

**Town of Leverett  
Application for Employment  
Fire Department**

Note: Massachusetts law states that no person who smokes any tobacco product shall be eligible for appointment as a firefighter or police officer. Also due to state law, M.G.L. chapter 32, section 1, no one is eligible to be on the police or fire department over the age of 65 years.

Applications are considered for all positions without regard to race, gender, color, disability, religion, national origin, national ancestry, sexual orientation, genetics, military background, gender identity, age, or any other protected class under the law.

(Please print) \_\_\_\_\_ Date of application \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

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

Address \_\_\_\_\_  
Street Address Town State Zip

Telephone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

If hired and you are under 18, can you furnish a work permit? Yes\_\_\_\_ No\_\_\_\_ Not Applicable \_\_\_\_

Have you filed an application here before? Yes\_\_\_\_ No\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever been employed here before? Yes\_\_\_\_ No\_\_\_\_ If yes, when? \_\_\_\_\_

Are you prevented from lawfully becoming employed in the United States because of Visa or immigration status? Yes\_\_\_\_ No\_\_\_\_ (*proof of immigration status required upon employment*)

On what date are you available to begin work? \_\_\_\_\_

Are you available to work: Days\_\_\_\_ Evenings\_\_\_\_ Weekends\_\_\_\_

What days of the week are you available to work? \_\_\_\_\_

Are you available to work: Year round\_\_\_\_ Academic year only\_\_\_\_ Summers only\_\_\_\_

If otherwise employed, what is your ability to respond to calls while working?  
\_\_\_\_\_

If you have not already attended Massachusetts Call/Volunteer Firefighting Training Program, are you willing and able to do so if hired? Yes\_\_\_\_ No\_\_\_\_

What qualifications, licenses, or skills do you possess which should be considered?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have prior experience/training as a firefighter? If so, list starting with most current experience.

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Do you have CPR certification? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, provide number and date of expiration\_\_\_\_\_

Do you have First Responder Training? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you have First Aid Training? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you have Training as an EMT? Yes\_\_\_\_\_ No\_\_\_\_\_

Please write a brief statement explaining why you wish to become a firefighter:\_\_\_\_\_

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Are you able to attend weekly Thursday evening trainings from 6:00 to 9:00 pm? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you have a valid driver's license? Yes\_\_\_\_\_ No\_\_\_\_\_ What class?\_\_\_\_\_

State\_\_\_\_\_ Expiration date\_\_\_\_\_

Do you authorize the Town to check your driving record? Yes\_\_\_\_\_ No\_\_\_\_\_

Please state any additional information you feel may be helpful to us in considering your application:\_\_\_\_\_

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## EDUCATION

	<u>College</u>	<u>Advanced</u>
Circle the highest grade completed: 5 6 7 8 9 10 11 12	1 2 3 4	masters doctorate

Did you graduate from high school or do you possess a high school equivalency certificate (GED) or HiSET? Yes\_\_\_\_\_ No\_\_\_\_\_

Name of High School\_\_\_\_\_

City/Town\_\_\_\_\_ State\_\_\_\_\_

College or other training programs after high school, including military schools:

Name of school/  
College/Program

Major

Diploma, degree  
Licenses or Certificates

### EMPLOYMENT HISTORY

Start with your present or most recent job. Include military service assignments and volunteer activities if related to position(s) for which you are applying. Exclude organization names which indicate race, gender, color, disability, religion, national origin, national ancestry, sexual orientation, genetics, gender identity, age, or any other protected class under the law.

Employer (present or most recent)

Dates employed from:

to:

Address (street, town, zip)

Job title

Work performed

Supervisor

Employer

Dates employed from:

to:

Address (street, town, zip)

Job title

Work performed

Supervisor

Employer

Dates employed from:

to:

Address (street, town, zip)

Job title

Work performed

Supervisor

### REFERENCES:

Please list three references (one should be in the field in which you are applying).

Name \_\_\_\_\_ Position \_\_\_\_\_

Address (street, town, zip) \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Day or evening \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_  
Address (street, town, zip) \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_ Day or evening \_\_\_\_\_  
Name \_\_\_\_\_ Position \_\_\_\_\_  
Address (street, town, zip) \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_ Day or evening \_\_\_\_\_  
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**These statements made by me in this application are true and complete to the best of my knowledge and belief. I understand and authorize that the information provided may be certified and that any willful misstatement of material facts herein will cause forfeiture on my part of all rights to any employment in the service of the Town of Leverett.**

*I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history, driving history, and background. I authorize the Town of Leverett to obtain any information from schools, employers or individuals relating to my activities. This information may include, but is not limited to: academics, achievement, performance, attendance, personal history and discipline. Further, I hereby authorize all references, persons, schools, my current employer (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the Town of Leverett any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Leverett use only.*

*I hereby voluntarily release, discharge and exonerate the Town of Leverett Massachusetts, its agents and representatives, and any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Town of Leverett.*

*I understand that all appointments are at will and that I must demonstrate my ability for continued employment. I also understand that I must be available to work outside normal business hours, as the needs of the department require.*

*If required for the position I am seeking, I agree to provide approval from my primary care physician as to my ability to meet the physical requirements of the position's job description, and to a Criminal Offender Record Information Search and recognize that any offer of employment may be contingent upon the results of such an physical approval and search.*

*I understand that any employment offer by the Town is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986 within three days of the date of hire.*

*I represent that I have read and fully understand the foregoing and seek employment under these conditions.*

**By completing the application process, applicant understands the time commitment involved in joining the Fire Department, including Thursday night trainings and response to fire and medical events as outlined in the job description.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The Town of Leverett is an equal employment opportunity/affirmative action employer.**