



TOWN OF GROVELAND FIRE DEPARTMENT APPLICATION FOR APPOINTMENT

Applicants should submit a cover letter and resume along with this application. All Applicants will be expected to submit certificates of completion for **NIMS 100, 200 and 700a** prior to being interviewed.

Name: _____ Date: ____/____/____

Address: _____
Street Address City State Zip

Age: _____ Date of Birth: ____/____/____

Blood Type: _____ General Health: (Circle One) Excellent Good Fair Poor

MA Driver's License #: _____ Phone Number: _____

E-Mail Address: _____

Prior Fire Service? Yes No If Yes, Where? _____

Current Employer: _____ Hours Worked: _____
(Please give number of hours and set days per week)

Previous Employer: _____

Availability for Groveland Fire Department: _____
(Please state availability in hours, times of day, or days)

Do you have any special qualifications (ie: CPR, First Responder, EMT, Hazmat, etc)? Yes No (if yes, explain)

Can you attend company and department drills? Yes No

References: 1. _____

(Other than a family member) Name Phone

2. _____

Name

Phone

If accepted –a CORI Check will be performed and appointment will be for a 12 month probation period. Applicant will be required to provide a letter from his/her family physician regarding his/her general health, heart and respiratory condition, and the ability for the applicant to perform all duties pertaining to fire fighting.

All appointees are responsible for protective clothing and radios issue to them at the time of appointment.

Signed: _____

Date: ____/____/____

Revised December 2018