



MOUNT AIRY VOLUNTEER FIRE COMPANY

APPLICATION FOR EMPLOYMENT

Name: _____
FIRST MIDDLE LAST

Address: _____

Telephone number (home) _____ (work) _____

Cell phone number _____ E-mail: _____

Driver's License State of Issue: _____ Class: _____

Soundex #: _____ Date of Birth: _____

Social Security #: _____ - _____ - _____ Height: _____ Weight: _____

Are you 21 years of age or older? Yes [] No []

MIEMSS ID # _____ National Registry # _____

Have you previously worked for or applied for employment with the Mount Airy
Volunteer Fire Company, Inc.? Yes [] No []

If so, when and what position? _____

Current Position Applied for:

- [] ALS Provider Full-time [] ALS Provider Part-time
[] EMT/FF Full-time [] EMT/FF Part-time
[] EVOD Full-time [] EVOD Part-time

If hired date available to begin work: _____

You are applying for an emergency services position which involves day, evening, night, and weekend shift work, can you fulfill such scheduling requirements?

[] Yes [] No [] Not Applicable.

Are you willing to work overtime as requested?

[] Yes [] No [] Not Applicable

Section I: Professional Qualifications

Briefly describe your skills and qualifications for this position:

Can you perform the essential functions of the job for which you are applying, as indicated in the position description provided to you, with or without reasonable accommodations?

Yes No

If an accommodation is needed to perform the essential functions of the job, state how you would perform the tasks and with what accommodations:

Not Applicable

Section II: Education

List any schools, secondary school(s) and up, you have attended.

Educational Institution	Dates Attended	Course of Study	Certificate, Degree, or Diploma

Section III: Training & Education - Fire & Rescue

(Attach copies of all MFRI, NFA/FEMA and/or Pro-Board transcript – If applicable)

Place an "X" next to all current Maryland Fire & Rescue certifications you possess:

- Firefighter I Firefighter II
- Emergency Vehicle Operator (EVOC) Incident Safety Officer
- Hazardous Materials Operations Hazardous Materials Technician
- Rescue Technician Vehicle & Machinery Truck Company Operations
- Aerial Apparatus Operator Pumping Fire Apparatus (Pumps)
- Fire Officer I Fire Officer II
- Fire Officer III Fire Officer IV
- EMS Officer I EMS Officer II
- Health & Safety Officer MIEMSS QA/QI Course
- Instructor I Instructor II

National Incident Management (NIMS) Training:

- ICS 100 ICS 200 ICS 300 ICS 400
- ICS 700 ICS 800

EMS Training:

- Maryland Paramedic Maryland Cardiac Rescue Technician
- Maryland Emergency Medical Technician – Basic
- ACLS Expiration: _____ BCLS Expiration: _____
- PALS Expiration: _____ Other: _____

Section IV: Criminal History

1. Have you been convicted of, plead guilty or no contest to, or received a probation before judgement for, a criminal offense other than a minor traffic offense (i.e., a traffic offense for which you were not required to attend a trial)? Yes – See Attachment
 No

2. Are any felony charges currently pending against you?
 Yes – See Attachment No

3. Are any serious misdemeanors carrying a penalty greater than one-year of possible incarceration currently pending against you?
 Yes – See Attachment No

4. Have you been convicted of or plead guilty or nolo contendere to or received probation before judgment with respect to any felony, a serious crime of violence against a person, a crime involving controlled dangerous substances, a serious crime against property, a crime involving sexual misconduct or any crime in which the victim is a patient or other individual entrusted to your care?
 Yes – See Attachment No

If you answer yes to any of the above questions, you are required to provide detailed information using the addendum sheet provided. Please include the nature of the offense, location of the event, court jurisdiction, disposition of the trial court if any, date of the trial, sentence or verdict, terms of sentence or probation, etc. Note: Providing false information will be grounds for immediate dismissal. (A record of conviction does not automatically exclude an applicant from employment considerations.)

1. Has your EMS certification or license ever been suspended or revoked in any state?
 Yes – See Attachment No

If you answered yes to the above questions, a detailed written explanation is required for all “Yes” responses. Please use the attached addendum sheet as needed to completely explain circumstances.

Section V: Employment History

Current Employers

Month & year started	Employer & Address of Employer	Supervisor Name Phone / Email
/		Name: Phone: Email:
Date Verified:	Salary:	Position Held Title:

Month & year started	Employer & Address of Employer	Supervisor Name Phone / Email
/		Name: Phone: Email:
Date Verified:	Salary:	Position Held Title:

Note: If you have more than (2) current / active employers, please provide the above required information for each additional employer on the provided application addendum.

Former Employers

Employment Dates	Prior Employer & Address	Prior Supervisor Name Phone / Email
Date Began: /		Name: Phone: Email:
Date Ended: /	Beginning Salary: Ending Salary:	Position Held Title:
Reason for leaving:		
Employment Dates	Prior Employer & Address	Prior Supervisor Name Phone / Email
Date Began: /		Name: Phone: Email:
Date Ended: /	Beginning Salary: Ending Salary:	Position Held Title:
Reason for leaving:		
Employment Dates	Prior Employer & Address	Prior Supervisor Name Phone / Email
Date Began: /		Name: Phone: Email:
Date Ended: /	Beginning Salary: Ending Salary:	Position Held Title:
Reason for leaving:		
Employment Dates	Prior Employer & Address	Prior Supervisor Name Phone / Email

Date Began: /		Name: Phone: Email:
Date Ended: /	Beginning Salary: Ending Salary:	Position Held Title:
Reason for leaving:		

1. Have you ever been discharged, forced to resign, or resigned while under investigation during your current or prior employment?
 Yes – See Attached No

2. Have you been dishonorably discharged or received an unfavorable separation from any of the uniformed branches of the United States armed forces?
 Yes – See Attached No

Section VI: Required / Supporting Documentation

Please include a copy of the following documentation with you completed application.

Document	Included	Not Applicable
Certified copy of your driving record – Past 3 years		
Copy of your current National Registry certification		
Copy of your current Maryland State EMT-B Certification		
Copy of your current Maryland State ALS License		
Copy of your current CPR Health care certification		
Copy of your current ACLS, PALS, BTLS, ITLS training		
Copy of your MFRI Transcript – Unofficial acceptable		
Copy of your NIMS Training – FEMA Transcript		
Copy of any Pro-Board Certifications		

Two (2) Letters of Recommendation		
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The Mount Airy Volunteer Fire Company, Inc., is firmly committed to creating equal employment and membership opportunities for all persons and maintains all of its policies, practices, and procedures in strict compliance with all federal, state, and local civil rights laws and regulations. No person shall be denied employment on the basis of race, color, national origin, religion, age, gender, disability, or sexual orientation.

Section VII: APPLICANT'S STATEMENTS

I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice. I release my prior employers and all persons whomsoever from any and all liability in connection with the furnishing of said information.

In making this application for employment I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigative consumer report.

I understand and agree that I may not work while using, possessing, distributing, or being under the influence of drugs or alcohol and agree to submit to any drug or alcohol testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. I voluntarily consent to the release to the Mount Airy Volunteer Fire Company, Inc. any drug or alcohol test results.

I further agree that if hired, either the Mount Airy Volunteer Fire Company, Inc. or I may terminate our relationship at will, without notice, and for any reason. Moreover, I understand that only the President of the Company may enter into any agreement with me concerning the length of my employment.

Printed name: _____ Signature _____

Date: _____

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.

Signature: _____

Section VIII: Application Addendum

Name: _____

Section(s): _____

Detailed information:
