

# Volunteer Application Fairhaven Fire Department

<b>FOR OFFICE USE ONLY</b>	
Application Received _____	
Interview Date _____	
Interview Time _____	

**(Please Print)**

Job applying for: Volunteer Position with Emergency Management Agency

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last      First      MI      Social Security #

Address: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
No.      Street      City/State      Zip

Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Optional Information: Height \_\_\_\_\_ Weight \_\_\_\_\_ M/F \_\_\_\_\_

Marital Status:  Single    Married    Separated    Divorced    Widowed

In case of emergency notify: \_\_\_\_\_  
Name – First/Last      Relationship      Telephone #

U.S. Citizen:  Yes    No   Drivers License # \_\_\_\_\_

List the name and address of the following schools you attended and the dates of graduation

	School Name & Address	Graduated YES/NO (Give date if YES)	Number of Years Attended	Degree	Major
High School					
College					
Graduate					
Other: Equivalency, etc.					
Courses Now Studying					

Are there any additional foreign languages that you are fluent? \_\_\_\_\_

**Military Service:**

Have you ever served on active duty in the Armed Forces of the United States or National Guard? \_\_\_\_\_

Branch of Military Service \_\_\_\_\_ Dates of Active Duty : From \_\_\_\_\_ To \_\_\_\_\_

Member of Reserve?  Yes    No   If yes, unit and location \_\_\_\_\_

List present and past employment, beginning with the most recent:

Dates		Name, Address and Phone # of Employment	Supervisor's Name and Title
From Mo/Year	To Mo/Year		
Your Position or Title:			
Describe work performed:			
Reason for leaving:			

Dates		Name, Address and Phone # of Employment	Supervisor's Name and Title
From Mo/Year	To Mo/Year		
Your Position or Title:			
Describe work performed:			
Reason for leaving			

Dates		Name, Address and Phone # of Employment	Supervisor's Name and Title
From Mo/Year	To Mo/Year		
Your Position or Title:			
Describe work performed:			
Reason for leaving			

Dates		Name, Address and Phone # of Employment	Supervisor's Name and Title
From Mo/Year	To Mo/Year		
Your Position or Title:			
Describe work performed:			
Reason for leaving:			

Other education training or certifications pertinent to the position that you are applying: \_\_\_\_\_

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**References:** List three references (not relatives, in-laws, former or present employers, fellow employees or school teachers) that are responsible adults, have reputable standing in their community and who have known you for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience personality, and other qualities.

***First Reference:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How does this person know you? \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

***Second Reference:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How does this person know you? \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

***Third Reference:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How does this person know you? \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

***To be considered for this position you will be required to provide a drivers history from the RMV and pass a CORI check prior to employment. You will also be required to meet the State of Massachusetts health and fitness standards by passing a medical examination and physical agilities test. By signing this application you are aware that Fairhaven Fire & EMS may conduct additional background investigations or require a psychological evaluation prior to employment.***

***The facts set forth in my application for employment are true and complete. I understand if employed, false statements on the application shall be considered sufficient cause for dismissal.***

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*



# TOWN OF FAIRHAVEN

MASSACHUSETTS

## FIRE DEPARTMENT / EMERGENCY MEDICAL SERVICE

146 Washington Street, Fairhaven, MA 02719

Phone: 508 994-1428 • Fax: 508 994-1515

Fireadmin@Fairhaven-ma.gov

Emergency # 911



**TODD M. CORREIA**  
Fire Chief

**JOY NICHOLS**  
Deputy Fire Chief

GFAIFD  
G

### CORI REQUEST FORM

Fairhaven Fire Department has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As a (prospective) employee/volunteer for the position of Firefighter / Call Firefighter, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANT/EMPLOYEE SIGNATURE  
(Unless otherwise preempted by law)

\_\_\_\_\_  
APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

\_\_\_\_\_  
PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER  
(Requested but not required)

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

\_\_\_\_\_  
CURRENT AND FORMER ADDRESSES:

\_\_\_\_\_  
SEX: \_\_\_\_\_ HEIGHT: \_\_\_ ft. \_\_\_ in. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

\_\_\_\_\_  
STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_

\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_.

\_\_\_\_\_  
REQUESTED BY: \_\_\_\_\_

SIGNATURE OF CORI AUTHORIZED EMPLOYEE