

Great Barrington Fire Department

Application for Membership

Great Barrington Fire Department
37 State Road
Great Barrington, MA 01230
413-528-0788

Great Barrington Fire Department
Application for Membership

Job Description

General

The job of a Great Barrington firefighter is to provide protection for the lives and property of the inhabitants of the Town of Great Barrington from the adverse effects of fire, medical emergencies, or exposure to dangerous conditions created by either man or nature. Additional duties include training to obtain proficiency in necessary skills, maintaining equipment, and participating in fundraisers and other fire department events.

Abilities

- Conduct all aspects of life with integrity
- Work as part of a team and follow orders
- Think clearly under stressful situations during all hours of the day
- Sufficient hearing to communicate clearly in noisy environments and over radios
- Ability for extreme physical exertion for extended periods of time
- Work from heights up to 100 feet
- Comfortably work while wearing a SCBA

Knowledge

- Great Barrington Fire Department's Standard Operating Guidelines
- Geography, roads, and water supplies of Great Barrington's primary response district
- Operation of all equipment
- Building construction and fire behavior
- Strategies and tactics used to save lives and preserve property in the event of fire, include search, fire attack, ventilation, salvage, and overhaul
- First aid to the First Responder level
- Methods of motor vehicle extrication
- Recognition and identification of hazardous materials
- Limited technical rescue

Requirements

- Attend all department trainings unless excused by your mentor/officer
- Respond to as many incidents as possible
- Drive and operate apparatus
- Stretch and operate hose lines
- Deploy and climb ladders
- Operate power, hydraulic, and hand tools
- Gain access to structures through forcible entry
- Perform searches
- Identify and contain hazardous materials
- First aid to the First Responder level

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Prerequisites

- Eighteen Years of Age or Older
- Possess a high school diploma or equivalent
- Have a valid driver's license (please attach a copy)
- Have not been convicted of a felony (a waver may be granted at the recommendation of the Chief and approval of the Town Manager)
- Live or work within the town of GB or within 2 miles of a station

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Personal Information

Name:_____ DOB_____

Street Address (Home):_____

Town: _____ State: _____ Zip Code: _____

Home Phone:_____ Cell:_____

Email Address: _____ SSN: _____

Employment History (Start with your current employer)

Employer: _____Supervisor:_____

Work Address:_____

Work Phone:_____ May we contact your employer? ( ) Yes ( ) No

Work Performed: _____ Dates Employed: _____to_____

Employer: _____Supervisor:_____

Work Address:_____

Work Phone:_____ May we contact your employer? ( ) Yes ( ) No

Work Performed: _____ Dates Employed: _____to_____

Employer: _____Supervisor:_____

Work Address:_____

Work Phone:_____ May we contact your employer? ( ) Yes ( ) No

Work Performed: _____ Dates Employed: _____to_____

Are you legally authorized to work in the U.S.? ( ) Yes ( ) No

Have you ever been convicted of a felony? ( ) Yes ( ) No
If yes, please attach an explanation

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Education

High School: _____ Year Graduated: _____

Address: _____

College: _____ Year Graduated: _____

Address: _____

Degree: _____

College: _____ Year Graduated: _____

Address: _____

Degree: _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

Address: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____

Other

Have you ever been a member of another emergency service organization?: Yes ( ) No ( )

Organization Name: _____

Phone Number: _____ Chief/President: _____

List any other skills, training, or certifications which may be applicable: _____

_____

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References (Please provide three)

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

I certify the answers given here are true and complete to the best of my knowledge and authorize investigation of all statements provided

Signature: _____ Date: _____

Fire Department Use Only

Application Reviewed By: _____ Date: _____

Recommend: Yes ( ) No ( )

Comments: _____

_____

_____

_____

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