

# North Cumberland Fire Department

David DeVecchio  
Chief

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50 Arnold Mills Road  
Cumberland, RI  
02864

## APPLICATION FOR EMPLOYMENT NORTH CUMBERLAND FIRE DEPARTMENT

### I. GENERAL DATA

NAME IN FULL: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

TELEPHONE #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SS#: \_\_\_\_\_  
MONTH DAY YEAR

PLACE OF BIRTH: \_\_\_\_\_  
CITY STATE

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

AMERICAN CITIZEN: YES \_\_\_\_ NO \_\_\_\_ LEGAL ALIEN: YES \_\_\_\_ NO \_\_\_\_

MOTOR VEHICLE OPERATORS LICENSE #: \_\_\_\_\_ STATE \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? INCLUDING DRIVING WHILE UNDER THE INFLUENCE AND TRAFFIC VIOLATIONS. IF YES, COMPLETE THE SECTION BELOW. (Attach additional sheets if necessary)

CHARGE	DATE	CITY	STATE	DISPOSITION

**II. EDUCATIONAL DATA**

HIGH SCHOOL DIPLOMA  
OR  
G.E.D.

1. \_\_\_\_\_  
NAME OF INSTITUTION

\_\_\_\_\_

CITY STATE

COLLEGE HISTORY  
OR  
TECHNICAL SCHOOLS

2. \_\_\_\_\_  
NAME OF INSTITUTION

\_\_\_\_\_

CITY STATE

\_\_\_\_\_

COURSE OF STUDY

\_\_\_\_\_

DEGREE DATE

3. \_\_\_\_\_  
NAME OF INSTITUTION

\_\_\_\_\_

CITY STATE

\_\_\_\_\_

COURSE OF STUDY

\_\_\_\_\_

DEGREE DATE

RHODE ISLAND EMT LICENSE: \_\_\_\_\_  
NUMBER DATE OF EXPIRATION

**III. EMPLOYMENT DATA**

MILITARY:

\_\_\_\_\_  
BRANCH OF SERVICE

\_\_\_\_\_  
DISCHARGE DATE      RANK

\_\_\_\_\_ TO \_\_\_\_\_  
DATES OF SERVICE

\_\_\_\_\_  
SERVICE NUMBER

\_\_\_\_\_  
DISCIPLINARY ACTION      DATE

\_\_\_\_\_  
DISHONORABLE DISCHARGE      DATE

\_\_\_\_\_  
RESERVE STATUS      FULFILL DATE

CURRENT APPLICATION FOR SERVICE  
YES \_\_\_\_\_ NO \_\_\_\_\_ STATUS \_\_\_\_\_

OCCUPATION:

1. \_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY      STATE      ZIP

\_\_\_\_\_ TO \_\_\_\_\_  
DATES OF EMPLOYMENT

\_\_\_\_\_  
POSITION HELD

\_\_\_\_\_  
REASON FOR LEAVING

**III. EMPLOYMENT DATA**

2. \_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_ TO \_\_\_\_\_  
DATES OF EMPLOYMENT

\_\_\_\_\_  
POSITION HELD

\_\_\_\_\_  
REASON FOR LEAVING

OCCUPATION

3. \_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_ TO \_\_\_\_\_  
DATES OF EMPLOYMENT

\_\_\_\_\_  
POSITION HELD

\_\_\_\_\_  
REASON FOR LEAVING

**IV. PREVIOUS RESIDENCES**

1. \_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
DATES OF RESIDENCE

2. \_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
DATES OF RESIDENCE

3. \_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
DATES OF RESIDENCE

4. \_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
DATES OF RESIDENCE



**AFFIRMATION STATEMENT**

I hereby affirm that all the preceding statements are true to the best of my knowledge and belief. I further understand that any false statements shall be grounds for immediate application rejection. If discovered after my appointment it may result in my immediate dismissal from the North Cumberland Fire Department.

\_\_\_\_\_  
Applicant signature in full

North Cumberland Fire Department  
Affirmative Action File

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**INFORMATION REQUIRED BY FEDERAL LAW**

WHITE \_\_\_\_\_ BLACK \_\_\_\_\_ ASIAN/AMER. \_\_\_\_\_ AMER. INDIAN \_\_\_\_\_

SPANISH/HISPANIC \_\_\_\_\_ OTHER \_\_\_\_\_

FEMALE \_\_\_\_\_ MALE \_\_\_\_\_

**PERSONNEL ACTION (FOR OFFICE USE ONLY)**

Promotion \_\_\_\_\_ New Job Opportunity \_\_\_\_\_ Title \_\_\_\_\_

Grade \_\_\_\_\_ Offered \_\_\_\_\_ Hired \_\_\_\_\_ Refusal \_\_\_\_\_

Not Offered \_\_\_\_\_ Reason \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_