## Huntingtown Volunteer Fire Department And Rescue Squad, Inc.

P.O. Box 482, Huntingtown, MD 20639 Phone: 410-535-3427 Fax: 410-535-4438

#### **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 REII	NSTATE TRANSFER (	Other
TYPE OF MEMBERSHIP: REGULAR	_JUNIORCADETAffil	iate Other
FULL NAME:	FIRST	MIDDLE
ADDRESS:	city	<u>MD</u> State Zip
PHONE () (	) (	) Work
SOCIAL SECURITY NUMBER:		Date Birth
Have you ever been convicted of a misdem misdemeanor or felony or currently serving	g a Probation before Judgeme	ent?

() Yes () No If yes, list all such 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 it occurred is important. Give all of the facts so that a decision can be made.

### **EDUCATION**

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

FIRE /EMS/RESCUE TRAINING AND SCHOOLING:

Type and Name of Course

School

Date

USE ADDITIONAL PAGES, IF NECESSARY

HVFD&RS 5/19/15

FULL NAME:			
LAST	FIRST		MIDDLE
	LICENSES		
Do you have a valid Maryland Dri	ver's License? (_	) Yes () I	No
Driver's License Number		State	Class
Current Points Number o	f accidents in the p	ast 3 years	
Have you ever been convicted or p	oosted collateral/ba	ail for any traffic	violation?
() Yes () No If yes, list all suc	ch offenses with da	te, place and ac	tion taken:
EMPI	LOYMENT INFORM	ATION	
Current Employer		Supervisors Name	
Address			
Street	city	State	Zip
Former Employer Address	F1	rom To	
Street Reason for Leaving	city	State	Zip
Former Employer Address	F1	rom To	
Street Reason for Leaving	city	State	Zip
Former Employer Address	Fi	rom To	
Street Reason for Leaving	city	State	Zip

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

FULL NAME:		
LAST	FIRST	MIDDLE
ADDITIONAL	, INFORMATION	
Are you a member of another Fire Dep County? ()Yes () No	artment or Rescue Squ	ad in Calvert
Have you ever been a member of anoth () Yes () No	er Fire Department or	Rescue Squad?
Has your service in any Fire Departme organization been terminated for any r VOLUNTARY resignation? () Yes	eason other than retire	
If yes, explain:		
Attach a list of all fire departments	-	•

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 relative Name	/		
Address	Address		
Phone (Work)(Home)			
	Date of		
	Last Physical:		
In Case of an Emergency, Notify			

# Name 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 practioners, 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.

Relationship

Phone

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. Successful applicants will be selected by the Membership Committee 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 A	APPLICA	NT	DAT	Έ	
Signature of Pare	nt/Gua	rdian	DAT	E	
(If applicant is under	18 years	of age)			
[NOTARY Required fo	or parents	signature]			
HVFD Sponsor		HVFD Sponsor		HVFD Sponsor	
Name	Date	Name	Date	Name	Date

# **APPLICATION INSTRUCTIONS**

Attached you will find an application for the Department, a State of Maryland Request for Criminal Record Check and an Authorization for Release of Personal Information. These forms must be completed before your application will be considered.

- \* **APPLICATION FOR MEMBERSHIP** Please complete each section of this form. If additional space is needed for a section or question, additional pages may be added. If you are under 18 years of age, please have your parent or guardian sign the application.
- \* STATE OF MARYLAND Request for Criminal Record Check Please complete each section.
- \* CALVERT COUNTY Request for Fingerprint Form Please complete each section...

Please return the application in a sealed envelope to the Chairperson of the Membership Committee or the President of the Department. If any of the forms are incomplete, your application will not be accepted.

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