



ORGANIZED 1915

LINEBORO VOLUNTEER FIRE DEPARTMENT, INC.

P.O. Box 240 • 4224 Main Street • Lineboro, Maryland 21088

Phone: 410-374-2197 / 410-239-4670 • Fax: 410-374-9254

Dear Applicant:

Thank you for applying to the Lineboro Volunteer Fire Department, Inc. The following must be submitted with your application.

1. Application
2. Resume
3. Copies of all required EMS certifications
4. Copies of all required Fire certifications
5. Copy of Haz-Mat certification
6. Copy of current physical or letter from physician stating you have completed one, and are fit to perform this job.
7. Copy of CDL license (if applicable)
8. Copy of current driving record from the MVA

All applications must be submitted to either Chief 7 or EMS 7.

Meeting Night First Wednesday of Each Month

PERSONAL

Last Name		First	Initial	Social Security #
Other Name (s) Used				Home Telephone #
Address				Business or Message #
Position Applied For		Referred By		Salary Desired
Have you ever interviewed with the Lineboro Volunteer Fire Department, Inc. or its affiliates before? Yes or No			If yes, list date (s), job title (s), & location (s)	
Have you ever been employed by the Lineboro Volunteer Fire Department, Inc. or its affiliates before? Yes or No			If yes, list date (s), job title (s), & location (s)	
Do you have any relatives employed by the Lineboro Volunteer Fire Department, Inc. or its affiliates? Yes or No			If yes, list date (s), job title (s), & location (s)	
Are you at least 18 years old? Yes or No			If under 18, do you have a work permit? Yes or No	

EDUCATION

Circle Highest Grade Completed:

High School	9	10	11	12
College, Trade, or Business	1	2	3	4
Graduate Studies				

School	Address	Major Studies	Degree, Diploma, License, or Certificate
High School			
College/University			
Vocational, Business, Other			

List Any Professional Designations:

Other Special Knowledge, Skills or Qualifications:

Do you type? Yes or No

If yes, WPM:

Computer Skills (Hardware/Software)

EMPLOYMENT HISTORY

List all employments for the past 10 years, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
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Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

REFERENCES

Please list three references. References must not be relatives or previous employers.

NAME	PHONE NUMBER
ADDRESS	NUMBER OF YEARS KNOWN

NAME	PHONE NUMBER
ADDRESS	NUMBER OF YEARS KNOWN

NAME	PHONE NUMBER
ADDRESS	NUMBER OF YEARS KNOWN

EQUAL OPPORTUNITY STATEMENT

The Lineboro Volunteer Fire Department, Inc. does not unlawfully discriminate on the basis of race, color, religion, sex, national origin, age, height, weight, marital status, familial status, handicap/disability, sexual orientation or veteran status in employment or the provision of services, and provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in all programs and activities.

GENERAL

May we contact your current employer for references?

YES OR NO

May we contact any of your previous employers?

YES OR NO

If hired, will you be able to work overtime?

YES OR NO

Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?

YES OR NO

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? (A yes response does not automatically disqualify your application.)

YES OR NO

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by the Lineboro Volunteer Fire Department, Inc., I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Lineboro Volunteer Fire Department, Inc. to inquire into my education, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Lineboro Volunteer Fire Department, Inc. and will hold the Lineboro Volunteer Fire Department, Inc. and my former employer harmless from any claim made on the basis of such information. I further authorize the Lineboro Volunteer Fire Department, Inc. to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Lineboro Volunteer Fire Department, Inc. is intended to create an employment contract between myself and the Lineboro Volunteer Fire Department, Inc. under which my employment could be terminated only for cause. On the contrary I understand and agree that, that if hired, my employment will be terminable at will and may be terminated by me or the Lineboro Volunteer Fire Department, Inc. at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United states under the immigration Reform and Control Act (IRCA) of 986. The document (s) provided will be used for completion of the Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date