



Please PRINT in Ink or TYPE

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

## TOWN OF BRAINTREE

### APPLICATION FOR FIREFIGHTER'S ENTRANCE EXAM

Saturday February 1, 2025 (Snow Date February 8, 2025)

Registration begins at 8 a.m. Exam starts at 9 a.m.

### PART I

Last Name	First Name	Middle Initial
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Mailing Address (No. & Street, or P.O. Box)	City or Town	State	Zip
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Email Address (Required)	Telephone Number
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High School Diploma or G.E.D. Certificate received from:

Name of School and Address	Braintree Employee	YES	NO
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A \$75.00 processing fee per applicant or \$40 for veterans providing a DD-214 form MUST be submitted with this application. NO CASH, NO CREDIT CARDS, NO PERSONAL CHECKS. BANK CHECK or MONEY ORDER should be made payable to the "TOWN OF BRAINTREE" and mailed or delivered 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 3, 2025.

**\*\* Please note there are NO REFUNDS for any reason \*\***

*The attached Part II is optional. Should applicants choose to complete this portion, please complete and submit with your application.*





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

TOWN OF BRAINTREE

AUTHORITY FOR THE RELEASE OF INFORMATION

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

I, \_\_\_\_\_, born in \_\_\_\_\_,  
(PRINT NAME) (PLACE OF BIRTH)

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/ZIP: \_\_\_\_\_



## TOWN OF BRAINTREE

### FIREFIGHTER APPLICATION CHECKLIST

**Test date Saturday, February 1, 2025 (Snow Date Saturday, February 8, 2025)**

Applications will be accepted in person at the Braintree Town Hall in the Cahill Auditorium on:

Tuesday December 10, 2024, from 3:00 p.m. – 6:30 p.m.

Tuesday December 17, 2024, from 3:00 p.m. – 6:30 p.m.

Thursday January 2, 2025, from 2:00 pm – 4:00 pm.

If applications are mailed, they need to be completed and postmarked by January 3, 2025. **No exceptions.**

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

1. Town of Braintree Firefighter Application
2. Application fee in the amount of \$75 per applicant or \$40 for Veterans providing a DD-214 form
3. A copy of your birth certificate and valid driver's license
4. Applicants MUST be 19 years of age on the exam date
5. Applicants whose primary residence has been in Braintree for two (2) years prior to the date of the application for the examination shall receive preference. Residency shall be established through receipt of a certification letter signed by the Town Clerk and provided to the Human Resources Department
6. To receive applicable points, you must include copies of the following with your application:
  - Veterans DD Form 214; if you are a disabled veteran, please provide your disability awards letter
  - Copy of your 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, 7<sup>th</sup> Edition*.

**\*\*Test Results will be emailed by the end of March\*\***