

FIRE DEPARTMENT

Town of Sunderland, Massachusetts

105 River Road, Sunderland, MA 01375

Phone: (413) 665-2465 • Fax: (413) 665-7599

www.townofsunderland.us • Email: fire@townofsunderland.us



APPLICATION FOR APPOINTMENT

Name: _____ Date of Birth _____
 Last *First* *MI*

Present Address: _____
 No. *Street* *Town*

Phone #: _____ Work Phone #: _____

Marital Status: Married Single SS #: _____

E-Mail Address: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Massachusetts Driver's License: Yes No License #: _____

Do you have any physical defects that would interfere with completing assigned tasks?

Past injuries: _____

Do you wear glasses or contacts? Yes No Height: _____ Weight: _____

Do you have any of the following?
Back problems Heart Disease High blood pressure None

Do you have any problems with the following?
Heights Blood Confined Spaces Smoke None

Massachusetts EMT #: _____ First Responder: Yes No CPR: Yes No

I agree that these questions have been answered honestly and to the best of my ability. I understand that I can be terminated immediately for misrepresenting myself in any way on this form. I also hereby grant permission for investigation of any information and will submit to a physical examination if required. Completing this form does not obligate the Sunderland Fire Department in any way.

THE SUNDERLAND FIRE DEPARTMENT HIRES ON A NEED BASIS ONLY.

Applicant Signature: _____ Date: _____

Approved By: _____ Date: _____