

Rollinsford Fire Department Employment Application

Name: _____
(Last) (First) (M.I.)

Address: _____

Phone: _____
(Home) (Work) (Mobile)

SSN#: _____ DOB: _____

Current Employer: _____

Address: _____

Typical Work Schedule: From _____ To _____

Will your employer allow you to leave work if called from the RFD? (____) Yes (____) No

Why would you like to become a member of the Rollinsford Fire Department? _____

License Information

Driver's License # _____ State: _____

Expiration Date: _____ Class: _____

Restrictions: _____

Do you have reliable transportation? (____) Yes (____) No

Has your driver's license ever been suspected or revoked? (____) Yes (____) No

If so, please give the date, location and reason: _____

Educational History

High School: _____

Address: _____

Years attended: From _____ To _____

Did you graduate? (____) Yes (____) No

Special Qualifications

List any special licenses and/or certifications that you hold: _____

List any other special skill or qualifications you may possess: _____

Medical History

Are you presently in good health? (____) Yes (____) No

Last physical date: _____

Do you have any impairments that will affect your duties as a firefighter?

(____) Yes (____) No If yes, please explain: _____

Do you have a history of:

Dizzy Spells (____) Yes (____) No

Heart Trouble (____) Yes (____) No

High Blood Pressure (____) Yes (____) No

Diabetes (____) Yes (____) No

Cancer (____) Yes (____) No

Bleeding Easily (____) Yes (____) No

Back or Spinal problems (____) Yes (____) No

Respiratory problems (____) Yes (____) No

Do you wear contacts or glasses? (____) Yes (____) No

Do you take any medications? (____) Yes (____) No

If so, please list type and reason? _____

Do you have any phobias (i.e., heights, enclosed spaces, etc.) (____) Yes (____) No

If so, please explain: _____

Criminal History

Have you ever been convicted of any criminal matter? (____) Yes (____) No

If yes, please explain: _____

References

Please list (3) three people who know you well enough to provide current information about you. Do not list relatives or former employers.

Name _____ Phone _____

Address _____

Years Known _____

Name _____ Phone _____

Address _____

Years Known _____

Name _____ Phone _____

Address _____

Years Known _____

I certify that the information given is accurate and true to the best of my knowledge. I also understand that my termination may occur as a result of the information I have provided being found incorrect.

Signature _____ Date _____

Rollinsford Fire Department Member Information

Name _____

Date of Birth _____ Social Security Number _____

Physical Address _____

Mailing Address (If different from above) _____

Phone _____
(home) (work) (cell)

Email address _____

IN CASE OF EMERGENCY, WHO SHOULD THE FIRE DEPARTMENT CONTACT ON YOUR BEHALF?

#1 Name _____ Relationship _____

Address _____

Phone _____

#2 Name _____ Relationship _____

Address _____

Phone _____

Beneficiary(s) information. Please list a primary and secondary beneficiary should something happen to you in the line of duty.

Primary _____

Address _____

Phone _____

Secondary _____

Address _____

Phone _____

Do you authorize the Chief to make all necessary notifications? _____

If no, please indicate who you wish to make those notification for you: _____

Signature _____ Date _____

Mail to:
NH STATE FIREMEN'S ASSOCIATION
53 Regional Drive – Suite 1
Concord NH 03301
OR
Email to: nhsfa@ne.rr.com

ADD / CHANGE / DELETE FORM

DEPARTMENT _____

DATE OF ACTION _____

DELETE (check one) RETIRED _____ HONORARY _____ CANCEL _____

MEMBER'S ID NUMBER _____

MEMBER'S FIRST NAME _____ MIDDLE _____ LAST NAME _____

MEMBER'S DOB: _____

ADD / CHANGE (check one) Add _____ Change _____

MEMBER'S ID NUMBER _____

MEMBER'S FIRST NAME _____ MIDDLE _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PRIMARY PHONE # _____

E-MAIL _____

DOB _____ SS# _____ SEX _____

BENEFICIARY #1 _____ DOB _____ RELATIONSHIP _____

BENEFICIARY #2 _____ DOB _____ RELATIONSHIP _____

BENEFICIARY #3 _____ DOB _____ RELATIONSHIP _____

SIGNATURE _____ DATE _____

(Signing verifies that the information given is correct)



State of New Hampshire

Criminal Records Unit

Department of Safety
DIVISION OF STATE POLICE

33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE MUNICIPAL EMPLOYEE BACKGROUND CHECKS

EMPLOYEE/VOLUNTEER CANDIDATE BACKGROUND CHECKS NH RSA 41:9-b

INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

SECTION I (PLEASE PRINT CLEARLY)

Last Name _____ First Name _____ Maiden _____ MI _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Hair Color _____ Eye Color _____ Male Female

Driver's License Number _____ State _____

My signature below signifies I am the individual listed above and the information provided is true.

Signature _____ Date _____

Signed under penalty of unsworn falsification pursuant to RSA 641:13

SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following:

Chief Robert Ducharme, Rollinsford Police Department

Address P.O. Box 438, 667 Main Street City Rollinsford State NH Zip 03869

Your Signature _____ Date _____

Notary's Signature _____

(AFFIX SEAL)

Signature of person/entity to receive record _____ Date _____

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

FEES

LIVESCAN - \$37.00 (\$47.00 if printed at a state police livescan site) INKED - \$47.00 VOLUNTEERS - \$30.75 (Livescan or Ink)

NOTE: Make checks payable to: State of NH – Criminal Records NH Only- \$25.00

Applicant fingerprint card must be submitted at the same time as payment and this form.