



Kent Island Volunteer Fire Department

Serving the Citizens of Kent Island Since 1947

Position applying for: _____ Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(House Number/Post Office Box No.) (City) (State) (Zip Code)

Date of Birth: _____ Social Security #: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ email address: _____

Marital Status: _____ Number of Children: _____

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

State of Issue: _____ License #: _____ Class: _____

Expiration Date: _____ Current number of points: _____

Endorsements: _____

Have you ever been convicted of any motor vehicle violations other than parking?

Yes – Explain: _____
 No _____

Have you ever been convicted of any other violations of the law?

Yes – Explain: _____
 No _____

List two personal references: (NO Family Members)

Name: _____

Address: _____

Telephone #: _____ Years Known: _____

Name: _____

Address: _____

Telephone #: _____ Years Known: _____

What is your occupation? _____

Name of employer: _____

Address of employer: _____

How long have you worked there? _____ Work hours: _____

Are you in good physical condition? Yes No

Do you have any physical limitations? Yes No

Explain any "Yes" answer: _____



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Are you now a member of any volunteer fire or ambulance company? Yes No

If yes, which company? _____

Have you ever been a member of any volunteer fire or ambulance company? Yes No

If yes, list the company name, dates of service and reason for leaving: _____

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

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

NOTE: (1) Attach a copy of all Fire and EMS training cards, certificates, etc. to this application.

(2) Applicants currently enrolled in high school must attach a copy of their most current report card.

I hereby acknowledge all facts presented in this application are true to the best of my knowledge and authorize Kent Island Vol. Fire Dept., Inc. Officers and Membership Committee to conduct a full investigation of my background and the information listed. I understand any false information presented by me is automatic grounds for dismissal from the membership process and that my application to the Kent Island Vol. Fire Dept. may be denied for any reason deemed appropriate by the officers and members of said organization. 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.

Initial

I understand that I must successfully pass a physical examination and drug test provided at no cost to me by the Kent Island Vol. Fire Dept., Inc. Failure to pass the physical and/or drug test may result in termination of my membership.

Initial

I acknowledge receipt of a copy of the current company bylaws that I promise to abide by. I further agree to comply with requirements set forth in the bylaws for probationary members. My failure to comply with requirements of the bylaws will result in termination of my membership.

Initial

Applicant Signature: _____ Date: _____

Parent or Guardian *if applicant is under 18 years of age.*

Parent /Guardian Signature: _____ Date: _____

Fire Department Use Only:

Application Received Date: _____

1st Reading Date: _____

Physical Completed Date: _____

Pass Fail

Drug Test Completed Date: _____

Pass Fail

Background completed Date: _____

Rejected by investigation: Yes No

Interview Date: _____

2nd Reading Date: _____

Recommended by Committee: Yes No

Accepted Rejected Date: _____