



Winfield Community Volunteer Fire Department, Inc.

1320 West Old Liberty Rd Sykesville, Maryland 21784

Phone: 410-795-1333 • Fax: 410-795-1375

Application For Employment

Name: _____

Date: __/__/__

Address: _____

Cell Phone: (____)____-_____

Email: _____

Social Security Number: _____

Date of Birth: __/__/_____

Driver's License Number: _____

Class: _____

Restrictions: _____

Has your Driver's License ever been suspended or revoked? Yes ___ No ___

If yes, please explain: _____

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

If yes, please explain: _____

Position desired (check all that apply):

Full Time ALS Provider

Part Time ALS Provider

Full Time BLS Provider

Part Time BLS Provider

Part Time Engineer

Are you willing to work weekends and/or evenings? Yes ___ No ___

Date Available: __/__/_____

Are you an EVOD? Yes ___ No ___

How did you hear about The Winfield Community Volunteer Fire Department? _____

Please provide 3 professional references (not related to you):

Name: _____

Phone; (____)____-_____

Years Known: _____

Name: _____

Phone; (____)____-_____

Years Known: _____

Name: _____

Phone; (____)____-_____

Years Known: _____

What is your current EMS Certification level in the state of Maryland?

EMT-B ___ EMT- I ___ CRT ___ EMT-P ___ Other (Explain) _____

Has your EMS Certification ever been suspended or revoked? Yes ___ No ___ If yes, Why? _____



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Previous Employment:

Please list your 3 most recent employers:

Name of Employer: _____ Start Date: __/__/__ End Date: __/__/__

Address: _____ Name of Supervisor: _____

Phone Number: (____)____-____ Job Title: _____

Reason for Leaving: _____ May we contact this employer? Yes___ No___ If no, why?

Brief description of your duties and responsibilities: _____

Name of Employer: _____ Start Date: __/__/__ End Date: __/__/__

Address: _____ Name of Supervisor: _____

Phone Number: (____)____-____ Job Title: _____

Reason for Leaving: _____ May we contact this employer? Yes___ No___ If no, why?

Brief description of your duties and responsibilities: _____

Name of Employer: _____ Start Date: __/__/__ End Date: __/__/__

Address: _____ Name of Supervisor: _____

Phone Number: (____)____-____ Job Title: _____

Reason for Leaving: _____ May we contact this employer? Yes___ No___ If no, why?

Brief description of your duties and responsibilities: _____

Education:

High School: _____ City: _____ State: _____

Did you graduate from High School or hold a G.E.D.: Yes___ No___

Highest Grade Completed (Circle One): 8 9 10 11 12 13 14 15 16 or more

College: _____ City: _____ State: _____

Type of Degree: _____ Major: _____ Minor: _____



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Previous Trainings and Qualifications (**Please attach MFRI Transcript**): _____

Please list any other Educational background you feel may be relevant: _____

Please Ensure all of the following are attached (failure to attach may disqualify your application):

1. MFRI Transcript or equivalent
2. Copy of Driving Record (at least the past 3 years)
3. Pro Board Certifications, if any
4. EMS Certifications
5. Background Investigation Form (attached to this packet)

The Winfield Community Volunteer Fire Department, Inc., is firmly committed to creating equal employment and membership opportunities for all persons and maintains all of its policies, practices, and procedures in strict compliance with all federal, state and local civil rights laws and regulations. No person shall be denied employment on the basis of race, color, national origin, religion, age, gender, disability, or sexual orientation.

I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice. I release my prior employers and all persons whomsoever from any and all liability in connection with the furnishing of said information.

In making this application for employment I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigative consumer report. I understand and agree that I may not work while using, possessing, distributing, or being under the influence of drugs or alcohol and agree to submit to any drug or



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alcohol testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. I voluntarily consent to the release to the Winfield Community Volunteer Fire Department, Inc. any drug or alcohol test results.

I further agree that if hired, either the Winfield Community Volunteer Fire Department, Inc. or I may terminate our relationship at will, without notice, and for any reason.

Signature: _____

Date: _____