



FARMINGTON FIRE RESCUE DEPARTMENT

381 Main Street
Farmington, New Hampshire 03835
603-755-2131
Fax: 603-755-4238

EMERGENCIES CALL 911



James D. Reinert
Chief of Department
jreinert@farmingtonfd.net

Farmington Fire & Rescue Mission Statement

The Farmington Fire & Rescue Department will have dedicated members ensuring excellence in our duties to our citizens to protect their life and property. We believe in achieving this excellence in our services through commitment, teamwork, open communications, and with pride in our work. We strive to ensure our community is safe through our training and education with their safety as our goal, as without them, we wouldn't be here.

Please fill out all the proper information contained within this employment application and return it when completed. Once you have completed the interview process successfully, you will be contacted for a background check and drug screening. If you have any questions or concerns please call the station at 603.755.2131.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "James D. Reinert".

James D. Reinert
Chief of Department
Farmington Fire & Rescue

Smoke Detectors Save Lives

The Town of Farmington prohibits discrimination on the basis of race, color, national origin, sex, sexual orientation, religion, age, disability, marital or family status. The Town of Farmington is an equal opportunity employer.



Town of Farmington
356 Main Street
Farmington, NH 03835
603-755-2208
fax: 603-755-9934

Employment Application

Programs, services and employment are available equally to everyone. Please inform the Human Resources Department if you require reasonable accommodations to the application or interview.

Date of application: _____
Position applied for: _____

APPLICANT DATA:

Last name: _____
First name: _____
Middle: _____
Social Security number: _____
Street Address: _____
City: _____ Zip code: _____
Phone number: () _____ Alternate phone number: () _____
E-mail address: _____

How were you referred to us? _____

Date available to start: _____

Salary requirement: _____

If you are under 18 and we require a work permit, can you furnish one? yes no

If no, please explain: _____

Have you ever worked for the Town of Farmington? yes no If yes, when? _____

Are you a citizen of the United States? yes no If no, do you have papers? yes no

Type of employment desired: Full time Part time Temporary Seasonal

Have you ever plead guilty or no contest to or been convicted of a crime? yes no

If yes, please give details: _____

Answering yes to these questions does not constitute an automatic rejection to employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be consideration.

EDUCATION:



Town of Farmington
356 Main Street
Farmington, NH 03835
603-755-2208
fax: 603-755-9934

High School: _____
Address: _____
of years completed: _____ Did you graduate? yes no Degree: _____
Major: _____ GPA: _____ Class rank: _____

College/University: _____
Address: _____
of years completed: _____ Did you graduate: yes no Degree: _____
Major: _____ GPA: _____ Class rank: _____

Other: _____
Address: _____
of years completed: _____ Did you graduate: yes no Degree: _____
Major: _____ GPA: _____ Class rank: _____

REFERENCES

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have been employed:

Name: _____ Address: _____
Phone number: _____

Name: _____ Address: _____
Phone number: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS: _____

PREVIOUS EMPLOYMENT (begin with your most recent position)

Dates of employment: from _____ to _____
Position(s) held: _____
Firm: _____ Address: _____



Town of Farmington
356 Main Street
Farmington, NH 03835
603-755-2208
fax: 603-755-9934

Phone: () _____ Supervisor: _____

Responsibilities: _____

Starting salary and title: _____

Ending title and salary: _____

Reason for leaving: _____

May we contact this employer for reference? yes no

Dates of employment: from _____ to _____

Position(s) held: _____

Firm: _____ Address: _____

Phone: () _____ Supervisor: _____

Responsibilities: _____

Starting salary and title: _____

Ending title and salary: _____

Reason for leaving: _____

May we contact this employer for reference? yes no

I certify that my answers are complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____

RELEASE OF MOTOR VEHICLE RECORDS

Pursuant to (RSA 260:14)



NH DEPARTMENT OF SAFETY Division of Motor Vehicles

23 Hazen Drive, Concord, NH 03305

Telephone: Driver Records/Accidents (603) 227-4040
 Registration (603) 227-4030
 Title (603) 227-4150
 Fax (603) 271-1061(all areas)



Form DSMV 505 (Rev. 05/16)

I. Requested Information: Are you requesting:

- A. Your Motor Vehicle Record?
- B. Another person's Motor Vehicle Record?
The back of this form must be completed and notarized by the owner of the record.
- C. Another person's Motor Vehicle Record as an authorized agent of your employer or a company?
A Certificate of Authority must accompany this request, or one must be on file with the Division of Motor Vehicles.

II. Requestor Information:

Name of Requestor: _____

Employer/Company (if applicable): _____

Address: _____ Tele.#: _____

City: _____ State: _____ Zip: _____

III. Requested Records:

- Driver Record (Certified copy): \$ 15.00
- Driver Record (Non-Certified copy): \$ 15.00
- Driver Record (Insurance copy): \$ 15.00
- Registration Listing (Current Information Only): \$ 5.00
- Registration (Certified copy): \$ 15.00
- Title History Search (not a duplicate title): \$ 20.00
- License Applications and Letters of Verification: \$ 15.00
- Insurance Card (Accident use only): \$ 1.00
- Storage/Mechanics Lien (RSA 444:4-a): \$ 0.00
- Accident Report (Requestor will be notified if cost exceeds \$5.00): \$ 5.00
- Other: _____: \$ _____

Make checks payable to "State of NH – DMV"

IV. Intended Use of Information:

IMPORTANT: To be completed only if you checked Box C above

- For use in connection with any civil, criminal, administrative or arbitral proceeding.
 Docket # _____ Court: _____ [RSA 260:14 V (a)(2)].
- By a bank or similar institution to verify the accuracy of personal information submitted by the individual to the bank [RSA 260:14 V (a)(3)].
- For providing notice to the owner(s) of a towed or impounded vehicle [RSA 260:14 V (a)(5)].
- For use by any private investigative agency or security service licensed by this state for any purpose permitted pursuant to RSA 260:14, V (a), other than for bulk distribution for surveys, marketing or solicitations pursuant to RSA 260:14, V (a)(8) _____
 [RSA 260:14 V (a)(6)]. Indicate specific reason here
- By an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license [RSA 260:14 V (a)(7)].
- By a public utility to perform its public service obligation provided the individual has given their express consent [RSA 260:14, V (a)(9)].
- For an insurance company or by its authorized agent [RSA 260:14 IV (a)(2)].
- Vehicle or boat information only.
- For use by a life insurance company authorized to write life insurance policies in New Hampshire, or its authorized agent. **In checking off this box, I represent that the named person's written consent to the release of the record has been obtained and that the record will be used solely in connection with claims investigation, rating, and underwriting.** _____ [(RSA 260:14, V(a)(10))]
 (Initial here)

V. Search For (provide all applicable information):

Name: _____

Date of Birth: _____

Registration/Plate #: _____

Driver License/I.D. #: _____

Vehicle Identification #: _____

Last Known Address: _____

Date of Accident: _____

Location of Accident: _____
Route/Street City/Town

Other Identification Information: _____

*****Reverse Side Must Be Completed Before Processing*****

VI. Signed Authorization:

If you are requesting your record be released to another person, the authorization of the person listed in Section V "Search For" must be acknowledged by a Notary Public or a Justice of the Peace on the back of this form.

<p>Notary Public / Justice of the Peace Acknowledgement:</p> <p>I authorize my record to be released to a third person:</p> <p>_____ Date: _____ (Signature)</p> <p>State of _____, County of: _____ ss Date: _____</p> <p>The above named _____ personally appeared and made oath that the above declaration by him is true.</p> <p>In witness whereof I hereunto set my hand and official seal:</p> <p>_____ Notary Public/Justice of the Peace Commission Expiration</p>	<p>Certification:</p> <p>I have read RSA 260:14 and I understand the limitations placed on the use of information received by the Department of Safety. This form is signed under penalty of unsworn falsification pursuant to RSA 641:3 and subject to the penalties specified in RSA 260:14, IX.</p> <p>_____ Signature of Requestor</p> <p>Date: _____</p>
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VIII. PENALTY CLAUSE:

RSA 260:14, IX states as follows:

(a) A person is guilty of a class B misdemeanor if such person knowingly discloses information from a department record to a person known by such person to be an unauthorized person; knowingly makes a false representation to obtain information from a department record; or knowingly uses such information for any use other than the use authorized by the department. In addition, any professional or business license issued by this state and held by such person may, upon conviction and at the discretion of the court, be revoked permanently or suspended. Each such unauthorized disclosure, unauthorized use or false representation shall be considered a separate offense.

(b) A person is guilty of a class B felony if, in the course of business, such person knowingly sells, rents, offers, or exposes for sale motor vehicle records to another person in violation of this section.

OFFICIAL USE ONLY		
Date Received: _____	Date Sent: _____	
Type of Identification:	<input type="checkbox"/> Valid Photo Driver License	<input type="checkbox"/> State-issued Photo ID
	<input type="checkbox"/> Valid Passport	<input type="checkbox"/> Birth Certificate
		<input type="checkbox"/> Valid Military Identification
		<input type="checkbox"/> Other (specify) _____
ID Number _____		
_____ Employee Verifying Applicant Identification (Print Name)		_____ Signature

-----DO NOT WRITE BELOW THIS LINE-----



State of New Hampshire Criminal Records Unit
 Department of Safety
 DIVISION OF STATE POLICE

33 Hazen Drive, Concord, NH 03305

CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM

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)

NAME _____
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____

SEX _____ DRIVER LICENSE NUMBER _____ STATE _____

PURPOSE OF RECORD: Housing Employment Annulment/Expungement

Other _____

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

YOUR SIGNATURE: _____ DATE _____
Signed under penalty of unsworn falsification pursuant to RSA 641:3

SIGNATURE OF PERSON/ENTITY TO RECEIVE RECORD _____ DATE _____

SECTION II

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

NAME OF PERSON/ENTITY TO RECEIVE RECORD _____

ADDRESS _____
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(AFFIX Seal) (comm.. Exp.)

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.

To prevent a delay in processing, I have enclosed a self-addressed envelope. Prepaid Acc't Number _____

A \$25.00 fee is required for each request. Make checks payable to: State of NH – Criminal Records.



State of New Hampshire Criminal Records Unit

Department of Safety
DIVISION OF STATE POLICE

33 Hazen Drive, Concord, NH 03305

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Other _____

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

YOUR SIGNATURE: _____ DATE _____
Signed under penalty of unsworn falsification pursuant to RSA 641:3

SIGNATURE OF PERSON/ENTITY TO RECEIVE RECORD _____ DATE _____

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

NAME OF PERSON/ENTITY TO RECEIVE RECORD _____

ADDRESS _____
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(AFFIX Seal) (comm.. Exp.)

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To prevent a delay in processing, I have enclosed a self-addressed envelope

A \$25.00 fee is required for each request. Make checks payable to: State of NH – Criminal Records.

Central Repository for Criminal Records

CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM

INSTRUCTION SHEET

The state police Criminal Records Unit has revamped the authorization form to obtain Criminal History Record Information (CHRI) record checks. The revamped request form will replace all previous forms currently being used. Please substitute the attached revised form for what you have been using. An updated electronic version is also on the Criminal Records Unit website.

The below step by step instructions will assist you in completing the form:

1. This section requires the name and Personal Identifying Information (PII) of the individual of whom you are requesting a criminal history record. Please print the last name, maiden (if applicable), first and middle initial; the physical address, date of birth, hair and eye color, sex, and state and number of the driver's license.
2. This section identifies the reason why a CHRI is being requested. The majority of CHRI requests are for housing, employment, or annulment purposes; all other reasons should be noted on the "other" line. The individual must sign and date on this line. This acknowledges to the Criminal Records Unit that the individual gives his or her consent to a CHRI check and that the results will be released to the individual identified in step 3.
3. The individual must sign and date on this line. This acknowledges to the Criminal Records Unit that the individual gives his or her consent to a CHRI check and that the results will be released to the individual identified in step 1.
4. The individual must sign and date on this line. This acknowledges to the Criminal Records Unit that the individual gives his or her consent to a CHRI check and that the results will be released to the school individual identified in step 1.
5. The Notary's signature and seal signifies that the Releasee's identity has been validated.
6. In New Hampshire, under the authority of Administrative Rule Saf-C 5703.12, anyone with a criminal history record has the right to challenge that record if he or she believes it may contain inaccurate information.
7. Enclosing a self-addressed envelope will enable a more timely return.