



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

Junior Firefighter Program 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): _____

Junior Firefighters can only be 15-18 years old. Does this apply to you? Yes No

Do you have you parent or legal guardian's permission to be a Junior Firefighter? Yes No

Parent/Legal Guardian Information:

Parent/Legal Guardian Name: _____

Street Address: _____

Mailing Address: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

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

Education Level Completed: _____

Educational Institution: _____

Program of Study: _____

First Responder Experience: _____

Special Qualifications and/or Training (Diving, First Aid, Rescue etc.): _____

Are you able to perform all requirements and duties outlined in the program guidelines? Yes No

Do you have any problems lifting? _____



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Employment Experience: *Start with your current or last job first and include any 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: _____

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: _____

Additional Information:

What interests you the most about becoming involved with our Department? _____

Please list other activities, in detail, that you are involved in (*sports, volunteer work, etc.*):



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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) or Learner's Permit
2. School ID (*Optional*)
3. Current Resume (*Optional*)
4. Certifications (*Optional*)

Acknowledgement:

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 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 enrolled. I also acknowledge that if accepted I will abide by the Policies and Procedures of the Town of Oak Bluffs and the Oak Bluffs Fire-EMS Department Junior Firefighter Program Guidelines.

Applicant's Signature: _____

Applicant's Printed Name: _____

Date: _____

Applicant's Parent/Legal Guardian's Signature: _____

Applicant's Parent/Legal Guardian's Printed Name: _____

Date: _____