

# MASSACHUSETTS FIRE DISTRICT 14 SPECIALTY TEAM APPLICATION



( ) Tech ( ) Dive ( ) Fire Investigation ( ) DAT ( ) Communications ( ) CISM \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Years of Service: \_\_\_\_\_ Current Rank: \_\_\_\_\_

EMS Level of Certification: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Department Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred method of contact: ( ) Email ( ) Home Phone ( ) Department phone ( ) Cell Phone

I am (or have been) a member of the Massachusetts Fire District \_\_\_\_\_ ( District #) Team \_\_\_\_\_ (Name of team) from \_\_\_\_\_ to \_\_\_\_\_ (Insert dates). I am completing the application package for consideration of being a member of the Fire District 14 team.

***Please initial each step below before submitting application:***

Minimal Qualifications checked and supporting documents provided \_\_\_\_\_

Training and team Participation standards signed and dated \_\_\_\_\_

Applicant and Chief Authorization and understanding page signed and dated \_\_\_\_\_

**Send all forms and documents to : Fire District 14, P.O. Box 472, Hudson, Mass. 01742 or email to:  
firedistrict14chiefs@gmail.com**

*This section to be completed by District 14 Authorized representative*

Application Date: \_\_\_\_\_ Date Rec by team: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Disposition: \_\_\_\_\_

Team Leader Initials \_\_\_\_\_ Oversight Chief Initials \_\_\_\_\_

**MASSACHUSETTS FIRE DISTRICT 14  
SPECIALTY TEAM APPLICATION**



**Communications Team**

Applicant Name: \_\_\_\_\_

	Valid Driver's License
	NIMS 700, 100, 200, 800
	COML or COMT preferred
	Written Approval from Applicant Supervisor (If Appropriate)

Please describe below your knowledge, skills and abilities.

Please attach any certificates of training or attendance to programs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MASSACHUSETTS FIRE DISTRICT 14**  
**SPECIALTY TEAM APPLICATION**



## **Communications Team Membership & Training Requirements**

Applicant Name: \_\_\_\_\_

- a) Each new member will attend and complete an eight hour initial orientation session.
- b) Each member is required to attend a minimum 24 hours of Communications Contact Activity annually.
- c) The team leader will approve qualification for contact hours. Generally, each activation, exercise, deployment will qualify towards this requirement.
- d) Members who fail to meet the minimum may be placed into Inactive Membership until such time the team leader has proper documentation of minimum training requirements.

My signature below is an acknowledgement that I have read and understand the requirements as listed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MASSACHUSETTS FIRE DISTRICT 14

## SPECIALTY TEAM APPLICATION



Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

( ) Tech ( ) Dive ( ) Fire Investigation ( ) DAT ( ) Communications ( ) Other \_\_\_\_\_

**Applicant:** I understand that this application does not guarantee me a position on the District 14 Team checked above and that I will be following a hiring process for an open position on the team as an opening becomes available.

I have read, understand, and have signed the terms for participation on the team, including a probationary period, team training standards, team activation and participation standards. I further acknowledge that I may be removed from the team for failure to comply with these conditions as well as for failing to follow the team operations as set forth by the teams Standard Operating Procedures.

I further acknowledge that the Chief of my Department may remove me from the team for any reason without recourse to the team or Fire District 14.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

**Fire Chief:** I have reviewed the applicant information in this application packet and I am supporting the candidate for consideration on the team. I understand that this department is solely responsible for all funds associated with the applicant to the team including, but not limited to, salary, overtime, insurance and benefits. I further understand that the Town and the Fire Department are responsible for any and all injury to the individual while performing the jobs, and tasks associated with the performance of being a member of the team. As Chief of the Department, I understand that issues with unfavorable conduct and behavior with the applicant as part of the district specialty team, will be handled by me following my departments policy and procedures.

I have read, understand and agree to the terms for participation on the team, including a probationary period, team training standards, team activation and participation standards. I further acknowledge that the candidate may be removed from the team for failure to comply with these conditions as well as for failing to follow the team operations as set forth by the teams Standard Operating Procedures.

I understand that except where voted, approved, authorized, and purchased at a public meeting of Fire District 14, all equipment to perform the job is owned and maintained by the fire department and or the individual.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

Print Name: \_\_\_\_\_