

# *Wellfleet Fire Department*

10 Lawrence Road  
Wellfleet, MA 02667-7700  
508-349-3754      Phone  
508-349-0318      Fax

## CALL DEPARTMENT APPLICATION

INFORMATION FOR APPLICANTS

APPLICATION QUESTIONNAIRE

AUTHORIZATION FOR RELEASE OF INFORMATION

SMOKING PROHIBITION

**Wellfleet Fire Department**  
Call Department Member 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 call member of the Fire Department. This packet also includes the expectations for new members, an authorization for release of information, and a copy of the Department’s smoking prohibition policy.

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
- Massachusetts driver’s license
- Massachusetts EMT certification
- Fire training certificates

**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.**

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Information for applicants  
Fire and EMS

**Requirements:**

- Must have a current Massachusetts driver's license
- Must meet the Department's residency requirement (Wellfleet resident, or resident of an adjoining town within pager range)
- Must be certified as a First Responder as a minimum requirement.
- Must become a Massachusetts Certified EMT-B within 18 months of appointment, or
- Must become certified as Firefighter I & II within 18 months of appointment
- Expected to become certified as both an EMT and Firefighter I & II within 3 years
- Must be a non-smoker (see attached smoking prohibition)

**Process:**

- Submit a completed "Applicant Screening Checklist"
- Read and sign the "Authorization for Release of Information"
- Read and sign the "Smoking Prohibition"
- After a review of your application, you may be invited for an interview with the officers of the Department.
- The Department will investigate your character and work history by contacting your references and your past employers
- If after this process you are considered to be a suitable candidate for membership on the Department, the Fire Chief will appoint you, subject to approval by the Board of Selectmen.
- 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 are satisfactory, you will be given an orientation packet, assigned a pager, and issued protective clothing if you intend to become a firefighter. Your appointment to the Department will be on a probationary basis for one year.

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Expectations of new members

**Time commitment:**

- Attend all drills, usually twice monthly
- Attend and participate in Department meetings and functions
- Attend extra probationary drills as required.
- Attend a Massachusetts EMT-B course, or
- Attend a Firefighter I & II course

**Duties and responsibilities:**

- Familiarize yourself with Department rules and regulations
- Familiarize yourself with the Department's Mission Statement and Code of Ethics
- Familiarize yourself with fire and rescue equipment and apparatus
- Conduct yourself in a professional manner in all encounters with the public, on or off duty
- Maintain yourself in good health and ready to respond to emergency calls
- Complete the requirements of the Department's Infection Control orientation and immunization programs before being eligible to respond to any calls.

**Orientation and responding to calls:**

- After your appointment has been approved by the Board of Selectmen and you have been issued a pager, you will be given a basic orientation in Department procedures for responding to calls. After this orientation and completion of the Infection Control program, you may begin to respond to "all department" calls and work to the limits of your training.
- You will be assigned to an officer/group leader for guidance. This person will answer your questions and help you through the probationary period.
- You will be required to complete a driver training program and be checked off before being permitted to drive ambulances or fire apparatus. You will not be paid for time spent in driver training.
- Once you have completed driver training on the ambulances and have enough experience and training, you may be eligible for assignment to an overnight on-call group. Such an assignment will depend on staffing needs and whether there is an opening on a group.
- If you are assigned to an overnight on-call group, you will receive standby pay in addition to being paid for responding to calls and trips to the hospital. On the nights that your group is on-call, you must be at home or in town available to respond. If you will be unavailable on your assigned night on-call, you must arrange for someone to cover your shift for you and notify the officer in charge of your group.
- Before you are assigned to a group, you may respond to calls in order to gain experience. You will be paid for responding to calls, but will not receive standby pay. You may elect to ride along on trips to the hospital for the training and experience, but will not be paid for these trips until you have been checked off as a driver for the ambulances.
- Regardless of whether you have joined for EMS or fire, you are expected to respond to any "all department" calls: fires, motor vehicle accidents, searches, haz-mat incidents, water or

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## Call Department Member Application

ice rescues. You will be assigned to support duties consistent with your level of training and experience.

### **Personal information**

Last name	First Name	Middle Initial	
Street address	City	State	Zip
Mailing address	City	State	Zip
Home phone	Work phone	Cell phone	
Email 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) \_\_\_\_\_

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.

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

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When? \_\_\_\_\_ Employer \_\_\_\_\_

**Employment History, continued**

List below the places you have worked before your current position, starting with the most recent.

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 \_\_\_\_\_



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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**

State	License number	Class	Exp. Date
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**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?	___	___

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Date	Location	Reported?
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Has your auto insurance ever been revoked, refused, cancelled or non-renewed? Yes\_\_\_\_ No\_\_\_\_  
Explain\_\_\_\_\_

5. Have you ever been involved in an accident which resulted in a fatality or serious injury? Yes\_\_ No\_  
Explain\_\_\_\_\_

**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

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Explain \_\_\_\_\_

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**Job Requirements**

**Answer each question below and explain your answer briefly even if the answer is yes.  
(Attach additional sheets if necessary.)**

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

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

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2. The position of Firefighter/EMT requires the physical ability to protect the public, other Firefighter/EMT's, and yourself. Can you perform this job-related task?

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

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

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

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

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

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5. The position of Firefighter/EMT requires the ability to work in stressful, unfamiliar unpleasant, and/or dangerous situations. Can you perform this job-related task?

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

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6. The position of Firefighter/EMT requires the ability to make sound decisions and provide physical assistance in emergency situations. Can you perform this job-related task?

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

7. The position of Firefighter/EMT 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

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**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 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

\_\_\_\_\_  
Print name of witness

**Smoking prohibition for fire department members**

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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/EMT, regardless of rank, and that I must be terminated if I smoke.”

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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.

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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



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**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

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

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\*Last Name                                      \*First Name                                      Middle Name                                      Suffix

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

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\*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: \_\_\_\_\_

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Mother's Full Maiden Name                                      Father's Full Name

Current and Former Addresses:

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Street Number & Name                      City/Town                                      State                                      Zip

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Street Number & Name                      City/Town                                      State                                      Zip

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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 \_\_\_\_\_

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