



**Kent Island Volunteer Fire Department**  
*Serving the Citizens of Kent Island Since 1947*

**APPLICATION**

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

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

Present Address: \_\_\_\_\_  
Street Number & PO Box (if applicable)

\_\_\_\_\_  
(City) (State) (Zip)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_

Home Phone # \_\_\_\_-\_\_\_\_-\_\_\_\_ Work Phone # \_\_\_\_-\_\_\_\_-\_\_\_\_

Cell Phone # \_\_\_\_-\_\_\_\_-\_\_\_\_ Email Address \_\_\_\_\_

Position applying for: \_\_\_\_\_

How many hours a week are you available to work? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

State of Issue \_\_\_\_\_ License # \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

Expiration Date \_\_\_\_\_ Current number of points \_\_\_\_\_

Class \_\_\_\_\_ Endorsements \_\_\_\_\_

Within the last three years have you been involved in a vehicle collision? \_\_\_\_\_

If yes, how many? \_\_\_\_\_



## Education

**High School:** \_\_\_\_\_

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

City, State, Zip code: \_\_\_\_\_

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

Did you graduate? \_\_\_ YES \_\_\_ NO

\_\_\_\_\_

**College:** \_\_\_\_\_

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

City, State, Zip code: \_\_\_\_\_

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

Did you graduate? \_\_\_ YES \_\_\_ NO Degree or Certificate: \_\_\_\_\_

\_\_\_\_\_

List any current EMS or fire service certifications: Include ID #'s and expiration dates if applicable.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

**A copy of all EMS or fire service training cards/certificates or transcript shall be attached to this application**

\_\_\_\_\_



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**Other education, pertinent experience or skills that you feel are applicable to the position you are applying for:**

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**Work History**

(Within the past ten years in descending order)

Employer Name: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To: \_\_\_\_\_

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

City, State, Zip Code \_\_\_\_\_ Phone Number: \_\_\_\_\_

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_

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Name and Title of Supervisor: \_\_\_\_\_

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Employer Name: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

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

City, State, Zip code \_\_\_\_\_

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

\_\_\_\_\_

Employer Name: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

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

City, State, zip code \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

\_\_\_\_\_



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Employer Name: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

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

City, State, Zip code \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

**GENERAL INFORMATION**

(use additional paper as necessary)

Have you ever been convicted of a crime?  YES  NO

If yes, explain the nature of offense(s), the number of conviction(s), any sentence(s) imposed and type(s) of rehabilitation as applicable. (Use additional paper as necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been required to appear before a medical review board?

YES  NO

If yes, explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_



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Are you in good physical condition and able to perform the duties as listed in the job description in which you are applying for?

\_\_\_\_\_ YES      \_\_\_\_\_ NO

If No, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## References

List two references that you have known for no less than five years (not family members)

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Years known: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Years known: \_\_\_\_\_

I hereby acknowledge that all facts presented in this application are true to the best of my knowledge and authorize the Kent Island Vol. Fire Dept., Inc organization to conduct a full investigation of my background and information listed. I understand that any incorrect or incomplete information presented by me is automatic grounds for disqualification and that my application to the Kent Island Vol. Fire Dept., Inc. may be refused for any reason deemed appropriate. I will not hold any member of the Kent Island Vol. Fire Dept., Inc responsible for any information revealed, discussed or presented during the investigation.

I understand that as a condition of my employment, I must successfully pass an oral interview, physical examination, written and drug test that are provided to me by the Kent Island Vol. Fire Dept., Inc. Failure to pass is subject to disqualification from the selection process.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

The Kent Island Vol. Fire Department. Inc., is committed to a policy of providing equal employment opportunities to all candidates regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, marital status, or age. The KIVFD does not discriminate against any employee or applicant for employment because of Vietnam-era veteran status, disabled veteran status, or physical or mental disability in regard to any position for which the employee or employment applicant otherwise meets minimum qualifications.