

## Application for Membership



### LAYTONSVILLE DISTRICT VOLUNTEER FIRE DEPARTMENT, INC.

Last Name:		First Name:		Middle Name:		Nickname:		Date of Application:	
Address:					Home Phone:		Social Security Number:		
					( )				
City:			State:	Zip Code:	Work Phone:		Date of Birth: (xx/xx/xxxx)		
					( )				
Email Address:					Cell Phone:		US Citizen - Yes/No - If no, indicate Resident Status		
					( )				
Drivers' License # and State:				Type:			Expiration Date:		
How were you referred to LDVFD? (check one)	Station Sign	LDVFD Website	Open House	Recruiter	Friend	Gazette Ad	Radio/TV	Other	
Applying for: (check one)	EMS Only		EMS & Firefighter		Cadet		Administrative		

PERSON TO NOTIFY IN CASE OF EMERGENCY			
Name:		Relationship:	
Address:		City:	State:    Zip Code:
Phone:		Alternate Phone:	
( )		( )	

Equal Opportunity Agency: Laytonsville District Volunteer Fire Department, Inc. (LDVFD) values diversity. We are an equal opportunity agency and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, sexual preference, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

This application is not a guarantee of membership, nor an offer of membership.

## FIRE/RESCUE/EMS EXPERIENCE

Have you ever applied to or been a member of LDVFD before? (Yes/No)	Dates:	
Have you ever served in another Fire/Rescue Department? (Yes/No)	Dates of Service:	
Name of Department:	Address:	Phone:  (   )
Highest Rank Held:	Other Positions Held:	
List any Fire/Rescue/EMS Courses you have taken, where/how obtained and dates:		
Have you ever been refused membership in, suspended, or discharged from, ANY Fire or Rescue Department? (Yes/No)	If Yes, Please Explain:	
Please briefly describe your reasons for becoming a volunteer with LDVFD.		
Please describe the hours that you would be available (in general) to respond to emergency calls.		

## GENERAL BACKGROUND

Has your drivers' license ever been suspended or revoked? (Yes/No)	If YES, explain why and give dates:
Have you ever been convicted of any crime(s) other than minor traffic citation(s)? (Yes/No)	If YES, when, where and what was the disposition of the offense?

## EDUCATIONAL BACKGROUND

SCHOOL ATTENDED	LOCATION CITY/STATE	MAJOR COURSE OF STUDY	DATES ATTENDED FROM/TO	GRADUATED YES/NO	DEGREE
High School					
College					
Other					

## EMPLOYMENT HISTORY

<b>Current Employer:</b>		Position/Title:
Street Address:		Phone: ( )
City:	State:	Zip Code:
Supervisor's Name:		Supervisor's Title:
Dates of Employment - From/To:		
<b>Former Employer:</b>		Position/Title:
Street Address:		Phone: ( )
City:	State:	Zip Code:
Supervisor's Name:		Supervisor's Title:
Dates of Employment - From/To:	Reason For Leaving:	
<b>Former Employer:</b>		Position/Title:
Street Address:		Phone: ( )
City:	State:	Zip Code:
Supervisor's Name:		Supervisor's Title:
Dates of Employment - From/To:	Reason For Leaving:	

List as, character references, three (3) persons who you have known for at least three (3) years, who are not related to you and who are not present or past employers.

REFERENCES				
Name:	Relationship:	Occupation:	Phone: ( )	
Address:		City:	State:	Zip Code:
Name:	Relationship:	Occupation:	Phone: ( )	
Address:		City:	State:	Zip Code:
Name:	Relationship:	Occupation:	Phone: ( )	
Address:		City:	State:	Zip Code:

**CERTIFICATION AND AUTHORIZATION:** I hereby certify that the statements contained herein are true and correct to the best of my knowledge. I understand that should an investigation disclose material misrepresentation, omissions, or falsification, my application may be rejected, or if I am a member, my membership and all rights and privileges of my membership may be immediately terminated. My signature on this application indicates that I understand that the position of Firefighter or EMS member is physically challenging and that my membership is dependent on my successful completion of a physical examination (to be conducted by Montgomery County's Occupational Medical Section) and a favorable background investigation.

I authorize the investigation of all statements contained herein, and direct the custodian of any records relevant to the confirmation of these statements to release such information necessary for verification. I release any individual, institution, business or organization from liability for damages which might arise from the release of pertinent information.

I also understand that if at any time I am dismissed from LDVFD, I will be required to return all LDVFD apparel and equipment immediately.

I have read, or have had read to me, the statements above and by my signature agree to these provisions.

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

Printed Name of Applicant: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(needed if applicant is under age 18)