



MIDDLE RIVER VOLUNTEER FIRE & RESCUE COMPANY

Membership Application

Applicant Information

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

Address: _____
 Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Phone: _____ Email _____

Social Security No.: _____ - _____ - _____ DOB: _____

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? _____

Education

High School: _____ Address: _____

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

College: _____ Address: _____

Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

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:

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: _____

Statement of Application and Authorization

I, the undersigned, am applying to become a member of the Middle River Volunteer Fire Company, Inc.

I, the undersigned, do promise to abide by all the laws and rules regulating the Middle River Volunteer Fire 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 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 Company 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 the Middle River Volunteer Fire Company, Inc.

I, the undersigned, understand that should my application for membership be accepted by the membership of the Middle River Volunteer Fire Company, Inc., I shall be on a probationary period of at least 365 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 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 an application fee which covers drug screening 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): _____

Signature: _____ Date: _____

**Kroll Background
America**

**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR
INVESTIGATIVE CONSUMER REPORT**

I the undersigned consumer do hereby authorize MIDDLE RIVER VOLUNTEER FIRE & RESCUE COMPANY INC. by and through independent contractor **KROLL BACKGROUND AMERICA INC.** to procure a consumer report and/or investigation on me.

These above-mentioned reports may include but are limited to, information as to my character, general reputation, personal characteristics and mode of living discerned through employment and education verifications personal references, personal interviews, my personal credit history based on reports from any credit bureau my driving history, including any traffic citation social security number verification present and future addresses criminal and civil history records any public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report which I am the subject upon my written request to KBA if such is made within reasonable time after the date hereof. I understand that I may receive written summary of my rights under 15 U.S.C. 1681et.seq

I further authorize any person, business entity or government agency who may have information relevant to the above the disclose same to MIDDLE RIVER VOLUNTEER FIRE & RESCUE COMPANY INC. by and through KBA including, but not limited to any and courts public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity governmental agency compiled the information itself or received it from other sources.

I hereby release MIDDLE RIVER VOLUNTEER FIRE & RESCUE COMPANY INC. KBA and any all persons, business entities governmental agencies whether public or private from all liability, claims and or demands, by me, my heirs, or others make such claim or demand on my behalf for providing a consumer report and/or investigative consumer report hereby authorized understand that this authorization release form shall remain in effect for the duration of my employment with said company.

Further, I certify that the information contained in this Authorization release form is true and correct and that my application for employment will be terminated based on any false omitted or fraudulent information.

Signature _____ Date: _____

Printed Name: First Middle Last Other names used/dates used

Current Address: Street City State ZIP

Address for the past 5 years:

Street City State ZIP

Social Security Number: Daytime Phone Number: Cell Phone 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 _____