



ABERDEEN FIRE DEPARTMENT, INC.

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been sanctioned for fraud, abuse or any other reason? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Has your EMS License ever been Suspended, Revoked, or Withheld? YES NO

If yes, explain: _____

If a conditional offer for a position is made, you agree to submit to a drug screen? YES NO

Do you have previous 911 emergency ambulance driving experience? YES NO # of Years: _____ #of Months: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Professional References

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____
Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____
Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release and disqualify me for further consideration for employment.

I agree to conform to the rules and regulations of the Aberdeen Fire Department, INC., I understand that my employment may be terminated at anytime for any reason at the option of either myself or the Aberdeen Fire Department, INC. in accordance with Maryland's AT-WILL Employment Clause.

I have not been asked, nor have I requested, to submit to a lie detector or polygraph test. I am signing this statement of my own free will to conform to the requirements of the laws of the State of Maryland. The requirement reads...

"AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR, OR SIMILAR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE."

I further understand that a criminal background check will be apart of the verification process and that all employment history and references may be checked.

Signature: _____ Date: _____