



# *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

***Wellfleet Fire Department***  
Firefighter EMT / Firefighter Paramedic Application

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/EMT or 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 using 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 (508-349-3754).

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.

## ***Wellfleet Fire Department***

### Firefighter EMT / Firefighter Paramedic 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.**

### Information for applicants

#### **Requirements:**

Applicant must be at least 18 years of age at time of employment.

Applicant must have a current driver's license.

There is no residency requirement.

Applicant must have a Commonwealth of Massachusetts certification as an Emergency Medical Technician Basic at employment, Paramedic Certification preferred, and maintain their certification throughout employment.

Applicant trained to a minimum of Firefighter I/II at employment is preferred, but not required.

Applicant 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.

Applicant must be able to pass the Commonwealth of Massachusetts Human Resources Division Physical Abilities Test.

Applicant must be able to attend and pass the Massachusetts State Fire Academy Recruit Program once hired.

Applicant must be a non-smoker (see attached smoking prohibition).

Applicant submits a completed "Applicant Screening Checklist".

Applicant reads and signs the "Authorization for Release of Information".

Applicant reads and signs the "Smoking Prohibition".

#### Hiring Process:

After the Department reviews your application, you may be offered an interview, after the interview the Department will investigate your character and work history by contacting your references and your past

## ***Wellfleet Fire Department***

### Firefighter EMT / Firefighter Paramedic Application

employers. If offered a conditional letter of employment, you will be notified, and scheduled to take a physical examination at the Town's expense. Upon positive results of the physical exam, you will be scheduled to take the required physical abilities test. If after this process you are offered a position on the Department, the Fire Chief will appoint you conditionally upon passing a physical examination, a physical abilities test, and a criminal background check. Your appointment to the Department will be on a probationary basis for one year.

**Wellfleet Fire Department**  
Firefighter EMT / Firefighter Paramedic Application

**Personal information**

Last name	First Name	Middle Initial	
Street address	City	State	Zip
Mailing address	City	State	Zip
Home phone	Work phone	Cell phone	
E-mail address			

Are you over 18? Y / N

Are you authorized to work legally in the United States Y / N

**Education and training**

High school graduate? Y / N

GED Y / N

Years of college? \_\_\_\_\_

Degree(s) and subject(s) \_\_\_\_\_

First-responder certified? Y / N

EMT certified? Y / N State 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.

---

---

---

---

**Employment**

**Wellfleet Fire Department**  
Firefighter EMT / Firefighter Paramedic Application

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 with out 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 \_\_\_\_\_

**Wellfleet Fire Department**  
Firefighter EMT / Firefighter Paramedic Application

**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 \_\_\_\_\_

**Wellfleet Fire Department**  
 Firefighter EMT / Firefighter Paramedic Application

**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 martialled, tried or charged, or the subject of any disciplinary action? \_\_\_\_\_ Explain: \_\_\_\_\_

**Driver' License Information**

State	License number	Class	Exp. Date
-------	----------------	-------	-----------

**Driving history**

	<u>Yes</u>	<u>No</u>
1. Have you ever at any time had your driver's license restricted?	___	___
Corrective lenses?	___	___
Alcohol use?	___	___
Work only?	___	___
Time of day?	___	___
Special vehicle equipment required?	___	___
Other _____	___	___

2. Have you ever had a driver's license revoked, suspended, or cancelled \_\_\_\_\_

When? \_\_\_\_\_ Why \_\_\_\_\_

	<u>Yes</u>	<u>No</u>
3. As a driver, have you ever been involved in a motor vehicle accident?	___	___

Date	Location	Reported?
------	----------	-----------



# Wellfleet Fire Department

## Firefighter EMT / Firefighter Paramedic Application

---

---

---

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	
_____	_____	_____	_____	_____

**Wellfleet Fire Department**  
Firefighter EMT / Firefighter Paramedic Application

---

Explain \_\_\_\_\_

---

**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?

Yes \_\_\_ No \_\_\_ Explain \_\_\_\_\_

---

# Wellfleet Fire Department

## Firefighter EMT / Firefighter Paramedic Application

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.

**Wellfleet Fire Department**  
Firefighter EMT / Firefighter Paramedic Application

---

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 from 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

---

Address

---

Witness

Date

# ***Wellfleet Fire Department***

Firefighter EMT / Firefighter Paramedic Application

Print name of witness

## **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

**Wellfleet Fire Department**

Firefighter EMT / Firefighter Paramedic Application

**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

**Wellfleet Fire Department**  
Firefighter EMT / Firefighter Paramedic Application  
**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) \_\_\_\_\_

***Wellfleet Fire Department***

Firefighter EMT / Firefighter Paramedic Application

Signature of Verifying Employee \_\_\_\_\_