



KENSINGTON VOLUNTEER FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

Check membership classification desired:

_____ Firefighter / EMT / Paramedic _____ Administrative / Auxiliary

Please fill out both sides of this application completely and legibly. Failure to provide all information requested may delay the application process. If you have any questions, please call the KVFD Human Resources Dept. at 301-929-8000.

PERSONAL INFORMATION

NAME: Last		First	Middle	DATE OF BIRTH		AGE
ADDRESS: Number & Street				CITY	STATE	ZIP CODE
ANY PREVIOUS ADDRESSES IN LAST FIVE YEARS (Use extra page if necessary – Include how long you lived at each residence)						
HOME PHONE	WORK PHONE		CELL PHONE	E-MAIL ADDRESS		
PLACE OF BIRTH		U.S. CITIZEN OR PERMANENT RESIDENT?		MAIDEN NAME (If applicable)		
HEIGHT	WEIGHT	SEX	RACE	BLOOD TYPE	SOCIAL SECURITY NUMBER	
PERSON TO CONTACT IN CASE OF EMERGENCY			RELATIONSHIP TO YOU		CONTACT'S PHONE NUMBER(S)	

EDUCATION AND TRAINING

HIGH SCHOOL GRADUATE? If yes, month and year:	IF NOT A H.S. GRADUATE, HIGHEST GRADE COMPLETED	NAME/LOCATION OF HIGH SCHOOL	GED? If yes, date completed:			
ENTER BELOW ANY COLLEGES, UNIVERSITIES OR TECHNICAL SCHOOLS ATTENDED (Use extra page if necessary)						
Name of School	City/State	Dates Attended	Major	Credits	Degree	

FIREFIGHTER/EMT TRAINING

ENTER ALL APPLICABLE FIRE/RESCUE SERVICE TRAINING & ATTACH CERTIFICATES (Use extra page if necessary)				
Type of Certification	Date Received	Expiration Date	Jurisdiction in Which Received	Additional Remarks

DRIVING RECORD

Check here if do not hold a driver's license

DRIVER'S LICENSE NUMBER (Indicate if out-of-state license)	CLASS OF PERMIT	Has your permit ever been revoked? Explain.
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PERSONAL REFERENCES

These persons should not be related to you and should be able to comment on your education, work experience, character, and/or community service involvement. 3 References please – or 4 References if you're not employed.		
NAME	TELEPHONE NUMBER AND BEST TIME TO CALL	OCCUPATION/TITLE

EMPLOYMENT

List your most recent and past employers. KVFD Human Resources will contact your current employer for confirmation.

EMPLOYER NAME	YOUR POSITION	DATES EMPLOYED	SUPERVISOR	PHONE NUMBER

Have you ever been dismissed or forced to resign from any position? If yes, please explain:

MILITARY EXPERIENCE (Please include a copy of your DD-214)

If you have served in the military, fill out boxes that apply.	MILITARY BRANCH	RANK	DATES OF SERVICE	TYPE OF DISCHARGE
SERVICE NUMBER(S)				

Briefly describe your military job(s) and training.

GENERAL INFORMATION

Have you ever been convicted, fined, placed on probation, or imprisoned since your eighteenth birthday? If yes, explain.	YES	NO	
Have you ever been an applicant, member, or employee of Kensington Vol. Fire Dept. or <u>any</u> other fire dept. or rescue squad? If yes, please provide information below. Use an extra page if necessary and attach copies of certification.	YES	NO	
NAME OF DEPARTMENT	ADDRESS	SUPERVISOR	DATES OF SERVICE
Do you have any special conditions that KVFD should be made aware of? Explain	YES	NO	

SHORT ESSAY

In the space below – or on a separate sheet of paper – please indicate why you wish to join the Kensington Volunteer Fire Department .

Who or what prompted you to apply to KVFD?

- Friend /Relative
 Recruiter
 Fire Station Sign
 Publication
 KVFD Website
 Craig's List
 Other
- Current KVFD Member Member's Name _____
- Event Indicate which event _____

SIGNATURE

I hereby certify that all the information provided on this application is truthful and accurate to the best of my knowledge. I further acknowledge that any inaccurate, false or misleading information or failure to answer all questions on this application may result in rejection of my application or dismissal from the department. I authorize Kensington Volunteer Fire Department (KVFD) representatives to contact the persons listed as references on this application and to gather and maintain their evaluations of me with respect to my character and fitness for the position for which I am applying. In consideration of being considered for Membership with KVFD, I waive access to such reference forms/memos/letters/information in order to encourage that candid evaluations of me be given for the protection of the community served, and I release the references contacted and KVFD and its representatives from any claims arising out of or relating to the reference information given or the characterization of same however it may be recorded.

APPLICANT SIGNATURE

DATE OF APPLICATION

**Completed application should be mailed to KVFD, P.O. Box 222, Kensington, MD 20895
or brought to Station 5 at 10620 Connecticut Ave., Kensington, MD 20895**