functions* for all employees for the City of Central Falls:

1. Employees are required to work their assigned shift(s) or schedule(s).
2. Employees may be required to work in close proximity to motor vehicles, railroad tracks, and other heavy and industrial equipment.
3. Employees may be required to work with computers, hand tools or power tools, and around such tools and equipment.
4. Employees may be required to perform additional job functions in accordance with the specific position for which they are applying.

ACKNOWLEDGEMENT OF BEING ABLE TO PERFORM ESSENTIAL JOB FUNCTIONS WITH OR WITHOUT REASONABLE ACCOMMODATION

I acknowledge that the City of Central Falls has informed me of the essential job functions of the position(s) for which I am applying, and I further acknowledge that I am able to perform the essential functions of said position(s) with or without reasonable accommodation. I further acknowledge that I have no medical condition that would prevent me from performing the essential functions of said position(s) with or without reasonable accommodation.

Dated: _____ *Signature:* _____

EMPLOYMENT AT WILL

I understand and agree that if offered employment by the City of Central Falls, my employment will be as an "employee-at-will" and that I may be discharged by the City of Central Falls at any time with or without cause. I also understand and agree that if my employment falls under a collective bargaining agreement, this "at-will" employment relationship may change, and I would be afforded all job protection rights as described in the collective bargaining agreement with the City of Central Falls.

Dated: _____ *Signature:* _____

APPLICANT STATEMENT

I certify that the above responses given by me are true and accurate to the best of my knowledge, if any section of this application does not apply to me, I have signified by placing an N/A in that section. I understand that any false statements, evasions, omissions, deception or reservations in answering any questions on this application shall be cause for rejection, and if discovered after appointment is just cause for dismissal. I understand that the City of Central Falls has relied upon the above responses given by me in considering my application, and that in the event I have provided willfully false responses in this application I will be subject to dismissal.

Dated: _____ *Signature:* _____



Employee Equal Opportunity Survey Form

The City of Central Falls, is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we request that employees voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. This form will be removed from your application and maintained in a separate, confidential file.

Last _____ First _____ Middle _____
(PLEASE PRINT)

Signature: _____ Date: _____

Sex: Please place an "X" over the dot for the correct choice.

- Male**
- Female**

Race/Ethnicity: Please place an "X" over the dot for the correct choice.

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White** (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American** (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native** (Not Hispanic or Latino) - A person having origins in any of the peoples of North or South American (including Central America), and who maintain tribal affiliation or community attachment.
- Asian** (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan and the Philippine Islands, Thailand and Vietnam.
- Two or more Races** (Not Hispanic or Latino) – All persons who identify with more than one of the above five racial/ethnic groups. If you check this box please list the single racial/ethnic group above which you most closely identify _____
- If you choose not to self-identify your race or ethnicity, please check here.**