



# Halifax Fire Department

438 Plymouth Street  
Halifax, MA 02338  
781-293-1751  
Fax 781-293-6635

## APPLICATION FOR EMPLOYMENT

You must be a minimum of an EMT to apply with the department.

### Position applying for

- Call FF/EMT       Call FF/EMT-P       Fulltime FF/EMT-P

Please Print:

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

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

Town: \_\_\_\_\_

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

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

PLEASE LIST LAST RESIDENCE IF ABOVE RESIDENCE IS LESS THAN FIVE YEARS:

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Driver's License # \_\_\_\_\_ Class License \_\_\_\_\_

EMT-(P) # \_\_\_\_\_ Years as EMT-(P) \_\_\_\_\_

Education: (Circle Highest Grade) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

High School: \_\_\_\_\_ Year Graduated \_\_\_\_\_

College: \_\_\_\_\_ Year Graduated \_\_\_\_\_

Military Experience: Branch \_\_\_\_\_

Date of Service: From \_\_\_\_\_ to \_\_\_\_\_

Honorably Discharged? Yes/No For military service provide a DD214

If no Why:

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

Fire/EMS Experience:

\_\_\_\_\_

Employment Information:

Present Employer: \_\_\_\_\_ Date Started \_\_\_\_\_

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

Job Assignment: \_\_\_\_\_

IF ABOVE EMPLOYMENT IS LESS THAN THREE YEARS PLEASE LIST THE PREVIOUS EMPLOYER.

Employer: \_\_\_\_\_ Date Started \_\_\_\_\_

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

Job Assignment: \_\_\_\_\_

Employer: \_\_\_\_\_ Date Started \_\_\_\_\_

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

Job Assignment: \_\_\_\_\_

PLEASE LIST THREE REFERENCE, INCLUDE ALL INFORMATION.

Name	Address	Phone Number
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

PLEASE LIST THE NAME AND ADDRESS OF YOUR CLOSEST RELATIVE, AND RELATIONSHIP.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship \_\_\_\_\_

UNDER PENALTIES OF PERJURY, I DECLARE THAT THE ABOVE INFORMATION LISTED IS TRUE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please provide copied of all certifications with your application.

CORI REQUEST FORM

Halifax Fire Department has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_

MAIDEN NAME OR ALIAS(IF APPLICABLE) \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_ - \_\_\_\_ - \_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_

FORMER ADDRESSES \_\_\_\_\_

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SIGNATURE \_\_\_\_\_

SEX \_\_\_\_\_ HEIGHT \_\_\_\_ FT \_\_\_\_ IN \_\_\_\_\_ WEIGHT \_\_\_\_\_

EYE COLOR \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER \_\_\_\_\_

THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

\_\_\_\_\_