



Avon Fire Department

150 Main Street
Avon, MA 02322



Call Firefighter/EMT Employment Application

Name: _____ Date: _____

Street Address: _____ Town: _____ Zip: _____

Mailing Address: _____ Town: _____ Zip: _____

Home Phone # _____ Cell Phone # _____

Email Address _____ Date of Birth: _____

Are you a U.S. Citizen? Yes ___ No ___ Place of Birth _____

Driver's License Class _____ Driver's License Number _____

Driving Restrictions _____

Have you ever been convicted of a felony? Yes ___ No ___

Education: Highest level and name of school _____

Military Experience _____

Previous Fire Fighting Training _____

Current occupation _____

Certification as a Massachusetts Emergency Medical Technician (EMT) is a job requirement after one year.

Are you an EMT in Massachusetts Yes ___ No ___ What Level _____

Per Massachusetts Office of Emergency Medical Services the applicant, in order to be eligible for the state EMT certification examination must:

- be able to read, understand and communicate in English;
- be 18 years of age;
- be free from addiction to alcohol or any drug;
- be able to lift and carry 125 pounds; and
- be free from any physical or mental defect or disease which might impair his/her ability to provide emergency care within the scope of the EMTs training and responsibilities, or which might jeopardize the health of another member of the class.

Do you meet the above listed requirements to become an EMT? Yes ___ No ___

Are you able to respond to calls during the day Monday to Friday? Yes ___ No ___

-OVER-

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List all employers in the last five years:

List three references not related to you:

The Town of Avon uses the Massachusetts Human Resources Division Physical Abilities Test for all firefighters. As part of this test you **WILL BE DRUG TESTED**. You will also be required to pass a rigorous physical examination by the town's physician and a physical abilities test by the Commonwealth of Massachusetts. You will be required to allow a CORI investigation by the Criminal History Systems Board for the Town of Avon.

Did you complete this application yourself? Yes___ No___

If no who completed the application? _____

I authorize the Town of Avon to investigate all of the information contained in this application. I understand that any false statement may be cause for my rejection or dismissal. Further, I understand that submission of this application does not guarantee employment with the Town of Avon.

Signature of Applicant_____ Date_____

The Town of Avon is an Equal Opportunity Employer

Office Use Only