

WEST BARNSTABLE FIRE DEPARTMENT

2160 Meeting house Way
West Barnstable Ma. 02668
Recruitapplicants@wbfdems.org

Chief
David W. Paananen

Emergency: 911

Business 508-362-3241

Fax: 508-362-3683

**VOLUNTEER FIREFIGHTER & EMT APPLICATION
PACKAGE**

Congratulations on deciding to apply for a volunteer position with the West Barnstable Fire Department. There are a limited number of positions available but don't let that deter you from applying. We have a wide range of skill sets that we are looking for in a candidate. In this package you will find the following:

1. Employment Application-to be filled out and returned to the department.
2. WBFD Commitment Agreement-to be signed and returned with your application.

If you have any questions about the position or the application process, please feel free to ask.

Sincerely,



David W. Paananen,
Chief WBFD

04/29/2024

West Barnstable Fire Department

2160 Meetinghouse Way,
P.O. Box 456, West Barnstable, MA 02668
508-362-3241
Recruitapplicants@wbfdems.org

received by:
Date Received:

APPLICATION FOR EMPLOYMENT

Position Applying For: _____ Volunteer _____ Career _____ Other (Please specify) _____
_____ Firefighter _____ EMT

Date: _____

Last Name: _____ First: _____ Middle: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Have you ever worked under a different name from that which appears on this application? _____

If yes, list the different name (s): _____

PERSONAL HISTORY

Do you have a valid driver's license? Yes _____ No _____

Have you ever applied to the District before? Yes: _____ No: _____ When? _____

If hired, can you prove that you may legally work without restrictions in the United States? Yes _____ No _____

EDUCATION

High School: _____ Location: _____

Years Completed: _____

Graduated? Yes _____ No _____ or did you receive a GED? Yes _____ No _____

College or University: _____ Location: _____ Credits: _____

Did you obtain a college degree or vocational certificate? Yes _____ No _____

Type of degree or certificate: _____

What discipline was your degree or certificate in? _____

Which college or university did you obtain your degree or certificate from? _____

*Please LIST AND ATTACH A COPY of any professional or vocational licenses and/or certifications, which you have obtained: _____

Please list any special qualifications or skills, which you possess: _____

WORK HISTORY

Have you ever been discharged by any employer? Yes _____ No _____

If yes, give name of company and supervisor and give reason for discharge: _____

Present or Most Recent Employer: _____

Supervisor Name & Title: _____ Phone: _____

Employer email: _____

Address: _____ City: _____ State: _____ Zip: _____

Hours per week: _____ Start Date: _____ End Date: _____ Job Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes _____ No _____

PAST THREE EMPLOYERS

Employer: _____

Supervisor Name & Title: _____ Phone: _____

Employer Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Hours per week: _____ Start Date: _____ End Date: _____ Job Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes _____ No _____

Employer: _____

Supervisor Name & Title: _____ Phone: _____

Employer Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Hours per week: _____ Start Date: _____ End Date: _____ Job Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes _____ No _____

Employer: _____

Supervisor Name & Title: _____ Phone: _____

Employer Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Hours per week: _____ Start Date: _____ End Date: _____ Job Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes _____ No _____

REFERENCES

Give the information requested below on three (3) persons **not** related to you whom you have known for at least one (1) year:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Have you ever been a member of any other fire or EMS agency? Yes: _____ No: _____

If yes, list name, location and dates you served: _____

If you are offered a position with the District, would you be willing to submit to any job related medical exams, physical ability testing and/or drug tests that may be required of the position to which you have applied? Yes _____ No _____

Have you read the job description for the position to which you have applied? Yes _____ No _____

Can you perform the functions of this position, with or without a reasonable accommodation, as outlined in the job description to which you have applied? Yes _____ No _____

How did you find out about this volunteering or employment opportunity at the WBFD? Check all that apply:

_____ Facebook

_____ WBFD Website

_____ Referred by another Fire Department---Name of Fire Department _____

_____ Referred by Family/Friend

_____ Referred by WBFD Member

_____ Other _____

Initial Below:

_____ I have read and understand the WBFD Hiring Policies and Procedures that are located on the West Barnstable Fire District website.

_____ I have reviewed and understand the job description I am applying for that is located on the West Barnstable Fire District website.

Commitment Agreement

PLEASE READ AND INITIAL EACH PARAGRAPH BELOW (if there is any part of this page you do not understand please ask the employer about it before signing).

If offered a position, I do hereby authorize the West Barnstable Fire Department (hereinafter WBFD) to thoroughly investigate my character references, work records, education, military, criminal background, police records, traffic offenses of record and other matters related to my suitability for employment and further authorize my current and former employers to disclose to WBFD any and all letters, reports and other information pertaining to my employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. _____

I understand that if offered employment, the offer may be contingent on my passing a pre-employment alcohol and drug screen and a pre-employment NFPA medical physical exam. By signing this application, I voluntarily agree to submit a pre-employment alcohol/drug screen and pre-employment NFPA medical physical exam upon request. I understand that failure to pass the alcohol/drug screen and/or NFPA medical physical exam will result in withdrawal of the employment offer. _____

If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that WBFD may conduct alcohol or drug screening at its sole discretion with or without notice. I also understand that refusal to submit to an alcohol/drug screen will be considered a voluntary resignation of employment. _____

I understand that nothing contained in the application or conveyed to me during any interview, which may be granted, is intended to create an employment contract, implied or explicit, between WBFD and me. In addition, I understand and agree that if I am employed; my employment relationship with WBFD is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and I may terminate it at any time, with or without prior notice, with or without cause or reason. Likewise, WBFD has the right to terminate my employment, or otherwise discipline, transfer, or demote me at any time, with or without reason, at the discretion of WBFD. In the event that I become subject to a collective bargaining agreement (CBA) that is duly executed between the employees' representative and WBFD, the procedures set forth in the CBA with regard to employee discipline and termination procedures will be followed. _____

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or WBFD benefits, policies and procedures will not alter out at-will agreement. _____

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States upon beginning work. _____

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid driver's license to legally drive in the Comm of MA and understand that I will be required to provide a copy of my official driving record. I also understand that any offer of employment is contingent on my ability to be covered by WBFD auto insurance, if required for my position. _____

I hereby certify that I have not withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct. Unless otherwise stated, I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. _____

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document. _____

Applicant's Printed Name

Applicant's Signature

Date