



Turners Falls Fire Department

Fire, Rescue & Emergency Services

Todd Brunelle

Chief of Department

180 Turnpike Road • Turners Falls, MA 01376-2602 • 413-863-9023 - FAX 413-863-3210

The Turners Falls Fire Department is an Equal Opportunity Employer.

All applicants will be considered without regard to race, color,
Sex, sexual orientation, national origin, age, religious, marital, or veteran status,
the Presence of any non-job-related medical condition or handicap, genetic
information, Or any other legally protected status.

(PLEASE PRINT)

Name: _____ Date of Application: _____

(Last)

(First)

(M.I.)

Address: _____

Position applied for: _____

Are you over the age of 18? Y / N Social Security Number: _____

Phone: (Home) _____ (Cell) _____

Are you legally authorized to work in the United State? Y / N
(proof of citizenship or immigration status will be required upon employment).

Have you ever been employed by or a member of any other fire department? Y / N

If yes:

Department: _____ Position: _____

Address: _____ Dates of Service: _____

Supervisor/ Chief: _____ Phone: _____

Reason for leaving: _____

Military Service ? Y / N Branch: ____ Rank: ____ Type of Discharge: _____

Are you currently in the Military Reserves or the National Guard ? Y / N

If yes, current rank and MOS : _____

Do you possess a current, valid Massachusetts driver's license? Y / N

License# : _____ Class: _____ Endorsements/restrictions: _____

Has your license to operate a motor vehicle ever been suspended or revoked in Massachusetts or any other state or jurisdiction? Y / N

If yes, provide details: _____

Briefly, describe why you want to be a Firefighter: _____

Describe any special skills or qualifications you may have that may benefit the fire department: _____

REFERENCES: List three (3) references, not more than one (1) of which is from a family member:

- | | |
|----------------|---------------------|
| 1) Name: _____ | Phone: _____ |
| Address: _____ | Relationship: _____ |
| 2) Name: _____ | Phone: _____ |
| Address: _____ | Relationship: _____ |
| 3) Name: _____ | Phone: _____ |
| Address: _____ | Relationship: _____ |

Education History: (Please provide secondary and post-secondary history, including statement of diplomas, degrees, certificates, or other certification earned, including MA Fire Academy courses.

(Attach separate sheets as necessary)

Employment History: (Start with your current or most recent employer. You may include military service assignments and volunteer activities, whether full or part time. You may exclude organizations which indicate race, color, religion, creed, gender, national origin, age, disability, marital or military status, genetic information, sexual orientation, or any other legally protected status).

1. Employer: _____ Position: _____
Address: _____ Date of Employment: _____
Supervisor: _____ Phone: () _____
Reason for leaving: _____

2. Employer: _____ Position: _____
Address: _____ Dates of Employment: _____
Supervisor: _____ Phone: () _____
Reason for leaving: _____

3. Employer: _____ Position: _____
Address: _____ Dates of Employment: _____
Supervisor: _____ Phone: _____
Reason for leaving: _____

May we contact the current employer listed above? Y / N

May we contact the past employers listed above? Y / N

Medical Training (check all that apply) CPR_ AED_ 1st Responder_ EMT_

APPLICANT'S STATEMENT:

I certify that the information contained in this application is correct and complete to the best of my knowledge and I have not knowingly withheld any information pertinent to this application. I understand that should I be hired, any false statements, omissions, or answers made by me on this application can result in my immediate termination. I authorize the Turners Falls Fire Department or its designee(s) to investigate all statements and information contained in this application, including but not necessarily limited to contacting current or prior employers and references. I understand that the Fire Department WILL conduct such background check as it deems appropriate, including but not necessarily limited to a CORI and driving record check. I understand that if an offer of employment is made, I will be required to submit a physician's report indicating that there are no medical conditions that would prevent me from performing the essential function of the job for which I am applying. In compliance with the Immigration and Reform Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I further understand that all information contained in this application is the property of the Turners Falls Fire Department, and will remain confidential. I further understand that this document does not constitute an offer of employment by the department

Signature of Applicant: _____ Date: _____

Please Note: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Additional instructions: Please fill the application out completely and legible, neatness counts. This application should be accompanied by a resume. Please provide as much documentation to verify the information entered on the application as possible.

*Any information on the application without documentation that cannot be verified by the Fire District may not be considered.