EMPLOYMENT OPPORTUNITY

BARNSTABLE FIRE DEPARTMENT

Firefighter/Paramedic or Firefighter/EMT

Six (6) Full-Time Positions | Posted Nov. 23, 2026, | Applications Due Dec. 23, 2026, 4:00 p.m. ET

Position Summary

The Barnstable Fire Department is seeking qualified applicants for six (6) full-time Firefighter/Paramedic or Firefighter/EMT positions. These positions are funded through a FEMA Staffing for Adequate Fire and Emergency Response (SAFER) grant.

Compensation and Benefits

Starting salary range: $79,581.94 – $87,540.13 annually, depending on qualifications and in accordance with the Barnstable Firefighters Collective Bargaining Agreement.

Minimum Requirements

- Current Massachusetts certification as a Paramedic or EMT
- High school diploma or equivalent
- Valid Massachusetts driver's license
- Current CPR/BLS certification; Advanced Cardiac Life Support (ACLS) certification for Paramedic applicants
- Ability to successfully complete the Massachusetts Firefighting Academy Career Recruit Training Program
- Ability to pass a background investigation, medical and psychological evaluation
- Establish residency within twelve (12) air miles of Barnstable Fire Station within one (1) year of hire date

Preferred Qualifications

- One (1) or more years of related experience
- Associate's or bachelor's degree in Fire Science, Paramedicine, or a related field

Hiring Process and Anticipated Start Dates

The selection process includes application review and interviews, followed by a conditional offer of employment. Offers are contingent upon successful completion of a background investigation, medical and psychological examination. Anticipated start dates are staggered between March and April 2027, with recruits attending the Massachusetts Firefighting Academy following appointment, if necessary.

How to Apply

Submit a complete application package that includes:

- **Cover letter and resume**
- **Completed employment application**
- **Copies of the following:**
  - **Current Massachusetts Paramedic or EMT certification**
  - **ACLS certification (Paramedic applicants)**
  - **CPR/BLS certification**
  - **Massachusetts driver's license**

Forms: Employment application packets are available to be picked up at the Barnstable Fire Department, Monday through Friday, 8:00 a.m. to 4:00 pm or can be downloaded from our website www.barnstablefire.org.

Submit to: Office of the Fire Chief, Barnstable Fire Department, 3249 Main Street, PO Box 94, Barnstable, MA 02630. Application packets must be received by **4:00 p.m. ET on Wednesday, December 23, 2026.**

Questions: 508-362-3312 or cbeal@barnstablefire.org

Equal Opportunity Employer

The Barnstable Fire District is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, or veteran status. Applicants requiring reasonable accommodation during the application process should contact 508-362-3312.

Barnstable Fire Department

3249 Main Street ~ PO Box 94 ~ Barnstable, MA 02630

Application for Employment

We welcome applicants for all positions regardless of race, color, religion, sex, national origin, age, marital or veteran status, medical condition, disability, or any other protected status.
Please type or print and complete every section. If you need reasonable accommodation to complete this application or take part in the hiring process, contact the Barnstable Fire Department at 508-326-3312.

1. APPLICANT INFORMATION

POSITION APPLIED FOR (check all that apply)
☐ Firefighter / EMT ☐ Firefighter / Paramedic

FIRST NAME	MIDDLE	LAST NAME	DATE OF APPLICATION (MM/DD/YYYY)

STREET ADDRESS	APT / SUITE

CITY / TOWN	STATE	ZIP CODE

E-MAIL	PHONE

HOW DID YOU HEAR ABOUT THIS OPENING?

2. ELIGIBILITY & MINIMUM QUALIFICATIONS *(please print)*

Are you legally eligible to work in the U.S.?	☐ Yes ☐ No
Are you at least 18 years of age?	☐ Yes ☐ No
Do you have a high school diploma or GED?	☐ Yes ☐ No
Do you hold a valid driver's license?	☐ Yes ☐ No

LICENSE STATE	CLASS	EXPIRATION DATE	CURRENT TOWN OF RESIDENCE

Can you perform the essential functions of the job, with or without reasonable accommodation, and pass the required physical and psychological exams?	☐ Yes ☐ No
Have you ever applied with us before? If yes, give date: _____	☐ Yes ☐ No
Have you ever been employed with us before? If yes, give dates: _____	☐ Yes ☐ No
Are you currently employed?	☐ Yes ☐ No
If currently employed, may we contact your present employer?	☐ Yes ☐ No

DATE YOU ARE AVAILABLE TO START (MM/DD/YYYY)

Certain additional information, including your Social Security number and criminal history (as permitted by Massachusetts law), is requested only after a conditional offer of employment.

3. CERTIFICATIONS & LICENSES

CERTIFICATION / LICENSE	LEVEL / NUMBER	ISSUING AGENCY	COMPLETED / EXPIRES
Firefighter I / II (Mass. Fire Academy or equivalent)			
EMT / Paramedic (circle level)			
Commercial driver's license (CDL), if any			
Other:			
Other:			
Other:			

4. EDUCATION & SKILLS

HIGH SCHOOL			CITY / STATE
FROM (MM/YYYY)	TO (MM/YYYY)	GRADUATE? (Yes / No)	
COLLEGE / TECHNICAL SCHOOL			CITY / STATE
FROM (MM/YYYY)	TO (MM/YYYY)	GRADUATE? (Yes / No)	DEGREE / MAJOR
SPECIALIZED TRAINING, APPRENTICESHIP, OTHER SKILLS			

FOREIGN LANGUAGES YOU SPEAK	FLUENT	GOOD	FAIR

PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD

You may leave out memberships that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.

5. MILITARY SERVICE

Have you ever served in the United States Armed Forces?	☐ Yes ☐ No
BRANCH OF SERVICE	HIGHEST RANK ACHIEVED
DATES OF SERVICE (MM/YYYY – MM/YYYY)	
Type of discharge:	☐ Honorable ☐ Other than honorable

Give only the category of discharge; do not describe the circumstances.

6. EMPLOYMENT EXPERIENCE *(most recent first)*

EMPLOYER 1 (COMPANY / INDIVIDUAL)		SUPERVISOR NAME
STREET ADDRESS, CITY, STATE, ZIP	PHONE	E-MAIL
JOB TITLE	RESPONSIBILITIES	
FROM (MM/YYYY)	TO (MM/YYYY)	REASON FOR LEAVING
May we contact this employer? ☐ Yes ☐ No		

EMPLOYER 2 (COMPANY / INDIVIDUAL)		SUPERVISOR NAME
STREET ADDRESS, CITY, STATE, ZIP	PHONE	E-MAIL
JOB TITLE	RESPONSIBILITIES	
FROM (MM/YYYY)	TO (MM/YYYY)	REASON FOR LEAVING
May we contact this employer? ☐ Yes ☐ No		

EMPLOYER 3 (COMPANY / INDIVIDUAL)		SUPERVISOR NAME
STREET ADDRESS, CITY, STATE, ZIP	PHONE	E-MAIL
JOB TITLE	RESPONSIBILITIES	
FROM (MM/YYYY)	TO (MM/YYYY)	REASON FOR LEAVING
May we contact this employer? ☐ Yes ☐ No		
EXPLAIN ANY GAPS IN EMPLOYMENT (if none, write "none")		

If you need more space, continue on a separate sheet of paper.

7. REFERENCES *2 personal, 1 professional; no relatives*

REFERENCE 1: ☐ Personal ☐ Professional			
FIRST NAME	LAST NAME	RELATIONSHIP	YEARS KNOWN
COMPANY	TITLE		
E-MAIL	PHONE		

REFERENCE 2: ☐ Personal ☐ Professional			
FIRST NAME	LAST NAME	RELATIONSHIP	YEARS KNOWN
COMPANY	TITLE		
E-MAIL	PHONE		

REFERENCE 3: ☐ Personal ☐ Professional			
FIRST NAME	LAST NAME	RELATIONSHIP	YEARS KNOWN
COMPANY		TITLE	
E-MAIL		PHONE	

8. AUTHORIZATION & CERTIFICATION

INITIALS	I understand that any offer of employment is contingent upon verification of the information in this application. If a conditional offer is extended, I authorize the District and its agents to verify my employment history, education, references and other relevant background information, and to obtain my driving record. I understand that a criminal offender record information (CORI) check requires a separate signed acknowledgment, and that a conditional offer is also contingent on passing the pre-employment medical and psychological examinations.
INITIALS	I certify that all information provided in this application is true and accurate to the best of my knowledge. I understand that any false, misleading or omitted information, here or during the interview process, may result in disqualification, withdrawal of an offer, or, if hired, termination of employment.
INITIALS	The Barnstable Fire Department is an Equal Opportunity Employer committed to excellence through diversity.

SIGNATURE	DATE (MM/DD/YYYY)
PRINT NAME	

FOR PERSONNEL DEPARTMENT USE ONLY

DATE RECEIVED	REVIEWER INITIALS	SCORE
Minimum qualifications met?	☐ Yes ☐ No	
DISPOSITION: ☐ Arrange interview ☐ Hold ☐ Not selected		
REMARKS		