



# TOWN OF LENOX

INCORPORATED 1767

## Application for the Lenox Volunteer Fire Department

Please Print \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street or P.O. Box City / Town State Zip

Telephone No. \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Do you have a valid drivers license?  Yes  No

License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Do you have a valid Commercial Drivers License (CDL)?  Yes  No

Highest grade completed  College  Post Graduate

Have you ever been a member of a fire department or public safety department?  Yes  No

If yes, explain: \_\_\_\_\_

Do you have any health impairments, physical, mental, or medical, that would affect your duties in the Fire Department?

Yes  No

If yes, explain: \_\_\_\_\_

Do you have specialized skills that would benefit the Fire Department?  Yes  No

If yes, explain & what level? \_\_\_\_\_

Please list three references.

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address: \_\_\_\_\_

I hereby attest that all of the information I have provided is accurate and true. I understand that providing false information is grounds for immediate dismissal. I further understand that the Lenox Volunteer Fire Department conducts background checks on it's membership for the purpose of protecting the public we serve. I hereby shall agree to such a background check if membership is granted

Signature of Applicant

Date

**AUTHORIZATION FOR RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Lenox Fire Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied, and then to use and disclose that information as a basis for and in support of its decisions regarding my application. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Lenox Fire Department bearing this release to obtain any information in your files and hereby direct you to release such information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Lenox Fire Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to provide full and free access, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Lenox Fire Department to consider in determining my suitability for employment in that department and to authorize the Town of Lenox to then use and disclose that information as a basis for and in support of its decisions regarding my application however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my medical and/or psychological records, my background and my reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other council, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed, and to permit any duly authorized agent of the Lenox Fire Department to inspect and make copies of any documents, records or information. I hereby specifically waive any attorney-client privilege, which may apply to any information sought in connection with my application and this release, both as to this application process and any administrative and/or judicial proceedings, which may arise from it.

I understand my rights under Title 5 United States Code, Section 552a the privacy act of 1974, with regard to access and disclosure or records, and I waive those rights with the understanding that information furnished will be used by the Lenox Fire Department in conjunction with the employment procedures.

A photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy FAX copy does not contain an original writing of my signature.

To THE TOWN OF LENOX: I hereby authorize the Lenox Fire Department to use the information obtained pursuant to this release, or otherwise obtained as part of my application process, in making its determination on my employment application. I further authorize the Lenox Fire Department and the Town of Lenox to disclose any such information: (1) to any individual, department, or entity involved in the processing of my application, (2) in all administrative and judicial proceedings arising out of the processing of my application; and (3) to any civil or criminal law enforcement agency.

This waiver is valid from the time the information is furnished through and including its use by the Lenox Fire Department and the Town of Lenox in processing my application, all administrative and administrative and judicial proceedings arising there from, and all civil or criminal enforcement actions arising there from.

Should there be any questions as to the validity of this release, you may contact me at the address listed on the form.

I agree to indemnify and hold harmless the person whom this request is presented and the Town of Lenox and their agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with, or using and disclosing the information as authorized pursuant to this request.

_____	_____	_____
Signature	Date of Birth	Social Security Number
_____	_____	
Print or type full name	Legal Street Address	
_____	_____	_____
Date	City State	Zip
_____		
Phone		

**Authentication of Signature By Notary Public**

Commonwealth of Massachusetts  
County of Berkshire SS

Then appeared before me the above named. \_\_\_\_\_, and  
Swore the statements made herein to be true.

Date \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

My commission expires: \_\_\_\_\_