

North East Fire Company, Inc.



APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: \_\_\_\_\_

Regular Full-Time \_\_\_\_\_ Part Time \_\_\_\_\_

How did you learn of employment opportunities with North East Fire Co. Inc.? \_\_\_\_\_

PERSONAL DATA

Name: \_\_\_\_\_  
(Last) (First) (Middle)

List any other name under which your educational or work records may appear: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ SSN: (Last 4 ONLY) \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes \_\_\_ No \_\_\_

If No, please explain \_\_\_\_\_

Have you, since age 18, been convicted of a misdemeanor or felony other than minor traffic violations? (Each conviction will be evaluated in relation to time, seriousness and circumstances and will not necessarily bar you from employment.) Yes \_\_\_ No \_\_\_

If yes, please describe in full all convictions: (Complete on back if necessary)

List any certifications/qualifications you have: \_\_\_\_\_

\* NOTE: Please, provide all copies of training for fire and EMS which are approved by the State of Maryland.

**As an Equal Opportunity Employer**, North East Fire Company does not discriminate in hiring or other terms and conditions of employment because of an individual's race, creed, color, religion, sex, age, national origin, marital status, disability, veteran status, or any other reason prohibited by federal, state, or local law.

**Americans with Disabilities Act:** No qualified individual with a disability shall on the basis of the disability, be subjected to discrimination in employment under any service, program, or activity conducted by North East Fire Company. It is also essential that the North East Fire Company will not compromise safety in any of their hiring practices. North East Fire Company will make reasonable accommodations with regard to employment of individuals with disabilities. The North East Fire Company will not discriminate in any way toward any employee with regard to employment related activities (i.e. hiring, firing, tenure, layoffs, leave, etc.). No employee will be discriminated against for their association or relationship to any disabled person.

**EMPLOYMENT RECORD**

Give employment record as completely as possible starting with your present or last employer. (include Military Service) Attach additional sheets if necessary.

1. Employer	Address	Mo/Yr Start	Mo/Yr End
Type of Business	Reason for leaving	Salary Start	Present/End Salary
Title of Position	Name of Supervisor	May we contact? Yes No	Phone #
Duties:			

2. Employer	Address	Mo/Yr Start	Mo/Yr End
Type of Business	Reason for leaving	Salary Start	Present/End Salary
Title of Position	Name of Supervisor	May we contact? Yes No	Phone #
Duties:			

3. Employer	Address	Mo/Yr Start	Mo/Yr End
Type of Business	Reason for leaving	Salary Start	Present/End Salary
Title of Position	Name of Supervisor	May we contact? Yes No	Phone #
Duties:			

4. Employer	Address	Mo/Yr Start	Mo/Yr End
Type of Business	Reason for leaving	Salary Start	Present/End Salary
Title of Position	Name of Supervisor	May we contact? Yes No	Phone #
Duties:			

**EDUCATIONAL DATA**

Name and Address of last High School Attended and course of study: \_\_\_\_\_  
\_\_\_\_\_

Did you graduate? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you did not graduate from High School, have you received a GED? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, give # \_\_\_\_\_

**COLLEGE OR UNIVERSITY**

Name and Address of College	Degree Received	Semester Hours	Years Completed	Date
_____				
_____				

\_\_\_\_\_

OTHER TRAINING: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Do you currently serve in the Military or are you a veteran? Yes: \_\_\_\_\_ No: \_\_\_\_\_

List any licenses and/or certificates you possess which relate to the position for which you are applying.  
\_\_\_\_\_  
\_\_\_\_\_

**Driving Record**

Please note the Driver's License Number and Class in which you possess a valid license.

Driver License # \_\_\_\_\_ State: \_\_\_\_\_

Class of License: \_\_\_\_\_

Do you currently have any restrictions? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Have you had any moving violations? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, Please explain: \_\_\_\_\_

Do you have any current points on your driver's license? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, how many? \_\_\_\_\_

- **NOTE:** Please, provide a copy of your driver's license with this application.
- Are you able to perform the essential functions of the position for which you are applying with our without reasonable accommodations? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**PERSONAL REFERENCES**

<u>Name</u>	<u>Address</u>	<u>Relation to Applicant</u>	<u>Occupation</u>	<u>Telephone No.</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Have you worked for the North East Fire Company before? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, Dates: \_\_\_\_\_ Department worked for: \_\_\_\_\_

How soon can you report to work? \_\_\_\_\_

If employed, are you willing to accept the approved salary for the job? \_\_\_\_\_

I authorize North East Fire Company to investigate any and all statements made in this Employment Application. If in the judgment of the Fire Company, any misrepresentation has been made herein or the results of the investigation are not satisfactory, an offer of employment may be withdrawn; and, if I am already employed, my employment may be terminated immediately.

I voluntarily consent to allow North East Fire Company or any of its officers, employees or agents to check my references by contacting any person whom they deem to be appropriate reference. I understand that these questions may be about my personal or educational background, work experience, character, and personality, including information of a confidential or privileged nature.

**Polygraph Disclaimer:** It is the intention of North East Fire Company to inform all applicants of the following:

“Under Maryland law an employer may not require or demand any applicant for employment or prospective employment, or any employee to submit to or take a polygraph, lie detector, or similar test, or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and is subject to a fine not to exceed \$100.00.”

This employment application will be considered for the specific position opening only. All employment applications will be kept on file for 45 days.

**Notice to all Applicants:** Screening test for illegal drug use will be required as a condition of employment.

Please sign and date this application for employment below only after thoroughly reading all statements contained in this forms, and after filling this form out completely. Failure to completely fill out this form may result in the rejection of your application.

Date \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Return to:

**North East Fire Company, Inc.**  
P.O. Box 770  
210 South Mauldin Avenue  
North East, MD 21901  
410-287-8222 Phone  
410-287-6913