



# Middle River Volunteer Fire & Rescue Company, Inc.

## Membership Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit#  
City State ZIP Code

How long have you lived at your current address? \_\_\_\_\_

Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ *Note: SSN is required for insurance and beneficiary information only and is confidential.*

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

Place of birth (City, State, Country): \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### Employment

Company: \_\_\_\_\_ Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

### Military Service

Have you ever served or are you currently serving in any branch of the Armed Services? YES  NO

If yes, please check one: ACTIVE  RESERVE  DISCHARGED

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain:



# Middle River Volunteer Fire & Rescue Company, Inc.

## Driver's License Information

Driver's License Number: \_\_\_\_\_

State of \_\_\_\_\_

Issue: \_\_\_\_\_ Class: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Have you ever had a driver's license suspended or revoked? YES  NO

If yes, describe date/s and circumstance/s:

## Criminal Background Information

Have you ever been convicted of a misdemeanor or felony? YES  NO  *Note: Omission of information may result in application being rejected.*

If yes, explain:

Within the past 2 years, have you used a controlled or dangerous substance that was not prescribed to you by a physician? YES  NO

## References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) - -

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) - -

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) - -

## Emergency Service Experience Information

Have you ever, currently or past, been a member of ANY career or volunteer fire, rescue, or EMS company? YES  NO

If yes, please provide company name, address, and phone number:

If yes, and you are/were a member of any volunteer fire, rescue or EMS company within the state of Maryland, Please enter your Maryland Length of Service Awards Program (LOSAP) number (if previously assigned):

LOSAP # \_\_\_\_\_ County of Affiliation: \_\_\_\_\_

If yes, please list any certifications or training:

Have you ever been turned down for membership, suspended, or expelled from ANY volunteer fire, rescue, or EMS company?

YES  NO

If yes, explain:



# Middle River Volunteer Fire & Rescue Company, Inc.

## Emergency Contact Information

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (    ) -    - \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (    ) -    - \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (    ) -    - \_\_\_\_\_

## General Medical Information

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Do you have any allergies or medical condition that will inhibit you from performing duties in which you applies for?

YES

NO

If yes, please describe in detail: \_\_\_\_\_



# Middle River Volunteer Fire & Rescue Company, Inc.

## Statement of Application and Authorization

*I, the undersigned, am applying to become a member of the Middle River Volunteer Fire & Rescue Company, Inc. I, the undersigned, do promise to abide by all the laws and rules regulating the Middle River Volunteer Fire & Rescue Company, Inc., either in effect, or to become effective by the vote of the membership.*

*I, the undersigned, understand that the Middle River Volunteer Fire & Rescue Company, Inc. shall undertake an investigation into my background and that I will be required to appear before the Membership Committee of the Middle River Volunteer Fire & Rescue, Inc. Furthermore, if I am under the age of 18 at the time of application, my parent(s) or legal guardian(s) must also agree to this application and they will be required to meet with the Membership Committee of Middle River Volunteer Fire & Rescue Company, Inc.*

*I, the undersigned, understand that should my application for membership be accepted by the membership of the Middle River Volunteer Fire & Rescue Company, Inc., I shall be on a probationary period of at least 180 days, or until I am 18 years of age, whichever period is greater. I understand that at the end of my probationary period, I will be voted on by the regular members present at the next regularly scheduled business meeting of the company following the expiration of my probationary period. I understand that in order to be voted upon, I must have met all the requirements for regular membership by the time of the vote. I understand that the vote will determine my membership status.*

*I, the undersigned, understand that false, misleading, or incomplete statements to any part of this application, or forthcoming interview with the Membership Committee, constitutes perjury under the law, and that the detection of such falsity will result in immediate rejection of this application for membership or immediate dismissal from the Middle River Volunteer Fire & Rescue Company, Inc. I further certify that all of the answers to all of the questions on this application are true, complete, and correct to the best of my knowledge and ability.*

*I, the undersigned, enclose \$50.00 for and application fee which includes the drug screen and criminal background check.*

**If the applicant is under the age of 18, a work permit will be required of the applicant.**

Applicants Name (Print): \_\_\_\_\_

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

Parent/Guardian Name if Applicant Under 18 (Print): \_\_\_\_\_ Relationship: \_\_\_\_\_

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



## Middle River Volunteer Fire & Rescue Company, Inc.

### DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR MEMBERSHIP PURPOSES

*Please Read Carefully Before Signing the Authorization*

#### DISCLOSURE

In considering you for membership and, if you are already a member, in considering you for subsequent promotion, assignment, and/or reassignment, the Middle River Volunteer Ambulance Fire & Rescue Company, Inc. ("MRVFR") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before MRVFR can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

# KROLL BACKGROUND CHECK FORM

## NOTICE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF AN INVESTIGATIVE REPORT

I, the undersigned perspective applicant, do hereby authorize the MIDDLE RIVER VOLUNTEER FIRE & RESCUE COMPANY, INC. by and through its independent contractor, KROLL BACKGROUND AMERICA, INC. ("KBA"), to procure an investigative background report on me.

The above-mentioned report(s) may include, but are not limited to, criminal history records and any other public record.

- I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative report of which I am the subject upon my written request to KBA, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et.seq.
- I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the MIDDLE RIVER VOLUNTEER FIRE & RESCUE COMPANY, INC. by and through KBA, including, but not limited to any and all courts, public agencies, and law enforcement agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.
- I hereby release the MIDDLE RIVER VOLUNTEER FIRE & RESCUE COMPANY, INC., KBA and any and all person's business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing an investigative report hereby authorized.
- I understand that this Notice/Authorization Release form shall remain in effect for the duration of my employment/volunteer relationship with the MIDDLE RIVER VOLUNTEER FIRE & RESCUE COMPANY, INC. Additionally, I give permission to investigate any incidents of workplace misconduct, including but not limited to; sexual harassment, for which I am alleged to have been involved during my employment. Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application for either employment or a volunteer position with the MIDDLE RIVER VOLUNTEER FIRE & RESCUE COMPANY, INC. will be terminated based on any false, omitted or fraudulent information.

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

Printed Name (First / Middle / Last): \_\_\_\_\_

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

Current Address:

\_\_\_\_\_  
Street/P.O. Box                      City                      State                      Zip Code                      County                      Dates

Former Address (Past 5 Years):

\_\_\_\_\_  
Street/P.O. Box                      City                      State                      Zip Code                      County                      Dates

Social Security Number: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance \_\_\_\_\_

Date of Birth\* \_\_\_\_\_ Gender\* \_\_\_\_\_

- Have you ever been convicted of a crime or convicted in a military court martial?    Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you ever been sanctioned or had your license suspended or revoked?    Yes \_\_\_\_\_ No \_\_\_\_\_
- Are you currently under any investigation or pending any charges?    Yes \_\_\_\_\_ No \_\_\_\_\_

\* This information will enable us to properly identify you in the event we find adverse information during the course of our background search.