



Applicant Background Investigation

All answers must be typed or handwritten by the applicant and must be in black or blue ink.

All answers must be answered as thoroughly, as completely, as honestly and as candidly as possible. If a question does not apply, you must write "not applicable or N/A."

APPLICANT'S NAME: _____
Last First Middle

Present Address: _____
Street Apartment #

City County State Zip Code

Home Phone: () _____ Work Phone: () _____

Cell phone : () _____ E-mail Address _____

Date of Birth: ____/____/____ Social Security Number: ____/____/____

Height: Ft. ____ In. ____ Weight: ____ Eye Color: _____ Hair Color: _____ Race: _____

Place of Birth: _____

U. S. Citizen: **Yes** [] **No** [] By Birth [] Naturalization []

Date/Place/Court: _____

Certificate Number: _____ Petition Number: _____

Other Names Used (Maiden, Nicknames, etc.)

Investigator Date Applicant

Scars, Marks, Tattoo(s) (Describe): _____

DATA OF FORMER SPOUSE
(IF APPLICABLE)

Name: _____

Maiden name if applicable: _____ DOB: _____

Present address: _____

Street

Apt. #

City

County

State

ZIP code

() _____
Home Phone

() _____
Business Phone

Occupation: _____ Name of employer: _____

Address _____

Date of Marriage: ____/____/____ Location: _____

Date of Divorce: ____/____/____ Location: _____

Investigator

Date

Applicant

FAMILY OF APPLICANT

Provide complete addresses, zip codes, and phone numbers.

Father: _____ DOB: ____/____/____

Address: _____
Street _____ Apartment # _____

City _____ County _____ State _____ Zip Code _____

Home Phone: () _____ Work Phone: () _____

Criminal Record? **No** [] **Yes** [] If yes, explain: _____

E-mail _____

Mother: _____ DOB: ____/____/____
Last First Middle

Address: _____
Street _____ Apartment # _____

City _____ County _____ State _____ Zip Code _____

Home Phone: () _____ Work Phone: () _____

Criminal Record? **No** [] **Yes** [] If yes, explain: _____

E-mail _____

Brother/Sister: _____ DOB: ____/____/____
Last First Middle

Address: _____
Street _____ Apartment # _____

City _____ County _____ State _____ Zip Code _____

Home Phone: () _____ Work Phone: () _____

Criminal Record? **No** [] **Yes** [] If yes, explain: _____

E-mail _____

Brother/Sister: _____ DOB: ____/____/____
Last First Middle

Address: _____
Street _____ Apartment # _____

City _____ County _____ State _____ Zip Code _____

Home Phone: () _____ Work Phone: () _____

Criminal Record? **No** [] **Yes** [] If yes, explain: _____

Personal Residential Information

When completing this section ensure that you provide **every** address where you have lived for the past ten (10) years. **Begin with your current address and work backwards.** Include living on a college or private school campus or the equivalent.

1. _____ From: ____/____/____ To: ____/____/____
Street Apt. # (Dorm)

City County State Zip Code

2. _____ From: ____/____/____ To: ____/____/____
Street Apt. # (Dorm)

City County State Zip Code

3. _____ From: ____/____/____ To: ____/____/____
Street Apt. # (Dorm)

City County State Zip Code

4. _____ From: ____/____/____ To: ____/____/____
Street Apt. # (Dorm)

City County State Zip Code

5. _____ From: ____/____/____ To: ____/____/____
Street Apt. # (Dorm)

City County State Zip Code

6. _____ From: ____/____/____ To: ____/____/____
Street Apt. # (Dorm)

City County State Zip Code

(Use Reverse Side of Page for Additional Data, if Needed)

MILITARY STATUS OF APPLICANT

Have you served in the Armed Forces of the U.S.? **Yes** [] **No** [] Active [] Inactive []

If yes, Branch of services: _____

Dates of services: From: ____/____/____ To: ____/____/____

Type of discharge: _____

Job title and rank in military: _____

M. O. S. _____

Service Number: _____

Selective Service Number: _____ Classification: _____

Local Board Number: _____

List duty stations and dates of assignments (including supervisor's name and current phone)

Do you have any Reserve obligation: **Yes** [] **No** [] Active [] Inactive []

Dates that obligation started and is scheduled to terminate: _____

If you have a Reserve obligation, provide your reserve organization's name and address below:

Organization: _____

Address: _____

Supervisor: _____ Business Phone: _____

Were you ever subject to any disciplinary action (including Art. 15's) while serving in the Armed Forces? **Yes** [] **No** [] If yes, describe in detail _____

(Use reverse side of page for additional data, if needed.)

Investigator _____

Date _____

Applicant _____

MILITARY STATUS OF APPLICANT

(continued)

Were you ever reduced/demoted in rank? **No** [] **Yes** [] If yes, provide details _____

Have you ever received company punishment? **No** [] **Yes** [] If yes, provide details _____

Were you ever confined/detained in a brig, stockade, guardhouse or jail while in the military?

No [] **Yes** [] If yes, provide details _____

HIGH SCHOOL EDUCATION

High Schools/Vocational Schools Attended (list last attended first):

Name: _____

Address: _____
Street City County State Zip Code

Dates Attended: From: ____/____/____ To: ____/____/____

Highest Grade Completed _____ Did you graduate? (Circle) **Yes No**

Name: _____

Address: _____
Street City County State Zip Code

Phone Number: (____) _____

Dates Attended: From: ____/____/____ To: ____/____/____

Highest Grade Completed _____ Did you graduate? (Circle) **Yes No**

High School GED, When and Where? _____

COLLEGE(S)/UNIVERSITIES ATTENDED
(List last attended first. Use the back of this page if necessary)

(1) Name: _____

Address: _____
Street City County State Zip Code

Dates Attended: From: ____/____/____ To: ____/____/____

Number of credits earned: _____ Degree earned: _____ Date: ____/____/____

Did you earn a degree? Yes [] No []

Type: Certificate [] AA [] BA [] MA [] MS [] Other []

If not, how many college credits have you earned? _____

If you earned quarter hours, how many earned? _____

What is your major field of study? _____

(2) Name: _____

Address: _____
Street City County State Zip Code

Dates Attended: From: ____/____/____ To: ____/____/____

Number of credits earned: _____ Degree earned: _____ Date: ____/____/____

Did you earn a degree? Yes [] No []

Type: Certificate [] AA [] BA [] MA [] MS [] Other []

If not, how many college credits have you earned? _____

If you earned quarter hours, how many earned? _____

What is your major field of study? _____

Investigator

Date

Applicant

FOREIGN LANGUAGE SKILLS

Are you able to communicate in any language other than English (including sign language)?

No [] **Yes** [] If yes, specify language and fluency level on the chart below. Provide the names of two individuals who can verify your language skills. *You may be requested to participate in a language certification exercise that will verify your fluency level.*

1. Name: _____

Address: _____

Phone: (____) _____ Relationship: _____

2. Name: _____

Address: _____

Phone: (____) _____ Relationship: _____

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	E	G	F	E	G	F	E	G	F	E	G	F

FLUENCY LEVELS: E= EXCELLENT / G= GOOD / F= FAIR

APPLICANTS MOTOR VEHICLE/LICENSE INFORMATION
(use back of page if necessary)

List all motor vehicles currently owned and/or operated by applicant.

Make: _____ Model: _____ Tag No. _____ State: _____

Make: _____ Model: _____ Tag No. _____ State: _____

Make: _____ Model: _____ Tag No. _____ State: _____

Make: _____ Model: _____ Tag No. _____ State: _____

Automobile Insurance Company(s): _____ Agent: _____

Address: _____ Phone Number: _____

Policy Number(s): _____

Provide the information requested below on all drivers license which are now or have been issued to you from any state (even though these licenses may now be expired or have been replaced by another issuing agency or state). **List current license first.**

Number: _____ State: _____ Class: _____ Valid? **Yes [] No []**
Expiration: ____/____/____ Restrictions: _____

Number: _____ State: _____ Class: _____ Valid? **Yes [] No []**
Expiration: ____/____/____ Restrictions: _____

Number: _____ State: _____ Class: _____ Valid? **Yes [] No []**
Expiration: ____/____/____ Restrictions: _____

Number: _____ State: _____ Class: _____ Valid? **Yes [] No []**
Expiration: ____/____/____ Restrictions: _____

Has your license or privilege to operate a motor vehicle ever been revoked, refused, suspended, or cancelled? **Yes [] No []** If yes, explain in detail supplying reasons, dates, location, etc.

APPLICANT'S MOTOR VEHICLE/LICENSE INFORMATION

(continued)

How many positive and/or negative points are currently on your driver's license? _____

Have you ever received a "Warning letter" from the Motor Vehicle Administration of this or any State indicating that your driver's license, or vehicle registration, could or would be canceled, suspended, or revoked? **No** [] **Yes** [] If yes, explain in detail supplying reason, dates, agency, disposition, etc. _____

Do you currently have any outstanding parking tickets in this State or any other that have not been paid? **No** [] **Yes** [] If yes, explain in detail supplying, dates, agency, number of tickets, etc. _____

Have you ever obtained or possessed a falsified or fictitious driver's license? **No** [] **Yes** [] If yes, explain in detail, to include reason for possession. _____

Have you ever driven a vehicle, whether stopped by the police or not, while under the influence of alcohol or drugs? **No** [] **Yes** [] If yes, explain. _____

CRIMINAL HISTORY

Check all boxes that apply. If you check **YES** to any of the below, please explain in detail on the back of this page. Include dates and disposition.

PLACE A CHECK BESIDE ANY AND ALL OF THE CRIMES/OFFENSES LISTED BELOW IF YOU HAVE EVER COMMITTED OR PARTICIPATED IN OR CONSPIRED TO COMMIT ANY OF THE LISTED CRIMES (WHETHER OR NOT YOU WERE ARRESTED, CHARGED, OR DETAINED).

Alcohol violation(s)	[]	fraud/bad checks	[]
Arson/setting fires	[]	gambling/betting	[]
Assault/verbal/physical	[]	harassment/threats	[]
Auto theft	[]	impersonating a police officer/fire fighter	[]
Battery/fights	[]	hunting/fishing violations	[]
Bomb threats	[]	indecent exposure/mooning	[]
Burglary/housebreaking	[]	pedophilia	[]
Child abuse/molestation	[]	peeping tom/voyeurism	[]
Computer related crimes	[]	perjury	[]
Concealed weapons	[]	prescription drugs – illegal use	[]
Domestic Violence/abuse	[]	prostitution/solicit a prostitute	[]
Drugs (CDS) use/try	[]	rape/date rape/sexual assault	[]
Possession	[]	robbery	[]
Sale	[]	stalking	[]
Elder/adult abuse	[]	telephone misuse/threats	[]
Embezzlement	[]	theft/larceny	[]
Extortion	[]	trespassing	[]
False alarms/fire/bomb	[]	unauthorized use of a vehicle	[]
Forgery/credit cards	[]	vandalism/tagging	[]

IF YOU ANSWER YES TO ANY OF THE BELOW LISTED QUESTIONS OR THOSE ON PAGES 16, 18, 19, YOU ARE REQUIRED TO EXPLAIN FULLY ON THE BACK OF THE PAGE!

CRIMINAL HISTORY
(continued)

Have you ever:

- | | | |
|----|--|----------------|
| 1. | Lied or committed perjury in court or other judicial proceeding? | No [] Yes [] |
| 2. | Lied to anyone in authority? | No [] Yes [] |
| 3. | Entered any building, business, dwelling, or house without permission? | No [] Yes [] |
| 4. | Intentionally injured anyone as a result of a fight? | No [] Yes [] |
| 5. | Entered a house of prostitution for any reason? | No [] Yes [] |

Have you ever:

- | | | |
|-----|---|----------------|
| 6. | Cheated a restaurant or food establishment by walking out on a check? | No [] Yes [] |
| 7. | Helped anyone steal anything? | No [] Yes [] |
| 8. | Falsified or lied on an employment application? | No [] Yes [] |
| 9. | Provided anyone a discount at your place of employment <u>without</u> permission? | No [] Yes [] |
| 10. | Conspired with anyone to commit an illegal act or crime of any kind? | No [] Yes [] |
| 11. | Given anything to anyone that was not yours to give away? | No [] Yes [] |
| 12. | Been accused of/or arrested for domestic violence/spousal abuse/elder abuse? | No [] Yes [] |
| 13. | Been questioned by the police as a suspect as part of a criminal or traffic investigation? | No [] Yes [] |
| 14. | Been a lookout or driver for someone else while they committed a crime or criminal act of any kind? | No [] Yes [] |
| 15. | Used a weapon of any kind during a fight/altercation? | No [] Yes [] |
| 16. | Been placed on parole or probation for any reason? | No [] Yes [] |

CRIMINAL HISTORY

(continued)

17. Falsely reported a crime or knowingly given erroneous or misleading information to a police officer from this or any other police agency? **No [] Yes []**
18. Used false, fraudulent, altered or borrowed identification of any kind? **No [] Yes []**
19. Allowed your car to be used in the commission of a crime? **No [] Yes []**
20. Knowingly committed a weapons violation of any kind (includes illegal possession, wearing, carrying, transporting, selling, purchasing, or modifying)? **No [] Yes []**
21. Been a member of a street/motorcycle gang or crew? **No [] Yes []**
22. Been present at, witness to, or involved in any way in any kind of murder, killing, manslaughter or other unnatural death of a human being? **No [] Yes []**
23. Committed a crime for which you were not caught or arrested (which is not listed elsewhere in this booklet)? **No [] Yes []**
24. Been an officer or member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to the end, knowing that the organization engages in such activities with the specific intent to further such activities? **No [] Yes []**
25. Knowingly engaged in any acts or activities designed to overthrow the United States Government by force? **No [] Yes []**
26. Been a member of any organization and/or adhere to any belief which would in any way:
- A. Restrict or prohibit you from working on particular days or hours?
 - B. Restrict you from conforming to departmental standards of appearance and/or grooming which may from time to time be set?
- No [] Yes []**

CRIMINAL HISTORY

(continued)

27. Been involved in or participated in any parade, picket line, delegation, or demonstration sponsored by a subversive organization(s)? No [] Yes []
28. Been involved in or paid, contributed, collected, or solicited any money or dues to, for, or in behalf of any subversive organization(s)? No [] Yes []
29. Been involved in or attended any school, camp, class, or forum sponsored by a subversive organization(s)? No [] Yes []
30. Been involved in making, constructing, assembling or manufacturing, transporting, and/or detonation of any type of bomb or other incendiary device (outside of legitimate reasons)? No [] Yes []
31. Knowingly filed a false/fraudulent insurance claim with any Insurance Company regarding a traffic accident, theft, or other monetary or property loss? No [] Yes []
32. Been sexually aroused by a child/minor? No [] Yes []
33. Been subjected to forfeiture of collateral in connection with an arrest? No [] Yes []
34. Been required to appear before a juvenile court for an act , which would have been a crime if committed as an adult? No [] Yes []
35. Been a victim or complainant in any crime or incident? No [] Yes []
36. Been found to be delinquent on income or other tax payments? No [] Yes []
37. Been bonded or refused bond upon application? No [] Yes []
38. Been issued or denied a permit or license to carry a handgun or other weapon on your person? No [] Yes []
39. Been involved in any college/fraternity hazing/initiation/ incident/ritual/program? No [] Yes []

Investigator

Date

Applicant

DRUG USAGE

Have you ever used and/or possessed any controlled dangerous substance not prescribed by a physician? **If you answered yes to any of the below, please explain in detail on reverse side.**

SUBSTANCE	YES	NO	Number of times	Date of last use
Marijuana/Hashish				
PCP/Phencyclidine				
Cocaine/Crack				
Opium Derivative (Heroin, Morphine, Codeine, etc.)				
Amphetamines/Speed				
Barbiturates/Reds				
Inhalants (Glue, Solvents, Aerosols, etc.)				
Anabolic Steroids				
Hallucinogenic (LSD, etc.)				
Quaaludes, Valium				
Any other illegal drug not specifically listed				
SPECIFY:				

DRUG INVOLVEMENT

Yes No

Have you ever been arrested or charged with any drug violation?		
Have you ever used prescription medication prescribed to another person?		
Have you ever sold or distributed any type of illegal drug?		
Have you ever participated in the delivery, transportation, storage or handling of illegal drugs for yourself or anyone else?		
Did you ever profit in any way from drugs?		
Have you ever used, tried, experimented with or had anything else to do with any illegal drug other than what you have already listed?		

Investigator _____

Date _____

Applicant _____

APPLICANT'S FINANCIAL STATUS

Do you have a savings account? **Yes** [] **No** [] If yes, name the bank(s) and/or financial institution(s). _____

Approximate balance(s): _____

Do you have a checking account? **Yes** [] **No** [] If yes, name the bank(s) and/or financial institution(s). _____

Approximate balance(s): _____

Have you had any checks returned for insufficient funds? **Yes** [] **No** [] If yes, complete:

Amount: _____ Date: ____/____/____ Payable to: _____

Amount: _____ Date: ____/____/____ Payable to: _____

Do you own or rent your home? _____ If you rent please include your landlords Name: _____

Address: _____

Phone number: (____) _____

Applicant's monthly rent or house payment: _____

List all of sources of income (**include spouses**), state amounts: _____

Have you ever been the defendant or plaintiff in a civil court proceeding (i.e., been sued or sued someone etc.)? **Yes** [] **No** [] If yes, give case number, court, location, reason for case, disposition. _____

APPLICANT'S FINANCIAL STATUS
(continued)

Do you have any judgements against you currently? **Yes** [] **No** [] If yes, give case number, court location, reason for case, disposition. _____

Do you hold any controlling interest in any company? **Yes** [] **No** [] If yes, provide all details _____

Have you ever filed for or declared bankruptcy? **No** [] **Yes** []
If yes, give case number, court, location, reason for case, disposition. _____

Do you currently have any court ordered child support or alimony payment obligations? **No** [] **Yes** []
If yes, provide all details, giving dates, amounts, recipient, etc. _____

Have you ever been delinquent in any child support or alimony payments? **No** [] **Yes** []
If yes, provide all details, giving dates, amounts, recipient, etc. _____

APPLICANT'S CREDIT INFORMATION

List all current credit card(s)/loan accounts.

Company: _____

Address: _____

Original amount of loan: _____ Amount Outstanding: _____

Company: _____

Address: _____

Original amount of loan: _____ Amount Outstanding: _____

Company: _____

Address: _____

Original amount of loan: _____ Amount Outstanding: _____

Company: _____

Address: _____

Original amount of loan: _____ Amount Outstanding: _____

Company: _____

Address: _____

Original amount of loan: _____ Amount Outstanding: _____

Company: _____

Address: _____

Original amount of loan: _____ Amount Outstanding: _____

CONTINUE ON BACK IF NEEDED

APPLICANT'S EMPLOYMENT BACKGROUND

List ***all*** of your employment history (including part-time). Begin with your ***current*** employer first.
Explain periods of unemployment and/or any gaps in your employment history:

Current Employer: _____

Address: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

E-mail Address _____

Applicant's Position: _____ Full-time [] Part-time []

Internship [] Volunteer [] Salaried []

Dates of Employment: From ____/____/____ To: ____/____/____

Reason for leaving: (Exclude medical reasons) _____

CURRENT CO-WORKERS

*List two (2) co-workers with whom you presently work, and are ***not*** listed anywhere else in this booklet.

1. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Occupation: _____

2. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Occupation: _____

***NOTE: if you are currently working more than one job start with your highest paying job first then list all subsequent jobs in order. Include names of co-workers for all current positions held. Use the back of the page if necessary.**

APPLICANT'S EMPLOYMENT BACKGROUND

(continued)

Company: _____

Address: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

E-mail address _____

Applicant's Position: _____ Full-time [] Part-time []

Internship [] Volunteer [] Salaried []

Dates of Employment: From ____/____/____ To: ____/____/____

Reason for leaving: (Exclude medical reasons) _____

Company: _____

Address: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

E-mail Address _____

Applicant's Position: _____ Full-time [] Part-time []

Internship [] Volunteer [] Salaried []

Dates of Employment: From ____/____/____ To: ____/____/____

Reason for leaving: (Exclude medical reasons) _____

APPLICANT'S EMPLOYMENT BACKGROUND

(continued)

Company: _____

Address: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

E-mail Address _____

Applicant's Position: _____ Full-time [] Part-time []

Internship [] Volunteer [] Salaried []

Dates of Employment: From ____/____/____ To: ____/____/____

Reason for leaving: (Exclude medical reasons) _____

Company: _____

Address: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

E-mail Address _____

Applicant's Position: _____ Full-time [] Part-time []

Internship [] Volunteer [] Salaried []

Dates of Employment: From ____/____/____ To: ____/____/____

Reason for leaving: (Exclude medical reasons) _____

APPLICANT'S EMPLOYMENT BACKGROUND

(continued)

Company: _____

Address: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

E-mail Address _____

Applicant's Position: _____ Full-time [] Part-time []

Internship [] Volunteer [] Salaried []

Dates of Employment: From ____/____/____ To: ____/____/____

Reason for leaving: (Exclude medical reasons) _____

Company: _____

Address: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

E-mail Address _____

Applicant's Position: _____ Full-time [] Part-time []

Internship [] Volunteer [] Salaried []

Dates of Employment: From ____/____/____ To: ____/____/____

Reason for leaving: (Exclude medical reasons) _____

APPLICANT'S EMPLOYMENT BACKGROUND
(continued)

Company: _____

Address: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

E-mail Address _____

Applicant's Position: _____ Full-time [] Part-time []

Internship [] Volunteer [] Salaried []

Dates of Employment: From ____/____/____ To: ____/____/____

Reason for leaving: (Exclude medical reasons) _____

Company: _____

Address: _____

Phone: _____ Applicant's Supervisor: _____ Title: _____

E-mail Address _____

Applicant's Position: _____ Full-time [] Part-time []

Internship [] Volunteer [] Salaried []

Dates of Employment: From ____/____/____ To: ____/____/____

Reason for leaving: (Exclude medical reasons) _____

APPLICANT'S EMPLOYMENT HISTORY

(Use the back of the page if necessary)

If you answer "yes" to any of the below questions, give full details including the name and address of the employer, approximate dates and circumstances in each case. Use the back of this page if necessary.

Have you ever been discharged/terminated/fired or disciplined by any employer? **No [] Yes []**

If yes, explain _____

Have you resigned (quit) while anticipating that your employer intended to discharge (fire) you for any reason? **No [] Yes []** If yes, explain _____

Have you ever resigned (quit) while anticipating that your employer intended to take any form of disciplinary action against you? **No [] Yes []** If yes, explain _____

Have you ever resigned (quit) from a job by mutual agreement following allegations of misconduct? **No [] Yes []** If yes, explain _____

Have you ever walked off (left) a job without giving proper notice? **No [] Yes []** If yes, explain _____

Have you ever resigned (quit) from a job by mutual agreement following allegations of unsatisfactory work performance? **No [] Yes []** If yes, explain _____

Have you ever stolen anything from any of your employers? **No [] Yes []** If yes, explain _____

Have you ever used any illegal drugs while working on any job? **No [] Yes []** If yes, explain, be specific (***what type of drug(s), how used, date, etc.***)

APPLICANT'S EMPLOYMENT HISTORY
(Continued)

Have you ever committed any other crime(s) (even one which went undetected) while on any job you have ever held? **No** [] **Yes** [] If yes, explain _____

Have you had any extended work absences for reasons other than medical or earned vacations? **No** [] **Yes** [] If yes, explain _____

FIRE SAFETY/EMS EXPERIENCE

Do you personally know any Montgomery County Career Fire Fighter/EMT/Paramedic? **No** [] **Yes** [] If yes, please provide name(s), station/duty assignment, and length of time you have known. _____

Do you have any relative(s)/family member(s) who are current or past members of this department? **No** [] **Yes** [] If yes, please provide name(s) and relationship to you and their station/duty assignment if current. _____

HAVE YOU EVER:

Do you have any concerns about participating in a polygraph and/or a Computer Voice Stress Analyzer (C.V.S.A.) with this agency? **No** [] **Yes** []

Are you currently or have you ever been a volunteer member of any Fire Department?

Yes [] No []

If **YES**, list the name(s) and address(es) of the Fire Department

Fire Department _____
 Address _____
 Phone # _____
 Chief _____
 Immediate Supervisor _____
 Years of Service _____

FIRE SAFETY/EMS EMPLOYMENT APPLICATIONS

List all Fire and Rescue related courses completed: _____

Is there anything in your past that if ascertained at a later date, which may prove to be embarrassing to either you or the Department, should you become an employee? **Yes [] No []**
 If yes, explain: _____

Is there any reason, which would prevent you from:

(a) Taking an oath with or without an affirmation in a Supreme Being? **Yes [] No []**
 If yes, explain: _____

(b) Supporting and defending the Constitution of the U. S. and the State of Maryland?
Yes [] No [] If yes, explain _____

(c) Complying with the rules and responsibilities of MCFRS pertaining to the work schedule (ie. shift work, 24/7/365, dress code and/or code of conduct)? **Yes [] No []** If yes, please explain: _____

Personal References

List three (3) character references (not related to you by blood or marriage):

Name: _____
Address: _____
Home Phone: _____ Work Phone: _____
Occupation: _____
Length of time known: _____

Name: _____
Address: _____
Home Phone: _____ Work Phone: _____
Occupation: _____
Length of time known: _____

Name: _____
Address: _____
Home Phone: _____ Work Phone: _____
Occupation: _____
Length of time known: _____

NEIGHBORS

List three (3) people who are your IMMEDIATE neighbors, and **who have not been listed elsewhere in this booklet.**

1. **Name:** _____
Address: _____
Home Phone: _____ Work Phone: _____
Occupation: _____
Length of time known: _____

2. **Name:** _____
Address: _____
Home Phone: _____ Work Phone: _____
Occupation: _____
Length of time known: _____

3. **Name:** _____
Address: _____
Home Phone: _____ Work Phone: _____
Occupation: _____
Length of time known: _____