

Granville Fire Department



709 Main Road
Granville Massachusetts, 01034

Application for Membership

_____	_____	_____	_____
Last Name	First Name	MI	Phone

Present Address (City, State, Zip Code) _____

Mailing Address (City, State, Zip Code) _____

E Mail Address: _____ Cell Phone: _____

Cell Phone Carrier: _____

High School: _____ Graduate? Yes ___ No ___

_____ City, State

College: _____ Graduate? Yes ___ No ___

_____ City, State

List all work experience for past five years. Begin with latest employer and continue with next previous.

_____ From To Reason for Leaving

Name & Address Employer

_____ From To Reason for Leaving

Name & Address Employer

_____ From To Reason for Leaving

Name & Address Employer

_____ From To Reason for Leaving

Name & Address Employer

May we contact your employers? Yes _____ No _____

What hours will you normally be available for Fire Department Duty? Please circle all that apply

M - F 6am-6pm M-F 6pm-6am Weekends Other

If you circled other please give explanation:

Do you have prior Military Service? Yes _____ No _____

If so: Branch: _____ Terms of Discharge: _____

Years of Active Duty: _____ Years Reserve Duty: _____

Desired Position (check all that apply): Firefighter _____ EMT _____ Support/Rehab _____

Are you a certified Massachusetts EMT Yes _____ EMT Number _____ No _____

Are you certified: Firefighter 1 Yes _____ No _____ Firefighter 2 Yes _____ No _____

Please list any other related certifications that you think would be of interest to the Fire Department:

What prompted you to apply to the Granville Fire Department?

Do you have Firefighting or medical care experience?

Are you over 18 years old? Yes _____ No _____

Do you live in Granville? Yes _____ No _____ If Yes, How Long? _____

Are you willing to or interested in attending an EMT course? Yes _____ No _____

Are you willing to attend a Firefighter 1 course within 12 months of your appointment? Yes _____ No _____

Do you understand that you must attend the majority of training exercises, which take place on Tuesday (FIRE) or

Wednesday (EMS) evenings? (Exceptions when excused by Officer) Yes _____ No _____

List three references

(Name and Contact Number)

Reference 1:

Reference 2:

Reference 3:

I hereby certify that the answers and statements given by me in this application are correct without consequential omissions of any kind. I understand and agree that a false statement or omission constitutes sufficient cause for dismissal from employment resulting from this application. I authorize all persons and companies named above, excepting my present employer if so notes, to furnish any information regarding me whether or not it is on the records and hereby release them from all liability for damage of providing this information.

Applicant Signature: _____ **Date:** _____

Please make sure a Cori form is attached to this application and filled out in its entirety.

Please attach additional material to this application that you feel will help the Fire Department in reviewing your application; including but not limited to, a cover letter and a resume.

(This space is for Fire Department Office Use Only)

Date Application Received from Applicant: _____

Officer Review: _____ Date _____

Referred to Recruitment Officer: Name: _____ Date _____

Referred to EMS Officer: Name: _____ Date: _____

Scheduled for Interview: Date: _____

Interviewed By: _____, _____, _____

Passed Interview: YES / NO