



OAK BLUFFS FIRE AND EMS
6 Firehouse Lane Oak Bluffs MA 02557
Phone 508/693/5380 Fax 508/693/6726

EMPLOYMENT APPLICATION

Personal Information:

Name: _____
Mailing Address: _____
Email: _____ MA Driver's License # _____
Education Level Completed: _____ Where _____
Course of Study: _____

Experience:

Last EMS course attended, Instructor & phone #, Date completed: _____

EMS experience, Service, Employer, Address & phone # _____

Other related activities, training and/or experiences: _____

Other work, Employer, Address & phone # _____

Work References:

Are you presently employed? _____ Where? _____
Present employer's address & phone # _____
May we inquire reasonable information of your employer? _____ If No, then whom
may we contact for work references? _____

Personal References: (Known at least 1 year, not a relative & phone number)

1. _____
2. _____
3. _____

Other:

Are you in good health? _____ Last physical exam: _____

Do you have any problems lifting? _____

Have you had the Hepatitis-B series? _____ Have you had your blood titers checked to verify adequate vaccination? _____

Are you familiar with the streets in Oak Bluffs? _____

Applicant's Statement:

I certify that the above information is correct and complete to the best of my knowledge.

I give permission to the Town of Oak Bluffs to perform a query check for accuracy.

I agree to take a physical examination, as required, given by an appointed town physician, which may include a drug test or a psychological exam, and recognize that any offer of employment may be contingent upon results of such examination.

I understand that I must be available to work outside of normal business hours, as the needs of the department require.

I understand that any employment offer by the Town is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986 within three days of the date of hire.

In the event of employment, I understand that false or misleading information or omission of pertinent facts may be considered cause for termination or withdrawal of offer of employment.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law; any employment relationship with the organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause.

I also acknowledge that if hired I will abide by the Policies and Procedures of the Town of Oak Bluffs and the Fire/EMS Department and the job description.

Signature of Applicant: _____ Date _____

Phone #'s: Home _____ Work _____ Cell _____

Please submit with your application:

1. Up to date Resume
2. Copies of following certifications (preferred but not necessary):
 - MA Driver's License (Class A,B,C or D)
 - MA EMS Certification (EMT-A,B or Paramedic)
 - CPR Cards
 - Proof of HEPA (TB) Mask training
 - Firefighter I or II

The Town of Oak Bluffs is an equal opportunity employer