

Bryans Road Volunteer Fire Department & Rescue Squad, Inc.

P.O. Box 111 Bryans Road, Maryland 20616 - Membership@brvfd.com

Applying for: EMS Fire Cadet Associate

Personal Information:

Name: _____ Social Security #: _____ - _____ - _____

Date of Birth: ____ - ____ - ____ Age: _____

Home Address: _____

Home Phone #: (____)-____-____ Cell Phone#: (____)-____-____

Email Address: _____

Do you have a valid Driver's License? Yes No

If yes: Class: _____ State: _____ Number: _____

Education:

Level of education: 9 10 11 12 GED College: _____

Name and address of last school attended: _____

Other Certifications: _____

Employment:

Employed by: _____ Supervisors Name: _____

Job Title: _____ Work Hours: _____

Address: _____

Work Phone #: (____)-____-____ ext. _____

May we contact your employer? Yes No

Have you ever been a member at another Fire Department: Yes No

If Yes: Where: _____

Start Date: _____ End Date: _____

Reason for leaving: _____

Reason for wanting to volunteer at BRVFD&RS Inc.

Have you ever been arrested, taken into custody, held for questioning/investigation, convicted of a felony, or charged by any law enforcement authorities? Yes: ____ No: ____
If yes, why? _____

Do you agree to our Background check and drug testing policy? Yes: ____ No: ____

Emergency contact name: _____

Phone number: _____

Relationship: _____

Doctors name: _____

Number: _____ Would you submit a written statement from your Dr. If asked? Yes: ____ No: ____

Character references:

References can NOT be family or friends.

Name: _____

Address: _____

Occupation: _____

Phone number: _____

Time known: _____

Name: _____

Address: _____

Occupation: _____

Phone number: _____

Time known: _____

Name: _____

Address: _____

Occupation: _____

Phone number: _____

Time known: _____

I certify that all statements made in this application are true, complete, and correct to the best of my knowledge and belief, and in good faith.

Applicant signature: _____

Date: _____

Parent/Guardian signature: _____

Date: _____

OFFICIAL USE ONLY

Date of interview: _____

Date of first reading: _____

Probationary start date: _____

CPR: _____

EMT: _____

Fire: _____

ICS 100: _____

ICS 200: _____

ICS 700: _____

Sexual harassment/cultural diversity: _____

Vaccine record: _____

Probationary book completion date: _____

Voted off probation: _____

Background check:

Comments: _____
