



Call Firefighter Contact Form

Please fill out the below form if you would like to apply for an Athol Fire Department call firefighter position.

Name: _____

Address: _____

Telephone #: _____

Email: _____

Driver's Licenses #: _____

Social Security #: _____

Date of birth: _____

Work Experience / Training

EMT (Basic) _____ EMT (Advance) _____ Paramedic _____

First Responder _____ Firefighter I _____ Firefighter II _____ None _____

EMT's Licenses #: _____

Place of work: _____

Work phone #: _____

Additional Comments: _____

Signature: _____ Date: _____

All submissions shall be sent to the attention of:
Athol Fire Chief Joseph Guarnera at jguarnera@townofathol.org (preferable)
or

Fire Chief Joseph Guarnera
Athol Fire Department
2251 Main Street Athol, MA 01331