

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)