

The Reese & Community Volunteer Fire Company

1745 Baltimore Boulevard, Westminster, Maryland 21157

e-mail: reese9@ccpl.carr.org

Organized January 26, 1948

Incorporated April 7, 1984

Phone: (410) 848-7172
(410) 876-0991

Employment Application Pre-Employment Questionnaire Equal Opportunity Employer

Events: (410) 848-6038
FAX: (410) 848-2396

Applicant Information

Last MI First Date:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address:

Date Available: Social Security No.: Desired Salary: \$

Position Applied for: Date of Birth

Full-time ALS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Sex	<input type="checkbox"/>	M	<input type="checkbox"/>	F
Part-time ALS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Are you currently employed?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Part-time BLS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	If so, may we contact your present employer?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Referred by:

Education

High School: Address:

From: To: Did you graduate? YES NO Degree:

College: Address:

From: To: Did you graduate? YES NO Degree:

Other: Address:

From: To: Did you graduate? YES NO Degree:

Current Certifications & Qualifications

Are you a current Carroll County Provider?

Do you have a Carroll County physical?

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Current & Previous Medical Conditions

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

AS THE APPLICANT, I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFIED OR INCOMPLETE STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR NON-ACCEPTANCE OR DISMISSAL. AS SIGNER OF THIS APPLICATION, I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND CONTACTING OF THE REFERENCES LISTED ABOVE. THEREFORE GIVING REESE VFC ANY AND ALL INFORMATION CONCERNING PERTINENT DATA AND RELEASE ALL PARTIES FROM LIABILITY FROM ANY DAMAGE THAT MAY RESULT.

IN ADDITION TO THE ABOVE INFORMATION, BY SIGNING THIS APPLICATION I AM GIVING REESE VFC THE AUTHORIZATION TO COMPLETE A FULL AND COMPLETE CRIMINAL HISTORY CHECK TO INCLUDE MOTOR VEHICLE ON MYSELF. I AM AUTHORIZING THIS RECORD CHECK ON MY OWN FREE WILL AND EMPHATICALLY STATE THAT NO ONE IS FORCING OR COERCING ME IN ANY WAY TO HAVE THIS CHECK CONDUCTED. I FURTHER AGREE TO FOREVER HOLD THE PERSON CONDUCTING THIS CHECK AND REESE VFC COMPLETELY HARMLESS AS TO ANY OF THE SPECIFICS THIS CHECK MAY REVEAL AND TO ANY ACTION THE ADMINISTRATION OF REESE VFC MAY TAKE BASED ON THE RESULTS OF THIS CHECK.

APPLICANT'S SIGNATURE:

DATE:

WITNESS NAME (PRINT):

WITNESS SIGNATURE:
