

EMPLOYMENT INFORMATION

Current Employer: _____
Supervisor's Name

Address: _____
Street City State Zip

Reason for Leaving: _____

Employer: _____
Supervisor's Name

Address: _____
Street City State Zip

Reason for Leaving: _____

Employer: _____
Supervisor's Name

Address: _____
Street City State Zip

Reason for Leaving: _____

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Supervisor's Name

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Supervisor's Name

Address: _____
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Reason for Leaving: _____

List at least five (5) years of employment or explain if you do not have five years of employment. Attach another sheet if necessary.

LICENSES

Do you have a valid Maryland Driver's License? () YES () NO

Driver's License Number _____ CLASS _____

Have you ever been convicted or posted collateral/bail for any traffic violation?

() YES () NO If yes, list all such offenses with date, place and action taken.

ADDITIONAL INFORMATION

Are you a member of another Fire Department or Rescue Squad in Calvert County? () YES () NO

Have you ever been a member of another Fire Department or Rescue Squad? () YES () NO

Has your employment or voluntary service in any Fire Department or Rescue Squad been terminated for any reason other than retirement or VOLUNTARY resignation? () YES () NO

If yes, please explain: _____

Attach a list of all fire departments or rescue squads to which you were either a paid or volunteer member. Indicate dates (from/to), any offices held and any training taken.

List TWO REFERENCES (Who Are Not Relatives or Former Employers):

Name: _____ Name: _____

Address: _____ Address: _____

Phone (work) _____ Phone (work) _____

(Home) _____ (Home) _____

Physician's Name: _____

Date of Last Physical: _____

In Case of an Emergency, Notify:

Name	Relationship	Phone
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PLEASE READ CAREFULLY:

In submitting this application for membership to the Department, I authorize investigation of all statements contained therein. I hereby authorize the Department to make any contacts considered necessary to me becoming a member, such as previous employers, educational institutions, medical facilities and practitioners, criminal records, etc. I authorize any person or organization whose name I have given as a Character reference or by whom I have been previously employed and any educational institution, which I stated I attended, to furnish the Department any information, they may have concerning me. I hereby release all such persons, organizations, and institutions from any claims for damage or otherwise by reason of furnishing such information and records. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of the application or for separation from the Department as a member at any time.

I understand that this application is the property of the Department and will become part of my personnel file if I am accepted as a member. Driving record checks may be required. This will also depend on the insurance company's requirements. I hereby authorize the Department to obtain a complete driving history.

POLICY STATEMENT: The Department is an equal opportunity organization and shall not discriminate against any member or applicant for membership because of age, sex, marital status, national origin, religion, race, or physical or mental handicap unrelated to the performance of the job, or any other prohibited reason. The Membership Committee will select successful applicants after a full review of this application and additional information developed during background checks. Applicants may be disqualified for criminal conduct.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____
(Required if applicant is less than 18 years of age.)