

FIRE DEPARTMENT
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Town of Avon Massachusetts

150 Main Street
Avon, MA 02322
Tel (508) 583-5361
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POSTING

Date: April 17, 2019

Position: Call Firefighter / EMT (multiple openings)

Post Until: Filled

Description: Posting is hereby made for the position of Call Firefighter / EMT.

Interested parties shall submit an Avon Fire Department *Call Firefighter / EMT Employment Application* to the Fire Chief by noon on May 17, 2019 at his office for consideration in the initial round of interviews.

Applications received after May 17, 2019 will be considered based on department needs.

Possession of a valid Massachusetts Driver's license is a job requirement.

Certification as a Massachusetts Emergency Medical Technician is a job requirement after one year.

Attendance at department training is a job requirement.

- New hires will attend the Massachusetts Call / Volunteer Firefighting Academy if space is available.
- Post academy department training is typically held on Monday night.

Appointment is provisional and probationary for one year.

Applications are available at: <https://www.avon-ma.gov/fire-department/pages/join-avon-fire-department>



Avon Fire Department

150 Main Street
Avon, MA 02322



Call Firefighter/EMT Employment Application

Name: _____ Date: _____

Street Address: _____ Town: _____ Zip: _____

Mailing Address: _____ Town: _____ Zip: _____

Home Phone # _____ Cell Phone # _____

Email Address _____ Date of Birth: _____

Are you a U.S. Citizen? Yes___ No___ Place of Birth _____

Driver's License Class _____ Driver's License Number _____

Driving Restrictions _____

Have you ever been convicted of a felony? Yes___ No___

Education: Highest level and name of school _____

Military Experience _____

Previous Fire Fighting Training _____

Current occupation _____

Certification as a Massachusetts Emergency Medical Technician (EMT) is a job requirement after one year.

Are you an EMT in Massachusetts Yes___ No___ What Level _____

Per Massachusetts Office of Emergency Medical Services the applicant, in order to be eligible for the state EMT certification examination must:

- be able to read, understand and communicate in English;
- be 18 years of age;
- be free from addiction to alcohol or any drug;
- be able to lift and carry 125 pounds; and
- be free from any physical or mental defect or disease which might impair his/her ability to provide emergency care within the scope of the EMTs training and responsibilities, or which might jeopardize the health of another member of the class.

Do you meet the above listed requirements to become an EMT? Yes___ No___

Are you able to respond to calls during the day Monday to Friday? Yes___ No___

-OVER-

Call Firefighter/EMT Employment Application
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List all employers in the last five years:

List three references not related to you:

The Town of Avon uses the Massachusetts Human Resources Division Physical Abilities Test for all firefighters. As part of this test you WILL BE DRUG TESTED. You will also be required to pass a rigorous physical examination by the town's physician and a physical abilities test by the Commonwealth of Massachusetts. You will be required to allow a background investigation.

Did you complete this application yourself? Yes____ No____

If no who completed the application? _____

I authorize the Town of Avon to investigate all of the information contained in this application. I understand that any false statement may be cause for my rejection or dismissal. Further, I understand that submission of this application does not guarantee employment with the Town of Avon.

Signature of Applicant_____ Date_____

The Town of Avon is an Equal Opportunity Employer

Office Use Only



APPLICATION FOR EMPLOYMENT
COMMONWEALTH OF MASSACHUSETTS

Town of Avon

Applicants are considered for all positions without regard to race, color, religion, gender orientation, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

Date of Application: _____

Position(s) Applied for: Call Firefighter / Emergency Medical Technician

Referral Sources: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In
☐ Employment Agency ☐ Other: _____

Name (Last, First, Middle): _____

Address: (No., Street, City
State, Zip Code): _____

Telephone: _____ Email Address.: _____

If employed and you are under 18, can you
furnish a work permit? ☐ Yes ☐ No

Have you filed an application here before? ☐ Yes ☐ No

If yes, give date:	_____
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Have you ever been employed here before? ☐ Yes ☐ No

If yes, give date:	_____
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Are you employed now? ☐ Yes ☐ No May we contact
your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment)
☐ Yes ☐ No

On what date would you be available for work? _____

Are you available to work ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary
Are you on a lay-off and subject to recall? ☐ Yes ☐ No
Can you travel if job requires it? ☐ Yes ☐ No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender orientation, nation origin, age, marital, or veteran status.

Employer:		Address:	
City, State, Zip:		Phone:	
Supervisor:		Reason for Leaving:	
Dates Employed:		Work Performed:	

Describe Specialized Training, Apprenticeship, Skills, and/or Extracurricular Activities:								
Honors Received:								
State any additional information you feel may be helpful to us in considering your application:								
List professional, trade, business or civic activities and offices held (you may exclude those which indicate race, color, religion, gender orientation, national origin, age, marital or veteran's status):								
Give name, address, and telephone number of three (3) references (who are not related to you)								

APPLICANTS STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Company.

Signature of Applicant

Date

The information provided in this application for employment is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background. I authorize the Town of Avon 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, credit 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 Avon any relevant information that may be required to arrive at any employment decision. I understand that the information released is for the Town of Avon's use only.

I hereby voluntarily release, Discharge and exonerate the Town of Avon, its agents and representatives, and any person so furnishing or inspection of such documents, records and other 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 Avon.

I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. I understand that, if appointed, my employment will be at-will, for an indefinite period, and can be terminated at any time by the Town, unless otherwise stated in a collective bargaining agreement which covers the position to which I am appointed. I also understand that I must be available from time to time to work outside normal business hours, as the needs of the department require.

I agree to take a physical examination, which may include testing for drugs and alcohol or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such an examination.

I understand that any employment offer by the Town is conditional upon my ability to establish employment under the Immigration Reform and Control Act of 1986 within three (3) days of the date of hire.

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

Signature: _____ Date: _____

"Discrimination against any person in any practice or procedure in advertising, recruitment, referrals, testing, hiring, transfer, promotion or any other term, condition or privilege of employment which limits or adversely affects employment opportunities, because of political or religious opinions, or affiliations, or because of race, color, sex, gender orientation, national origin, marital status, pregnancy, parenthood, age or handicap which is unrelated to the person's occupational qualifications or any other non-merit factor which is not a bona fide occupational qualification is prohibited."

It is unlawful in Massachusetts to require a lie detector test as a condition of employment or continued employment. An employer who violates that law shall be subject to criminal penalties and civil liabilities.

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, gender orientation, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Date: _____ Position(s) Applied for: Call Firefighter / Emergency Medical Technician

Referral Sources: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In
☐ Employment Agency ☐ Other: _____

Name (Last, First, Middle): _____

Address: (No., Street, City
State, Zip Code): _____

Telephone: _____ Social Security No.: _____

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Position(s) applied for is open: ☐ Yes ☐ No

Arrange Interview: ☐ Yes ☐ No

Employed: ☐ Yes ☐ No

Position(s) considered for: _____

Remarks: _____

Date of employment: _____

Job Title: _____ Salary: _____ Dept.: _____

Signature: _____ Date: _____

Notes: _____