



Joppa EMS

EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE			Today's Date _____	
_____	_____	_____	_____	
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Preferred Name/Nickname</i>	
_____	_____	_____	_____	_____
<i>Street Address</i>	<i>Apt #</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
_____	_____	_____	_____	
<i>Home Phone</i>	<i>Alternate/Work Phone</i>	<i>Email Address</i>		

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION								
Are you interested in:	_____	Full Time	_____	Part Time	_____	On Call		
What schedule would you prefer?	_____	0600-1400	_____	1400-2200	_____	2200-0600	_____	Any
	_____	Weekdays	_____	Weekends				
How did you hear about the position?	_____	Classified Ad	_____	Friend (Name)	_____	Radio	_____	Internet
Desired Pay:	Hourly Pay	_____	\$					
	(Minimum, if applicable)							
When are you able to start work?	Date:	_____						
What is your occupational goal?	_____							
Position desired:	EMT/DRIVER		PARAMEDIC/DRIVER					

Joppa Magnolia Volunteer Fire Company, Inc. is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Joppa Magnolia Volunteer Fire Company, Inc. complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Joppa Magnolia Volunteer Fire Company, Inc. also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

PLEASE CHECK YES OR NO TO THE FOLLOWING:

Are you authorized to work in the United States?

Yes No

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Joppa Magnolia VFC will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Are you over 21 years of age?

Yes No

Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation?

Yes No

If No, please list the accommodation(s) you feel would be necessary to allow you to perform these functions:

Do you have a current Driver's License with 2 points or less?

Yes No

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

Applicants may include any verified work performed on a volunteer basis.

	COMPANY NAME			YOUR POSITION and TITLE	
FROM ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$	
TO ____ / ____ Month Year	TELEPHONE NUMBER ()		TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	REASON	
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>				

	COMPANY NAME			YOUR POSITION and TITLE
FROM ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$
TO ____ / ____ Month Year	TELEPHONE NUMBER ()		TERMINATION ____ VOLUNTARY ____ INVOLUNTARY	REASON
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>			

	COMPANY NAME			YOUR POSITION and TITLE
FROM ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$
TO ____ / ____ Month Year	TELEPHONE NUMBER ()		TERMINATION ____ VOLUNTARY ____ INVOLUNTARY	REASON
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>			

Additional Information relevant to the position for which you are applying can be listed here.

EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

QUALIFICATIONS: Please provide dates of completion unless otherwise stated

HEALTH CARE PROVIDER CPR	EVOC OR VFIS TRAINING	BLOOD BORNE PATHOGENS
# YEARS PROVIDING PATIENT CARE	# YEARS DRIVING EMERGENCY VEHICLES	HIPAA

PROFESSIONAL LICENSES:

EMT LICENSE	STATE GRANTING LICENSE MARYLAND	LICENSE NUMBER
PARAMEDIC LICENSE	STATE GRANTING LICENSE MARYLAND	LICENSE NUMBER

REFERENCES: Please list three professional references

NAME	RELATIONSHIP	COMPANY	PHONE/ALTERNATE PHONE

EMPLOYMENT DISQUALIFIERS:

- Intentionally falsifying, misrepresenting, or omitting pertinent information while completing the employment application, preliminary interview questions or any other pre-employment document(s).
- Any felony conviction.
- Any outstanding criminal charge pending adjudication.
- Conviction of (2) or more misdemeanors within 3 years prior to application.
- Use of illegal drugs in violation of JMVFC Pre-employment Drug policy.
- A driver's license that is currently suspended, revoked or expired.
- One (1) or more DUI convictions within 3 years prior to application.
- No more than 2 points accumulation against current driving record.
- Three (3) or more moving violations within 3 years prior to application.
- Current probation or parole status.

NOTICE: MARYLAND LAW PROHIBITS SOME EMPLOYERS FROM REQUIRING AN APPLICANT FOR EMPLOYMENT TO DISCLOSE CERTAIN INFORMATION REGARDING THE CRIMINAL RECORD OF THE APPLICANT BEFORE THE FIRST IN-PERSON INTERVIEW. JMVFC IS AN EXEMPT EMPLOYER AS IT PROVIDES PROGRAMS, SERVICES OR DIRECT CARE TO MINORS OR VULNERABLE ADULTS.

Please provide an explanation if any of the above apply:

GENERAL QUESTIONS: Please circle Yes or NO

1. As part of the selection process applicants will be required to participate in a skills assessment, complete a protocol exam, an oral interview, background investigation, and a thorough medical examination (including a drug test).

Do you have any objection to participating in any phase of the selection process? YES NO

2. Do you have any objection to wearing a uniform or regulations pertaining to such? YES NO

3. Employees are required to work a minimum of two (2) shifts per month which could include weekends or holidays. During those shifts, reporting location may be based on the needs of the department and will be communicated to the employee prior to arrival. Do you have any objections to this requirement? YES NO

4. Employees are required to complete a respiratory questionnaire and perform a respiratory fit test for a half mask respirator. Do you have any objection to this requirement? YES NO

5. Have you ever served in a military or naval organization of the United States; to include the United States Reserves, National Guard, or the Coast Guard? YES NO

If yes, indicate Branch of Service: _____

From: _____ To: _____

Rank Held: _____

From: _____ To: _____

Rank Held: _____

Type of Discharge: _____

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

SIGNED:

DATE:

For Maryland Applicants Only

POLYGRAPH NOTIFICATION AND ACKNOWLEDGMENT:

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Signature of Applicant

Date

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Joppa Magnolia Volunteer Fire Company, Inc., or to any authorized agent of a criminal justice agency or private agency upon request of the Joppa Magnolia Volunteer Fire Company, Inc., whether the said record(s) be public, private or confidential in nature. The intent of this authorization is to give my consent for full and complete disclosure of the following records:

- Military Service Records
- Educational Institutions
- Employment and pre-employment records, including: salary records; background reports; pre-employment and promotional examination results; complaints or grievances filed by or against me; and internal investigation reports
- Records of civil complaints made by or against me, to include the records and recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I have ever been a party or have had an interest
- Verification of arrest/criminal court disposition
- Verification of ability to practice as an EMT or Paramedic in the State of Maryland
- Traffic reports/DMV driving records
- Character/social references and neighborhood checks

I understand that any information obtained by a personal background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the Joppa Magnolia Volunteer Fire Company, Inc. I also certify that I agree to indemnify and hold harmless the person to whom this request is presented, as well as his or her agents and employees from all claims, damages, losses and expenses. Also, included, are reasonable attorney's fees arising out of or by reason of complying with this request. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature and should be honored for a period of one year from the date of my signature.

Full Name (Print)

Date of Birth

Signature (Including Maiden Name)

Social Security Number

Home Address

Date

City State Zip