



# OAK BLUFFS FIRE-EMS DEPARTMENT

6 Firehouse Lane P.O. Box 2131 Oak Bluffs, MA 02557  
Telephone: 508-693-5380 | FAX: 508-693-6726



**Nelson Wirtz**  
Fire-EMS Chief

**Stephen Foster**  
Deputy Fire Chief

## Call Firefighter Application

*Please print legibly in blue or black ink and complete all sections.*

Date: \_\_\_\_\_

### **Personal Information:**

Legal Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Pronouns: *(Circle all that apply)* he/his she/her they/them Other: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Primary Language: \_\_\_\_\_  
Secondary Language(s): \_\_\_\_\_

### **Emergency Contact Information:**

Primary Emergency Contact Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
  
Secondary Emergency Contact Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### **Employment Experience:** *Start with your current or last job first and include any military service and volunteer activities. A resume may be attached with your application.*

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Working Hours: \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ To \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_



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Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Working Hours: \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ To \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Education/Background Information:** *A CORI check will be done.*

Education Level Completed: \_\_\_\_\_  
Educational Institution: \_\_\_\_\_  
Program of Study: \_\_\_\_\_  
EMS Certification Level: \_\_\_\_\_ State: \_\_\_\_\_  
Special Qualifications and/or Training (Diving, Rescue, etc.): \_\_\_\_\_

Are you able to perform all the requirements and duties outlined in the job description? Yes No  
Do you have any problems lifting? \_\_\_\_\_

**References:** *Please provide three professional references (supervisors, teachers, mentors, etc.)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Attach the Following:**

1. Massachusetts Driver's License (Class A, B, C or D)
2. Certifications
3. Current Resume (*Optional*)



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## Applicant's Statement:

I certify that the above information is correct and complete to the best of my knowledge.

I authorize the Town of Oak Bluffs to investigate all statements made as part of this application and to secure any necessary information from all prior employers, references, academic institutions, and law enforcement agencies.

I agree to take a physical examination, if required, given by an appointed town physician, which may include a drug test or a psychological exam, and recognize that any offer of employment may be contingent upon results of such examination.

I understand that I must be available to work outside of normal business hours, as the needs of the department require.

I understand that any employment offer by the Town is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986 within three days of the date of hire.

I understand that any false answers or statements or misrepresentations by omission made by me as part of my application will be sufficient for rejection of my application or for my immediate dismissal, should one be discovered after I am employed.

Employment is not guaranteed for a definite period of time and that some positions regarded as part-time and/or temporary are paid for actual hours worked and are not entitled to benefits offered to full-time positions (except FICA and Workers' Compensation).

I also acknowledge that if hired I will abide by the Policies and Procedures of the Town of Oak Bluffs and the Fire-EMS Department and the job description.

Signature of Applicant: \_\_\_\_\_  
Applicant's Full Name: \_\_\_\_\_  
Date: \_\_\_\_\_

*The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex or national origin. PL90-202 prohibits discrimination because of age.*