

EMPLOYMENT



WILLIAMSPORT VOLUNTEER FIRE - EMS INC.
2 BRANDY DRIVE
WILLIAMSPORT, MARYLAND 21795
301-223-9500 - OFFICE
www.wvfems.org

APPLICATION

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, genetic or veteran status, sexual orientation, or disability.

INSTRUCTIONS: Applications are only accepted for posted positions. All applicants must provide a complete, separate and signed application for each position. A photocopy with an original signature is acceptable.

(PLEASE PRINT OR TYPE)

Date of Application: _____

POSITION APPLYING FOR: _____

SOCIAL SECURITY NUMBER: _____

NAME:

First

Middle

Last

ADDRESS:

Street

City

State

Zip

CONTACT:

Home Phone

Cell/Alternate Phone

E-mail Address

Do you feel that you can perform all the functions related to the job? Yes No

If not, specify: _____

Are you willing to take a physical examination? Yes No

Are you willing to undergo an alcohol and/or drug test? Yes No

Have you ever applied for employment with Washington Co.? Yes No

Have you ever been employed with Washington County? Yes No Dates _____

If yes: Date(s): _____ Department(s): _____

*Drivers License Number Class Endorsement(s) State Exp. Date

*Do you currently have any active motor vehicle "points" on your driving record? Yes No

If Yes, how many points? _____

*This information must be disclosed ONLY if it is essential to the type of position you are applying for.

EDUCATION AND TRAINING

Do you have a high school diploma or GED? Yes No If not, what is the highest grade completed? _____

If you have a GED (High School Equivalency Diploma): Year Awarded _____ State Awarded _____

Name, City & State of Last High School Attended: _____

COLLEGES ATTENDED CITY & STATE	MAJOR FIELD	DEGREE AWARDED	DATES ATTENDED FROM TO		
OTHER TRAINING (including business, trade, military, etc.)				TOTAL	
NAME OF SCHOOL	CITY, STATE	TYPE OF TRAINING		HRS	.WKS

SPECIAL QUALIFICATIONS: (apprenticeships, skills, academic or professional awards, etc.) **(limited to 500 characters)**

OTHER QUALIFICATIONS:

- Data Entry or Key Boarding skills words per minute
- Power Tools or Motor Equipment (list tools and equipment below)
- Computer Skills (list specific hardware and/or software below)
- Other (list below)

GENERAL INFORMATION

INSTRUCTIONS: The information listed below must be completed by all applicants. Failure to complete this information truthfully may result in disqualification from consideration for employment. Affirmative responses to these questions will not automatically exclude you from employment consideration. Applicants may attach additional sheets if necessary:

1. If you have had disciplinary actions taken against you by any previous employer, please describe the facts and circumstances. (limited to 150 characters)

2. Have you ever been discharged or asked to resign from any position for reasons other than disability?

Yes No If yes, please explain.

3. Have you been convicted of a felony or, having been convicted, released from a prison or other detention facility within the past ten years? Do not include any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated? Yes No

If yes, on a separate sheet of paper attached to this application, please give dates, place of conviction, charge and disposition of each case. Note: A conviction record will not necessarily bar you from employment.

DATE: _____ **SIGNATURE OF APPLICANT:** _____

EMPLOYMENT HISTORY

Instructions: List below, beginning with your most recent position, all of your work experience, including military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin. Please do not submit a resume in lieu of completing this portion of the application.

Name of Employer:		Employer's Address (Street, City, State, Zip Code):	
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	
Type of Business:		Supervisor's Name and Phone Number:	
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	
Your Job Title:		Do you supervise other employees? Job Titles of Those You Supervise:	
<input style="width:100%;" type="text"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> <input style="width:100%;" type="text"/>	
Dates of Employment:	From Mo/Day/Yr	Starting Salary:	Ending Salary:
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Job Duties: <small>(Limit to 250 characters)</small>	To: Mo/Day/Yr	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
<input style="width:100%;" type="text"/>			
Reason For Leaving: <small>(Limit to 125 characters)</small>			
<input style="width:100%;" type="text"/>			

Name of Employer:		Employer's Address (Street, City, State, Zip Code):	
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	
Type of Business:		Supervisor's Name and Phone Number:	
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	
Your Job Title:		Do you supervise other employees? Job Titles of Those You Supervise:	
<input style="width:100%;" type="text"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> <input style="width:100%;" type="text"/>	
Dates of Employment:	From Mo/Day/Yr	Starting Salary:	Ending Salary:
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Job Duties: <small>(Limit to 250 characters)</small>	To: Mo/Day/Yr	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
<input style="width:100%;" type="text"/>			
Reason For Leaving: <small>(Limit to 125 characters)</small>			
<input style="width:100%;" type="text"/>			

Name of Employer:		Employer's Address (Street, City, State, Zip Code):	
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	
Type of Business:		Supervisor's Name and Phone Number:	
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	
Your Job Title:		Do you supervise other employees? Job Titles of Those You Supervise:	
<input style="width:100%;" type="text"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> <input style="width:100%;" type="text"/>	
Dates of Employment:	From Mo/Day/Yr	Starting Salary:	Ending Salary:
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Job Duties: <small>(Limit to 250 characters)</small>	To: Mo/Day/Yr	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
<input style="width:100%;" type="text"/>			
Reason For Leaving: <small>(Limit to 125 characters)</small>			
<input style="width:100%;" type="text"/>			

All applicants must provide at least three (3) employment related references:

	NAME	ADDRESS	TELEPHONE	RELATIONSHIP
1	<input style="width:100%;" type="text"/>			
2	<input style="width:100%;" type="text"/>			
3	<input style="width:100%;" type="text"/>			

Give a brief statement in your own words of why you would like to work for WILLIAMSPORT VOL FIRE- EMS INC.

(limited to 750 characters)

**PRE-EMPLOYMENT STATEMENT
READ CAREFULLY BEFORE SIGNING**

I certify that, if employed, I will produce documents to establish that I am legally able to work in the United States. I understand that a final employment offer is contingent upon completion of INS Form I-9 and receipt of acceptable documentation at the time of hire.

In the event that I am provided a conditional offer of employment, I consent to taking an employment physical examination to include an alcohol and drug screen and such future physical examinations as may be lawfully required by the Williamsport Vol. Fire - EMS Inc., (WVFEMS).

I authorize the "WVFEMS" to contact my previous employers, if necessary, and obtain employment information from them, and to further investigate the truthfulness of my application, including review of my motor vehicle record and such future periodic review as may be lawfully required by the "WVFEMS".

I certify that answers given herein are true to the best of my knowledge.

I understand further that any false answers or statements or misleading omissions made by me on this application, in any interview for employment, in connection with the above mentioned investigation, or in any physical examination shall be sufficient grounds for my rejection as a candidate for employment or for immediate discharge, if discovered after my hiring.

I AGREE THAT EMPLOYMENT WITH "WVFEMS" IS AN "AT-WILL" EMPLOYMENT RELATIONSHIP. AT-WILL EMPLOYMENT MEANS THAT EITHER THE EMPLOYER OR THE EMPLOYEE MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME FOR ANY REASON, WITH OR WITHOUT NOTICE, AND WITH OR WITHOUT CAUSE. I ALSO AGREE THAT NO REPRESENTATION BY ANY COUNTY OFFICIAL OR SUPERVISOR AND THAT NO PROVISION OF THE EMPLOYEE HANDBOOK, ANY PERSONNEL REGULATION OR ANY OTHER EMPLOYMENT- RELATED PRACTICE OR PROCEDURE, ORAL OR WRITTEN, SHALL BE EFFECTIVE TO CHANGE THE "AT-WILL" NATURE OF EMPLOYMENT WITH WASHINGTON COUNTY.

"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 TO EXCEED \$100."

Signature of Applicant

Date

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, genetic or veteran status, sexual orientation, or disability.

As an employer, we comply with all government regulations and any applicable affirmative action responsibilities.

Solely to help us comply with any applicable government record keeping, reporting and other legal requirements, please fill out the Affirmative Action Survey below. We appreciate your cooperation.

This Affirmative Action Survey data, which you provide voluntarily, will be kept separate and confidential from this Application for Employment.

AFFIRMATIVE ACTION

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only.

(PLEASE PRINT)

Date _____

Position Applied For: _____

BIRTH DATE: _____
Mo/Day/Year

GENDER: Male Female

RACE/ETHNIC IDENTIFICATION - PLEASE CHECK ALL THAT APPLY

Are you of Hispanic or Latino origin? Yes No

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

- American Indian or Alaskan Native** (A person having origins in any of the original people of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
- Asian** (A person having origin in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or other Pacific Islander** (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign: Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed: _____