



# HOPEDALE FIRE DEPARTMENT

40 DUTCHER STREET, HOPEDALE, MA 01747

Tel: 508-473-1050 - Fax: 508-902-0076

Candidates Name: \_\_\_\_\_  
Last Name First Name Middle Name

Candidates Phone Number: \_\_\_\_\_

## **INSTRUCTIONS:**

**You must return this application to the Hopedale Fire Department for processing by:**

When you return the application make sure you complete all of the following:

- That you have completed the entire application.
- That you have attached a copy of your social security card.
- That you have attached a copy of your high school diploma or equivalency certificate.
- That you have attached a copy of your higher education diploma.
- That you have attached a copy of your birth certificate.
- That you have attached a copy of your Massachusetts Driver's License.
- That you have had the application notarized.

**No handwritten application will be accepted. No application will be accepted after the above date & time.**

If you meet the requirements outlined on page two, you will receive written notification to appear for an interview.

Failure to appear for the interview or failure to cancel the interview may result in your disqualification for the position.

Attached you will find the requirements necessary to apply for the position along with a job description. Please fill out the application and return the entire package by the date and time explained above.



**HOPEDALE FIRE DEPARTMENT**  
40 DUTCHER STREET, HOPEDALE, MA 01747  
Tel: 508-473-1050 - Fax: 508-902-0076

**FIREFIGHTER /EMT- JOB DESCRIPTION & REQUIREMENTS**

**REQUIREMENTS:**

**Statement of Duties**

Firefighter/Emt's must perform a wide range of fire and life protection responsibilities necessary to the safety of the community. These include, but are not limited to the following:

- Protect life and property against fire by responding to alarms, driving and operating fire apparatus, making emergency entrances, using ropes, ladders and extinguishers, applying water streams from hoses, effecting ventilation, salvage and overhauling, and preserving evidence of fire. Responding to alarms and other emergencies when off duty.
- Perform rescue and life saving functions such as searching out and removing victims, providing basic first aid and life support, and transporting victims to medical facilities.
- Performs routine maintenance and cleaning work in the fire station; cleans and performs minor repairs to related firefighting equipment. Participates in training exercises and attends school as required.

**Supervision**

Incumbent works under the general supervision of the Director of Public Safety, Deputy Fire Chief and or the Firefighter in charge, receiving orders and following standard operating procedures, as detailed in the department rules and regulations, the fire manual, applicable state, federal and local laws. training serves to guide actions in various situations, but employee has access to radio equipment to request further instructions and assistance. All situations cannot be foreseen and employee may not be able to communicate with superior firefighter immediately; in such situations, employee must exercise a degree of independence in making decisions.

**Job Environment**

Work involves exposure to outdoor weather conditions and considerable personal danger during emergencies. Risks of personal injuries include exposure to extreme weather, disease, automobile accidents, and violent behavior. Portion of work performed in an office setting. Work requires the use of automobile and fire equipment. Work involves constant contacts with the public and surrounding fire departments.

Work is often performed under stressful emergency conditions. Responsibilities are diverse and require understanding, common sense and the application of a variety of techniques and practices learned in fire fighting training. Incumbent must exercise good judgment and initiative in meeting unforeseen situations and emergencies.



## HOPEDALE FIRE DEPARTMENT

40 DUTCHER STREET, HOPEDALE, MA 01747

Tel: 508-473-1050 - Fax: 508-902-0076

Work is moderately complex and consists of employing many different concepts, techniques and practices to a specialized field. Work is judgmental in analyzing specific situations and determining appropriate actions to be taken to ensure the safety and protection of personnel and the public. Errors may result in loss or delay of service, personal injury, and injury of others, damage to buildings or equipment, monetary loss and / or legal repercussions.

Incumbent has access to confidential records.

### Required Qualifications

1. Must be at least 18 years of age to apply.
2. High School Diploma or GED required
3. Valid Massachusetts drivers license required by date of hire, with a reasonable driving record and **NO** DWI convictions within 5 years of applying
4. Comply with the departments **NO SMOKING POLICY**.
5. Pass a Physical Agility Test (P.A.T) and drug screening.
6. Have good reading comprehension skills; ability to prepare reports regarding different occurrences.
7. Have good verbal communications skills; ability to interact with coworkers, supervisors and the general public.
8. Have a good mechanical aptitude to learn technical knowledge and skills.
9. Ability to function effectively in dangerous situations where personal safety may be in jeopardy and where conditions are stressful.
10. Ability to use physical force to perform property and life saving functions.
11. Ability to work long hours during any type of emergency call.

### Physical and Mental Requirements

Portion of work is performed in a general office setting with moderate noise level and requires little or no physical demands. Majority of work is performed in the field with risk of personal injury. Work involves exposure to outdoor weather conditions, risk of electric shock, extremes of heat and cold, high places, toxic or caustic chemical, moving machinery, exposure to diseases, explosive, and radiation up to or more than 2/3 of the time. Work requires standing, walking, talking, listening, use of hands, stooping, kneeling, crouching and / or crawling, reaching with arms, driving, sitting, taste or smell, climbing or balancing and running up to or more than 2/3 of the time. Good vision and peripheral vision required for performing duties. Work fluctuates unpredictably throughout the year. Work requires frequent lifting of up to 100 pounds; occasional lifting of over 200 pounds during medical calls with assistance. Job requires use of automobile, medical equipment, power tools, hand tools, office machines and computers.

### Education and Experience



**HOPEDALE FIRE DEPARTMENT**  
40 DUTCHER STREET, HOPEDALE, MA 01747  
Tel: 508-473-1050 - Fax: 508-902-0076

A candidate for this position should have a High School Diploma or equivalent, be a Fire Academy graduate or equivalent, possess a valid driver's license, be CPR and First Aid certified successful completion of a background investigation; physical agility test and psychological exams.

**INSTRUCTIONS:**

All questions must be answered, if not applicable, indicate N/A. Forms that are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets the same size as this form (8 1/2 x 11), and number the answers to correspond with the questions.

**SECTION - I**  
**IDENTIFICATION**

Name (Last, First, Middle): \_\_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_  
Address Town / City State Zip Code

Telephone Numbers: \_\_\_\_\_  
Home Phone Number Cell Phone Number

Social Security Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

List all other names you have used including nicknames. If you are a female, furnish your maiden name. If you have ever used any surnames other than your true name, during what period



**HOPEDALE FIRE DEPARTMENT**  
40 DUTCHER STREET, HOPEDALE, MA 01747  
Tel: 508-473-1050 - Fax: 508-902-0076

and under what circumstances were these names used? If you have legally changed your name, give date, place, and court.

---

---

---

Are you a citizen of the United States:  YES  NO

**SECTION - II**  
**RESIDENCES**

List chronologically all your residences in the past five (5) years. Include addresses while attending school if away from home and all military addresses including any off military base. **LIST YOU PRESENT ADDRESS FIRST.**

#1 Address: \_\_\_\_\_  
Address Town / City State Zip Code

Dates From: Month Year To: Month Year

#2 Address: \_\_\_\_\_  
Address Town / City State Zip Code

Dates From: Month Year To: Month Year

#3 Address: \_\_\_\_\_  
Address Town / City State Zip Code

Dates From: Month Year To: Month Year

#4 Address: \_\_\_\_\_  
Address Town / City State Zip Code

Dates From: Month Year To: Month Year

#5 Address: \_\_\_\_\_  
Address Town / City State Zip Code



**HOPEDALE FIRE DEPARTMENT**  
40 DUTCHER STREET, HOPEDALE, MA 01747  
Tel: 508-473-1050 - Fax: 508-902-0076

Dates From: Month Year To: Month Year

---

#6 Address: \_\_\_\_\_  
Address Town / City State Zip Code

Dates From: Month Year To: Month Year

**SECTION - III**  
**EDUCATION**

High School Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Dates  
Attended From: Month Year To: Month Year

---

College Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Dates  
Attended From: Month Year To: Month Year

---

College Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Dates  
Attended From: Month Year To: Month Year

---

Graduate School Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Dates  
Attended From: Month Year To: Month Year

---

Specialized Training: \_\_\_\_\_  
Address: \_\_\_\_\_

Dates  
Attended From: Month Year To: Month Year



**HOPEDALE FIRE DEPARTMENT**  
40 DUTCHER STREET, HOPEDALE, MA 01747  
Tel: 508-473-1050 - Fax: 508-902-0076

Specialized Training: \_\_\_\_\_

Address: \_\_\_\_\_

Dates

Attended From: Month Year To: Month Year

**SECTION - III**  
**EDUCATION (cont'd)**

Were you ever dismissed from school, or was any disciplinary action including scholastic probation ever taken against your scholastic career?  YES  NO

School: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_

List any awards, honors, citations, positions held in school organizations, athletic endeavors, and any other special recognition you received while attending school.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any Fire/Emergency Service experience? Please explain if yes.

\_\_\_\_\_  
\_\_\_\_\_

Do you have a current EMT Basic, Intermediate Paramedic license? If yes write certification numbers and State? \_\_\_\_\_

Do you have a fear of heights or problems working on ladders?  YES  NO

Do you have claustrophobia or problems working in small  YES  NO



**HOPEDALE FIRE DEPARTMENT**  
40 DUTCHER STREET, HOPEDALE, MA 01747  
Tel: 508-473-1050 - Fax: 508-902-0076

spaces?

Indicate your proficiency in each phase of each foreign language as (slight, good, fluent).

NAME OF LANGUAGE	UNDERSTAND	SPEAK	READ	WRITE

**SECTION - IV**  
**EMPLOYMENT**



**HOPEDALE FIRE DEPARTMENT**  
40 DUTCHER STREET, HOPEDALE, MA 01747  
Tel: 508-473-1050 - Fax: 508-902-0076

Enter your current or most recent employment first and work backwards.

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address

Town / City

State

Zip Code

Telephone Number: \_\_\_\_\_

Job Title / Type of Work: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

Dates

Worked From: Month Year To: Month Year

Salary: \_\_\_\_\_

Comments: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address

Town / City

State

Zip Code

Telephone Number: \_\_\_\_\_

Job Title / Type of Work: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

Dates

Worked From: Month Year To: Month Year

Salary: \_\_\_\_\_

Comments: \_\_\_\_\_

Employer Name: \_\_\_\_\_



**HOPEDALE FIRE DEPARTMENT**  
40 DUTCHER STREET, HOPEDALE, MA 01747  
Tel: 508-473-1050 - Fax: 508-902-0076

Address: \_\_\_\_\_  
Address Town / City State Zip Code

Telephone Number: \_\_\_\_\_

Job Title / Type of Work: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

Dates  
Worked From: Month Year To: Month Year

Salary: \_\_\_\_\_

Comments: \_\_\_\_\_

Have you ever been dismissed or asked to resign for any employment or position you have held?

YES  NO

**SECTION - V**  
**CREDIT HISTORY**





# HOPEDALE FIRE DEPARTMENT

40 DUTCHER STREET, HOPEDALE, MA 01747

Tel: 508-473-1050 - Fax: 508-902-0076

Under Massachusetts Law, you may answer "NO" if any of the following circumstances are applicable.

1. An arrest which did not result in a conviction.
2. A first conviction for any of the following misdemeanors;  
\*simple assault; speeding; minor traffic violations; affray; or disturbing the peace;
3. Any conviction of a misdemeanor where the date of conviction or the completion of any period of incarceration resulting there from (which ever is later) occurred five or more years prior to the date of this application, unless you have been convicted of any offense within five years immediately preceding the date of this application.
4. Your conviction record has been sealed pursuant to Massachusetts Law.
5. You have juvenile delinquency or child-in-need-of-services complaints which were not transferred to Superior Court for prosecution.

Are you a licensed automobile operator?  YES  NO

If yes, State of issue: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Have you ever been convicted of a criminal offense?  YES  NO

Date	Charge	Place or Court
------	--------	----------------

---

Explanation: \_\_\_\_\_

Date	Charge	Place or Court
------	--------	----------------

---

Explanation: \_\_\_\_\_

Date	Charge	Place or Court
------	--------	----------------

---

Explanation: \_\_\_\_\_

## SECTION – VI CRIMINAL HISTORY (cont'd)



**HOPEDALE FIRE DEPARTMENT**  
40 DUTCHER STREET, HOPEDALE, MA 01747  
Tel: 508-473-1050 - Fax: 508-902-0076

Are you now under charges for any criminal offense(s) on which you are awaiting trial or final disposition?

YES       NO

**Date of Offense:      Charge(s)      Place or Court**

---

**Explanation:** \_\_\_\_\_

**Date of Offense:      Charge(s)      Place or Court**

---

**Explanation:** \_\_\_\_\_

**Date of Offense:      Charge(s)      Place or Court**

---

**Explanation:** \_\_\_\_\_

**Date of Offense:      Charge(s)      Place or Court**

---

**Explanation:** \_\_\_\_\_

**Date of Offense:      Charge(s)      Place or Court**

---

**Explanation:** \_\_\_\_\_

**SECTION – VII**  
**ORGANIZATIONAL MEMBERSHIPS**



**HOPEDALE FIRE DEPARTMENT**  
40 DUTCHER STREET, HOPEDALE, MA 01747  
Tel: 508-473-1050 - Fax: 508-902-0076

Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which is totalitarian, communist, fascist, or subversive, or which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of the government of the United States by violent revolution or other unconstitutional means?

YES       NO

If the answer is yes, explain fully on a separate sheet of paper.

**SECTION – VIII**  
**PHYSICAL DATA**

Height without shoes on: \_\_\_\_\_  
Weight without shoes on: \_\_\_\_\_  
Color of Eyes: \_\_\_\_\_  
Color of Hair: \_\_\_\_\_  
Scars: \_\_\_\_\_  
Tattoos: \_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT**

**\*\*\* Attach a passport size photo to Section XIII of this application. \*\*\***

**SECTION – IX**  
**RELATIVES**



**HOPEDALE FIRE DEPARTMENT**  
40 DUTCHER STREET, HOPEDALE, MA 01747  
Tel: 508-473-1050 - Fax: 508-902-0076

Please list all immediate family members including stepbrothers, sisters, fathers, and mothers. Including spousal family members, children. Include any family members from a previous marriage.

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Street: \_\_\_\_\_ Relationship: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

---

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Street: \_\_\_\_\_ Relationship: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

---

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Street: \_\_\_\_\_ Relationship: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

---

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Street: \_\_\_\_\_ Relationship: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

---

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Street: \_\_\_\_\_ Relationship: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

---

**SECTION – IX**  
**RELATIVES (cont'd)**



**HOPEDALE FIRE DEPARTMENT**  
40 DUTCHER STREET, HOPEDALE, MA 01747  
Tel: 508-473-1050 - Fax: 508-902-0076

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Street: \_\_\_\_\_ Relationship: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

---

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Street: \_\_\_\_\_ Relationship: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

---

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Street: \_\_\_\_\_ Relationship: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

---

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Street: \_\_\_\_\_ Relationship: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

---

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Street: \_\_\_\_\_ Relationship: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

---

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Street: \_\_\_\_\_ Relationship: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**SECTION – X**  
**MILITARY**



**HOPEDALE FIRE DEPARTMENT**  
40 DUTCHER STREET, HOPEDALE, MA 01747  
Tel: 508-473-1050 - Fax: 508-902-0076

Were you ever in the Military?  YES  NO

If so, What Branch of the Military? \_\_\_\_\_

Date of Military Service From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Current Status Now: \_\_\_\_\_

**IMPORTANT**

**Please attach a copy of any paperwork referring to your Military Service to the back of this section (Section – X) when you print it out.**

**SECTION – XI**  
**ESSAY**



**HOPEDALE FIRE DEPARTMENT**  
40 DUTCHER STREET, HOPEDALE, MA 01747  
Tel: 508-473-1050 - Fax: 508-902-0076

Using a word processor or typewriter, you must answer the following question and your essay cannot be more than three (3) pages in length. Make sure your name, address, phone number appear on the top of your essay for each page. When you complete your essay, attach it to the back of this section (section – XI).

**Why you would be a positive addition to the Hopedale Fire Department?**

**SECTION – XII**  
**REFERENCES**



# HOPEDALE FIRE DEPARTMENT

40 DUTCHER STREET, HOPEDALE, MA 01747

Tel: 508-473-1050 - Fax: 508-902-0076

List three references (not relatives, former or present employers, fellow employees or schoolteachers) who are responsible adults of reputable standing in their communities. Men or women who have known you well for at least five (5) years. If retired, give their former occupation.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Address \_\_\_\_\_ Town / City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Address \_\_\_\_\_ Town / City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Address \_\_\_\_\_ Town / City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Address \_\_\_\_\_ Town / City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Address \_\_\_\_\_ Town / City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Address \_\_\_\_\_ Town / City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**I understand that this is an application for employment and that it does not guarantee a position with the Town of Hopedale. I further understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation.**

\_\_\_\_\_  
Signature of Candidate

<b>Do not sign in this color coded area until asked (at the time of interview).</b>	<b>For Employers Use Only</b> I am aware that willfully withholding information or making false statements on this form will be a basis for dismissal. I agree to these conditions and I hereby certify that all statements made by me herein are true and complete to the best of my knowledge.
---	---

\_\_\_\_\_  
Signature of Candidate / Date / Time

## **SECTION – XIII** **MISCELLANEOUS**



**HOPEDALE FIRE DEPARTMENT**  
40 DUTCHER STREET, HOPEDALE, MA 01747  
Tel: 508-473-1050 - Fax: 508-902-0076

**Attach  
Passport  
Photo  
here**

**A NOTARY must notarize this application in the area below.**

**Director of Public Safety**  
*Eugene P. Costanza*



# HOPEDALE FIRE DEPARTMENT

40 DUTCHER STREET, HOPEDALE, MA 01747

Tel: 508-473-1050 - Fax: 508-902-0076

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that if I am appointed to the Town of Hopedale Fire Department I am subject to all the rules and regulations of both the Hopedale Fire Department and the Town of Hopedale.

I also understand that an investigation of my background will be conducted by the Hopedale Police Department, including but not limited to my education, employment, friends, relatives, military service, neighbors, credit rating, and any other areas deemed necessary.

I also understand that I will be required to furnish the Fire Department with certain information as required by the Director of Public Safety, including but not limited to my education, employment, friends, relatives, military service, neighbors, credit rating and any other areas deemed necessary.

I also understand that I will be required to furnish the Fire Department with certain information as required, including but not limited to certain questions contained on the Application.

I also understand that I will be required to participate in certain psychological tests conducted by the Hopedale Fire Department or their designee, and to participate in certain interviews as required by the Director of Public Safety.

I also understand that I will be required to participate in a complete medical examination conducted by a medical doctor appointed by the Town of Hopedale, including certain laboratory and other tests, to determine my physical fitness to serve as a Firefighter/EMT in the Town of Hopedale.

I hereby give the Hopedale Police/Fire Department my permission to view any records, including but not limited to my education, employment, medical, military service, credit rating and any other record deemed necessary by the Director of Public Safety.

I understand that I must complete the requirements listed above successfully, as well as any other requirements set forth by the Director of Public Safety, within the specified time. Failure to meet these or any other requirements successfully within the specified time will result in my name being withdrawn for consideration as a Firefighter for the Town of Hopedale, or if already employed, the termination of my employment as a Firefighter/EMT, subject to the rules and regulations of the Town of Hopedale and the Commonwealth of Massachusetts, Department of Personnel Administration.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness