



# 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 \_\_\_

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List all employers in the last five years:

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List three references not related to you:

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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