Tisbury Fire Department

Application for Employment

Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____ Town: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email Address: _____

Occupation: _____ Employer: _____

Education Level: _____ Are you over the age of 18? Yes ☐ No ☐

Previous Fire/EMS/First Aid Training or Experience: _____
_____
_____

Have you ever been a member of Tisbury or any other Fire/EMS Department? Yes ☐ No ☐
If so, please explain Where, When, Number of Years, Previous Rank, and in what capacity you served:
_____
_____
_____

Was your service: Full-Time ☐ Call ☐ Volunteer ☐

Do you have a valid Massachusetts Driver's License? Yes ☐ No ☐
Please attach a copy with your application.

Do you have a personal vehicle, which is available for you to respond to calls? Yes ☐ No ☐

Have you ever driven a large truck or Fire apparatus before? Yes ☐ No ☐

Are you available to respond 24 hours or will your responses be limited to certain days/hours?
Most anytime ☐ Days only ☐ Nights only ☐
Other: _____

Do you have a company preference?
Ladder ☐ Pumper ☐ Rescue ☐ Specific Truck: _____

Can you perform all of the functions of a Tisbury Firefighter as outlined in the attached summary of duties? Yes ☐ No ☐

Have you ever been convicted of a felony? Yes ☐ No ☐
If yes, please explain in detail: _____
_____
_____
_____

Please provide a list of character and experience references; they may be from your employment, family, friends, or other firefighters.

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

The Tisbury Fire Department, in conjunction with the Massachusetts State Fire Academy, provides training and continuing education to all of its members. This requires a commitment of time. In applying to be a member of the Tisbury Fire Department, you are prepared to meet this commitment to the best of your ability.

Signature: _____ Date: _____

Received by: _____ Date: _____