



# HOPEDALE FIRE DEPARTMENT

## APPLICATION FOR EMPLOYMENT

### Call Firefighter



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

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

Candidates Email Address: \_\_\_\_\_

### **INSTRUCTIONS:**

Prior to returning the application, the candidate shall have completed all of the following:

- The entire application is complete.
- A copy of the candidates Social Security card is attached.
- A copy of the candidates High School diploma or GED certificate is attached.
- A copy of the candidates Birth Certificate is attached.
- A copy of the candidates Massachusetts Driver's License is attached.

If you meet the requirements outlined on the following pages, you will receive written notification to appear for a Written Examination. Failure to appear for the written examination shall result in your disqualification for the position.

If you pass the written exam, you will receive a written invitation to take the Physical Agility Test (PAT). On the day of the PAT, you will need to provide medical documentation, proving you are in good physical condition and good health in order to proceed with the PAT and work as a Firefighter. These medical documentation forms will be handed out the day of the written exam along with the PAT Prep-Guide. The PAT will be given, at a minimum, two (2) months following the written exam to provide the candidate ample time to prepare for the PAT and to have the necessary medical documentations completed.

### **HIRING PROCESS:**

When there are openings on the Hopedale Fire Department Call Firefighting staff, due to retirement, resignation, termination or any other reason, the top three (3) candidates on the list, which has been established by the combined scores of the written exam and PAT from best being position #1 to worst, will be called for an interview. Residents of Hopedale will be given preference over non-residents. EMTP's will be given preference over EMT-B's and/or non-EMT's and EMT's will be given preference over non-EMT's.



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#### JOB DESCRIPTION & REQUIREMENTS

#### REQUIREMENTS:

##### **Statement of Duty**

Call Firefighters must provide a variety of Fire Suppression and Life Saving tasks in order to protect the community. These tasks include, but are not limited to:

- Protect life and property against fire and other hazards by responding to alarms, driving and operating fire apparatus, applying water streams from hoses, performing ventilation of smoke and heated gases, salvage and overhaul, using ropes, ladders and extinguishers and preserving evidence.
- Perform rescue and lifesaving functions such as searching for and removing victims, providing basic first aid and CPR.
- Perform routine maintenance and cleaning work at the Firehouse, clean and maintain firefighting equipment and participates in Fire Fighting training exercises.

##### **Supervision**

Incumbent works under the general supervision of the Fire Chief, Permanent Firefighters and Call Fire Officers, receiving orders and following standard operating procedures and guidelines as detailed in the department SOP's/SOG's, as well as applicable state and federal laws.

##### **Job Environment**

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

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

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 of others, damage to property or equipment, monetary loss and/or legal repercussions.



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#### Required Qualifications:

- Must be at least eighteen (18) years old to apply
- High School Diploma or GED required
- Valid Massachusetts driver license required by date of hire
- Reasonable driving record and NO DUI convictions within five (5) years of applying
- Must comply with **NO SMOKING** policy
- Pass a Physical Agility Test (P.A.T.)
- Have good comprehension skills
- Be able to interact with coworkers, supervisors and the general public
- Have a good verbal communications skills
- Have a good mechanical aptitude to learn technical knowledge and skills
- Ability to function effectively in dangerous situations where personal safety may be in jeopardy and where conditions are stressful.
- Ability to use physical force to perform property and lifesaving functions
- Ability to work long hours during any type of emergency call.

#### Physical & Mental Requirements:

Portion of work is performed in 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 chemicals, moving machinery, exposure to disease, explosives and radiation up to or more than 2/3 of the time. Work requires standing, walking, running, talking, listening, use of hands, stooping, kneeling, crawling or crouching, reaching with arms, lifting, climbing, driving, sitting, tasting, smelling, balancing up to or more than 2/3 of the time. Good vision and peripheral vision is required for performing duties. Work fluctuates unpredictably throughout the year. Work requires frequent lifting, up to and including 300+ pounds in some circumstances. Job requires the use of automobile, medical equipment, power tools, hand tools, office machines and computers.

#### Education & Experience:

A candidate for this position should have a High School Diploma or equivalent, be certified to the level of Firefighter I/II, possess a valid Massachusetts driver's license, be CPR and First Responder certified, successfully complete a thorough background investigation, pass a written exam, a physical agility test and associated psychological exams.



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#### 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 ½" X 11"), and number the answers to correspond with the questions.

#### SECTION – I

#### IDENTIFICATION

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

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

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

Social Security Number: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

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

List all other names you have used including nicknames. If you are a female, furnish you maiden name. If you have ever used any surnames other than your true name, during what period and under what circumstances were these names used? If you have legally changed you name give date, place & court.

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

Are you a citizen of the United States? (CIRCLE ONE) YES NO

Are you a licensed automobile operator? (CIRCLE ONE) YES NO



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#### SECTION – II

#### RESIDENCES

In chronological order, list 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 YOUR PRESENT ADDRESS FIRST.**

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

Dates FROM: Month \_\_\_\_\_ Year \_\_\_\_\_ TO: **PRESENT**

#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

Dates FROM: Month \_\_\_\_\_ Year \_\_\_\_\_ TO: Month \_\_\_\_\_ Year \_\_\_\_\_



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#### SECTION – III

#### EDUCATION

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

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

Dates Attended: FROM: Month \_\_\_\_\_ Year \_\_\_\_\_ TO: Month \_\_\_\_\_ Year \_\_\_\_\_

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

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

Dates Attended: FROM: Month \_\_\_\_\_ Year \_\_\_\_\_ TO: Month \_\_\_\_\_ Year \_\_\_\_\_

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

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

Dates Attended: FROM: Month \_\_\_\_\_ Year \_\_\_\_\_ TO: Month \_\_\_\_\_ Year \_\_\_\_\_

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

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

Dates Attended: FROM: Month \_\_\_\_\_ Year \_\_\_\_\_ TO: Month \_\_\_\_\_ Year \_\_\_\_\_

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

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

Dates Attended: FROM: Month \_\_\_\_\_ Year \_\_\_\_\_ TO: Month \_\_\_\_\_ Year \_\_\_\_\_

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

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

Dates Attended: FROM: Month \_\_\_\_\_ Year \_\_\_\_\_ TO: Month \_\_\_\_\_ Year \_\_\_\_\_



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

If YES – School Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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Do you have any Fire/Emergency Service experience? (CIRCLE ONE)      YES      NO

If YES – Please explain: \_\_\_\_\_

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Do you currently have a Massachusetts Emergency Medical Technician – Basic (or higher) license? (CIRCLE ONE)      YES      NO

If YES – Which License? (CIRCLE ONE)      BASIC      INTERMEDIATE      PARAMEDIC

Do you have a fear of heights? (CIRCLE ONE)      YES      NO

Do you have claustrophobia or a problem working in confined spaces? (CIRCLE ONE)      YES      NO

Indicate your proficiency in each phase of each foreign language as “slight”, “good” or “fluent”

LANGUAGE:	UNDERSTAND IT	SPEAK IT	READ IT	WRITE IT



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### SECTION – IV

#### EMPLOYMENT HISTORY

*Please enter your current or most recent employment first and work backwards.*

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

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

Telephone #: \_\_\_\_\_ Job Title: \_\_\_\_\_

Type of Work: \_\_\_\_\_

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

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

Dates Worked FROM: Month \_\_\_\_\_ Year \_\_\_\_\_ TO: Month \_\_\_\_\_ Year \_\_\_\_\_

Salary/Hour \_\_\_\_\_

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

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

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

Telephone #: \_\_\_\_\_ Job Title: \_\_\_\_\_

Type of Work: \_\_\_\_\_

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

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

Dates Worked FROM: Month \_\_\_\_\_ Year \_\_\_\_\_ TO: Month \_\_\_\_\_ Year \_\_\_\_\_

Salary/Hour \_\_\_\_\_

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

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

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

Telephone #: \_\_\_\_\_ Job Title: \_\_\_\_\_

Type of Work: \_\_\_\_\_

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

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

Dates Worked FROM: Month \_\_\_\_\_ Year \_\_\_\_\_ TO: Month \_\_\_\_\_ Year \_\_\_\_\_

Salary/Hour \_\_\_\_\_

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

Have you even been dismissed or asked to resign from any employment or position you have held? (CIRCLE ONE)    YES    NO

## SECTION – V

### CRIMINAL HISTORY

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

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



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Have you ever been convicted of a criminal offense?

YES    NO

(CIRCLE ONE)

If **YES**:

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Place or Court: \_\_\_\_\_

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

\_\_\_\_\_

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Place or Court: \_\_\_\_\_

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

\_\_\_\_\_

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Place or Court: \_\_\_\_\_

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

\_\_\_\_\_

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Place or Court: \_\_\_\_\_

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

\_\_\_\_\_

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Place or Court: \_\_\_\_\_

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

\_\_\_\_\_



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### SECTION – VI

#### ORGANIZATIONAL MEMBERSHIPS

Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of person 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 – VII

#### PHYSICAL DATA

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Scars: \_\_\_\_\_

Tattoos: \_\_\_\_\_

\_\_\_\_\_



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#### SECTION VIII

#### ESSAY

Using a type writer or word processor, you must answer the question listed below. Your essay cannot be more than three (3) pages in length. Please make sure that your name, address and phone number(s) appear at the top of each page of your essay. Attach your essay to the back side of this section.

Question:

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



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#### SECTION IX

#### REFERENCES

List three (3) references (not relatives, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities. Men or women who have known you well for at least five (5) years.

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

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

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

Telephone #: \_\_\_\_\_

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

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

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

Telephone #: \_\_\_\_\_

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

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

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

Telephone #: \_\_\_\_\_

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

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



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

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

I understand that if I am appointed to the Town of Hopedale Fire Department that 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, neighbor and any other are deemed necessary.

I also understand that I will be required to furnish the Fire Department with certain information as required by the Fire Chief, including but not limited to my education, employment, friends, relatives, military service 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 this application.

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

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

I hereby give the Hopedale Fire Department and Hopedale Police Department my permission to view any records, including but not limited to my education, employment, medical, military service and any other records deemed necessary by the Fire Chief.

I understand that I must complete the requirements listed above successfully, as well as other requirements set forth by the Fire Chief, 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 candidate for Firefighter and/or Firefighter/EMT for the Town of Hopedale, or if already employed, the termination of my employment as a Firefighter or Firefighter/EMT, subject to the rules and regulations of the Town of Hopedale and the Commonwealth of Massachusetts, Department of Personnel Administration.

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Applicants Signature

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Date