

**HUNTINGTOWN VOLUNTEER FIRE DEPARTMENT
AND RESCUE SQUAD, INC.**

**P. O. BOX 482
HUNTINGTOWN, MD 20639
(410) 535-3331 (410) 535-4438 (Fax)**

APPLICATION FOR MEMBERSHIP

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___REINSTATE___TRANSFER___OTHER_____

TYPE OF MEMBERSHIP: ___REGULAR___JUNIOR___ADMIN.____OTHER

FULL NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET

_____, MD _____
CITY ZIP CODE SOCIAL SECURITY NUMBER DATE OF BIRTH

PHONE: (____) _____ (____) _____
HOME WORK

Have you ever been convicted of a misdemeanor or felony or are you under charge for a misdemeanor or felony? () Yes () No If yes, list all offenses and state date, place and action taken.

NOTE: A conviction will not automatically exclude you from becoming a member. The nature of the conviction and date occurred, is important. Give 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:

Type and Name of Course School Date

USE ADDITIONAL PAGES IF NECESSARY

EMPLOYMENT INFORMATION

Current Employer: _____
Supervisor's Name

Address: _____
Street City State Zip Code

Reason for Leaving: _____

Employer: _____ **From** _____ **To** _____

Address: _____
Street City State Zip Code

Reason for Leaving: _____

Employer: _____ **From** _____ **To** _____

Address: _____
Street City State Zip Code

Reason for Leaving: _____

Employer: _____ **From** _____ **To** _____

Address: _____
Street City State Zip Code

Reason for Leaving: _____

Employer: _____ **From** _____ **To** _____

Address: _____
Street City State Zip Code

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 service in any Fire Department, Rescue Squad, BLS or ALS organization been terminated for any reason other than retirement or VOLUNTARY resignation? () YES () NO

If yes, explain. _____

Attach a list of all Fire Departments and Rescue Squads to which you were either a paid or volunteer member. Include 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) _____

ADDITIONAL INFORMATION

Physician's Name: _____

Date of Last Physical: _____

In case of emergency, notify:

Name	Relationship	Phone
------	--------------	-------

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 have 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** _____
(If applicant is under 18 years of age)