

Fire Hall 410-775-7422  
410-857-5880  
Fax 410-857-8775

Meeting First Tuesday Night  
Each Month.

"Proudly We Serve"



Emergency 911

P.O. Box 1050  
Union Bridge, Maryland 21791  
web site [www.ubfc8.org](http://www.ubfc8.org)

## **EMPLOYMENT APPLICATION**

(Please Print or Type)

Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

### **Personal Information:**

Name: \_\_\_\_\_  
Last First Middle Maiden/Alias

Current Address: \_\_\_\_\_  
Street/Apt/PO Box City State Zip

Years/Months at Present Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
Home Work Cell Cell Provider

MIEMSS ID #: \_\_\_\_\_ EMS Certification Level: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

Has your driver's license ever been suspended or revoked in any state? (If yes, provide state, date and explanation) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Educational Information:**

Did you successfully complete high school? \_\_\_\_\_ If no, do you have a GED or equivalent? \_\_\_\_\_

Name, location and date of High School Attended: \_\_\_\_\_

List name, location, dates and major/field of study for any College, University or other higher learning institute (If more space is needed, use the back of this page or an attachment and note such here):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History:**

**Give employment record as complete as possible, starting with you present or most recent employer.**

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Employer: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Finished: \_\_\_\_\_ Salary Start: \_\_\_\_\_ Salary Finish: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate Supervisor (Name and Title): \_\_\_\_\_

Type of Position/Duties: \_\_\_\_\_ Full or Part-Time: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Finished: \_\_\_\_\_ Salary Start: \_\_\_\_\_ Salary Finish: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate Supervisor (Name and Title): \_\_\_\_\_

Type of Position/Duties: \_\_\_\_\_ Full or Part-Time: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Finished: \_\_\_\_\_ Salary Start: \_\_\_\_\_ Salary Finish: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate Supervisor (Name and Title): \_\_\_\_\_

Type of Position/Duties: \_\_\_\_\_ Full or Part-Time: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Finished: \_\_\_\_\_ Salary Start: \_\_\_\_\_ Salary Finish: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate Supervisor (Name and Title): \_\_\_\_\_

Type of Position/Duties: \_\_\_\_\_ Full or Part-Time: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Fire/Rescue Experience:**

List all Fire/Rescue/EMS departments you have worked or volunteered for and the dates of affiliation:

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List any special skills you possess related to Fire/Rescue/EMS:

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**Reference Information:**

Name and Address	Phone Number	Relationship	Years Known
1.			
2.			
3.			

\*Include at least 1 professional reference that is not your immediate supervisor listed on pg 2.

**Additional Information:**

Have you ever been convicted of a crime (excluding minor traffic violations)? \_\_\_\_\_

Have you ever received compensation for work related illnesses or injuries? \_\_\_\_\_

Have you ever had an EMS license suspended or revoked? \_\_\_\_\_

Use this space to describe any "yes" answers to the above questions: \_\_\_\_\_

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How soon are you able to start working? \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_

**This application should be completed in full, regardless of the information contained on supplemental documents that are submitted. If more space is needed in any of the fields, use the back of that page or an attachment and make a note of such in the appropriate field. If you have not filled in the application completely, it may result in the rejection of the application. Please include copies of licenses, certifications, and transcripts as appropriate.**

**I authorize the Union Bridge Fire Company, Inc. to investigate any and all statements made on this application. I also authorize my current and/or previous employers to verify the statements made on this application and to provide other employment information relating to my job performance, as requested.**

**I understand that if I am selected for interview by the Union Bridge Fire Company, Inc., that this selection does not guarantee an appointment to the position for which I have applied and that no explanation is required to be given to me if I am not selected. I also understand that I am not to inquire by phone, e-mail or any other means, the outcome of the application process and that I will be informed by the Union Bridge Fire Company, Inc. when such decisions are concluded.**

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

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**