

Taneytown Volunteer Fire Company No. 1

39 East Baltimore Street
Taneytown, Maryland 21787



Date Received _____
For Office Use

Application for Employment

EMT-B/CRT/Paramedic

Position Applying for _____ Available FT _____ PT _____ Date Available _____

Name _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Pager _____ E-mail _____

EMS Certification/License _____ Effective _____ Exp _____

Carroll County Affiliation _____

Social Security # _____ - _____ - _____

Driver's License # _____ State _____ Class _____ Expiration _____

EDUCATION

High school grad or GED? Yes _____ No _____ If no, highest grade completed _____

Name of school and address _____

Dates attended _____

College graduate? Yes _____ No _____ If yes, give name and address of school, dates attended, major course of study, degree and date received _____

Trade/Technical School? _____ Dates Attended _____ Diploma or certificate received _____

WORK EXPERIENCE

* Give last ten (10) years experience. Use back or additional paper if necessary.*

1. **Present or last job.** Name of Employer _____
Address _____
Supervisor and Phone # _____
Your job title _____ From: ___ / ___ / ___ To: ___ / ___ / ___
Job duties _____
Reason for leaving _____

2. **Next most recent job.** Name of Employer _____
Address _____
Supervisor and Phone # _____
Your job title _____ From: ___ / ___ / ___ To: ___ / ___ / ___
Job duties _____
Reason for leaving _____

3. **Next most recent job.** Name of Employer _____
Address _____
Supervisor and Phone # _____
Your job title _____ From: ___ / ___ / ___ To: ___ / ___ / ___
Job duties _____
Reason for leaving _____

Have you ever been convicted of any violation of law other than a minor traffic violation? _____ If yes, attach an explanation. Note: A conviction record will not necessarily bar you from employment.

Have you taken a formal Emergency Vehicle Operations course? _____ Date _____
Years of experience as an Emergency Vehicle Operator _____

Has your EMS certification/licensure ever been suspended or revoked? _____
If yes, attach an explanation.

REFERENCES

Please provide the names, addresses, phone numbers, and years known of three references other than supervisors listed above.

1. _____
 2. _____
 3. _____
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Please attach the following documentation to this application:

1. Copy of current EMS certification/licensure.
 2. Copy of current state driving record.
 3. Copy of current physical, including a statement from the physician that you are capable of performing the duties of this position.
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Please read the statement and sign below.

I hereby affirm that this application contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. By signing and submitting this application, I authorize the Taneytown Volunteer Fire Company to conduct a background investigation related to my ability to perform the duties of this position.

DATE _____ SIGNATURE OF APPLICANT _____