



Town of Hatfield Fire Department

59 Main Street
Hatfield, Massachusetts 01038
413-247-9008 Fax 413-247-6414
Chief Stephen P. Gaughan



Application for Employment

Name _____ Date _____

Address _____ DOB ____/____/____

_____ Phone _____

Email _____

Position you are applying for _____ FIRE _____ AMBULANCE _____ BOTH

Have you filed an application with us before? Yes _____ No _____

Are you currently employed? Yes _____ No _____

If yes, may we contact your current employer? Yes _____ No _____

PREVIOUS EXPERIENCE NOT REQUIRED FOR EMPLOYMENT

Do you have firefighting experience? Yes _____ No _____

If yes, please explain

Do you have EMT experience? Yes _____ No _____

If yes, please explain, list your level of certification, and EMT number

Are you CPR certified? Yes _____ No _____

Are you First Responder certified? Yes _____ No _____

Do you have any Hazmat Training? Yes _____ No _____

Briefly explain why you want to join the Hatfield Fire Department and or Ambulance?

Describe any specialized training, apprenticeships, skills, or other abilities that may benefit you and the department?

Employment Experience

Employer _____
Position _____
Reason for Leaving _____

Supervisor _____
Dates of Employment _____ - _____
Contact Number _____

Employer _____
Position _____
Reason for Leaving _____

Supervisor _____
Dates of Employment _____ - _____
Contact Number _____

Employer _____
Position _____
Reason for Leaving _____

Supervisor _____
Dates of Employment _____ - _____
Contact Number _____

References (Please include name and contact information)

- 1. _____
- 2. _____
- 3. _____

The Town of Hatfield Fire Department is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or other legally protected status. All applicants must pass a pre-employment physical, drug test, CORI check, and maintain a valid MA Drivers License.

Applicants Statement

I certify that all the 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. 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 employer. Further, I understand that I must comply with MGL Ch 41, Sec 101A, and other Massachusetts General Laws applicable to active firefighters and EMTs in the Commonwealth.

Signature of Applicant

Date

Signature of Receipt by Fire Chief

Date

INTERNAL USE:

- Completed App
- CORI
- I-9
- W-4
- OBRA
- Physical
- HC Retirement
- Copies of DL/CPR/EMT
- Letter of Appointment

Date of Appointment

Fire Chief