

Gamber and Community Fire Company
3838 Niner Road
Finksburg, Maryland 21048
Application for Employment

[Print]

Date of Application: _____

Position applying for: _____

General Information:

Name _____

Address: _____

Mailing Address: _____

Social Security # _____ MIEMSS # _____

Date of Birth _____ Age _____

Home Phone _____ Work Phone _____

Pager # _____ Cellular Phone _____

Drivers License # _____ Class _____ State _____

[Attach copy of your driver's license and current driving record]

Have you ever been convicted of a crime [excluding minor traffic violation]?

Yes _____ Date of conviction(year) _____ No _____
(Do not report any conviction for which the records have been officially expunged.)

Are You an U.S. citizen? YES _____ NO _____

Emergency Contact

Name _____

Address _____

Phone # _____ Relationship _____

Education Data:

Schools Attend Did you successfully complete? _____ High _____ GED	Name and Location of last school attended	List major courses taken
College, University or other training Give name and location of college, university, or professional school	Major or specialty	Degree or Certificate received? If yes, give title. If no, # semester hours credits completed.

Employment Data:

Give employment record as completely as possible starting with your present or last position not to exceed past 15 years. Attach additional sheets if necessary. Note: This application must be fully completed whether or not a resume is submitted.

1. Employer/Firm	Address	Date Start	Date Finish
	Telephone	Salary Start	Salary Finish
Type of Business:		Full-time	Part-time
Title of position and Duties:			
Immediate Supervisor:		Title:	
2. Employer/Firm	Address	Date Start	Date Finish
	Telephone	Salary Start	Salary Finish
Type of Business:		Full-time	Part-time
Title of position and Duties:			
Immediate Supervisor:		Title:	
3. Employer/Firm	Address	Date Start	Date Finish
	Telephone	Salary Start	Salary Finish
Type of Business:		Full-time	Part-time
Title of position and Duties:			
Immediate Supervisor:		Title:	

Fire/Rescue/EMS related courses completed:

[Attach copy of license, certificates, or cards]

Course	Date Completed	Sponsor	Expiration (if applicable)
Firefighter I or higher			
Hazmat Ops or higher			
EMT-B or higher			
EVOC			
Rescue and/or Diving			

Has your medical license/certification ever been suspended or revoked? _____
[If yes attach an explanation]

Business or Professional References only

Name	Address	Telephone#	Occupation	Years Known
1)				
2)				
3)				

I authorize Gamber & Community Fire Company, Inc. to investigate any and all statements on this application for accuracy and integrity. To the best of my knowledge, all information and statements are correct and true. I also authorize my current and/or previous employers to verify the statements made in this application and to provide other employment data relating to my job performance, as requested.

I authorize Gamber & Community Fire Company, Inc. to contact my references.

I authorize Gamber & Community Fire Company, Inc. to conduct a criminal background check.

I must pass a Fire Department physical.

Falsification or misrepresentation of the information submitted on this application could result in the disqualification of the applicant from consideration for employment, or if the applicant has been hired, could result in his/her discharge from employment.

Signature _____ **AN EQUAL OPPORTUNITY EMPLOYER**