



Memorandum

Westminster Fire Engine and Hose Company #1

Pre-Membership Application Checklist

Applicant's Name: _____

Only complete pre-membership applications will be accepted and reviewed. Please make sure you have completed all parts and meet all membership requirements before submitting this packet.

ITEM	CHECK
Pre-Membership Application	
Background Investigation Report Form	
Letter of recommendation (School, Employment, Friends, Etc.)	
Background Investigation application fee (non-refundable)	
Copies of any Fire or EMS training (if applicable)	
Fire Department Chief Recommendation (if applicable)	
Resume (optional)	

For Company Use Only	
Pre-Membership Application Received:	Background Investigation Fee Received:
Background Check Completed:	
Scheduled For Interview:	
First Company Meeting:	
Photo Taken:	
Door Code Assigned:	
Orientation Packet:	
Mentor Assigned:	
County Physical Completed:	

Membership is contingent upon completion of a satisfactory County Physical



Westminster Fire Engine and Hose Department #1

28 John Street, Westminster, Maryland 21157

For Emergency – Dial 911

Business: 410-848-1800 Fax: 410-848-3407

Overview

Thank you for applying to the Westminster Fire Engine and Hose Department #1. The Membership committee has organized this packet to help familiarize you with some of the operations of the Department. A **\$55.00 non-refundable application fee** and completed signed background investigation form is required with application. A Criminal History and Driving Record will also be preformed on each candidate. After completing all necessary paperwork, please return this application packet to the Westminster Fire Department (Membership mailbox). If you have any questions, please feel free to call any of the volunteer members or paid personnel at the firehouse, or call the number above. Thank you for your interest with the Westminster Fire Department.

Meetings

The General Department meetings are on the first Wednesday of every month at 7:00 PM. Yearly dues of twelve dollars (\$12.00) are to be paid to the Treasurer by the December Department meeting. For members who join the Department in March or after, dues are prorated to one dollar (\$1.00) for each remaining month. Dues must be paid within thirty (30) days of membership acceptance.

LOSAP

LOSAP stands for Length of Service Awards Program. To be eligible you must be a Maryland resident and obtain 50 points per year for 25 years. Points are obtained thru attending meetings, training, fundraising, committee participation and responding to calls. After 25 years of service the awards program provides a monthly payment to any member who meets the requirements and is over the age of 65. In addition, after three (3) years of active service, members are eligible to receive a \$3,500 tax deduction.

Committees

The Department offers numerous committees, from Fundraising, Photo, Awards and Safety, just to name a few. New members have the opportunity to join any committee; all that is required is an active participation by the member.

Department Officers

Those Officers that are elected are voted on at the December meeting. Those appointed will be determined by the Chief of the department at the beginning of the year.

Board Members

President
1st Vice President
2nd Vice President
Treasurer
Secretary
Chief
Member at Large
Member at Large

Fire Officers

Chief
Assistant Chief
Captain
Lieutenants 1 - 7
Sergeants 1 – 3

EMS Officers

Captain
Lieutenants 1 - 5
Sergeants 1 - 3

Probationary Status

You will be put on probationary status for a period of one (1) year from time of acceptance into the department. After six (6) months of service probationary members are brought up for a vote before the entire Department for final acceptance. After your one year is up, you must write a letter to the Board requesting to come before the Board to discuss your status. The Board will then decide if you should be taken off probation or continue for a length of time to be determined by the Board.



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

NEW MEMBER APPLICATION

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

Please Print Legible

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

Email Address _____

Previous Address How long at previous address? _____

Street City State Zip Code

If selected as a member, can you provide evidence of your right to work in the United States? Yes _____ No _____

Position Desired: Fire/EMS _____ Associate _____ Administrative _____ Fire Police _____

What is your availability? _____

Are you 18 years of age or older? Yes _____ No _____

How were you referred to the Westminster Fire Department? (Newspaper, employee, internet, family, friend, signage, etc.)

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

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

If yes, indicate employment/volunteer date(s) _____

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

If yes, to whom _____ Relationship _____

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 _____

NMA-1

Packet Revised May 2013

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 _____
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 _____

Membership Agreement

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 become a member.

I hereby acknowledge my understanding, that, if I'm accepted for membership, I will be as an *at-will* member. I will be on probation for a period of 365 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 membership. 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 I become a member 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 membership or continued membership.

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 membership after that time, I must reapply. Westminster Fire Department will accept only an original application for membership, not duplication.

In connection with my application for membership or continued membership, 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 a 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 application for membership 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 _____

June 2005
NMA-4

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

Printed Name: _____
 First Middle Last

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.

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