



**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



TOWN OF HATFIELD MASSACHUSETTS

MEMORIAL TOWN HALL
59 Main Street
Hatfield, MA 01038

Consent Form to a CORI Check

A Criminal Offender Record Information (CORI) check shall be performed on individuals prior to employment. By signing in the space provided below, you are allowing the Town of Hatfield to conduct a CORI check.

Print Name

Signature

Address

Date

Information Required for CORI Check:

Full Name (including middle name/initial)

Maiden Name or Alias
(if applicable)

Date of Birth

Last 6 numbers of Social Security Number

Mother's Name

Father's Name

Sex:

- ☐ Male
- ☐ Female
- ☐ Unknown

Race:

- ☐ American Indian
- ☐ Asian
- ☐ Black
- ☐ White
- ☐ Unknown