



GAMBER & COMMUNITY FIRE COMPANY, INC.
3838 NINER ROAD
FINKSBURG, MARYLAND 21048

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

DATE OF APPLICATION	
POSITION APPLYING FOR	

GENERAL

NAME			
ADDRESS			
MAILING ADDRESS			
SOCIAL SECURITY #		MIEMSS #	
DATE OF BIRTH		AGE	
HOME PHONE #		WORK #	
PAGER #		CELLULAR #	
DRIVER'S 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
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EMERGENCY CONTACT

NAME			
ADDRESS			
PHONE #		RELATIONSHIP	

An Equal Opportunity Employer

EDUCATION

SCHOOLS ATTENDED	SCHOOL NAME & LOCATION	LIST MAJOR COURSES TAKEN
DID YOU SUCCESSFULLY COMPLETE? ___ HIGH ___ GED		
COLLEGE, UNIVERSITY OR OTHER TRAINING. GIVE NAME AND LOCATION OF COLLEGE, UNIVERSITY, OR PROFESSIONAL	MAJOR OR SPECIALTY	DEGREE OR CERTIFICATION RECEIVED? IF YES, GIVE TITLE IF NO, # SEMESTER HOUR CREDITS COMPLETED.

EMPLOYMENT

1. EMPLOYER/FIRM	NAME	DATE START	DATE FINISH
ADDRESS		SALARY START	SALARY FINISH
		FULL-TIME	PART-TIME
		TELEPHONE	
TITLE OF POSITION			
DUTIES			
IMMEDIATE SUPERVISOR			TITLE

2. EMPLOYER/FIRM	NAME	DATE START	DATE FINISH
ADDRESS		SALARY START	SALARY FINISH
		FULL-TIME	PART-TIME
		TELEPHONE	
TITLE OF POSITION			
DUTIES			
IMMEDIATE SUPERVISOR			TITLE

3. EMPLOYER/FIRM	NAME	DATE START	DATE FINISH
ADDRESS		SALARY START	SALARY FINISH
		FULL-TIME	PART-TIME
		TELEPHONE	
TITLE OF POSITION			
DUTIES			
IMMEDIATE SUPERVISOR			TITLE

EMERGENCY SERVICES RELATED COURSES

ATTACH COPY OF LICENSES, CERTIFICATES, AND/OR CARDS

COURSE	DATE COMPLETED	SPONSOR	EXPIRATION (IF APPLICABLE)
FIREFIGHTER I OR HIGHER			
HAZMAT OPS OR HIGHER			
EMT-B OR HIGHER			
EVOC			
RESCUE/DIVING			

HAS YOUR MEDICAL LICENSE/CERTIFICATION EVER BEEN SUSPENDED OR REVOKED?

[IF YES ATTACH EXPLANATION]

BUSINESS OR PROFESSIONAL REFERENCES ONLY

NAME	ADDRESS	TELEPHONE #	OCCUPATION	YEARS KNOWN
1)				
2)				
3)				

STATEMENT

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

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

I agree to complete a Fire Department Medical Physical and must pass a Fire Department Medical Physical. The Fire Department Medical Physical will be paid by the employer.

I understand that 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 my discharge from employment.

SIGNATURE OF APPLICANT _____ DATE _____