

**Volunteer Application
Fairhaven Fire Department**

(Please Print)

FOR OFFICE USE ONLY

Application Received _____

Interview Date _____

Interview Time _____

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: _____

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



TODD M. CORREIA
Fire Chief

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



JOY NICHOLS
Deputy Fire Chief

GFAIFD
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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