



Town of Yarmouth Fire Department  
96 Old Main Street  
South Yarmouth, MA 02664  
Phone: 508-398-2212 Fax: 508-760-4831  
www.yarmouthfire.com

# CANDIDATE INFORMATION FORM AND APPLICATION FOR EMPLOYMENT

*The Town of Yarmouth is an Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, national origin, age, marital status, sex, sexual orientation, veteran status, disability, and any other legally protected status.*

Applicants Name: \_\_\_\_\_

*Please print: Last, First & Middle Initial*

Street Address: \_\_\_\_\_

Town/City, State & Zip: \_\_\_\_\_

Mailing Address if Different: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check All That You Are Interested in Applying For:

Current Status:

- Career Firefighter/EMT or Firefighter Paramedic
- Call Firefighter
- Fire Alarm Operator (Emergency Dispatcher)
- Entry Level Exam

- EMT Student
- EMT
- Paramedic Student
- Paramedic

COMPLETE AND RETURN TO THE ABOVE ADDRESS  
ATTENTION: CHIEF

Application Received: \_\_\_\_\_

**INSTRUCTIONS TO APPLICANTS:**

1. Read all questions carefully before answering.
2. Complete the application fully and truthfully. Type or print neatly in black ink. Use N/A, where the requested information is not applicable. If additional space is needed, attach 8 ½ x 11 in additional pages.

**Incomplete applications will not be considered.  
Applications that contain false or misleading information will not be considered**

All applicants must include the following supporting documentation. Use the following checklist to indicate what forms you need to return to us. Check off the documents you are including. Copies are acceptable with the candidate information form, but you should be prepared to produce the original documents once background investigations are started.

**Required:**

- MASSACHUSETTS EMT/PARAMEDIC CERTIFICATION
- AHA CPR/BLS HEALTHCARE PROVIDER CARD
- AHA ACLS CARD
- CIEMSS AUTHORIZATION TO PRACTICE CARD
- HIGH SCHOOL DIPLOMA / GED
- RESUME

**If applicable, please also provide:**

- UNDERGRADUATE DEGREE/TRANSCRIPTS
- AWARDS, HONORS, CITATIONS FROM ALL SCHOOLS
- SPECIAL LICENSES (PLUMBING, ELECTRICAL, ETC)
- APCO OR EQUIVELANT TELECOMMUNICATOR TRAINING CERTIFICATE\*

**ATTACH ALL CERTIFICATES AWARDED FOR COMPLETION OF PROFESSIONAL TRAINING (including but not limited to any certificates from any FIRE/EMS TRAINING PROGRAM, EMT certificates, PowerPhone, etc.).**

**BACKGROUND QUESTIONS**

- YES  NO Are you able to meet the minimum requirements of the position with or without reasonable accommodation?
- YES  NO Are you able to provide a valid MA vehicle operator’s license and original birth certificate if you are offered a position? *(You will be required to provide these documents upon receipt of a conditional job offer).*
- YES  NO Are you legally authorized to work in the United States?
- YES  NO Are you at least 19 years of age?

**EDUCATIONAL BACKGROUND**

All entries here must be verified. You must include with this form all diplomas and transcripts concerning any school you have attended.

Name of School	Location	Course	Years Completed	Degree or Diploma

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EMPLOYMENT HISTORY

Starting with present please list in the form below your last three places of employment:

1. Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer/Company Name	Address	Name & Phone of Supervisor

Reason for leaving: \_\_\_\_\_

2. Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer/Company Name	Address	Name & Phone of Supervisor

Reason for leaving: \_\_\_\_\_

3. Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer/Company Name	Address	Name & Phone of Supervisor

Reason for leaving: \_\_\_\_\_

4. Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer/Company Name	Address	Name & Phone of Supervisor

Reason for leaving: \_\_\_\_\_

5. Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer/Company Name	Address	Name & Phone of Supervisor

Reason for leaving: \_\_\_\_\_

\*Use additional sheets if necessary, follow same format as above.

**Declaration of the Applicant**

(Applicant to check each BOX and sign application)

- I understand that the completed application form and all supporting documentation will become the property of the Yarmouth Fire Department.
- I understand that an offer of employment is contingent upon successful completion of a thorough background investigation, in accordance with applicable laws. This background check may include a criminal history background check (CORI & SORI), evaluation of character, review of my driving record, and/or authorization or certification of various licenses or permits as required. Failure to cooperate with investigators will void application.
- I understand that an offer of employment or continued employment may be contingent upon passing a physical examination and/or drug/alcohol screen.
- I understand that an offer of employment is contingent upon proof of a valid MA vehicle operator’s license and original birth certificate.
- I understand that if I am hired, there is probationary period of twelve months.
- I understand that if my employment is terminated all personal protective equipment and all uniforms will be returned to the department.

I HEREBY CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION (INCLUDING RESUME AND SUPPORTING DOCUMENTATION) ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFIED STATEMENTS, MISREPRESENTATIONS, OR OMISSIONS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL OR INELIGIBILITY FOR EMPLOYMENT.

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

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship is of an “at will” nature, for no definite term, which means that employment may be terminated, with or without cause, and with or without notice, at any time, at the option of either the employer or the employee. I understand that in the event of employment, I am required to abide by all rules and regulations of my employer. I further understand and acknowledge that this Application does not constitute a contract of employment, nor does it constitute a promise or assurance of employment. This status can only be modified by a written document setting forth such modification, signed by both me and an authorized representative of my employer.

This application for employment shall be considered active for a period of time not to exceed two (2) years. Any applicant wishing to be considered for employment beyond this time period, or wishing to be considered for a position other than the one specified on page 1 of this form, should inquire as to whether or not applications are being accepted for the position of interest at that time.

I acknowledge that I have read this application for employment, requirements, and authorization, fully understand its contents and voluntarily agree to its provisions. I further acknowledge that I am expected to abide by all rules, regulations, policies, written or unwritten, but that such rules, regulations and policies do not create a contract between me and my employer or otherwise restrict the right of either party to terminate the employment relationship.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY OTHER PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING INFORMATION TO MY EMPLOYER.

Candidate Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_