



Westminster Fire Engine & Hose Co., No. 1

"Volunteering Today for Your Tomorrow"

P.O. Box 357 28 John Street Westminster, Maryland 21158
410-848-1800 Fax: 410-848-3407

An Equal Opportunity Employer

PRE- EMPLOYMENT APPLICATION

All information submitted is subject to verification. A false statement may result in disqualification for employment or termination, if employed. Answer all questions fully and accurately. You must submit a separate employment application for each position.

Please Print

Date _____ Social Security Number _____ - _____ - _____

Name _____
Last First Middle Maiden Name

Telephone No. () _____ Additional Tel. No. where you can be reached () _____

Present Address How long at present address? _____

Street City State Zip Code

Previous Address How long at previous address? _____

Street City State Zip Code

If hired, can you provide evidence of your right to work in the United States? Yes _____ No _____

Position Desired _____ Date Available _____ Salary Desired _____

Applying for: Full-time Employment _____ Part-time Employment _____ Temporary Employment _____

Are you 18 years of age or older? Yes _____ No _____ Will you work overtime if required? _____

How were you referred to the Westminster Fire Department? (newspaper, employee, signage, etc.)

Can you perform the essential requirements of this job with/without reasonable accommodation? Yes _____ No _____

Have you previously worked for Westminster Fire Department? Yes _____ No _____

If yes, indicate employment date(s) _____

Are you related to any employee at this Company? Yes _____ No _____

If yes, to whom _____ Relationship _____

Are you presently employed? Yes _____ No _____ If yes, may we contact your present employer? Yes _____ No _____

Have you ever been bonded? Yes _____ No _____ Have you ever refused bond? Yes _____ No _____

If yes, state reason and date _____

Have you been convicted of a crime other than a minor traffic violation? Yes _____ No _____

Are you the subject of pending criminal charges? Yes _____ No _____ If yes, please explain _____

EMPLOYMENT EXPERIENCE

EVEN IF YOU SUBMIT A RESUME, YOU MUST STILL COMPLETE THE INFORMATION BELOW, OR YOU MAY BE DISQUALIFIED.

List all experience, including military, self employment and volunteer, for at least the last 10 years. Begin with your current or most recent experience and work back. If you need additional space, attach extra sheets.

LAST/CURRENT EMPLOYER: _____ Starting Date _____ Ending Date _____
Address: _____ Starting Pay _____ Ending Pay _____
Name of Supervisor: _____ Phone _____ Full Time _____ Part Time _____
Job Title: _____ Number Hours per week _____
May we contact this employer Yes _____ No _____ If no, why? _____
Reason for leaving/Desiring to Leave _____
Your Duties & Responsibilities: _____

PREVIOUS EMPLOYER: _____ Starting Date _____ Ending Date _____
Address: _____ Starting Pay _____ Ending Pay _____
Name of Supervisor: _____ Phone _____ Full Time _____ Part Time _____
Job Title: _____ Number Hours per week _____
May we contact this employer Yes _____ No _____ If no, why? _____
Reason for leaving _____
Your Duties & Responsibilities: _____

PREVIOUS EMPLOYER: _____ Starting Date _____ Ending Date _____
Address: _____ Starting Pay _____ Ending Pay _____
Name of Supervisor: _____ Phone _____ Full Time _____ Part Time _____
Job Title: _____ Number Hours per week _____
May we contact this employer Yes _____ No _____ If no, why? _____
Reason for leaving _____
Your Duties & Responsibilities: _____

PREVIOUS EMPLOYER: _____ Starting Date _____ Ending Date _____
Address: _____ Starting Pay _____ Ending Pay _____
Name of Supervisor: _____ Phone _____ Full Time _____ Part Time _____
Job Title: _____ Number Hours per week _____
May we contact this employer Yes _____ No _____ If no, why? _____
Reason for leaving _____
Your Duties & Responsibilities: _____

EDUCATION AND TRAINING

High School _____ City _____ State _____

High School Course: Academic _____ Business _____ General _____ Vocational _____

Did you graduate from high school? Yes _____ No _____ or Do you have a G.E.D. or equivalent? Yes _____ No _____

<i>CIRCLE HIGHEST GRADE COMPLETED</i>															
4	5	6	7	8	9	10	11	12	13	14	15	16	or	more	

College(s) attended	Type of Degree Awarded	Number of Credits	Major Field

List and/or provide copies of MFRI (Maryland Fire and Rescue Institute) MIEMSS (Maryland Institute for Emergency Medical Services System) and all other professional licenses, registrations, and certificates you presently hold.

Type _____ Number _____ Expiration Date _____

SPECIAL SKILLS

List any special qualification and skills (skills with machines, typing or shorthand speed, and computer skills, etc.) which relate to this position. _____

REFERENCES

List three business/work related references that are not related to you and are not previous supervisors. If necessary, list three personal or educational references that are not related to you.

Name _____ Occupation _____

Address _____

Phone _____ Years Acquainted _____

Name _____ Occupation _____

Address _____

Phone _____ Years Acquainted _____

Name _____ Occupation _____

Address _____

Phone _____ Years Acquainted _____

READ THE FOLLOWING CONDITIONS CAREFULLY BEFORE SIGNING INDICATING YOUR AGREEMENT

I hereby certify that the information on this application is accurate. I understand that any false answers or misrepresentations by omission, made by me on the application or any document, will be sufficient for rejection of my application or my immediate discharge should such falsifications or misrepresentation, be discovered at any time after I am employed.

I hereby acknowledge my understanding, that, if hired, I will be employed as an *at-will* employee. I will be on probation for a period of 36 days and that both during this period or anytime thereafter, Westminster Fire Department provides no guarantee of continued employment. I have a right to terminate my employment at any time, with or without reason, and so does Westminster Fire Department. I understand that any misrepresentation or omission of facts on this application is grounds for immediate dismissal, even if discovered after I have been a member of Westminster Fire Department for an extended period.

I understand that this application is the property of Westminster Fire Department and will become part of my personnel file if I am accepted for employment. This application does not constitute an express or implied contract.

I hereby agree that, if so requested by Westminster Fire Department, and at the Westminster Fire Department's expense, I will undergo a physical examination to determine if I am physically qualified to perform my assigned job, and I agree that the physician may disclose to the Westminster Fire Department results of such examination. If hired, I agree to undergo physical examinations, as may be requested by Westminster Fire Department as a requirement of my continued employment. I understand that all physical examinations may include drug and/or alcohol testing, and that successful completion of these examinations will be a condition of employment or continued employment.

I understand that this application will be considered only if I have specified the particular position for which I am applying and will be considered to be active for 60 days. If I wish to be considered for employment after that time, I must reapply. Westminster Fire Department will accept only an original application for employment, not a duplication.

In connection with my application for employment or continued employment, I hereby knowingly and voluntarily authorize (1) Westminster Fire Department, to obtain information from a consumer agency and investigate my personal history, including but not limited to a consumer report regarding credit worthiness, credit standing, credit capacity, prior employment, military service, educational institutions, Department of Motor Vehicles, character, general reputation, personal characteristics, and/or mode of living and criminal records; (2) such report will not be used in a manner that violates the Fair Credit Reporting Act law or any applicable federal or state Equal Employment Opportunity law or regulation and (3) all persons and entities possessing information related to my past history to provide that information to Westminster Fire Department. I also agree to execute all forms and to take all other steps needed for Westminster Fire Department to procure information about my personal history. I release all persons and entities that provide information covered by this paragraph from any and all liability for all claims related in any way to the release of such data.

I understand that I have the right to make a written request within a reasonable amount of time to receive additional, detailed information about the nature and scope of any investigative report or other consumer reports that are made, including the name, address, and telephone number of the consumer reporting agency, if such a report is requested.

This certifies that this pre-employment application for the employment was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant _____ Date _____

Only Maryland Applicants Read and Sign:

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

Signature of Applicant _____ Date _____

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment/membership with Westminster Fire Engine & Hose Company No. 1, (hereinafter referred to as the "Company"), I authorize the Company to request a consumer and/or investigative consumer report on me for employment/membership purposes from **KROLL BACKGROUND AMERICA, INC.** ("Kroll"). Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my driving history, including any traffic citations; workers' compensation records after a conditional employment/membership offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to the Company and Kroll, including, but not limited to, any and all courts, public agencies, and law enforcement agencies. I authorize the Company to share such information only with parties in interest who have a "need to know" such information to protect them and their employees/members. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to Kroll. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment/membership with the Company. I certify that the information contained on this Authorization form is true and correct and that my application or employment/membership may be terminated based on any false, omitted or fraudulent information.

Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: _____ First Name: _____ Middle: _____

Other Names Used _____ Years Used _____

Current Address: _____
Street /P. O. Box City State Zip Code County Dates

Former Address: _____
Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Phone Number: _____

E-mail Address: _____ Driver's License Number: _____ State _____

Date of Birth: _____ Gender _____

This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

Please note that nothing herein shall be construed as legal advice.