

HAMPDEN FIRE DEPARTMENT

Town House
625 Main St.
Hampden, MA 01036



Fire Department
P.O. Box 665
Hampden, MA 01036

Fax (413) 566-2010

Tel: (413) 566-3314

HFD VOLUNTEER FIREFIGHTER APPLICATION

Date of Application: ___/___/_____

Have you ever applied to HFD before? ___ Yes ___ No When? ___/___/_____

Have you ever been a member of HVFD before? ___ Yes ___ No When? ___/___/_____

Contact Information

Last Name: _____ First Name: _____ MI: _____

Home Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

Cellular Phone: _____ - _____ - _____ Email: _____

Are you older than 18 years old as of this application date? ___ Yes ___ No

Current Residence

Current Address: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Years in Residence: _____ years

Driver License

State: ___ Number: _____ Class: _____

Expiration: ___/___/_____

Has Your licensed ever been suspended or revoked? ___ Yes ___ No

If "YES" explain in detail:

Criminal Background

Have you ever been convicted of a felony? ___ Yes ___ No

Have you been convicted of a misdemeanor within the past five years other than a first conviction for any of the following: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace? ___ Yes ___ No

If you answered "YES" to either question, then please provide complete details:

Are you registered (or required to register) on any national or state sex offender registry or similar database of sex offenders? ___ Yes ___ No

Employment

CurrentEmployer: _____
 Occupation: _____ Shift: _____
 Contact Person: _____ Contact Phone: ____ - ____ - ____
 Employer Address:
 Street: _____
 City: _____ State: _____ Zip Code: _____
 Dates Employed: ____ / ____ / ____ - current

References

List two character references who are not related to you.

Reference: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____
 Contact Phone: ____ - ____ - ____
 Years Known: _____ years
 Reference: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____
 Contact Phone: ____ - ____ - ____
 Years Known: _____ years

Fire and EMS Experience

List all affiliations (e.g. paid employee, volunteer member) with any Fire/EMS/Rescue Company/Department for the past 10 years.

Company/Department: _____
 Affiliation/Position: _____
 Contact: _____ Contact Phone: : ____ - ____ - ____
 Dates: ____ / ____ / ____ - ____ / ____ / ____
 Reason for leaving: _____

Certification and Process

Can you perform any and all of the job functions of a fire fighter? ____ Yes ____ No

I have reviewed the requirements of membership and I understand that the duties are physically challenging and that my membership will be dependent upon my successful completion of a medical exam and a drug screening to be conducted by a medical facility selected and approved by the Hampden Fire Department.

By signing below, I hereby authorize and consent to undergo a background check including CORI and SORI to be conducted on behalf of HFD and I certify that the information provided on this application is accurate and complete. I understand and agree that misrepresentations or omissions in this application may result in termination of the application process or membership.

Name _____ Date: ____ / ____ / ____

HFD does not discriminate against any applicant because of race, color, age, sex, religion, national origin or ancestry, marital status, sexual orientation, veteran's status, or disability.