



BONDVILLE FIRE DEPARTMENT

3174 Main Street
PO Box 1071
Bondsville MA 01009-1071

Tel: 413.283.9036 Fax: 413.284.0165

APPLICATION FOR MEMBERSHIP

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ TELEPHONE: _____

_____ CELLPHONE: _____

EMAIL: _____

EMPLOYER: _____ EMPLOYER TELEPHONE: _____

POSITION: _____ HOURS: _____ SOCIAL SECURITY #: _____

MARITAL STATUS: _____ DEPENDENTS: _____ MA LICENSE: _____ CLASS: _____

WHO TO NOTIFY IN CASE OF EMERGENCY

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE: _____

_____ CELLPHONE: _____

Do you have any physical or mental condition which would hinder you in the performance of any firefighting duties? YES NO

(If YES, Explain Below. Answering YES does not automatically exclude you from consideration for employment).

I understand that if accepted as a member of the Bondsville Fire Department I shall be placed on a probationary period of twelve (12) months from the date of acceptance. I may be required to undergo a pre-employment physical screening, drug testing, and a criminal history background check. If I fail to meet any of the pre-employment screening requirements it shall be grounds for immediate termination for not meeting the department's minimum requirements. I agree to abide by the department's policies, rules, and regulations. If I fail to uphold any of the requirements set forth in the Bondsville Fire Department Policies, rules, regulations, etc., I shall be subject to disciplinary actions up to and including termination.

SIGNATURE: _____ DATE OF APPLICATION: _____

The Bondsville Fire and Water District is required by the U.S. Department of Agriculture to submit information on the ethnic composition of its employees. Completion of the following information is strictly voluntary and will not be used as a condition of admission. Your response will be appreciated. Please see below:

The following information is requested by the Federal Government in order to monitor our compliance with various civil rights laws. You are not required to furnish this information but are encouraged to do so. The law requires that we not discriminate based upon this information, nor whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations we are required to note the race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.

I do not wish to furnish this information

Ethnicity: Hispanic or Latino.....
 Not Hispanic or Latino.....

Race: American Indian/Alaskan Native.....
 Asian.....
 Black or African American.....
 Native Hawaiian.....
 White.....

Sex: Male.....
 Female.....

In accordance with federal law and the U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, disability, marital, or familial status. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.