NEWMARKET FIRE & RESCUE

4 Young Lane
Newmarket, NH 03857
(603) 659-3334
Fax (603) 659-8804

Newmarket Fire and Rescue is a combined department of both volunteer and full time staff. Our volunteers are essential to the operation of the department, and respond to calls at any time during the day or night. We employ two full-time Firefighter/EMTs who create a base level of staffing to our department during the day. Our department provides both fire and emergency medical service to the town of Newmarket, and emergency medical service to the town of Newfields. We respond to close to 1000 calls a year.

As a member you are expected to sign up for duty time and/or turn out for calls regularly. A call can take several minutes or several hours. The cost to train and equip an EMT or firefighter is high; as a result we value your commitment very highly. We expect a strong, long lasting commitment to living in and serving the Town of Newmarket.

We accept members for both fire and medical operations, and encourage member involvement in both. As a new member you are required to attain certification as an EMT, firefighter, or both. These classes are very time and labor intensive, each lasting approximately 120 hours each. We cover training costs for those willing to commit their time to the department.

Continuing training is essential. All members are required to participate in monthly departmental training. Meetings and training are held on Tuesday evenings. The department meeting is held at 6:30 on the first Tuesday of every month. After the meeting there is combined EMS/firefighter training. EMS specific training is held on the second Tuesday at 6:30. Fire specific training is held on the third Tuesday at 6:30. More involved training is periodically conducted on weekends, and there are several mandatory yearly training requirements as well.

Along with membership in the department you will also become a member of the Newmarket Firefighters Association. The Association is a non-profit organization founded to raise contributions which are used to provide equipment and resources above and beyond what the Town of Newmarket provides the department. The Association meets on the first Tuesday of the month, before the department meeting, and hosts many events for the public throughout the year.

If you have any questions or concerns you may contact me.

Thank you for your interest,

Rick Malasky, Fire Chief

In order to process your application there are a few things that must be pointed out:

1) On the CRIMINAL RECORD FORM: Fill out and sign Section I; **Section II is signed ONLY in the presence of the Notary.** You may get this form notarized at the Newmarket Town Clerk's Office or at the Newmarket PD (tell them it's for the fire department). The fire department pays to have this sent to the State.

2) On the EMPLOYMENT ELIGIBILTY VERIFICATION FORM: **your signature is needed on page one and a copy of your driver's license AND social security card OR a copy of your passport is necessary for processing**

3) NEWMARKET PD BACKGROUND RELEASE WAIVER: **Your signature is needed in the presence of a witness**

State of New Hampshire

Department of Safety
DIVISION OF STATE POLICE

Criminal Records Unit
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)

NAME_____
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS_____
STREET CITY STATE ZIP CODE

DATE OF BIRTH_____ HAIR COLOR_____ EYE COLOR_____

SEX____ DRIVER LICENSE NUMBER_____ STATE_____

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

SECTION II

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

Town of Newmarket / Newmarket PD
NAME OF PERSON/ENTITY TO RECEIVE RECORD

ADDRESS 70 Exeter St. Newmarket NH 03857
STREET CITY STATE ZIP CODE

_____
YOUR SIGNATURE DATE

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

PO only
_____
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 - $39.75 ($49.75 if printed at a state police livescan site) ☐ INKED - $49.75 ☐ VOLUNTEERS - $33.50 (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.

DSSP391

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	Zip Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	E-mail Address	Telephone Number
	- -		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☐ A citizen of the United States

☐ A noncitizen national of the United States *(See instructions)*

☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date *(mm/dd/yyyy)*:

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:	Date *(mm/dd/yyyy)*:

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	Zip Code

STOP ***Employer Completes Next Page*** STOP

"Serving the people with pride and integrity"

NEWMARKET POLICE DEPARTMENT

KEVIN P. CYR
Chief of Police

Administration • (603) 659-8505
Fax • (603) 659-8507

John Andrew Gordon
Memorial Building

70 Exeter Street
Newmarket, NH 03857

Police Services • (603) 659-6636

NEWMARKET PD BACKGROUND RELEASE WAIVER

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to be released to Town of Newmarket/PD for whatever reasons he/she may deem appropriate in order to evaluate any police contact that I have experienced with the Newmarket Police Department. This applies to any and all records, which may be considered public, private or confidential by law. I hereby request and authorize you to furnish the above listed person/ agency with any police files or reports pertaining to any arrest, summons, or other police action in which I was involved except juvenile records shall not be released without a court order. This authorization is specifically intended to include any and all information of a privileged nature as well as photocopies of such documents, if requested. I understand that any information obtained by a personal history background check, which is developed directly or indirectly, in whole or in part, upon this release, may be considered by the requesting person/agency for whatever purposes they deem appropriate. I hereby affirm and certify that any persons, agencies and businesses listed above or agents thereof who receive such information concerning me shall not be held liable for receiving such information; and I do hereby release the Town of Newmarket and all agents of the Town of Newmarket Police Department from any and all liability which may be incurred as a result of furnishing such information. This background release waiver shall expire thirty (30) days from the date signed and a photocopy or facsimile will be valid as an original thereof, even though the said document doesn't contain an original writing of my signature.

_____	_____	_____
Signature of Person Authorizing Information Release **(only in the presence of a witness)**	Date of Birth	Date Waiver Signed
_____	_____	
Witness Signature	Witness Name – Printed	

* Note: Witness must confirm person's identity through photo driver's license or other valid identification.

Newmarket Fire & Rescue

4 Young Lane ~ Newmarket, NH 03857 ~ (603) 659-3334
www.NewmarketFire.com

Membership Application

Date: _____ Which area of the Fire & Rescue are you interested in? ☐ Fire ☐ EMS ☐ Both

Personal Information

Name: _____

Address: _____ Town: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Length at present address: _____ Are you a student? _____ If Yes, where do you live? _____

DL #: _____ State: _____

Do you have an adverse driving record? ☐ No ☐ Yes (describe briefly on back of application)

Have you been convicted of any crime? ☐ No ☐ Yes (describe briefly on back of application)

Education

School	Name & Location	Course of Study	Years Completed	Did you Graduate?	Degree or Diploma
High School					
College					
Graduate					
Other					
Special Skills or Hobbies					
Foreign Languages Spoken or read					

Employment

Present Employer: _____ Phone: _____

Address: _____

Dates Employed: _____ Length of employment: _____ Position: _____

Previous Employer: _____ Phone: _____

Address: _____

Dates Employed: _____ Length of employment: _____ Position: _____

Experience and Certification

Do you have any Firefighting or EMS experience? ☐ Yes ☐ No **Are you Certified?** ☐ No ☐ Yes **State:** _____

If Certified, at what level? ☐ FFI ☐ FFII ☐ FFIII ☐ FR ☐ EMT-B ☐ EMT-I ☐ EMT-P ☐ OTHER_____

Have you ever been a member of a Fire & Rescue Service? ☐ No ☐ Yes – with: _____

If yes, list department name and address: _____

Department reference name and phone number: _____

References

Please list three references not related to you:

Name	Address	Phone

In the space below please indicate why you wish to join Newmarket Fire & Rescue:

_____

_____

_____

_____

_____

I certify that all information provided in this membership application is true and complete. I understand that any false information or omission may disqualify me from further consideration for membership and may result in my dismissal if discovered at a later date. I authorize Newmarket Fire & Rescue representatives to contact the persons listed as references on this application.

_____

Signature of Applicant