Wellfleet Fire Department
10 Lawrence Road
Wellfleet, MA 02667-7700
508-349-3754

DEPARTMENT APPLICATION

FIREFIGHTER/PARAMEDIC
FIREFIGHTER/EMT

INFORMATION FOR APPLICANTS
APPLICATION QUESTIONNAIRE
AUTHORIZATION FOR RELEASE OF INFORMATION
SMOKING PROHIBITION
Applicant Screening Checklist

Date______________________

Applicant: _________________________________________________________________

(Last)   (First)   (Middle)

The attached applicant screening checklist is a questionnaire that you are required to complete and return to the Fire Department. This questionnaire covers the qualifications and requirements for consideration as a Firefighter/Paramedic for the Wellfleet Fire Department. This packet also includes an authorization for release of information, and a copy of the Department’s smoking policy.

Please read each question carefully and answer fully. Any false statement or information given knowingly to a question in this checklist is cause for disqualification. There should be no “unknown” or unanswered questions when this checklist is completed. If a question does not apply, indicate this by the use of the symbol “N/A”. If dates are called for, give month and year.

This checklist must be completed by the applicant. Type or print legibly in ink. If you need more space to answer any question, attach an additional 8-1/2” x 11” sheet with the answer numbered the same as the question.

If for any reason, you do not understand any question contained in this checklist, please call the Wellfleet Fire Department for further explanation or assistance.

The attached packet must be completed and returned to the Wellfleet Fire Department along with copies of the following documents, if applicable:

- High school diploma or GED certificate
- Associates or higher degree diplomas
- Driver’s license
- Fire training certificates
- EMS certificates or licenses

You should also include a resume, and a cover letter with your application.

The Town of Wellfleet does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, handicap, veteran status, gender or age. No question in this application is intended to secure information to be used for such discrimination.


Wellfleet Fire Department
Firefighter/Paramedic Application

Information for applicants
Firefighter/Paramedic

Requirements:

- Must be at least 18 years of age at employment
- Must have a current driver’s license, and obtain a Massachusetts driver’s license within 3 months of hire
- Must meet the Department’s residency requirement (Wellfleet resident, or resident of an adjoining town within pager range) within 18 months of hire
- Must have Commonwealth of Massachusetts certification as an Emergency Medical Technician-Paramedic at employment, and maintain certification throughout employment
- Must be trained to a minimum of Firefighter I/II at employment
- Must be able to pass a comprehensive physical examination which meets the requirements of the Commonwealth of Massachusetts Human Resources Division Initial Hire Medical Standards, and which complies with NFPA 1582
- Must be able to pass the Commonwealth of Massachusetts Human Resources Division Physical Abilities Test
- Must be able to attend and pass the Massachusetts State Fire Academy Recruit Program
- Be a non-smoker (see attached smoking prohibition)
Wellfleet Fire Department
Firefighter/Paramedic Application

Process:

• Submit a completed “Applicant Screening Checklist”.

• Read and sign the “Authorization for Release of Information”.

• Read and sign the “Smoking Prohibition”.

• After the Department reviews your application, you may be offered an interview.

• The Department will investigate your character and work history by contacting your references and your past employers.

• If after this process you are offered a position on the Department, the Fire Chief will appoint you, subject to approval by the Board of Selectmen, and conditional upon passing a physical examination, a physical abilities test, and a criminal background check.

• If the Board of Selectmen approves your appointment, you will be notified, and scheduled to take a physical examination at the Town’s expense.

• If the results of the physical exam, you will be scheduled to take the required physical abilities test.

• If you pass the physical abilities test your appointment to the Department will be in effect.

• Your appointment to the Department will be on a probationary basis for one year.
Wellfleet Fire Department
Firefighter/Paramedic Application

Personal information

<table>
<thead>
<tr>
<th>Last name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home phone</th>
<th>Work phone</th>
<th>Cell phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>e-mail address</th>
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Are you over 18?  Y  /  N  Are you authorized to work legally in the United States  Y  /  N

Education and training

<table>
<thead>
<tr>
<th>High school graduate?</th>
<th>Y  /  N</th>
</tr>
</thead>
<tbody>
<tr>
<td>GED</td>
<td>Y  /  N</td>
</tr>
</tbody>
</table>

Years of college?  _______________  Degree(s) and subject(s)___________________________

First-responder certified?  Y  /  N

EMT certified?  Y  /  N  State, level, and certificate number___________________________

Paramedic certified?  Y  /  N  State and certificate number___________________________

Firefighter I training?  Y  /  N  Certified?  Y  /  N  Where were you trained?______________

Firefighter II training?  Y  /  N  Certified?  Y  /  N  Where were you trained?______________

Please list any other fire or medical training you have taken, and any licenses or certificates you hold. Use additional sheets if necessary, and include copies of all training certificates.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
Wellfleet Fire Department
Firefighter/Paramedic Application

Employment

Present employer_________________________________Your supervisor________________________

Address________________________________________City/State/Zip________________________

Phone____________________Your position________________________________

Employment History

1. Have you ever had your job terminated involuntarily?_________Explain____________________

_____________________________________________________________________________________

When_________________Employer_____________________________________________________

2. Have you ever been asked to resign?______________Explain____________________________

_____________________________________________________________________________________

When?______________Employer_____________________________________________________

3. Have you ever left a job without giving notice?______________How many times?___________

Explain_____________________________________________________________________________

When?__________________Employer_____________________________________________________

4. Have you ever received disciplinary action from an employer resulting in a suspension, demotion, or
loss of pay?______________Explain____________________________________________________

When?__________________Employer_____________________________________________________

6
Employment History, continued

List below the places you have worked before your current position, starting with the most recent. Use additional sheets if necessary.

Employer___________________________________ Phone________________________

Address____________________________________________________________

Employed from__________ to__________ Your supervisor ____________________________

Your position_________________________ Reason for leaving______________________

Employer___________________________________ Phone________________________

Address____________________________________________________________

Employed from__________ to__________ Your supervisor ____________________________

Your position_________________________ Reason for leaving______________________

Employer___________________________________ Phone________________________

Address____________________________________________________________

Employed from__________ to__________ Your supervisor ____________________________

Your position_________________________ Reason for leaving______________________

Employer___________________________________ Phone________________________

Address____________________________________________________________

Employed from__________ to__________ Your supervisor ____________________________

Your position_________________________ Reason for leaving______________________
Military Service

1. Have you ever been a member of a military organization of the United States? ______________
   Branch: _____________________________________ Highest rank _____________________________________

2. Have you ever applied for the military but not been selected for service? ______________
   Reason: ___________________________________________________________________________________

3. While in the military, have you ever been court martialed, tried or charged, or the subject of any
   disciplinary action? __________ Explain: ____________________________________________________________________________________

Driver’ License Information

<table>
<thead>
<tr>
<th>State</th>
<th>License number</th>
<th>Class</th>
<th>Exp. Date</th>
</tr>
</thead>
</table>

Driving history

1. Have you ever at any time had your driver’s license restricted? Yes __ No __
   
   Corrective lenses? Yes __ No __
   
   Alcohol use? Yes __ No __
   
   Work only? Yes __ No __
   
   Time of day? Yes __ No __
   
   Special vehicle equipment required? Yes __ No __
   
   Other ______________________ Yes __ No __

2. Have you ever had a driver’s license revoked, suspended, or cancelled Yes __ No __
   When? ______________________ Why _______________________________________________________________

3. As a driver, have you ever been involved in a motor vehicle accident? Yes __ No __
   Date ______________________ Location ______________________ Reported? Yes __ No __
   __________________________ ______________________ Yes __ No __
   __________________________ ______________________ Yes __ No __
4. List below the company that carries your auto insurance:
   Company________________________________________Policy number________________________
   Agency_________________________________________ Phone number________________________
   Address_________________________

5. Has your auto insurance ever been revoked, refused, cancelled or non-renewed?  Yes____  No____
   Explain_____________________________________________________________________________

6. Have you ever been involved in an accident which resulted in a fatality or serious injury? Yes____  No____
   Explain_____________________________________________________________________________

7. List the vehicles you own
   Registration  State  Make  Model  Color
   __________________________________________________________
   __________________________________________________________

   Court records

1. Have you ever been convicted of any non-traffic criminal violations? Yes__  No__
   Date   Charge   Investigating agency   Disposition
   __________________________________________________________

2. Have you ever been convicted of any traffic law violations? Yes__  No__
   Date   Charge   Investigating agency   Disposition
   __________________________________________________________

3. Have you ever had a judgment entered against you as a defendant in any civil action? Yes__  No__
   Date   Type of action   County/state of record   Disposition
   __________________________________________________________

4. Have you ever been named as a respondent or petitioner in any court order? Yes__  No__
   Date   Charge   Investigating agency   Disposition
   __________________________________________________________
Job Requirements

Please answer each question below and give details in your own words
(attach additional sheets if necessary)

1. The position of Firefighter/Paramedic requires the ability to receive and send verbal communications. Can you perform this job-related task?

Yes____ No____ Explain ____________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

2. The position of Firefighter/Paramedic requires the physical ability to protect the public, other Firefighters/First Responders/EMTs, and yourself. Can you perform this job-related task?

Yes____ No____ Explain ____________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

3. The position of Firefighter/Paramedic requires the ability to safely drive fire apparatus and/or ambulances to emergencies. Can you perform this job-related task?

Yes____ No____ Explain ____________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

4. The position of Firefighter/Paramedic requires the ability to complete written reports. Can you perform this job-related task?

Yes____ No____ Explain ____________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

5. The position of Firefighter/Paramedic requires the ability to work in stressful, unfamiliar unpleasant, and/or dangerous situations. Can you perform this job-related task?
6. The position of Firefighter/Paramedic requires the ability to make sound decisions and provide physical assistance in emergency situations. Can you perform this job-related task?

Yes____ No____ Explain________________________________________________________________
____________________________________________________________________________________

7. The position of Firefighter/Paramedic requires the physical strength and stamina for standing, bending, stooping, sitting, climbing, and lifting. Can you perform this job-related task?

Yes____ No____ Explain________________________________________________________________
____________________________________________________________________________________

References
(List three personal references. Do not include relatives or former employers.)

Name__________________________________________________Occupation________________________
Address_________________________________________________________________________________
Home phone________________________________Work or cell phone________________________________

Name__________________________________________________Occupation________________________
Address_________________________________________________________________________________
Home phone________________________________Work or cell phone________________________________

Name__________________________________________________Occupation________________________
Address_________________________________________________________________________________
Home phone________________________________Work or cell phone________________________________
I certify that all of the statements by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that false information or omission of information from this application may be cause for rejection for membership or dismissal if appointed.

Signature ___________________________ Date __________

Authorization for release of information

I,__________________________________________

(print name)

born at_______________________________________________ on___________________________,

Social Security number__________________________,

having filed an application for employment with the Town of Wellfleet Fire Department, Wellfleet, Massachusetts, consent to an investigation as to my moral character, reputation, and fitness for the position to which I have applied and such information as may be received, reported to the appointing authority. I agree to give additional information which may be required in reference to my past record. I agree that this investigation shall include a criminal record check for conviction and pending criminal case information only, and that such information will not necessarily disqualify me.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish to the Town of Wellfleet Fire Department any such information, including documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Town of Wellfleet Fire Department or any of its agents or representatives to inspect and make copies of such documents, records and other information.

Further, I authorize any and all hospitals, clinics, doctors or others having control of any of my medical records and medical reports, including laboratory reports, x-rays, etc., to release them or copies of them to the Wellfleet Fire Department.

I hereby release, discharge and exonerate the Town of Wellfleet, its agents and representatives and any person so furnishing information form any and all liability 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 Wellfleet Fire Department.

This authorization shall continue unless and until revoked in writing by the undersigned.

A photocopy of this authorization form shall be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

Signature ___________________________ Date __________
Smoking prohibition for fire department members

This regulation has been adopted under the authority of the pension reform act, Chapter 697 of the Acts of 1987. section 117 of the Act adds the following to Chapter 41 of the Massachusetts General Laws:

Chapter 41: Section 101A Police officers or firefighters; tobacco smoking

Section 101A. Subsequent to January first, nineteen hundred and eighty-eight, no person who smokes any tobacco product shall be eligible for appointment as a police officer or firefighter in a city or town and no person so appointed after said date shall continue in such office or position if such person thereafter smokes any tobacco products. The personnel administrator shall promulgate regulations for the implementation of this section.

Having been advised of the above section of the Mass. General Laws, please sign and date the following statement:

“I understand that I am prohibited by law from smoking tobacco products, at any time, as long as I am employed by the Town of Wellfleet Fire Department as a Firefighter/ Paramedic, regardless of rank, and that I must be terminated if I smoke.”

_________________  ____________________
Signature                  Date
CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

The Wellfleet Fire Department is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS.

I hereby acknowledge and provide permission to the Wellfleet Fire Department to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature.

I may withdraw this authorization at any time by providing written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Wellfleet Fire Department may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Wellfleet Fire Department must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

________________________  ______________________
Signature                                      Date
CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

SUBJECT INFORMATION: (An asterisk (*) denotes a required field)

*Last Name  *First Name  Middle Name  Suffix

Maiden Name (or other name(s) by which you have been known)

*Date of Birth  Place of Birth

*Last Six Digits of Your Social Security Number: _______ - _______

Sex: _____  Height: ___ ft. ___ in.  Eye Color: _________  Race: __________

Driver’s License or ID Number: __________________________  State of Issue: ______

Mother’s Full Maiden Name  Father’s Full Name

Current and Former Addresses:

Street Number & Name  City/Town  State  Zip

Street Number & Name  City/Town  State  Zip

____________________________________________________________________________

The above information was verified by reviewing the following form(s) of government-issued identification:

____________________________________________________________________________

____________________________________________________________________________

VERIFIED BY:

Name of Verifying Employee (Please print)_________________________________________

Signature of Verifying Employee __________________________________________________