



SYKESVILLE-FREEDOM DISTRICT FIRE DEPARTMENT INC.

P.O. Box 275 Sykesville, MD 21784
(410)795-8021 FAX: (410)549-8759
www.sykesvillefire.org

APPLICATION FOR EMPLOYMENT

Position Applied For _____ Date _____

Name _____

Last

First

Middle

Address _____

Street

City

State

Zip

Telephone # Home _____ Cell _____

Work _____ Can we contact you at work ____

Social Security # _____ DOB _____

Height _____ Weight _____ Color Eyes _____ Color Hair _____

Driver's License # _____ Class _____ Exp. Date _____

Has your driver's license ever been suspended or revoked? Yes _____ No _____

Has your EMS certification or licensure ever been suspended or revoked? Yes _____

No _____ if yes please indicated for what reason. _____

Have you ever been convicted of a felony? Yes _____ No ____ if yes, indicate what

had occurred _____

Have you ever filed an application here before? Yes ____ No _____ If yes when _____

Have you ever been employed with us before? Yes _____ No _____ If yes when _____

Give reason you left _____

Are you willing to work weekends? Yes _____ No _____

Are you willing to work holidays? Yes _____ No _____

Are you willing to work overtime? Yes _____ No _____

References:

List the names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. List three personal references that are not related to you.

Name _____ Telephone # _____ Years known _____

Name _____ Telephone # _____ Years known _____

Name _____ Telephone # _____ Years known _____

Name _____ Telephone # _____ Years known _____

Name _____ Telephone # _____ Years known _____

Name _____ Telephone # _____ Years known _____

List professional, trade, business, or civic organizations and positions held.

Organization _____ Positions Held _____

Organization _____ Positions Held _____

Organization _____ Positions Held _____

Organization _____ Positions Held _____

Please list any additional organizations with positions on a separate piece of paper.

List special accomplishments, publications, and awards _____

List any additional information you would like us to consider _____

Military Status:

Were you a member of the U.S. Armed Forces? Yes _____ No _____

What branch _____ What rank _____ Enlisted Date _____

End Tour of Duty _____ Honorable Discharge? Yes _____ No _____ If No,

reason why _____

Are you currently serving in any Reserve or National Guard? Yes _____ No _____

What Branch _____

Former Employers:

List below current and past two former employers.

Name and Address _____

From _____ to _____ Salary _____ Position _____

Reason for Leaving _____

Name and Address _____

From _____ to _____ Salary _____ Position _____

Reason for Leaving _____

Name and Address _____

From _____ to _____ Salary _____ Position _____

Reason for Leaving _____

Education:

What is your highest level of education? High school _____ College _____

Did you receive a diploma? Yes _____ No _____ If college, what degree_ _____

What was your grade point average? _____ What did you major in _____

What high school did you attend? _____

Name

Location

What college did you attend? _____

Name

Location

Please list the following EMS and fire training:

EMTB _____ EMTI _____ EMTA _____ Where attended _____

Certification Date _____ Expiration Date _____

Instructor _____ Primary Affiliation _____

FFI _____ FFII _____ FFIII _____ Where Attended _____

Date _____ Grade _____ Instructor _____

MFRI Basic _____ MFRI Intermediate _____ MFRI Advance _____

Where Attended _____ Instructor _____

Date _____ Grade _____

On a separate piece of paper please provide a copy of certifications listed above.

On a separate piece of paper please indicate all schools and training taken and provide A copy of certificates or certifications

Physical Record:

If you are handicapped and wish to be identified as such according to the Rehabilitation Act of 1973, please indicate by checking yes _____

How would you describe your physical condition? _____

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes _____ No _____

If yes, what can be done to accommodate our limitation(s)? _____

Emergency Contact _____

Name	Relationship	Phone #
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It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time the Employer reserves the right to terminate my employment at anytime, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make assurances to the contrary.

I give the Employer the right to investigate all reference and to secure additional information about me if job related. I hereby release from liability the Employer

and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

The Employer is an equal opportunity employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 1 year. At the conclusion of this time if I have not heard from the Employer and still wish to be considered for employment, it would be necessary for me to fill out a new application.

Signature of Applicant

Date