



Please **PRINT** in Ink or **Type**

Application # \_\_\_\_\_

## TOWN OF BRAINTREE

### APPLICATION FOR FIREFIGHTER'S ENTRANCE EXAM

#### PART I

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial

\_\_\_\_\_  
Mailing Address (No. & Street, R.D., or P.O. Box)

\_\_\_\_\_  
City or Town                      State                      Zip                      Telephone Number                      (    ) -    -

High School Diploma or G.E.D. Certificate received from:  
\_\_\_\_\_  
Name of School and Address

A \$50.00 processing fee **MUST** be submitted with this application. **NO PERSONAL CHECKS**; make bank check or money order **ONLY** payable to the "TOWN OF BRAINTREE" and mail or deliver to:

Human Resources Department  
Town Hall  
1 J.F.K. Memorial Drive  
Braintree, MA 02184

False information provided in this application could lead to removal from the eligible list. I understand that, before being considered a finalist for appointment as a Firefighter, I will be required to sign an "*Authority for Release of Information*" statement. I hereby declare that the statements and answers made as part of this application are true and are made under the penalties of perjury.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**IMPORTANT:** Check the exam instructions for the last date for filing applications. **NO** application will be accepted unless it is delivered or postmarked on or before January 23, 2015.

*The applicant has the option of completing and signing the attached Part II. Please carefully read the form, then in accordance with your choice, either complete and sign the form, or not.*





Application # \_\_\_\_\_

TOWN OF BRAINTREE

AUTHORITY FOR RELEASE OF INFORMATION

DATE: \_\_\_\_\_

I, \_\_\_\_\_, born in \_\_\_\_\_ on \_\_\_\_\_, having filed an application for employment with the Braintree Fire Department, consent to have an investigation made as to my moral character, reputation, and fitness for the position to which I have applied and such information as may be received, reported to the *Appointing Authority*. I agree to give any further information that may be required in reference to my past record.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me, including hospital records and information of past hospitalization in a mental, state or private hospital, inpatient or outpatient unit, to furnish to the Braintree Fire Department or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

I hereby release, discharge and exonerate the Braintree Fire Department, its agents and representatives, and any person so furnishing information from any and all liability or every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of the Braintree Fire Department.

I have had explained to me, and I fully understand, that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain any original writing of my signature.

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_

Witness: \_\_\_\_\_



**TOWN OF BRAINTREE**  
**FIREFIGHTER APPLICATION CHECKLIST**

Upon completion of the application, the following must be given to the Human Resources Department in order for your application to be valid:

1. **Town of Braintree Firefighter Application;**
2. **Application fee in the amount of \$50;**
3. **A copy of your birth certificate and valid driver's license;**
4. **In order to receive applicable points you must attach to your application copies of the following:**
  - **Proof of residency for applicants who have resided in Braintree for two years (must be certified by Town Clerk);**
  - **Veterans DD Form 214; if you are a disabled veteran, please provide your disability awards letter;**
  - **Copy of the EMT license;**
  - **A letter from your prior employer reflecting your experience as a firefighter with no history of suspension or termination; and**
  - **Proof of successful completion of the Massachusetts Fire Academy.**

**These points will be added upon documented proof after receiving a passing grade.**

**PLEASE NOTE: The following book will be helpful for the exam which is called *IFSTA Essentials of Firefighting, 6<sup>th</sup> Edition*.**