



Town of Sharon
Fire Department

Notice to Firefighter Candidates

In order to begin your processing, it is necessary that you follow the instructions below and return this packet to the Sharon fire Department, 92 South Main St. Sharon, MA 02067 no later than **August 12, 2016**. Failure to meet this deadline will be considered a withdrawal from consideration.

Name: _____

Date of Receipt: _____

Date of Return(SFD Office Use): _____

Sharon Fire Individual Issuing Packet: _____

Please Fill-Out when receiving packet and have
SFD Personnel leave THIS page for the Chief.

Sharon Fire Department

**FIREFIGHTER EMPLOYMENT
APPLICATION PACKET**



REVISED 7/2016

Instructions

PLEASE READ AND FOLLOW THE INSTRUCTIONS CAREFULLY. FAILURE TO FOLLOW THE INSTRUCTIONS COMPLETELY MAY RESULT IN DISQUALIFICATION.

If you are no longer interested in an appointment to this Department, please contact the Chief immediately.

If you are interested in an appointment as a Firefighter you must follow the instructions in order to be considered for employment.

You must complete the enclosed Candidate Information Questionnaire and have it notarized and **returned to the Fire Chief by August 12, 2016.**

When you return the application, you must include the following:

- A cover letter and resume of qualifications.
- One copy of your High School Diploma or Equivalency Form
- One copy of each Degree earned beyond High School
- One copy of your DD214 Service Discharge Form, (if applicable)
- One recent full face photograph.
- Copies of all firefighting certification documents
- One copy of your valid Massachusetts Drivers License.
- One copy of a copy of your MA Driving Record (unattested is OK)
- One copy of your current MA EMT-P certification

You may, but are not required to, supply this department with any of the following:

- Copies of Military Awards or Citations.
- Letters of Reference from former employers.
- Copies of training certificate pertinent to the position.

You may be required to show your license and/or social security card at a later date.

NOTE: PROVIDING ANY FALSE INFORMATION OR OMISSIONS ON THESE FORMS OR DURING ANY PHASE OF THE HIRING PROCESS WILL BE GROUNDS FOR IMMEDIATE DISQUALIFICATION OR TERMINATION IF APPOINTED.

You should not consider this packet a notice of selection. A decision on your status in the selection will be made after a background investigation and resume review.

An investigator will be assigned to conduct your background investigation. If you have any questions or concerns regarding this process or the information requested in this packet, notify the Fire Chief.

I _____, have read and fully understand the instructions listed above and agree to complete the application process fully. I understand that failure to follow these instructions may result in my disqualification from appointment. I also understand that I must supply the Sharon Fire Department with complete and truthful information.

Signed

Date

Individual Witnessing - Signature

Individual Witnessing – Printed Name

Individual Witnessing – Address

Individual Witnessing – Phone Number

AUTHORITY FOR RELEASE OF INFORMATION

Date

I, _____, born at _____, on _____, having filed an application for employment with the Sharon Fire Department, consent to have an investigation made as to my moral character, reputation and fitness for the position to which I have applied. Any information supplied shall be reported to the Appointing Authority of his/her designee. I agree to give any further information which may be required in reference Signature of Applicant to my past records.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any hospital records and information of past hospitalization in a mental, state or private hospital, inpatient or outpatient unit, to furnish to the Sharon Fire Department any such information, including documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent information and to permit the Sharon Fire Department to inspect and make copies of such documents, records or other information.

I hereby release, discharge and exonerate the Sharon Fire Department, its agents, representatives and assignees and any person furnishing information about me from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, financial statements or other information of the investigations made by or on behalf of the Sharon Fire Department I have had explained to me, and I fully understand that refusal to grant this authorization will not, in itself, constitute a basis for rejection of my application.

A photocopy of this release form will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature.

Signature of Applicant

Printed Name

Address

City/Town

Signature of Witness

Biographical Data

Name:

Last First Middle (Maiden)

Current Address:

Street Apt. #

City State Zip Code

List other Previous Identities Used:

Home Phone: () _____ - _____

Work Phone: () _____ - _____

Cell Phone: () _____ - _____

Email Address:

1.) _____
2.) _____
3.) _____

Social Security Number (optional): _____ - _____ - _____

Date of Birth (optional): _____ / _____ / _____

Drivers License # and Class: _____

License to Carry (if possessed) #: _____

City of Birth: _____

U.S. Citizen: Yes [] No [] By Birth [] Naturalization []
If Naturalized, complete below*

City State Court

Certificate Number Petition Number Date Issued

U.S. Passport: Yes [] No []

Passport Number: _____

List other names used (previous married name, nicknames, etc.)

Marital Status

Married: [] Single: [] Separated: [] Divorced: [] Widowed/Widower: []

Spouse/ Significant Other/ Current Dating Partner:

Name:

Last

First

Middle

(Maiden)

Current Address:

Street

Apt. #

City

State

Zip Code

Home Phone: () _____ - _____

Cell Phone: () _____ - _____

Email Address: _____

Name of Employer: _____

Address of Employer:

Street

City

State

Zip Code

Date of Marriage: ____/____/____ Length of Marriage _____

Data of Former Spouse (If Applicable)

Name:

Last

First

Middle

(Maiden)

Current Address:

Street

Apt. #

City

State

Zip Code

Home Phone: () _____ - _____ Business Phone: () _____ - _____

Cell Phone: () _____ - _____

Email Address: _____ Occupation: _____

Was your former spouse ever arrested, interviewed, detained, or convicted by any law enforcement agency? (If yes, provide dates, reasons, agency and disposition on reverse) Yes [] No []

Did your former spouse ever call the police regarding you for any reason? (If yes, provide dates, reasons, agency and details) Yes [] No []

List All Children and Dependents

(Include Step Children)

Living with you?

Yes: [] No: []

Name	Age	Relationship
------	-----	--------------

Street	City	State	Zip Code
--------	------	-------	----------

Yes: [] No: []

Name	Age	Relationship
------	-----	--------------

Street	City	State	Zip Code
--------	------	-------	----------

Yes: [] No: []

Name	Age	Relationship
------	-----	--------------

Street	City	State	Zip Code
--------	------	-------	----------

Yes: [] No: []

Name	Age	Relationship
------	-----	--------------

Street	City	State	Zip Code
--------	------	-------	----------

Miscellaneous Questions

Have you ever been the subject of a protection from Abuse Order or filed a PFA against another person?
(If yes, provide dates, reasons, agency and disposition on reverse)

Yes: [] No: []

Have the police ever been called to any home/residence in which you have ever resided? (If yes, provide date(s), reason(s), agency and disposition)

Yes: [] No: []

Has your spouse/significant other/current-dating partner ever been arrested, interviewed, detained or convicted by any law enforcement agency? (If yes, provide dates, reasons, agency and disposition on reverse)

Yes: [] No: []

Has your spouse/significant other/current-dating partner ever called the police regarding you for any reason? (If yes, provide dates, reasons, agency and disposition on reverse)

Yes: [] No: []

Current and Former Addresses

List Complete addresses for the past ten years. (Including college addresses; list current address first)

1.)

Street Apt. # (Dorm)

City State Zip Code

From ____/____/____ to ____/____/____

2.)

Street Apt. # (Dorm)

City State Zip Code

From ____/____/____ to ____/____/____

3.)

Street Apt. # (Dorm)

City State Zip Code

From ____/____/____ to ____/____/____

4.)

Street Apt. # (Dorm)

City State Zip Code

From ____/____/____ to ____/____/____

5.)

Street Apt. # (Dorm)

City State Zip Code

From ____/____/____ to ____/____/____

6.)

Street Apt. # (Dorm)

City State Zip Code

From ____/____/____ to ____/____/____

7.)

Street Apt. # (Dorm)

City State Zip Code

From ____/____/____ to ____/____/____

Education

High Schools/ Vocational Schools

List most recent first:

1.) _____
School

Address:

Street Apt. #

City State Zip Code

Dates Attended: From ___/___/___ to ___/___/___

Approximate Grade Point Average: _____ Highest Grade Completed: _____

2.) _____
School

Address:

Street Apt. #

City State Zip Code

Dates Attended: From ___/___/___ to ___/___/___

Approximate Grade Point Average: _____ Highest Grade Completed: _____

Colleges/ Universities Information

Do you have a college degree? Yes [] No []

Type: Certificate [] AA [] BA [] BS [] MA [] MS [] OTHER []

If answered no, how many college credits have you earned? _____

If you earned quarter hours, how many have you earned? _____

What is/was your major field of study? _____

What is/was your minor field of study? _____

How you ever received a scholarship/grant? Yes [] No []

Colleges/ Universities Attended

List most recent first

1.) _____
College

Address:

Street Apt. #

City State Zip Code

Dates Attended: From ____/____/____ to ____/____/____ Final GPA: _____

Number of Credits Earned: _____ Degree Earned: _____ Date: ____/____/____

2.) _____
College

Address:

Street Apt. #

City State Zip Code

Dates Attended: From ____/____/____ to ____/____/____ Final GPA: _____

Number of Credits Earned: _____ Degree Earned: _____ Date: ____/____/____

3.) _____
College

Address:

Street Apt. #

City State Zip Code

Dates Attended: From ____/____/____ to ____/____/____ Final GPA: _____

Number of Credits Earned: _____ Degree Earned: _____ Date: ____/____/____

High School/ Colleges & Universities Attendance

Have you ever had a scholarship or grant suspended because of failings to meet requirements (i.e., not maintaining required GPA, etc.)? Yes [] No [] If yes explain below.

Have you ever been suspended, expelled or placed on academic probation from any school or educational facility? Yes [] No [] If yes explain below.

Have you ever been interviewed, cited, detained, arrested, or had any other contact with any college police agency? Yes [] No [] If yes explain below.

Use the remaining page for additional data, if needed.

Financial History

Do you have a savings account?

Yes [] No [] If yes, name the bank(s) and/or financial institution(s):

Do you have a checking account?

Yes [] No [] If yes, name the bank(s) and/or financial institution(s):

Have you had any checks returned?

Yes [] No [] If yes, list below:

Amount: _____ Date: ____/____/____ Payable to: _____

Amount: _____ Date: ____/____/____ Payable to: _____

Monthly rent or house payment: _____

Monthly salary: _____

List all other sources of income and amounts:

Have you ever been the defendant or plaintiff in a civil case (i.e. been sued or sued someone, etc.)?

Yes [] No [] If yes, give case number, court, location, reason for case and disposition.

Do you currently have any financial judgments against you?

Yes [] No [] If yes, give case number, court, location, reason for case and disposition.

Have you ever filed for, or declared, bankruptcy?

Yes [] No [] If yes, give case number, court, location, reason for case and disposition.

Do you currently have any court ordered child support or alimony payment obligations?

Yes [] No [] If yes, provide all details, giving dates, amounts, recipients, etc.

Have you ever been delinquent in any child support or alimony payments?

Yes [] No [] If yes, provide all details, giving dates, amounts, recipients, etc.

Financial continued

Do you currently hold any active or silent controlling interests in any company?

Yes [] No []

Have you ever been an executive officer, owned, held a partnership or silent interest in a business?

Yes [] No []

Do you currently have any outstanding debts with any college? (Deferred loans, tuition, grants, parking citations, lab costs)

Yes [] No [] If yes, provide amount of debt and reason.

Credit History

List all current credit cards/loan accounts below. This includes student and college loans as well as private/personal/family loans. You are advised that as part of this agencies background investigation, a credit report will be obtained.

Company

Account Number: _____ Original Amount of Loan: \$ _____

Address: _____
Street City State Zip Code

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

Company

Account Number: _____ Original Amount of Loan: \$ _____

Address: _____
Street City State Zip Code

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

Company

Account Number: _____ Original Amount of Loan: \$ _____

Address: _____
Street City State Zip Code

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

Company

Account Number: _____ Original Amount of Loan: \$ _____

Address: _____
Street City State Zip Code

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

Company

Account Number: _____ Original Amount of Loan: \$ _____

Address: _____
Street City State Zip Code

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

Company

Account Number: _____ Original Amount of Loan: \$ _____

Address: _____
Street City State Zip Code

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

Company

Account Number: _____ Original Amount of Loan: \$ _____

Address: _____
Street City State Zip Code

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

Company

Account Number: _____ Original Amount of Loan: \$ _____

Address: _____
Street City State Zip Code

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

Company

Account Number: _____ Original Amount of Loan: \$ _____

Address: _____
Street City State Zip Code

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

Company

Account Number: _____ Original Amount of Loan: \$ _____

Address: _____
Street City State Zip Code

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

Company

Account Number: _____ Original Amount of Loan: \$ _____

Address: _____
Street City State Zip Code

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

Company

Account Number: _____ Original Amount of Loan: \$ _____

Address: _____
Street City State Zip Code

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

Company

Account Number: _____ Original Amount of Loan: \$ _____

Address: _____
Street City State Zip Code

Monthly Payment: \$ _____ Amount Outstanding: \$ _____

Motor Vehicle and License Information

List all motor vehicles currently owned and/or operated by you.

Make	Year	Model	Tag No.	State
Make	Year	Model	Tag No.	State
Make	Year	Model	Tag No.	State

Automobile Insurance Company _____ Agent _____

Policy: _____

Address: _____

Street	Apt. #
City	State
	Zip Code

Phone Number: () _____ - _____

Has your automobile insurance ever been cancelled for non-medical reasons? Yes [] No []

If yes, please explain:

Have you ever been denied automobile insurance for non-medical reasons? Yes [] No []

If yes, please explain:

Provide the information requested below on all drivers licenses, which have been issued to you.
List current license first.

Number	State	Type	Restrictions
Valid? Yes [] No []			Expiration: ____/____/____

Number	State	Type	Restrictions
Valid? Yes [] No []			Expiration: ____/____/____

Number	State	Type	Restrictions
Valid? Yes [] No []			Expiration: ____/____/____

Number	State	Type	Restrictions
Valid? Yes [] No []			Expiration: ____/____/____

Number	State	Type	Restrictions
Valid? Yes [] No []			Expiration: ____/____/____

Has your **license or privilege** to operate a motor vehicle ever been refused, revoked or suspended?
Yes [] No [] If yes, please explain:

Has your vehicle **registration** ever been cancelled, refused, revoked or suspended for any reason?
Yes [] No [] If yes, please explain:

Employment History

Current Employer

Address:

Street

Apt. #

City

State

Zip Code

Phone Number: () _____ - _____ Position/Title: _____

Full Time [] Part Time [] Internship [] Volunteer []

Dates of Employment: From ____/____/____ to ____/____/____

Reason for considering leaving (Exclude medical reasons) :

Current Employer

Address:

Street

Apt. #

City

State

Zip Code

Phone Number: () _____ - _____ Position/Title: _____

Full Time [] Part Time [] Internship [] Volunteer []

Dates of Employment: From ____/____/____ to ____/____/____

Reason for considering leaving (Exclude medical reasons):

Current Employer

Address:

Street Apt. #

City State Zip Code

Phone Number: () _____ - _____ Position/Title: _____

Full Time [] Part Time [] Internship [] Volunteer []

Dates of Employment: From ____/____/____ to ____/____/____

Reason for considering leaving (Exclude medical reasons):

Current Co-workers

List two (2) co-workers with whom you presently work and who are not listed in this package.

1.) _____
Last First

Current Address:

Street Apt. #

City State Zip Code

Home Phone: () _____ - _____ Business Phone: () _____ - _____

2.) _____
Last First

Current Address:

Street Apt. #

City State Zip Code

Home Phone: () _____ - _____ Business Phone: () _____ - _____

Previous Employment History

List all of your employment history, including part time. Include all periods of unemployment, internships and volunteer positions.

Employer

Address:

Street

Apt. #

City

State

Zip Code

Phone Number: () _____ - _____ Position/Title: _____

Full Time [] Part Time [] Internship [] Volunteer []

Dates of Employment: From ____/____/____ to ____/____/____

Reason for leaving (Exclude medical reasons):

Supervisors Name and Title: _____

Employer

Address:

Street

Apt. #

City

State

Zip Code

Phone Number: () _____ - _____ Position/Title: _____

Full Time [] Part Time [] Internship [] Volunteer []

Dates of Employment: From ____/____/____ to ____/____/____

Reason for leaving (Exclude medical reasons):

Supervisors Name and Title: _____

Previous Employment History Continued

Employer

Address:

Street

Apt. #

City

State

Zip Code

Phone Number: () _____ - _____

Position/Title: _____

Full Time [] Part Time [] Internship [] Volunteer []

Dates of Employment: From ____/____/____ to ____/____/____

Reason for leaving (Exclude medical reasons):

Supervisors Name and Title: _____

Employer

Address:

Street

Apt. #

City

State

Zip Code

Phone Number: () _____ - _____

Position/Title: _____

Full Time [] Part Time [] Internship [] Volunteer []

Dates of Employment: From ____/____/____ to ____/____/____

Reason for leaving (Exclude medical reasons):

Supervisors Name and Title: _____

Previous Employment History Continued

Employer

Address:

Street

Apt. #

City

State

Zip Code

Phone Number: () _____ - _____ Position/Title: _____

Full Time [] Part Time [] Internship [] Volunteer []

Dates of Employment: From ____/____/____ to ____/____/____

Reason for leaving (Exclude medical reasons):

Supervisors Name and Title: _____

Employer

Address:

Street

Apt. #

City

State

Zip Code

Phone Number: () _____ - _____ Position/Title: _____

Full Time [] Part Time [] Internship [] Volunteer []

Dates of Employment: From ____/____/____ to ____/____/____

Reason for leaving (Exclude medical reasons):

Supervisors Name and Title: _____

Previous Employment History Continued

Employer

Address:

Street

Apt. #

City

State

Zip Code

Phone Number: () _____ - _____ Position/Title: _____

Full Time [] Part Time [] Internship [] Volunteer []

Dates of Employment: From ___/___/___ to ___/___/___

Reason for leaving (Exclude medical reasons):

Supervisors Name and Title: _____

Employer

Address:

Street

Apt. #

City

State

Zip Code

Phone Number: () _____ - _____ Position/Title: _____

Full Time [] Part Time [] Internship [] Volunteer []

Dates of Employment: From ___/___/___ to ___/___/___

Reason for leaving (Exclude medical reasons):

Supervisors Name and Title: _____

Employment History Information

If you answer "yes" to any of the below questions, give full details including the name and address of each employer, approximate dates, and the circumstances in each case.

Have you ever been discharged/terminated/fired or disciplined by any employer? Yes [] No []

If yes, please explain:

Have you resigned while anticipating that your employer intended to discharge or take any disciplinary action against you for any reason? Yes [] No []

If yes, please explain:

Have you ever resigned from a job by mutual agreement following allegations of misconduct? Yes [] No []

If yes, please explain:

Have you ever walked off a job without giving proper notice? Yes [] No []

If yes, please explain:

Have you ever resigned from a job by mutual agreement following allegations of unsatisfactory work performance? Yes [] No []

If yes, please explain:

Have you ever stolen anything from one of your employers? Yes [] No []

If yes, please explain:

Have you ever used illegal drugs while working on any job? Yes [] No []

If yes, please explain:

Have you ever committed any other crimes (even one which went undetected) while on any job that you have held? Yes [] No []

If yes, please explain:

Have you had any extended work absences for reasons other than medical or earned vacations? Yes [] No []

If yes, please explain:

Military Status

If these questions do not apply to you, put N/A in the response lines.

Are you registered with the Selective Services System? Yes [] No []

Selective Service # (can be obtained @www.sss.gov) _____

Have you served in the Armed Forces of the United States? (Includes Merchant Marines) Yes [] No []

If yes:

Branch of Service Service Number

Dates of Service: From ____/____/____ to ____/____/____

From ____/____/____ to ____/____/____

Type of Discharge (Exclude Medical Reasons): _____

Job title and rank at time of separation: _____

List duty stations beginning with basic training and dates of assignments (include supervisors name and current phone numbers)

Do you have any current Military Reserved Obligation: Yes [] No [] Active [] Inactive []

Date reserve obligation started and is scheduled to terminate: From ____/____/____ to ____/____/____

If you have a Reserve obligation, provide your reserve organizations name, address and phone number below.

Organization

Address:

Street Apt. #

City State Zip Code

Supervisor

Were you ever subject to any type of disciplinary action (including Article 15) under the Uniform Code of Military Justice while serving in the Armed Forces? Yes [] No []

If yes, please explain:

Were you ever reduced/demoted in rank? Yes [] No []

If yes, please explain:

Military Status Continued

Have you ever received a company punishment?

Yes [] No []

If yes, please explain:

Were you ever confined/detailed in a brig, stockade, guardhouse or jail while in the military?

Yes [] No []

If yes, please explain:

Have you ever been denied/refused entrance to any of the U.S. Armed Forces?

Yes [] No []

If yes, explain in detail the basis for your denial (Except for Medical Reasons):

Have you ever been AWOL or UA?

Yes [] No []

If yes, please explain:

Criminal History (optional)

Check applicable boxes below:

Have you ever been _____ by a Law Enforcement agency (including Campus and Security Agencies)

Arrested [] Interviewed [] Interrogated [] Detained [] Indicted [] Convicted []
Received a Criminal Summons [] Received a Civil Citation []

If checked, explain in detail below giving dates, reasons, agencies and dispositions:

Do you currently have any pending criminal/civil charges from any Law Enforcement Official?

Yes [] No []

Are you currently on bail or out on person recognizance or other conditions of release for any reason?

Yes [] No []

Are you on parole or probation?

Yes [] No []

Are you aware of any outstanding warrants for your arrest?

Yes [] No []

Have you ever been served with any of the following?

Bench Warrant [] Arrest Warrant [] Protection from Abuse Order [] Any appearance summons []

If yes, explain in detail providing dates, courts, agency and disposition:

Have you ever been convicted of a criminal offense to include petty offense such as underage drinking parties?

Yes [] No []

If yes, please explain:

References Continued

3.) Name:

Last First Middle

Current Address:

Street Apt. #

City State Zip Code

Home Phone: () _____ - _____ Work Phone: () _____ - _____

Cell Phone: () _____ - _____

Email Address: _____

Length of time known: _____ Occupation: _____

4.) Name:

Last First Middle

Current Address:

Street Apt. #

City State Zip Code

Home Phone: () _____ - _____ Work Phone: () _____ - _____

Cell Phone: () _____ - _____

Email Address: _____

Length of time known: _____ Occupation: _____

NOTICE to FIREFIGHTER CANDIDATES:

SMOKING OR TOBACCO USE IS PROHIBITED

MGL Chapter 41: Section 101A. Police officers or firefighters; tobacco smoking:

Subsequent to January first, nineteen hundred and eighty-eight, no person who smokes any tobacco product shall be eligible for appointment as a police officer or firefighter in a city or town and no person so appointed after said date shall continue in such office or position if such person thereafter smokes any tobacco products.

MEDICAL/PSYCHOLOGICAL EXAMINATIONS & PHYSICAL ABILITIES TEST

MEDICAL EXAMINATIONS (Required prior to Employment)

Initial-Hire Medical Examinations for Massachusetts Municipal Firefighters must be conducted in accordance with the guidelines and requirements of HRD's Physician's Guide - Initial Hire Medical Standards for Municipal Firefighters. Copies of the Medical Standards and the Medical Examination form are available on HRD's web site [Medical Standards Information](#) section.

HRD medical examinations for public safety appointees are valid for 6 (six) months. In the event that an appointee fails his or her medical examination he or she has the right to appeal this failure to HRD or undergo a second medical examination (subject to prior-approval of HRD).

PSYCHOLOGICAL EXAMINATION (Required prior to Employment)

A psychological evaluation to ensure compatibility for a public safety position may be conducted.

PHYSICAL ABILITIES TEST (PAT) (Required prior to Employment)

The Human Resources Division (HRD) conducts Physical Abilities Testing for firefighter candidates on a regular basis at multiple National Guard Armories across Massachusetts. Appointing authorities must schedule each candidate's PAT previews and tests in advance with HRD staff. HRD will not allow candidate's to schedule themselves for a PAT preview or test.

The appointing authority must ensure that prior to schedule a Physical Abilities Test (PAT) preview or PAT test for a candidate, the individual must have successfully passed a medical examination, and the appointing authority has forwarded pages 1 and 6 of the completed and signed Medical Examination Form to the Human Resources Division. Candidates appearing for a PAT who have not been scheduled in advance with HRD will not be allowed to preview or test. Please note that PAT's and Previews may be subject to postponement if an insufficient number of candidates are scheduled to participate.

All candidates who have been schedule for a PAT preview must bring positive photo I.D. PAT previews are available at no charge. All candidates schedule for a PAT test must bring positive photo I.D., and a \$150.00 bank check or money order made payable to the Commonwealth of Massachusetts (for the test date only.)

PAT results are valid for 6 (six) months. In the event that an appointee fails his or her PAT, he or she may attempt to 1 (one) re-test of the PAT. This is no appeal of a failure of a PAT.

Directions to HRD's firefighter PAT sites, and the current PAT test and preview schedule are available on HRD's website in the [Physical Abilities Test Information](#) section.

Sharon Fire Department

I understand that all appointments are probationary and that I must demonstrate my fitness for continued employment during the probationary period.

I also understand that I must be available for tours of duty outside normal daytime business hours, as the needs of the Department require. I further understand that any appointment tendered me will be contingent upon the results of a complete character investigation and medical fitness evaluation.

I am aware that willfully withholding information or making false statements on this or any other form will be a basis for dismissal. I agree to these conditions and I hereby certify that all statements made by me herein are true and complete to the best of my knowledge.

Signed under the pains and penalties of perjury

Candidates Signature

Printed Name

