

# APPLICATION PACKET

## WEST SHORE FIRE DISTRICT

860 OCEAN AVENUE

WEST HAVEN, CONNECTICUT



[www.westshorefd.com](http://www.westshorefd.com)

**DEPUTY FIRE CHIEF/ DEPUTY FIRE MARSHAL**

**ALL MATERIALS MUST BE RECEIVED IN HAND (NOT POSTMARKED)**  
**BY 4:00 PM, FEBRUARY 25, 2026, TO THE OFFICE OF THE FIRE**  
**CHIEF**

WEST SHORE FIRE DISTRICT  
860 OCEAN AVE  
WEST HAVEN, CONNECTICUT 06516

The West Shore Fire District will be accepting resumes for the Deputy Fire Chief/ Deputy Fire Marshal position. Resumes and completed applications can be mailed or delivered personally to:

The West Shore Fire District  
860 Ocean Ave, West Haven, CT 06516.  
Office of the Fire Chief

All material must be received in hand by 4 pm on February 25, 2026.

**This is a tested position. A passing score of 70% on the Oral Examination is required to be eligible for the position of Deputy Chief/Deputy Fire Marshal. This examination will take place:**

**Location: TBD**

**Date: TBD**

**Time: TBD**

**We will notify applicants of the location, time, and date of their examination as soon as we receive this information from the testing company.**

### **Qualifications**

- The applicant shall preferably be a State of Connecticut certified Fire Marshal. As a condition of employment, the applicant shall attain State of Connecticut Fire Marshal certification within 18 months of hire date. This certification shall be maintained for the term of employment.
- The applicants shall have served as a Career Firefighter for a period of not less than 10 years.
- All applicants shall hold the rank of Fire Officer
- The applicant would preferably hold a bachelor's degree in fire science or related subjects.
- The applicant shall be a high school graduate or GED
- The applicant shall have a thorough knowledge of the rules and regulations of the West Shore Fire District upon appointment.
- The Applicant shall have extensive knowledge of modern firefighting, emergency service methods and equipment, fire department hydraulics, and public administration principles.

- The applicant shall be able to direct effectively under emergency conditions and have experience as an incident commander.
- The applicant, after the appointment and prior to commencement of their duties, must be and at all times remain during their tenure a resident of the City of West Haven.
- The appointment of Deputy Chief / Deputy Fire Marshal shall require a majority vote of the Board of Fire Commissioners.
- The applicant must pass a complete physical exam/ psychological exam, background investigation, Drug test, and a credit check.
- At the time of application, the applicant must possess a valid driver's license and must be able to learn to drive apparatus in the 10,000 to 80,000 lbs. range and obtain a Q endorsement or CDL State of Connecticut driver's license.

### **DEPUTY CHIEF DUTIES**

- To perform and satisfy all duties and obligations described by the West Shore Fire District's Home Rule Ordinance, the Laws of the State of Connecticut, and the United States of America.
- To assist in the initiation, administration, and supervision of all services, programs, and employees of the district under the direction of the Fire Chief.
- To direct training and perform Fire Marshal duties within the West Shore Fire District.
- To perform all functions necessary to completely and fully administer the department in accordance with the directives and policies of the Board of Fire Commissioners.
- To be bound by all rules, directives, regulations, and policies now in existence or hereafter adopted by the Board of Fire Commissioners, and to administer the affairs of the district with honor, respect, and dignity of the office expected by all citizens and taxpayers of the district.

- To be directed by the Chief of the Department in all areas mentioned above, which may include but are not limited to assisting the Chief in day-to-day responsibilities, evaluation of processes, maintenance of facilities and apparatus, and evaluation of employees.
- To perform the duties of the Fire Chief in their absence.

### **Evaluation**

- The Board of Fire Commissioners shall conduct an annual review of job performance, which may include, but not be limited to:
- Ability to cooperate with the Board of Fire Commissioners, the Chief of the Department, the staff, personnel of the West Shore Fire District, West Haven citizens and taxpayers, community leaders, elected officials, peer organizations, and neighboring towns, districts, and municipalities.
- Ability to effectively communicate.
- Ability to effectively lead employees and volunteer firefighters.
- Good work habits as an example to all employees.
- Management skills to maximize fire service availability to citizens, residents, and taxpayers while minimizing costs associated with such services.

### **Compensation**

Compensation and benefits shall be negotiated with the Board of Fire Commissioners upon a conditional employment offer.



6. List all of your residences chronologically for the past ten years (beginning with your current address and working backward):

From - To	Street	City	State	Zip
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**7. Education**

Name & Location of School	did you Graduate	Degree Received	Total Credits	Major/ Minor	Dates Attended
High School _____	_____	_____	_____	_____	_____
City/State _____					
College/ University _____	_____	_____	_____	_____	_____
City/State _____					
College/ University _____	_____	_____	_____	_____	_____
City/State _____					
Other School _____	_____	_____	_____	_____	_____
City/State _____					

**8. Employment history**

Starting with present or most recent employment and working backward, consecutively list all employment.

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Company Name and Address:

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Position Held (Description): \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Company Name and Address:

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Position Held (Description): \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Company Name and Address:

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Position Held (Description): \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

Company Name and Address:

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Position Held (Description): \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**9. Criminal / Motor Vehicle Record**

Have you ever been convicted of any crime or violation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide details including date(s) of arrest(s) and hearings(s), location of offense(s), charge(s), details of the incident(s) and disposition:

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Except as provided by State of Connecticut provisions and federal law (see item 9 of instructions), the existence of a police record does not automatically disqualify an applicant from employment.

**10. Are you a licensed automobile operator?** Yes \_\_\_\_\_ No \_\_\_\_\_

State operator number and classification

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**11. Have you ever been convicted of a motor vehicle offense?**

Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, list the offense(s), date(s), disposition(s) and location(s).

<u>Offense</u>	<u>Date</u>	<u>Disposition</u>	<u>Location</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**12. Has your operator's license ever been revoked or suspended?**

Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**13. General**

Are you presently using, ingesting, injecting, sniffing, absorbing, or otherwise using any non-prescription drugs or substances, including hallucinogenic drugs, stimulants, depressants, and narcotic drugs, or other types of chemicals or alcohol?

Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please answer the following:

When was the last time you used a drug or substance?

\_\_\_\_\_

Which drug(s) or substance(s) did you use?

\_\_\_\_\_

## **Certification and Agreements**

I understand that a positive and properly confirmed drug test for controlled substances or refusal to submit to a drug test is grounds for denial or termination of employment.

I authorize representatives from the West Shore Fire District to obtain pertinent information from my previous employers, references, and other persons with knowledge of my work history and background. I authorize my previous employers, references, and persons with knowledge of my work history and background to provide pertinent information to the West Shore Fire District of West Haven, CT, and hereby release all such persons and waive any and all claims, demands, or causes of action whatsoever, in connection with the request for and release of such information.

I certify that the information on this job application is true and complete to the best of my knowledge. I understand that any willful omissions or falsification will be reason for withdrawal of a job offer or termination of employment whenever the omission or falsehood is discovered. I authorize any investigation into the statements I have made in this application as necessary to arrive at any employment decision.

I understand that nothing stated by the West Shore Fire District, in writing or orally, during the interview and/or hiring process is to be construed as creating a contract between the applicant and the West Shore Fire District.

**I have read, understand, and agree to the foregoing.**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
Print Name

Subscribed to and sworn to before me at \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_

Notary Public SEAL(Required)

**West Shore Fire District**

**AGREEMENT**

I hereby authorize representatives of the West Shore Fire District of West Haven, CT, to obtain a consumer credit report, including an investigative consumer report, Background investigation, and a driver's license MVR report as part of my application for employment.

**I have read, understand, and agree to the foregoing.**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
Print Name

Subscribed to and sworn to before me at \_\_\_\_\_ on this the \_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_

Notary Public

SEAL

(Required)