



# Woodland Beach Volunteer Fire Department

529 Londontown Road, Edgewater, Maryland 21037

(410) 956-3100 (410) 222-8202

**ALL INFORMATION MUST BE PRINTED NEATLY OR WILL BE REJECTED**

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

**Type of Membership**  Riding  
 Administrative

## **PERSONAL DATA**

Name: \_\_\_\_\_  
Last Suffix First Middle

Nickname/Preferred Name: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

U.S. Citizen? \_\_\_\_\_ Sex: M / F Birth Place: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Apt City State Zip

Home Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Occupation \_\_\_\_\_ Work Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Pager: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Other: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Driver License No \_\_\_\_\_ State: \_\_\_\_\_ License type: \_\_\_\_\_

Has your driver's license ever been Suspended/Revoked? \_\_\_\_\_

If yes, explain giving dates, etc... \_\_\_\_\_

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## **FIRE/EMS Experience**

Have you ever applied, or been a member of the Woodland Beach Volunteer Fire Department? \_\_\_\_\_

If yes, date applied: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date left: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Reason: \_\_\_\_\_

Have you ever served in another FIRE/EMS department? \_\_\_\_\_

If yes, complete the following:

Name of Department: \_\_\_\_\_ Dates of Service \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ From To

Name/Telephone number of Company Officer we can contact about your membership while there

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

State highest fire department Rank you have held: \_\_\_\_\_

List any Fire, EMS, Rescue or related courses you have taken and where/how obtained:

(Example: Basic Firefighting, Emergency Medical Technician etc...)

(Name of School, Course, etc...)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Attach photocopy of any certificates earned**

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## **EMPLOYMENT/VOLUNTEERING**

Current Employer \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Dates Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_  
From To

Previous Employer \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Dates Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_  
From To

## **EDUCATION/INTEREST**

Any Special Skills, interests or hobbies: \_\_\_\_\_

Foreign Languages spoken or read: \_\_\_\_\_

Name and location of last high school attended: \_\_\_\_\_

Highest Grade completed: \_\_\_\_\_

Name and location of college or university attended: \_\_\_\_\_

Number of Credits/degree earned: \_\_\_\_\_

Other relevant training that should be included in your fire service file: \_\_\_\_\_

\_\_\_\_\_

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## **REFERENCES**

**Read Carefully:** List as character references three persons whom you have known for at least three years and who are not related to you. Do not list any past employers.

1. \_\_\_\_\_

Name

Phone

Relationship: \_\_\_\_\_ Years known: \_\_\_\_ Position/Occupation: \_\_\_\_\_

2. \_\_\_\_\_

Name

Phone

Relationship: \_\_\_\_\_ Years known: \_\_\_\_ Position/Occupation: \_\_\_\_\_

3. \_\_\_\_\_

Name

Phone

Relationship: \_\_\_\_\_ Years known: \_\_\_\_ Position/Occupation: \_\_\_\_\_

## **GENERAL**

Have you ever been charged or convicted of criminal offense in an adult court? \_\_\_\_\_

If so, give details including charge, location and disposition of case. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize the Anne Arundel County and/or Woodland Beach Volunteer Fire Department to investigate any and all statements made herein. I understand that any false statements or an omission of information requested is cause for rejection of my application.

I agree to abide by the constitution and Bylaws of company and all rules and regulations set forth by the Board of Directors and company.

**Riding Members Only:** My signature on this application indicates that I have read the job description of the position for which I applying. I further understand that the job of a firefighter or medical attendant is physically challenging. I also understand that my membership is dependent upon successful completion of a physical examination and background check that is to be conducted by the Anne Arundel County Fire Department

**The application fee is \$25.00 and must be paid prior to you being interviewed by the membership committee.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parental Authorization required for all applicants under the age of 18**

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

.....  
**For Fire Company Use Only**

(additional info. refer to tracking form)  
(Signature of Approval, if denied explain in space provided)

**Interviewed by:** \_\_\_\_\_ **and** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Application Fee Paid:** Yes / No      Cash / Check (Chk # \_\_\_\_\_)      **T-Shirt Size:** \_\_\_\_\_

Attached copy of check to application

**Board of Directors:** Approved / Denied / Tabled      Date: \_\_\_\_\_  
(If denied or tabled explain below)

**General Membership:** Approved / Denied / Tabled      Date: \_\_\_\_\_  
(If denied or tabled explain below)

**Probation Dates:**

Begin Date: \_\_\_\_\_ Review Date: \_\_\_\_\_  
End Date: \_\_\_\_\_ (Extension: \_\_\_\_\_ New End Date: \_\_\_\_\_)

Explanations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_