



LINEBORO VOLUNTEER FIRE DEPARTMENT, INC.

P.O. Box 240 • 4224 Main Street • Lineboro, MD 21102
Phone: (410) 374-2197 / (410) 239-4670 • Fax: (410) 374-9254

Application for Employment

Dear Applicant,

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

- Application
- Resume
- EMS Certifications
- Fire Certifications or MFRI Student Transcript
- NIMS Certifications
- Haz-Mat Certifications
- Copy of Current Annual Medical Physical Card (if Carroll County Affiliated)

If the position you are applying for requires you to drive, the following must also be submitted with your application:

- Copy of Driver's License
- Copy of Current Driving Record

Completed, **signed** applications, along with all requested attachments, must be submitted in a **sealed envelope**, and addressed to the attention of the department's EMS Captain.

By mail or dropped off at: 4224 E Main St., Lineboro, MD 21102
By Email: EMS7@Lineborovfd.org

Lineboro Volunteer Fire Department, Inc. is an equal opportunity employer and does not discriminate on the basis of race, color, creed, religion, gender, age, marital status, national origin, status as a veteran or qualified disabled person, or any other basis prohibited by applicable laws.

Section 1: Personal

Last Name	First Name	M.I.	Social Security #:
Other Names Used			
Street Address			Home Phone
City	State	Zip	Cell Phone

"100 Years of Service"

Lineboro Volunteer Fire Department, Inc.
4224 Main St.
Lineboro, MD 21102



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Section 2: Qualifications

EMS Qualifications (Check all that apply) <ul style="list-style-type: none"> <input type="radio"/> EMT-B (MD) <input type="radio"/> EMT-B (PA) <input type="radio"/> NREMT-B <input type="radio"/> IVT (MD) <input type="radio"/> CRT/EMT-I <input type="radio"/> NREMT-P <input type="radio"/> EMT-P (MD) <input type="radio"/> EMT-P (PA) 	Fire Qualifications (Check all that apply) <ul style="list-style-type: none"> <input type="radio"/> FF-I <input type="radio"/> FF-II <input type="radio"/> FO-I <input type="radio"/> FO-II <input type="radio"/> Rescue Tech <input type="radio"/> MFRI Pumps <input type="radio"/> EVOC List other qualifications in resume.	Other Qualifications: (Check all that apply) <ul style="list-style-type: none"> <input type="radio"/> ICS-100 <input type="radio"/> ICS-200 <input type="radio"/> ICS-700 <input type="radio"/> ICS-800 <input type="radio"/> Haz-Mat Level_____
Are you currently allowed to function as an EMS provider in Carroll County by the CCVESA Medical Advisory Board?	YES / NO	If Yes, at what level?
Are you currently affiliated, paid or volunteer, with another Fire Department in Carroll County?	YES / NO	If Yes, where?
Are you currently affiliated, paid or volunteer, with a Fire Department in another jurisdiction?	YES / NO	If Yes, where?

Section 3: Education

Highest Level of Education Completed?	9 10 11 12 Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years of College Completed?
High School Attended:	Location:	Major:
College Attended:	Location:	Major:
Vocational/Tech School/Other:	Location:	Major:

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Section 4: Employment

Are you at least 18 years of age?	YES / NO	Are you at least 21 years of age?	YES / NO
If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?		YES / NO	
Have you applied for employment with the Lineboro Volunteer Fire Department, Inc. in the past?	YES / NO	If Yes, when?	
Have you been employed with the Lineboro Volunteer Fire Department, Inc. in the past?	YES / NO	If Yes, when?	
Do you have any acquaintances or relatives currently employed by Lineboro Volunteer Fire Department, Inc.?	YES / NO	If Yes, who?	
If hired, would you have reliable transportation to/from work?	YES / NO	Have you been convicted of/pleaded no contest to a felony within the last 5 years that has not been expunged or sealed by the Courts?	YES / NO
If hired, are you willing to submit to and pass a controlled substance test?		YES / NO	
If hired, when can you start?			
Shifts at Lineboro VFD occur seven days a week, including holidays. Can you work shifts on weekends and holidays?		YES / NO	
Day-work at Lineboro Volunteer Fire Department, Inc. starts no later than 0700 and ends no earlier than 1700. Can you work a day-work shift?		YES / NO	
Night-work at Lineboro Volunteer Fire Department, Inc. starts no later than 1700 and ends no earlier than 0700. Can you work a night-work shift?		YES / NO	
What attracted you to Lineboro Volunteer Fire Department, Inc., and why do you think you'll make a good employee?			

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Section 5: Employment History

Current Employment: If currently employed, please fill out the following section.
If not, mark here:

Name of Employer:	Name of Supervisor:
Type of Profession and Job Title:	Telephone Number:
Address:	
Length of employment (include dates):	Reason you are leaving:
Were you ever disciplined on the job? (Including warnings, suspension, and discharge) <input type="checkbox"/> Yes <input type="checkbox"/> No	If you were disciplined, describe the circumstances:
May we contact this employer for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Military Service: If you previously served in the military, fill out below.
If not, mark here:

Branch:	Rank:
Total Years of Service:	Related Details:
Skills/Duties:	

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Previous Employment: Please list all employment for the past five years. Use the back if needed.

Name of Employer:	Name of Supervisor:
Type of Profession and Job Title:	Telephone Number:
Address:	
Length of employment (include dates):	Reason for leaving:
Were you ever disciplined on the job? (Including warnings, suspension, and discharge) <input type="checkbox"/> Yes <input type="checkbox"/> No	If you were disciplined, describe the circumstances:
May we contact this employer for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer:	Name of Supervisor:
Type of Profession and Job Title:	Telephone Number:
Address:	
Length of employment (include dates):	Reason for leaving:
Were you ever disciplined on the job? (Including warnings, suspension, and discharge) <input type="checkbox"/> Yes <input type="checkbox"/> No	If you were disciplined, describe the circumstances:
May we contact this employer for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Name of Employer:	Name of Supervisor:
Type of Profession and Job Title:	Telephone Number:
Address:	
Length of employment (include dates):	Reason for leaving:
Were you ever disciplined on the job? (Including warnings, suspension, and discharge) <input type="checkbox"/> Yes <input type="checkbox"/> No	If you were disciplined, describe the circumstances:
May we contact this employer for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer:	Name of Supervisor:
Type of Profession and Job Title:	Telephone Number:
Address:	
Length of employment (include dates):	Reason for leaving:
Were you ever disciplined on the job? (Including warnings, suspension, and discharge) <input type="checkbox"/> Yes <input type="checkbox"/> No	If you were disciplined, describe the circumstances:
May we contact this employer for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Section 6: Personal References

Personal References: Provide the names and contact information of three persons, not related to you, whom you have known for at least two years.

Personal Reference #1

Name:		
Address:		
Phone #:	Years Acquainted:	How Acquainted:

Personal Reference #2

Name:		
Address:		
Phone #:	Years Acquainted:	How Acquainted:

Personal Reference #3

Name:		
Address:		
Phone #:	Years Acquainted:	How Acquainted:

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READ THE FOLLOWING CONDITIONS CAREFULLY BEFORE SIGNING TO INDICATE YOUR AGREEMENT

1. This application is valid for only sixty (60) days. If you have not been employed within sixty (60) days of your application, you must submit a new application for employment.
2. By my signature below, I agree to the following:
 - a. I consent to take any physical examinations, including but not limited to tests for alcohol or drugs, that may be requested by Lineboro Volunteer Fire Department, Inc.: (1) following an offer of employment and prior to commencement of work; and (2) during the course of my employment, consistent with applicable law, including but not limited to the Americans With Disabilities Act. I further authorize any health care professional or testing facility who performs such an examination or who has other information concerning my physical, mental or other medical status to release such information to Lineboro Volunteer Fire Department, Inc. I understand that if my drug screen is positive for any illegal substance, that any offer of employment will be rescinded, or if I have already commenced work, I will be terminated.
 - b. I understand that any false statements or omissions made by me in connection with my application, or in responding to requests for information, can be sufficient grounds for my rejection as a candidate for employment or for my immediate discharge once employed.
 - c. I understand that any employment I might be offered by Lineboro Volunteer Fire Department, Inc., is at-will, of indefinite duration and not a contract, and that either I or Lineboro Volunteer Fire Department, Inc., can terminate that employment at any time with or without notice or cause, for any or no reason, and that no agreement to the contrary will be recognized by Lineboro Volunteer Fire Department, Inc., unless made in writing and signed by the President of Lineboro Volunteer Fire Department, Inc. I further understand that satisfactory completion of my provisional period will not change my status as an at-will employee, and that Lineboro Volunteer Fire Department, Inc., reserves the right, at its sole discretion, to change any of the terms or conditions of my employment, written or unwritten, without prior notice and that none of such terms or conditions of my employment are contractual in nature or binding on Lineboro Volunteer Fire Department, Inc.

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d. I understand that none of Lineboro Volunteer Fire Department, Inc.'s practices or policies are to be construed as imposing any binding obligation on the Lineboro Volunteer Fire Department, Inc., and that they are subject to change or deletion at any time in Lineboro Volunteer Fire Department, Inc.'s sole discretion.

e. I acknowledge and agree that if at any time I am subjected to any type of discrimination or harassment, I will contact Lineboro Volunteer Fire Department, Inc.'s Human Resources Manager or the President immediately to obtain assistance in the resolution of those matters.

f. I acknowledge that this application is the property of Lineboro Volunteer Fire Department, Inc., and will become part of my personnel file if I am accepted for employment.

g. If a conditional offer of employment is made, I hereby agree that, if so requested by Lineboro Volunteer Fire Department, Inc., and at Lineboro Volunteer Fire Department, Inc.'s expense, I will undergo a physical examination to determine if I am physically qualified to perform my assigned job, and I agree that the physician may disclose to the Lineboro Volunteer Fire Department, Inc.'s results of such examination. If hired, I agree to undergo physical examinations, as may be requested by Lineboro Volunteer Fire Department, Inc., as a requirement of my continued employment. I understand that all physical examinations may include drug and/or alcohol testing, and that successful completion of these examinations will be a condition of employment or continued employment.

h. I understand that no employment offer will be extended until satisfactory reference checks are made.

i. In connection with my application for employment or continued employment, I knowingly and voluntarily authorize Lineboro Volunteer Fire Department, Inc., to request and obtain a Consumer Report and/or an Investigative Consumer Report involving me, conducted by a consumer reporting agency or other organization, to obtain information about me from a consumer agency and investigate my personal history, including but not limited to information regarding my credit worthiness, credit standing, credit capacity, prior employment, military service, education, driving record, character, general reputation, personal characteristics, mode of living, criminal records, and workplace performance and conduct, and

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could include information obtained through personal interviews with my neighbors, friends, associates, co-workers, or others with whom I am acquainted or who might have knowledge concerning any such information. Such reports could be used to determine, or help determine, my fitness for the position for which I have applied or for the purpose of determining whether I should be subjected to disciplinary action, up to and including termination, during the course of my employment. Such reports will not be used in a manner that violates the Fair Credit Reporting Act law or any applicable federal or state Equal Employment Opportunity law or regulation. I also agree to execute all forms and to take all other steps needed for Lineboro Volunteer Fire Department, Inc., to procure this information. I release all persons and entities that provide information requested under this paragraph from any and all liability for all claims related in any way to the release of such information. I understand that I have the right to make a written request within a reasonable amount of time to receive information about the nature and scope of any investigative report or other consumer reports that are made, including the name, address, and telephone number of the consumer reporting agency, if such a report is requested.

I have read this Application for Employment and its attachments and I fully understand its contents. By my signature below, I hereby certify that I have answered all questions fully, have provided truthful and accurate answers to all questions, and have not omitted any information called for in the application. I further agree that I am seeking employment with Lineboro Volunteer Fire Department, Inc., under the terms and conditions described in this Application for Employment and its attachments.

Signature _____
Date _____

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.

Signature _____
Date _____

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REFERENCE RELEASE FORM

I, _____,

having filed an application for employment as a _____

(Position Sought)

at Lineboro Volunteer Fire Department, Inc. (the "Company"), do hereby authorize the Company to seek from school officials, doctors, previous employers, and other persons, firms or institutions, and further authorize the persons, firms or institutions contacted by the Company to release to it, any and all information in their knowledge or possession pertaining to my employment history or my qualifications and ability to work at the above-named job, including but not limited to information and opinions pertaining to the nature of my former jobs and job duties, how I performed those duties, my salary history, my attendance record, my character, my academic record, my physical ability to work and any performance, behavior, attitude or other problems or good points perceived by them. Further, I authorize the Company to seek from any and all law enforcement agencies having information concerning me any information maintained by that agency, including but not limited to the results of and reports concerning any investigations, and any and all documents, test results, or information of any type obtained from any source during the course of such investigations, other than records relating solely to charges that have been sealed or expunged. I also authorize said law enforcement agencies to release this information to the Company. I release, promise to hold harmless and covenant not to sue the Company on the basis of its attempts to obtain any of the foregoing information, and I further release, promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the Company on the basis of their disclosures, regardless of whether those disclosures adversely affect my opportunities for employment or otherwise cause me harm.

I have signed this release voluntarily and of my own free will.

WITNESS:

Applicant

Date: _____

Date: _____

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SEX, RACE AND ETHNIC GROUP IDENTIFICATION FORM

**DETACH FROM APPLICATION AND HAND IN SEPARATELY
DO NOT SIGN THIS FORM**

The federal government requires that an employer maintain records on the race, gender, and ethnic group of its applicants. In order to comply with these requirements, Lineboro Volunteer Fire Department, Inc., requests that you supply the information sought below. The information is for record keeping purposes only and will not in any way affect any employment decisions. This questionnaire will be kept separate from your application.

Position applied for: _____

Gender: _____

Race: _____

Ethnic Group (Check if you are a member of the Ethic Group)

- American Indian (including Alaskan Natives)
- Asian (including Pacific Islanders)
- Hispanic (including persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or culture)

In conformity with applicable laws, Lineboro Volunteer Fire Department, Inc., is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, gender, age, marital status, national origin, or disability.

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