



# Town of Hatfield Fire Department

59 Main Street  
Hatfield, Massachusetts 01038  
413-247-9008 Fax 413-247-6414  
Chief Robert Flaherty



## 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