FIRE DEPARTMENT Robert Spurr, Fire Chief RSpurr@Avon-MA.gov www.Avon-MA.gov

Town of Avon Massachusetts

150 Main Street Avon, MA 02322 Tel (508) 583-5361 Fax (508) 583-0002



POSTING

Date: April 17, 2019

Position: Call Firefighter / EMT (multiple openings)

Post Until: Filled

Description: Posting is hereby made for the position of Call Firefighter / EMT.

Interested parties shall submit an Avon Fire Department *Call Firefighter / EMT Employment Application* to the Fire Chief by noon on May 17, 2019 at his office for consideration in the initial round of interviews.

Applications received after May 17, 2019 will be considered based on department needs.

Possession of a valid Massachusetts Driver's license is a job requirement.

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

Attendance at department training is a job requirement.

- New hires will attend the Massachusetts Call / Volunteer Firefighting Academy if space is available.
- Post academy department training is typically held on Monday night.

Appointment is provisional and probationary for one year.

Applications are available at: https://www.avon-ma.gov/fire-department/pages/join-avon-fire-department



Avon Fire Department 150 Main Street

Avon, MA 02322



Call Firefighter/EMT Employment Application

wame:		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 D	Oriver's License Number		
Driving Restrictions			
Have you ever been convicted of a felony? Y	'es No		
Education: Highest level and name of scho	ool		
Military Experience			
Previous Fire Fighting Training			
Current occupation			
Certification as a Massachusetts Emergency N	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 Medic certification examination must:	al Services the applicant, in	order to be eligible	e for the state EMT
 be able to read, understand and comm be 18 years of age; be free from addiction to alcohol or an be able to lift and carry 125 pounds; a be free from any physical or mental demergency care within the scope of the health of another member of the class 	ny drug; and efect or disease which might ne EMTs training and respon	-	
Do you meet the above listed requirements to	become an EMT? Yes	No	
Are you able to respond to calls during the da	y Monday to Friday? Yes_	No	

Call Firefighter/EMT Employment Application Page 2

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 background investigation.
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



APPLICATION FOR EMPLOYMENT COMMONWEALTH OF MASSACHUSETTS

Town of Avon

Applicants are considered for all positions without regard to race, color, religion, gender orientation, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap. Date of Application: Position(s) Applied for: Call Firefighter / Emergency Medical Technician **Referral Sources:** Advertisement Relative Walk-In Friend **Employment Agency** Other: Name (Last, First, Middle): Address: (No., Street, City State, Zip Code): Telephone: Email Address.: If employed and you are under 18, can you Yes No furnish a work permit? Have you filed an application here before? Yes No If yes, give date: If yes, give date: Have you ever been employed here before? Yes No Are you employed now? May we contact Yes No ☐ Yes No your present employer? Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment) ☐ Yes No On what date would you be available for work? Are you available to work ☐ Full Time Part Time ☐ Shift Work ☐ Temporary Are you on a lay-off and subject to recall? Yes No Can you travel if job requires it? Yes Nο **EMPLOYMENT EXPERIENCE** Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender orientation, nation origin, age, marital, or veteran status. Address: Employer: Phone: City, State, Zip: Supervisor: Reason for Leaving: Dates Employed: Work Performed:

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Years Completed	4	5	6	7	8						
(check one)	4) 			0						
(creak one)											
Diploma / Degree											
Describe Course of Study:											

Apprenticeship, Skills, and/or Extracurricular Activities:									
Honors Received:									
State any additional info	rmation you	feel ma	y be l	helpful to us i	in consid	dering yo	our applicat	ion:	
List professional, trade, l religion, gender orientat							clude those	which in	dicate race, color
Give name, address, and	telephone r	number 	of thr	ee (3) refere	nces (wł	no are no	ot related to	you)	
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"Discrimination against any person in any practice or procedure in advertising, recruitment, referrals, testing, hiring, transfer, promotion or any other term, condition or privilege of employment which limits or adversely affects employment opportunities, because of political or religious opinions, or affiliations, or because of race, color, sex, gender orientation, national origin, marital status, pregnancy, parenthood, age or handicap which is unrelated to the person's occupational qualifications or any other non-merit factor which I not a bona fide occupational qualification is prohibited."

It is unlawful in Massachusetts to require a lie detector test as a condition of employment or continued employment. An employer who violates that law shall be subject to criminal penalties and civil liabilities.

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, gender orientation, national origin, age, marital or veteran status, medical condition or handicap. As employers/government contractors, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation. This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. Position(s) Applied for: <u>Call Firefighter / Emergency Medical Technician</u> Referral Sources: Advertisement Friend Relative Walk-In П Employment Agency Other: Name (Last, First, Middle): Address: (No., Street, City State, Zip Code): Telephone: Social Security No.: FOR HUMAN RESOURCES DEPARTMENT USE ONLY Position(s) applied for is open: Yes No Arrange Interview: No Yes Employed: Yes No Position(s) considered for: Remarks: Date of employment: Job Title: Salary: Dept.: Signature: Date: Notes: