



HYATTSTOWN VOLUNTEER FIRE DEPT., INC

Emergency Dial 911

Company 9
25801 Frederick Road
Clarksburg, Maryland 20871

(301) 972-3398
(301) 831-8499

FOR PERSONNEL COMMITTEE

NAME OF APPLICANT _____

ADDRESS _____

PHONE NUMBER _____
HOME _____ **OFFICE** _____

WHEN IS A GOOD TIME TO EACH YOU _____

PERSON DISTRIBUTING APPLICATION _____

TODAY'S DATE _____

PLEASE RETURN TO: ASSITANT SECRETARY
ADMINISTRATION OFFICE
PERSONNE COMMITTEE
COMPANY 9
25801 FREDERICK ROAD
CLARKSBURG, MARYLAND 20871



HYATTSTOWN VOLUNTEER FIRE DEPT., INC.

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Position applying for:

Firefighter _____ Firefighter and EMS _____ EMS Only _____ Other _____

PERSONAL DATA

Application for membership in the _____ Volunteer Fire/Rescue Department

Name _____
last middle first

Nickname/Preferred Name _____

Home Address: _____
_____ city state zip

Occupation _____ Social Security # _____

Drivers License # _____ State _____ Type _____

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

If yes, explain giving dates, etc., _____

Phone # _____ / _____ / _____
Home Work other

IN CASE OF EMERGENCY, PLEASE NOTIFY THE FOLLOWING:

Name: _____ Relationship _____

Address _____

Phone # _____ / _____ / _____
Home Work other

Church or name of clergy _____ Phone # _____

Doctor's name _____ Phone # _____

FIRE/RESCUE EXPERIENCE

- 1. Have you ever applied to this department before? Yes _____ no _____
If yes, date applied: _____
- 2. Have you ever served in another fire/rescue department? Yes _____ no _____
If yes, complete the following:
Name of fire department: _____ Phone# _____ / _____
Address: _____ Dates of Service _____ | _____
_____ From _____ to _____
- 3. List types of fire/rescue vehicle(s) you have been authorized /licensed to drive:
(Example: ambulance, ladder truck, etc.)
a. _____
b. _____
c. _____
d. _____
- 4. State highest rank you have held: _____
- 5. List any fire/rescue/EMS or related courses you have taken and where/how obtained.
(Example: Basic firefighting, Emergency Medical Technician, etc.)
(Name of school, course, etc.)
a. _____
b. _____
c. _____
d. _____

Attach photocopy of any certificates earned.

EMPLOYMENT

Current Employer _____
Address _____
city state zip code
Phone # _____ / _____ Dates Employed _____ / _____
from to

Previous Employer _____
Address _____
city state zip code
Phone # _____ / _____ Dates Employed _____ / _____
from to

Previous Employer _____
Address _____
city state zip code
Phone # _____ / _____ Dates Employed _____ / _____
from to

Education

Special skills, interests hobbies _____

Foreign languages spoken or read _____

Name and location of last high school attended _____

Grade completed _____

Name and location of college or university attended _____

Number of credits/degree _____

Other relevant training that should be included in your fire service file _____

REFERENCES

Read carefully: List as character references three persons who you have known for at three years and who are not related to you. May not be past employers.

1. _____
name address

Phone # Position/occupation

2. _____
name address

Phone # Position/occupation

3. _____
name address

Phone # Position/occupation

General

Have you ever been convicted of a criminal offense in an adult court? Yes _____ no _____

If yes, give details, including charge, location, and disposition of case. _____

I authorize the investigation of all statements made herein. I understand that any false statements or omissions of information requested is cause for rejection of my application. My signature on this application indicates that I have read the job description for the position of _____

And I understand that the job of a firefighter or medical attendant is physically challenging and that my membership is dependent upon my successful completion of a physical examination to be conducted by Montgomery County's Occupational Medical Section.

Signature of applicant: _____

Date: _____

PARENTAL AUTHORIZATION REQUIRED FOR ALL APPLICANTS UNDER THE AGE OF 18

Signature of Parent/Legal Guardian

Date

Signature of Witness

ADMINISTRATIVE REVIEW

Fee

Photo

School Check

Police Fingerprint check

References Returned

Interview By

Physical Exam

2nd Interview By

Voted (date)

Mentor assigned (name)

Place Photo Here