APPLICATION FOR MEMBERSHIP

Name of Department: _

APPLICANT PLEASE READ:

Please print in ink or use a typewriter. All information submitted is subject to verification. A false statement may result in disqualification for membership either now or at a later date.

TYPE OF APPLICATION:	NEW _	RE	INSTATE _	TI	RANSFER	OTHER
TYPE OF MEMBERSHIP:	_ REGULAR _	JU	NIOR _	A[oministrative	OTHER
FULL NAME:						
Last		Firs	st			M.I
ADDRESS: Street						
City	/	MD _ State	Zip Code		Social Secu	rity Number
DATE OF BIRTH	MAILING ADI	DRESS				
PHONE () Home			_ ()	Work	
Email			_ ()	Pager	

Have you ever been convicted of a misdemeanor or felony or are you under charge for a misdemeanor of felony? () Yes () No If yes, list all offenses, dates, places and actions taken:

Note: A conviction will not automatically exclude you from becoming a member. The nature of the conviction and date it occurred is important. Please provide all the facts so that a decision can be made.

EDUCATION

HIGH SCHOOL:	Years Attended:	Date Graduated:	
COLLEGE :	Years Attended:	Number of Credits or Date Graduated:	

FIRE /EMS TRAINING AND COURSEWORK COMPLETED: Please attach copies of any certifications

Type and Name of Course	School	Date

EMPLOYMENT INFORMATION

Current Employer	r:			
. ,			Supervisor's Nar	ne
Address:				
	Street	City	State	Zip
Reason for Leavin	ng:			
Employer:			Supervisor's Nar	
Address:				
	Street	City	State	Zip
Reason for Leavin	ng:			
Employer:			Supervisor's Nar	
			Supervisor's Indi	ne
Address:				
	Street	City	State	Zip
Reason for Leavir	ng:			
Employer				
Linpioyer.			Supervisor's Nar	ne
Address:				
	Street	City	State	Zip
Reason for Leavin	ng:			
Employer:			Supervicer's Nor	
			Supervisor's Nar	
Address:	Street	City	State	Zip
		,		
Reason for Leavin	ng:			

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	c violation?			
() YES () NO If yes, list all such offenses with date, p	place and action taken.			
ADDITIONAL INFORMATION				
Are you a member of another Fire Department or Rescue Squad in C	Calvert County?()YES ()NO			
Have you ever been a member of another Fire Department or Rescue	e Squad? () YES () NO			
Has your employment or voluntary service in any Fire Department or other than retirement or VOLUNTARY resignation? () YES (
If yes, please explain:				
Attach a list of all fire departments or rescue squads to which you we dates (from/to), any offices held and any training taken.	ere either a paid or volunteer member. Indicate			
List TWO REFERENCES (Who Are Not Relatives or Former Employers	s):			
Name: Name				
	955:			
	e (work)			
(Home) (Home	e)			
Physician's Name:				
Date of Last Physical:				

In Case of an Emergency, Notify:

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 ______ (Required if applicant is less than 18 years of age.) DATE _____