



# NOW HIRING!!!!

Brimfield Fire Department

Call Firefighter

Applications can be requested by emailing [firedept@brimfieldma.org](mailto:firedept@brimfieldma.org)

## **Position Summary**

Working as a team, under the direction of the Fire Chief and Fire Officers, to provide first response, fire suppression, rescue, and specialized operations as required.

## **Key Duties and Responsibilities**

Participate in regular trainings and truck checks

Maintain a minimum attendance

Perform fire ground operations within the Town of Brimfield as well as mutual aid to surrounding towns.

## **Training**

No experience necessary. Full training will be provided and conducted in house. Additional training opportunities are also available from the Massachusetts Department of Fire Services.

## **Requirements**

Must have valid Driver's License

Physically fit and able to lift more than 50 lbs.

Must be able to pass a detailed background check

Must live / work in the Town of Brimfield or as otherwise approved by the Fire Chief

### **AN EQUAL OPPORTUNITY EMPLOYER**

The Town of Brimfield is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex ancestry, sexual orientation, as defined by law, or on the basis of age, as defined by law, disability, gender identity or expression, as defined by law, genetic information, veteran's status, military service or application for military service, or pregnancy (collectively, "Protected Classes").



**BRIMFIELD FIRE DEPARTMENT  
EMPLOYMENT APPLICATION**

**34 Wales Road  
Brimfield, MA 01010**

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**\*Application must be typed or printed neatly in black or blue ink.\***

| <b>1. PERSONAL HISTORY</b>  |   |
|---|---|
| Name in Full (Last, First, Middle)  |   |
| Your Current Address (Street and number, City, State and Zip Code)  |   |
| Current Phone Numbers   |   |
| Home:   | Cell Phone: Work:                         |
| All Other Names You Have Used (Aliases, nicknames, birth or maiden names, other name changes)                           |   |
| Date and Place of Birth   |   |
| Date:   | City: State:                              |
| Are you a United States Citizen? (If Naturalized, submit copy of Naturalization Certificate)                            |   |
| YES   | NO  |
| Marital Status:   | Single Married Divorced Separated Widowed |
| <b>2. FIRE SERVICE HISTORY</b>  |   |
| Are you currently with another fire department? Yes No  |   |
| Paid Department   | Combination Paid/Volunteer Volunteer      |
| Please list: name of department, highest rank, dates, phone number and current Chief's name of all previous departments |   |
|   |   |
|   |   |
|   |   |

**3. EMPLOYMENT HISTORY**

Name and Address of Employer:

Dates worked:

Job Title:

Description of Duties:

Name of Supervisor and Phone Number:

Reason for Leaving:

Name and Address of Employer:

Dates worked:

Job Title:

Description of Duties:

Name of Supervisor and Phone Number:

Reason for Leaving:

Name and Address of Employer:

Dates worked:

Job Title:

Description of Duties:

Name of Supervisor and Phone Number:

Reason for Leaving:

**4. EMPLOYEMENT RECORD**

Have you ever been involuntarily terminated from a full or part-time job, whether it was termed fired, terminated, suspended, laid-off or furloughed?      YES                      NO                      (if yes, describe the circumstances)

**5. EDUCATION HISTORY**

List Chronologically all schools you have attended. Include High Schools, College, Trade School, Vocational School and other.

| Dates Attended | School Name | Address | Date Graduated |
|----------------|-------------|---------|----------------|
|                |             |         |                |
|                |             |         |                |
|                |             |         |                |
|                |             |         |                |

**6. MILITARY SERVICE**

Branch of Service:

Highest Rank Held:

Dates of Active Duty

From (mm/yy):

To (mm/yy)

Dates of Active Reserve Duty

From (mm/yy)

To (mm/yy)

**7. INFORMATION CONCERNING DRIVING STATUS, RECORD, CONVICTIONS, AND LITIGATION**

List ALL vehicle operators' license you now hold from any state or country (Provide type, State, and Expiration Date)

Have you ever received a traffic ticket?

Yes

No

If Yes, how many in the past 5 years?

Have you ever involved in a traffic accident as a driver in the past 5 years?

Yes

No

If Yes, how many in the past 5 years?

Has your driver's license ever been suspended or revoked for any reason?

Yes

No

If yes, list when and for what reason was your license suspended.

|   |     |    |
|---|-----|----|
| Have you ever been denied automobile insurance or had your insurance revoked? | Yes | No |
| Have you ever been convicted for driving under the influence?                 | Yes | No |
| If yes, list the place, agency, date and details of each instance.            |     |    |

**APPLICANT/EMPLOYEE ACKNOWLEDGEMENT**

A firefighter is exposed to environmental factors that affect job performance as well as being a paramilitary organization that mandates certain duties and responsibilities be followed for employment in this position. I acknowledge that I have been described this information and understand that it is not a contract of employment. I am responsible for inquiring about the job description and complying with all job duties, requirements and responsibilities contained herein and any subsequent revisions.

Is there anything that would keep you from meeting the job duties and requirements as described to you?

Yes

No

\_\_\_\_\_

Applicant/Employee Signature

\_\_\_\_\_

Date



**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services 200**  
Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



**This form is not to be faxed. Please return form to organization .  
Criminal Offender Record Information (CORI)  
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

Brimfield Fire Department is registered under the  
(Organization)  
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Brimfield Fire Department  
(Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Brimfield Fire Department  
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that Brimfield Fire Department may conduct  
(Organization)  
subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
*Signature of CORI Subject*

\_\_\_\_\_  
*Date*



**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
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200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
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**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last **SIX** digits of Social Security Number: \_\_\_\_ -- \_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**Current Address**

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

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by:

\_\_\_\_\_  
*Print Name of Verifying Employee*

\_\_\_\_\_  
*Signature of Verifying Employee*

\_\_\_\_\_  
*Date*