



MASSACHUSETTS FIREFIGHTING ACADEMY APPLICATION FOR CAREER RECRUIT TRAINING FOR FULL TIME FIREFIGHTER POSITION



FIRE DEPARTMENT _____

APPLICANT'S NAME _____
First MI Last

APPLICANT'S MAIL ADDRESS _____

CITY _____ STATE _____ ZIP _____

PROVIDE EITHER:

LAST 4 DIGITS OF S.S.# _____ **OR** **LAST 4 DIGITS OF DRIVERS LIC.#:** _____

HOME TELEPHONE # _____ CELL NUMBER _____

D.O.B. _____ E-MAIL ADDRESS _____

(VOLUNTARY FOR STATICAL PURPOSE)

PRESENT RANK _____ DATE APPOINTED TO RANK _____
The applicant must be full time status as of day one of Recruit Training

HAS APPLICANT EVER ATTENDED ANY MFA TRAINING?: **YES** **NO**

IS APPLICANT A REGISTERED: *PLEASE PROVIDE NUMBERS FOR OEMS CREDITS*

EMT # _____ PARAMEDIC # _____ FIRST RESPONDER **YES** **NO**

EDUCATION HIGHEST GRADE LEVEL _____ MILITARY/BRANCH/YRS _____

APPLICANT'S SIGNATURE _____ DATE _____

BELOW MUST BE COMPLETED AND SIGNED BY HEAD OF DEPARTMENT

The completed application of _____, a full time member of this department for enrollment in the Massachusetts Firefighting Academy, is hereby forwarded with my approval.

In consideration of the Firefighting Academy permitting the above named person to use facilities made available to them at any location within the Commonwealth in order that he or she may further his or her training and ability in the Fire Service. I agree to hold harmless to the Academy; Department of Fire Services; the Executive Office of Public Safety & Security; the Commonwealth of Massachusetts; the owners of any property or facilities made available to them; or any of their agents or employees because of any injury to the above named which may occur while using the facilities or participating in any training classes.

SIGNED _____ **TITLE** _____
 _____ day of _____,

Return to: Massachusetts Firefighting Academy, Attn: Office of Director., P.O. Box 1025, Stow, MA 01775