

Last Name:
First Name:

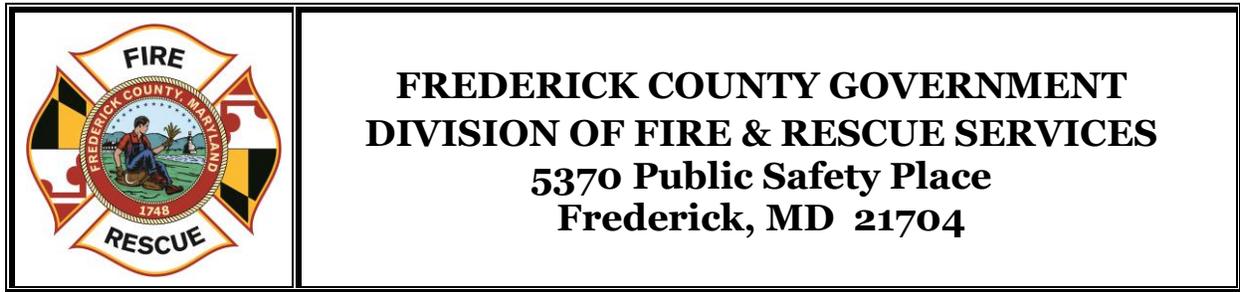
Frederick County Division of Fire and Rescue Services



BACKGROUND INVESTIGATION INFORMATION

Last Name:

First Name:



Division of Fire and Rescue Services Background Investigation Information

Before completing this document, closely read the instructions. There are a number of official documents that you are required to obtain and submit at the time of your background packet submission. **You will need these documents to adequately complete the packet.** We **will not** process your application further without the submission of the following documents along with your completed background investigation packet:

APPLICANT - USE THIS AS A CHECKOFF SHEET TO ENSURE COMPLETENESS:

- Birth Certificate (photocopy)
- Naturalization certificate (if applicable). This form cannot legally be copied. The interviewer will write down information contained on the certificate.
- Social security card (photocopy) **NOTE:** Make sure your SS Card is **signed!!**
- High School Diploma (or equivalent) or GED (photocopy) – (GEDs must be accompanied by the test scores)
- College Degree(s) (photocopy) – A copy of college transcripts must be provided.
- Court orders (photocopies as appropriate) such as:
 - Divorce Decree(s)
 - Legal separation(s)
 - Name change(s)
 - Adoptions(s)
- Current driver's license (photocopy)
- Driving record current within last 3 months (original obtained from MVA)
- Completed confidential background questionnaire
- Letters of commendations, references (Photocopy) (Optional)
- DD214 or discharge paperwork (if applicable)

If you already have related certifications or training please include:

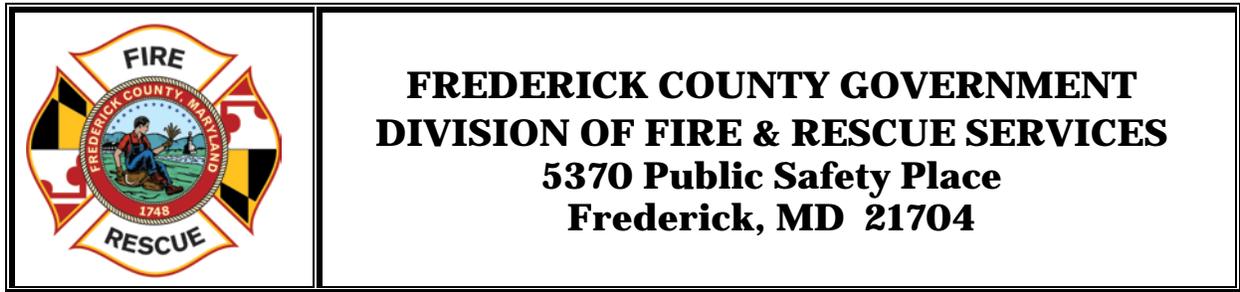
- Unofficial transcripts from FEMA, MFRI, or training transcript from your home state
- Copies of all EMS Certifications, NREMT and State, with ID number. All Maryland providers **MUST** provide a copy of their most current MD state certification.

These documents will be reviewed. Do not withhold **ANY** information that is requested whether you think it is important or not. The Division of Fire and Rescue Services will determine the importance of the information that you provide to us.

If you have any questions about the background investigation process or need clarification regarding the questionnaire, you may call 301-600-1626.

Last Name:

First Name:



Division of Fire and Rescue Services
Applicant Background Investigation

INSTRUCTIONS

1. Do not remove staples or separate the forms.
2. Use **black** ink only.
3. Information in this packet must be **completed** by you.
4. Type or print your name in the spaces provided at the top of each page.
5. Read and sign the form entitled "Background Investigation Disclosure." (Page 4)
6. Read and sign the form entitled "Background Investigation Disclosure Agreement." (Page 5)
7. Read and sign the form entitled "Authorization for Release of Information." (Page 34)
8. Sign and date any other appropriate forms in this packet.
9. When listing individuals, be sure that you provide a full identity of the individual (their full and correct name, title, position, etc.). Furthermore, you must provide complete home and/or business addresses. Whenever possible, please include email addresses for all individuals you list in this packet. We will not attempt to determine street numbers, correct street spellings, apartment numbers, telephone numbers, zip codes, area codes, etc. It is your responsibility to provide complete and accurate information.
10. **Submit all required supporting documentation** with this completed packet as instructed.
11. Blank pages have been provided on Page 23 and Page 32 to explain any topic more thoroughly. Please provide the page number and/or question number for reference purposes.
12. Turn in this packet and all other forms and documents at your assigned CPAT/Interview Test Date.

Submission Address:

Public Safety Training Center
5370 Public Safety Place
Frederick, MD 21704
301-600-% &
Attn: Background Investigator

For GPS purposes, you may need to use the retired address for the Public Safety Training Center which was 8349 Reich's Ford Road, Frederick, MD. If you have any questions, you may call 301-600-% &.

Last Name:

First Name:



**FREDERICK COUNTY GOVERNMENT
 DIVISION OF FIRE & RESCUE SERVICES
 5370 Public Safety Place
 Frederick, MD 21704**

**Division of Fire and Rescue Services
 Background Investigation Disclosure**

The employment process for positions within the Division of Fire and Rescue Services is an extremely competitive endeavor that requires our Division to identify the most highly qualified applicants for consideration for employment. You should understand that there are a large number of highly qualified applicants that you will be competing against for a limited number of position vacancies within this Division. Our community expects and demands that we employ only those individuals who possess the highest qualities in terms of personal background, judgment, maturity, integrity, and credibility.

The importance of the accuracy and thoroughness of your responses to the questions contained within this document cannot be overemphasized. **The identified deception and/or omission of information will not be tolerated or accepted.**

The information that you provide will be carefully analyzed and evaluated in order to determine your suitability for consideration for employment. Any identified discrepancy in the information provided, or the omission of requested information, **may result in your disqualification from the employment process.** The Division of Fire and Rescue Services will not consider individuals for employment who are found to be, or considered, less than honest and forthright in the information they provide.

I HEREBY ACKNOWLEDGE THAT ALL FORMS IN THIS PACKET ARE OFFICIAL DOCUMENTS OF THE FREDERICK COUNTY DIVISION OF FIRE AND RESCUE SERVICES AND ALL ANSWERS GIVEN MUST BE TRUTHFUL. I ALSO ACKNOWLEDGE THAT OMISSION OR MISREPRESENTATION OF INFORMATION AT ANY STAGE OF PROCESSING COULD RESULT IN DISQUALIFICATION FROM FURTHER CONSIDERATION.

Date

Applicant Signature

Date of Birth

Full Legal Name - Printed

Mailing Address

Social Security Number

Online Users: By typing your name on the 'Applicant Signature' line, you are confirming your signature for the entire document.

Last Name:

First Name:



**FREDERICK COUNTY GOVERNMENT
DIVISION OF FIRE & RESCUE SERVICES
5370 Public Safety Place
Frederick, MD 21704**

Background Information Disclosure Agreement

This Background Information Disclosure Agreement is acknowledged by the undersigned Fire Service Candidate for employment with the Frederick County, Maryland Division of Fire and Rescue Services (DFRS). The Candidate acknowledges that he/she has read and understands the contents of this Agreement and agrees to comply with the following requirements. Failure to comply may result in removal from consideration for employment or employment, if hired, by DFRS.

- The Candidate agrees to notify DFRS of any change in his/her home address, phone numbers, current employment status or any other information provided to DFRS.
- The Candidate agrees to notify DFRS of any contact with any law enforcement agency, regardless of the nature of the contact. This includes any arrest for traffic and/or criminal offenses. An arrest may consist of a traffic ticket or citation, criminal or civil citation or an actual physical arrest.
- The Candidate agrees to notify DFRS in the event he/she is disciplined and/or terminated from his/her current place of employment (full or part time).
- The Candidate agrees to notify DFRS in the event he/she files bankruptcy or becomes a party to a civil judgment, lawsuit or other litigation.
- The Candidate agrees to notify DFRS when/if the Candidate submits an employment application to another employer or if the Candidate is removed from or denied consideration/employment with another employer.

Notification within the meaning of this document requires the Candidate to notify John Damskey, Background Investigator, at 240-674-1108 – JDamskey@FrederickCountyMD.gov OR **within 48 hours of the occurrence**, if any of the above-described issues occur.

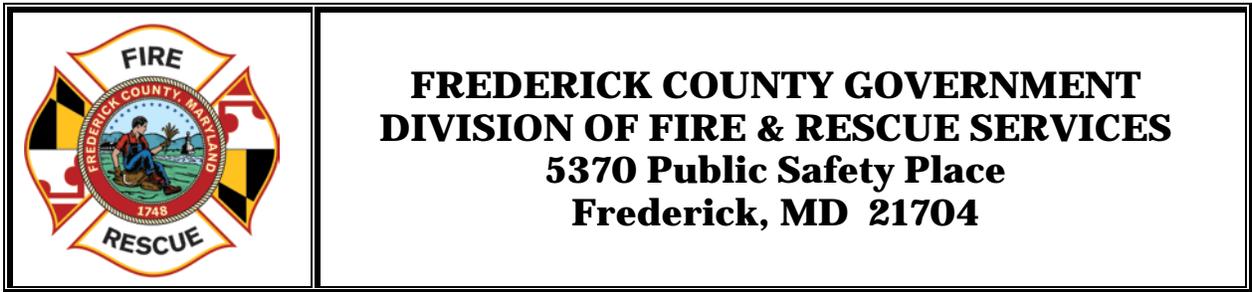
Candidate's Name (*Printed*)

Candidate's Name (*Signed*)

Date

Last Name:

First Name:



**Division of Fire and Rescue Services
Applicant Background Investigation**

Applicant's Full Name:

Last	First	Middle
------	-------	--------

Current Home Address:

Street Address		Apartment #	
City	County	State	Zip
Cell Phone	Work Phone	Home Phone	
Email Address			

Birth:

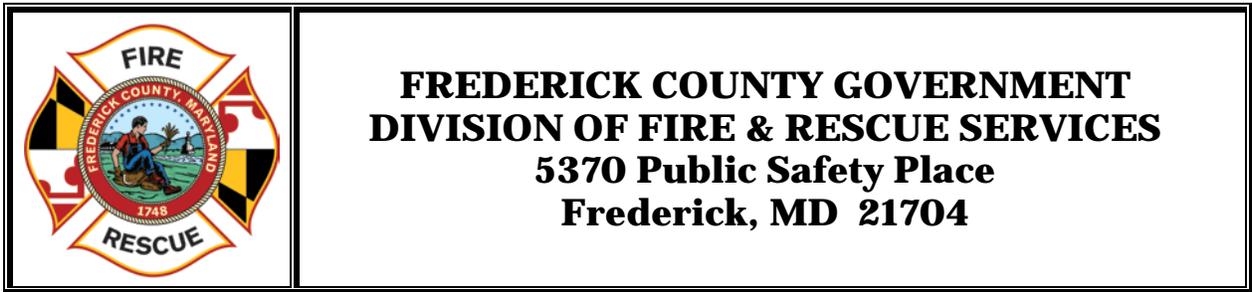
Date of Birth	Surname at Birth	Social Security Number	
City of Birth	State of Birth	Country of Birth	
U. S. Citizen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> By Birth <input type="checkbox"/> Naturalization
Naturalization Date/Place/Court			
Naturalization Certificate Number			
Petition Number			

Other Names Used (Maiden Name, Nicknames, etc.)

--

Last Name:

First Name:



**Division of Fire and Rescue Services
Marital Information of Applicant**

Married: Single Separated Divorced Widowed or Widower

Select One: Spouse Fiancé/Fiancée Significant Other Current Dating Partner

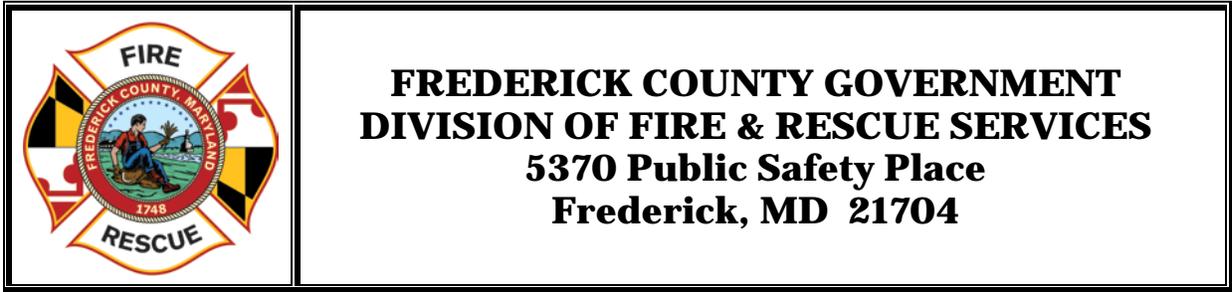
Name:	Maiden Name (if applicable):
Present Home Address:	County, City, State, Zip:
Email Address:	
Occupation	Place of Employment:
Employment Address:	Cell Number
Date of Marriage:	Location:

Has your Spouse/Fiancée/Significant Other/Current Dating Partner ever called the police about you for any reason? Yes No

If yes, provide dates, reasons, agency and disposition.

--

Last Name:
First Name:



**Division of Fire and Rescue Services
Information on Former Spouse**

(If not applicable, write "N/A" for "Not Applicable" in the box)

Full Name	
Maiden Name if Applicable	Date of Birth
Present Home Address	County, City, State, Zip
Home Phone	Cell Phone
Email Address	
Occupation	Place of Employment
Employment Address	
Date of Marriage	Location
Date of Divorce	Location

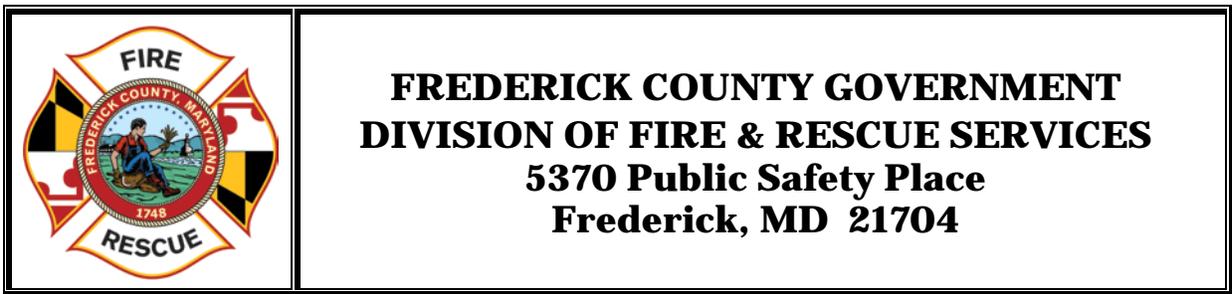
Has your Spouse/Fiancée/Significant Other/Current Dating Partner ever called the police about you for any reason? Yes No

If yes, provide dates, reasons, agency and disposition.

--

Last Name:

First Name:



Division of Fire and Rescue Services
Family of Applicant

Provide complete home addresses, zip codes, and phone numbers.

Father:

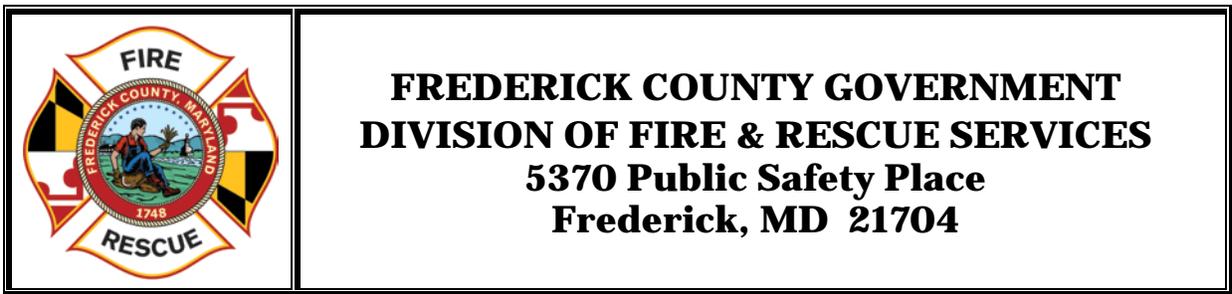
Last	First	Middle
Date of Birth	Date of Death (if applicable)	Home Phone
Full Home Address		Cell Phone
Email Address		
Criminal Record: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", explain:		

Mother:

Last	First	Middle
Date of Birth	Date of Death (if applicable)	Home Phone
Full Home Address		Cell Phone
Email Address		
Criminal Record: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", explain:		

Last Name:

First Name:



**Division of Fire and Rescue Services
Family of Applicant**

Provide complete home addresses, zip codes, and phone numbers.

Brother/Sister:

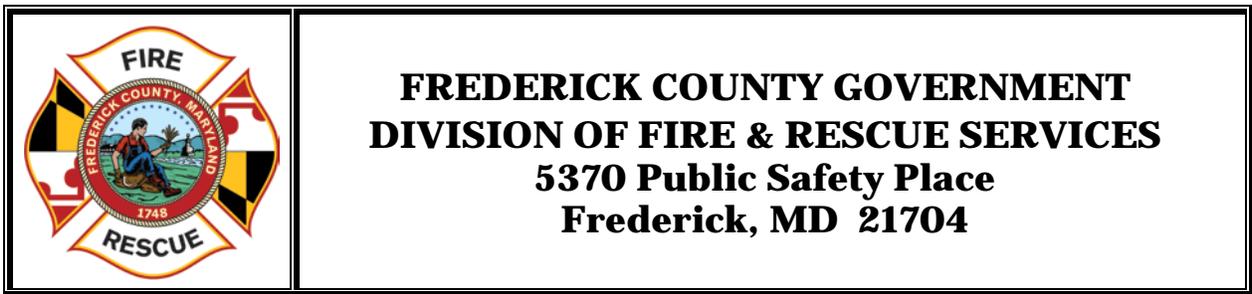
Last	First	Middle
Date of Birth	Date of Death (if applicable)	Home Phone
Full Home Address		Cell Phone
Email Address		
Criminal Record: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", explain:		

Brother/Sister:

Last	First	Middle
Date of Birth	Date of Death (if applicable)	Home Phone
Full Home Address		Cell Phone
Email Address		
Criminal Record: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", explain:		

Last Name:

First Name:



**Division of Fire and Rescue Services
Family of Applicant**

Provide complete home addresses, zip codes, and phone numbers.

Brother/Sister:

Last	First	Middle
Date of Birth	Date of Death (if applicable)	Home Phone
Full Home Address		Cell Phone
Email Address		
Criminal Record: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", explain:		

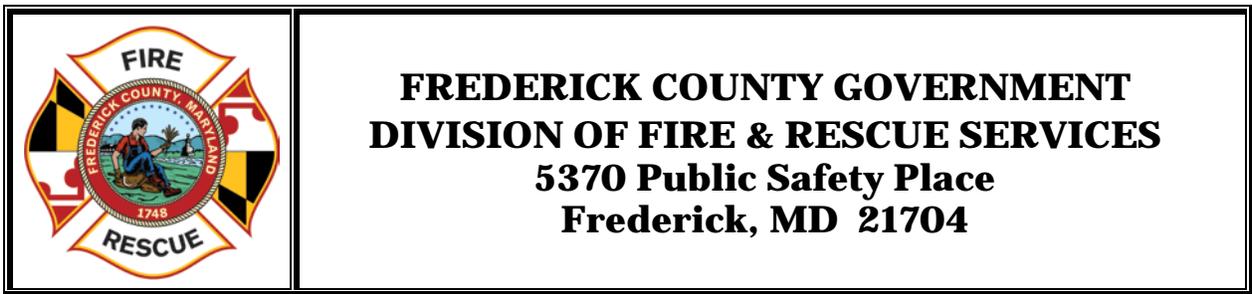
Note: *If you have no relatives, please list someone who will always have knowledge of where you are and how we can reach you.*

Other:

Last	First	Middle
Date of Birth	Relationship to Applicant	Home Phone
Full Home Address		Cell Phone
Email Address		

Last Name:

First Name:



**Division of Fire and Rescue Services
Family of Applicant**

Provide complete home addresses, zip codes, and phone numbers.

Legal Guardian/Other Relatives:

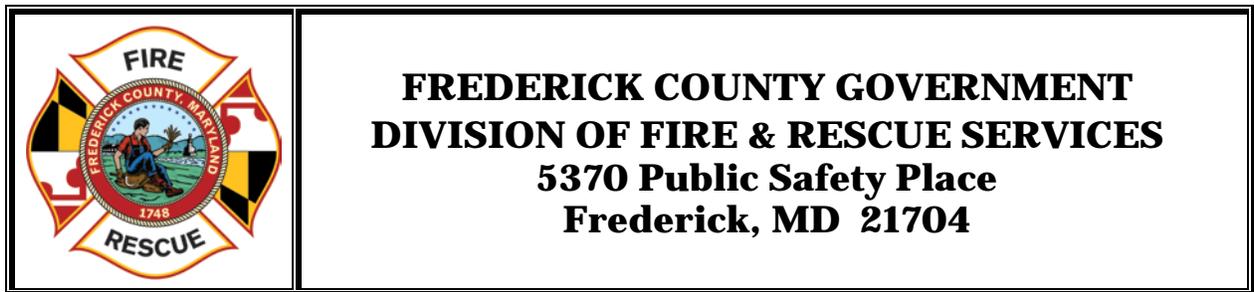
Last	First	Middle
Date of Birth	Date of Death (if applicable)	Home Phone
Home Address		Cell Phone
Email Address		
Criminal Record: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", explain:		

Legal Guardian/Other Relatives:

Last	First	Middle
Date of Birth	Date of Death (if applicable)	Home Phone
Home Address		Cell Phone
Email Address		
Criminal Record: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", explain:		

Last Name:

First Name:



Division of Fire and Rescue Services
Personal Residential Information

When completing this section ensure that you provide **every** address where you have lived for the past five (5) years. ***Begin with your current address and work backwards.*** Include addresses while living on a college or private school campus or the equivalent.

1.

Street	Apt# (Dorm)	From	To
City	County	State	Zip

2.

Street	Apt# (Dorm)	From	To
City	County	State	Zip

3.

Street	Apt# (Dorm)	From	To
City	County	State	Zip

4.

Street	Apt# (Dorm)	From	To
City	County	State	Zip

5.

Street	Apt# (Dorm)	From	To
City	County	State	Zip

6.

Street	Apt# (Dorm)	From	To
City	County	State	Zip

Last Name:

First Name:



**FREDERICK COUNTY GOVERNMENT
DIVISION OF FIRE & RESCUE SERVICES
5370 Public Safety Place
Frederick, MD 21704**

Division of Fire and Rescue Services

If you answer “YES” to any of the questions below, you are required to explain fully on a blank page – Reference Question and Page #

Have you ever:

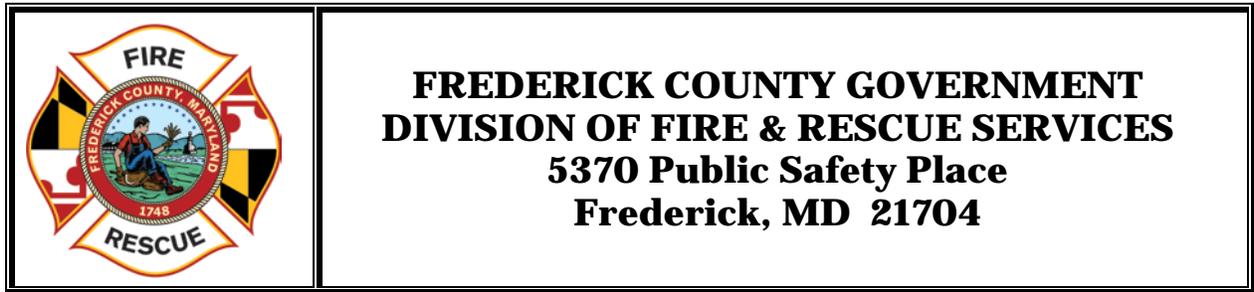
1. Lied or committed perjury in court or other judicial proceeding? No Yes
2. Lied to anyone in authority? No Yes
3. Entered any building, business, dwelling, or house without permission? No Yes
4. Intentionally injured anyone in a fight? No Yes
5. Entered a house of prostitution for any reason? No Yes

Have you ever:

6. Cheated a restaurant or food establishment by walking out on a check? No Yes
7. Helped anyone steal anything? No Yes
8. Falsified or lied on an employment application? No Yes
9. Provided anyone a discount at your place of employment without permission? No Yes
10. Conspired with anyone to commit an illegal act or crime of any kind? No Yes
11. Given anything to anyone that was not yours to give away? No Yes
12. Been accused or arrested for domestic violence, spousal abuse, child abuse or elder abuse? No Yes
13. Been questioned by the police as a suspect or witness as part of a criminal or traffic investigation? No Yes
14. Been a lookout or driver for someone else while they committed a crime or criminal act of any kind? No Yes
15. Used a weapon of any kind during a fight or altercation? No Yes

Last Name:

First Name:



Division of Fire and Rescue Services

If you answer "YES" to any of the questions below, you are required to explain fully on a blank page – Reference Question and Page #

Have you ever:

1. Been placed on parole or probation for any reason? No Yes
2. Falsely reported a crime or knowingly given erroneous or misleading information to a police officer from any police agency? No Yes
3. Used false, fraudulent, altered or borrowed identification of any kind? No Yes
4. Allowed your car to be used in the commission of a crime? No Yes
5. Knowingly committed a weapons violation of any kind (includes illegal possession, wearing, carrying, transporting, selling, purchasing, or modifying)? No Yes
6. Been a member of a street or motorcycle gang or crew? No Yes
7. Been present at, witness to, or involved in any way in any kind of murder, killing, manslaughter or other unnatural death of a human being? No Yes
8. Committed a crime for which you were not caught or arrested that is not listed elsewhere in this booklet? No Yes
9. Been an officer of or member of or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities? No Yes
10. Knowingly engaged in any acts or activities designed to overthrow the United States Government by force? No Yes
11. Been involved in or participated in any parade, picket line, delegation, or demonstration sponsored by a subversive organization(s)? No Yes

Last Name:

First Name:



**FREDERICK COUNTY GOVERNMENT
DIVISION OF FIRE & RESCUE SERVICES
5370 Public Safety Place
Frederick, MD 21704**

Division of Fire and Rescue Services

If you answer “YES” to any of the questions below, you are required to explain fully on a blank page – Reference Question and Page #

Have you ever:

27. Been involved in making, constructing, assembling or manufacturing, transporting, and/or detonation of any type of bomb or other incendiary device? No Yes
28. Knowingly filed a false/fraudulent insurance claim with any insurance company regarding a traffic accident, theft, or other monetary or property loss? No Yes
29. Been sexually aroused by a child or minor? No Yes
30. Been subjected to forfeiture of collateral in connection with an arrest? No Yes
31. Been required to appear before a juvenile court for an act, which would have been a crime if committed as an adult? No Yes
32. Been a victim or complainant in any crime or incident? No Yes
33. Been bonded or refused bond upon application? No Yes
34. Been issued or denied a permit or license to carry a handgun or other weapon on your person? No Yes
35. Been involved in any college fraternity hazing, initiation, incident, ritual, or program? No Yes

Last Name:

First Name:



**FREDERICK COUNTY GOVERNMENT
 DIVISION OF FIRE & RESCUE SERVICES
 5370 Public Safety Place
 Frederick, MD 21704**

Division of Fire and Rescue Services

**Check all boxes that apply and explain in detail on the blank page provided.
 Include dates and disposition.**

Have you ever been: Detained Interviewed Arrested
 Indicted Convicted

(as an adult or considered an adult) by **any** police or law enforcement agency? If so, explain in detail on the blank page provided.

Have you ever received a: Criminal Citation Civil Citation

If so, explain in detail giving dates(s), reason, agency, and disposition:

Are you currently:

Charged with an offense by any law enforcement authority? No Yes

On bail or out on personal recognizance or other conditional release? No Yes

On probation of any type? No Yes

If yes, explain in full detail:

Last Name:

First Name:



**FREDERICK COUNTY GOVERNMENT
DIVISION OF FIRE & RESCUE SERVICES
5370 Public Safety Place
Frederick, MD 21704**

Division of Fire and Rescue Services

Drug Usage

If you answer "yes" to any of the below, please explain in detail on a blank page.

<i>SUBSTANCE</i>	YES	NO	# of Times	Date of Last Use
Marijuana/Hashish	<input type="checkbox"/>	<input type="checkbox"/>		
PCP/Phencyclidine	<input type="checkbox"/>	<input type="checkbox"/>		
Cocaine/Crack	<input type="checkbox"/>	<input type="checkbox"/>		
Opium Derivative (Heroin, Morphine, Codeine, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
Amphetamines/Speed	<input type="checkbox"/>	<input type="checkbox"/>		
Barbiturates/Reds	<input type="checkbox"/>	<input type="checkbox"/>		
Inhalants (Glue, Solvents, Aerosols, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
Anabolic Steroids	<input type="checkbox"/>	<input type="checkbox"/>		
Hallucinogenic (LSD, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
Quaaludes, Valium	<input type="checkbox"/>	<input type="checkbox"/>		
Any other illegal drug not specifically listed	<input type="checkbox"/>	<input type="checkbox"/>		
SPECIFY:	<input type="checkbox"/>	<input type="checkbox"/>		

If you answer "yes" to any of the below, please explain in detail on a blank page.

DRUG INVOLVEMENT	Yes	No
Have you ever been arrested or charged with any drug violation?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever used prescription medication prescribed to another person?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever sold or distributed any type of illegal drug?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever participated in the delivery, transportation, storage or handling of illegal drugs for yourself or anyone else?	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever profit in any way from drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever used, tried, experimented with or had anything else to do with any illegal drug other than what you have already listed?	<input type="checkbox"/>	<input type="checkbox"/>

Last Name:

First Name:



**FREDERICK COUNTY GOVERNMENT
DIVISION OF FIRE & RESCUE SERVICES
5370 Public Safety Place
Frederick, MD 21704**

**Division of Fire and Rescue Services
Applicant's Employment History**

*If you answer "yes" to any of the below questions, **give full details including the name and address of the employer, approximate dates and circumstances in each case. Use the blank page if necessary.***

Have you ever been discharged, terminated, fired or disciplined by any employer? Yes No
If yes, explain:

Have you resigned (quit) while anticipating that your employer intended to discharge (fire) you for any reason?
 Yes No If yes, explain:

Have you ever resigned (quit) while anticipating that your employer intended to take any form of disciplinary action against you? Yes No If yes, explain:

Have you ever resigned (quit) from a job by mutual agreement following allegations of misconduct?
 Yes No If yes, explain:

Have you ever walked off (left) a job without giving proper notice? Yes No
If yes, explain:

Have you ever resigned (quit) from a job by mutual agreement following allegations of unsatisfactory work performance? Yes No If yes, explain:

Have you ever stolen anything from any of your employers? Yes No
If yes, explain:

Last Name:

First Name:



**FREDERICK COUNTY GOVERNMENT
DIVISION OF FIRE & RESCUE SERVICES
5370 Public Safety Place
Frederick, MD 21704**

**Division of Fire and Rescue Services
Applicant's Employment History
(Continued)**

Have you ever used any illegal drugs while working on any job? Yes No
If yes, explain, be specific (*what type of drug(s), how used, date, etc.*):

Have you ever committed any other crime(s) (even one which went undetected) while on any job you have ever held? Yes No If yes, explain:

Have you had any extended work absences for reasons other than medical or earned vacations? Yes No
If yes, explain:

Have you ever filed a Worker's Compensation claim with any of your employers? Yes No If yes, explain:

Do you have any Worker's Compensation claims still open and pending? Yes No If yes, explain:

Have you ever applied for any position with an agency or employer where a background investigation was initiated/conducted? Yes No If yes, please provide the agency/employer name, dates and status of the background investigation:

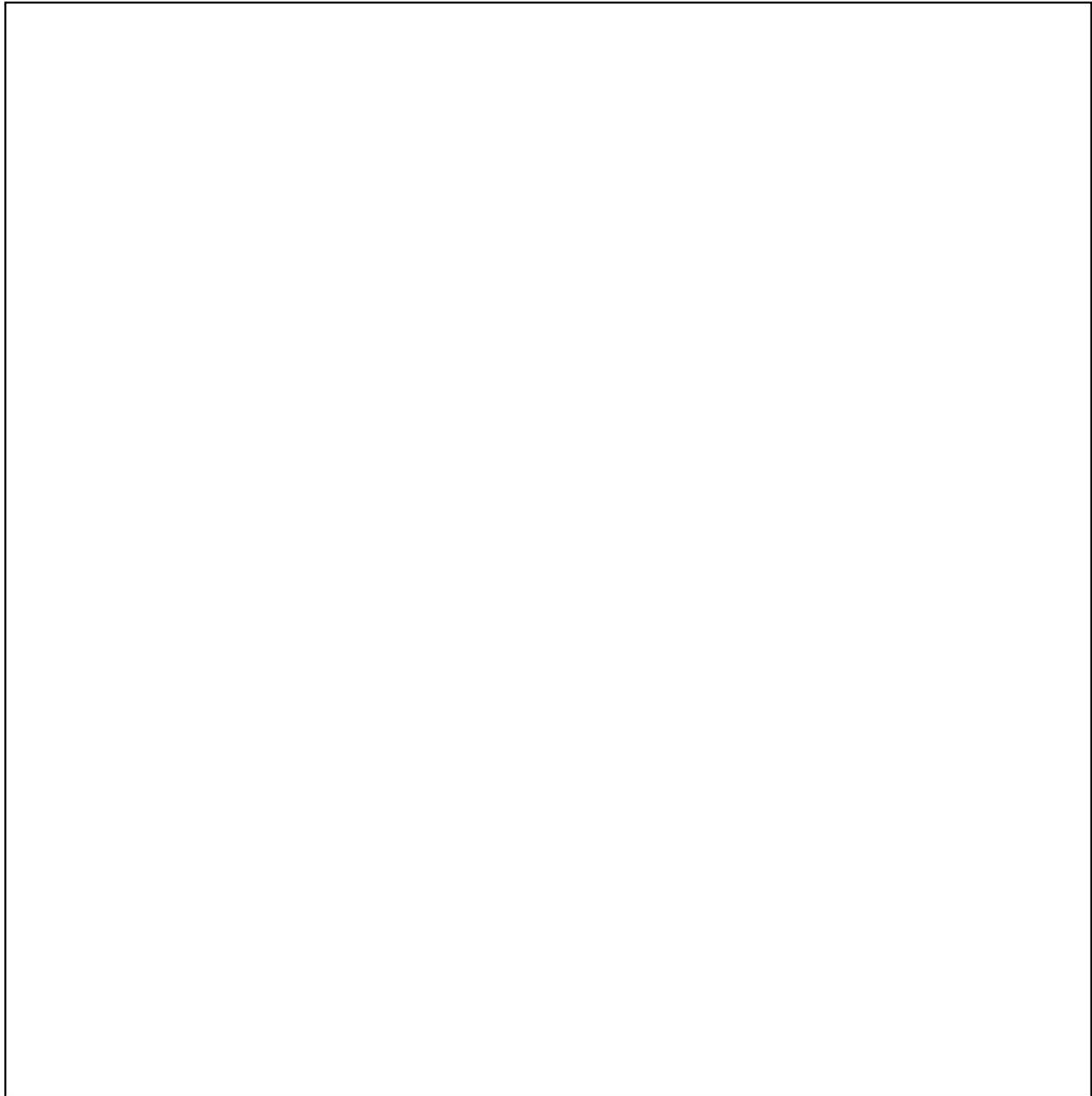
Last Name:

First Name:



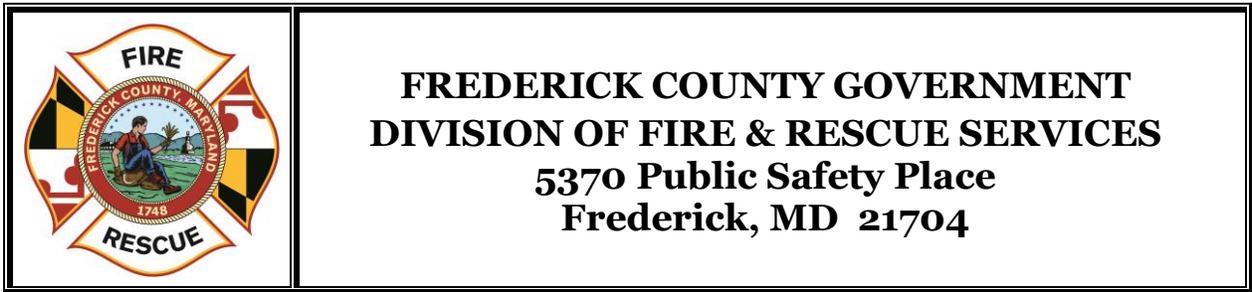
**FREDERICK COUNTY GOVERNMENT
DIVISION OF FIRE & RESCUE SERVICES
5370 Public Safety Place
Frederick, MD 21704**

(Note: This page intentionally left blank)



Last Name:

First Name:



Division of Fire and Rescue Services
Applicant's Employment Background

List ALL of your employment history (including part-time). Begin with your current employer first.
Explain periods of unemployment and/or any gaps in your employment history.

Current Employer	Job Title
Street Address	City, State, Zip
Applicant's Supervisor	Title
Email Address	Phone
Applicant's Position <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Salaried	
Dates of Employment From: _____ To _____	
Reason for Leaving	

Current Co-workers:

List two (2) co-workers with whom you presently work, who are not listed anywhere else in this packet

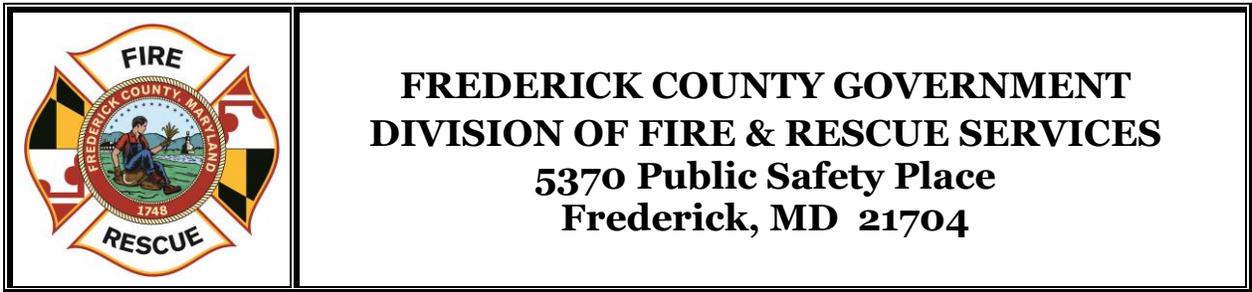
Full Name	Home Phone
Street Address	Cell Phone
City, State, Zip	Occupation
Email Address	

Full Name	Home Phone
Street Address	Cell Phone
City, State, Zip	Occupation
Email Address	

*NOTE: if you are currently working more than one job start with your highest paying job first then list all subsequent jobs in order. Include names of 2 co-workers for all current positions held. Use the blank page provided if necessary.

Last Name:

First Name:



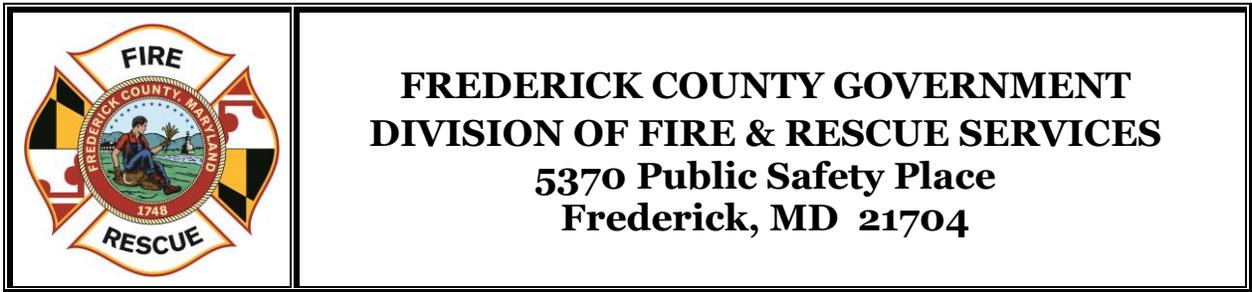
**Division of Fire and Rescue Services
Applicant's Employment Background**

Employer/Company	Job Title
Street Address	City, State, Zip
Applicant's Supervisor	Title
Email Address	Phone
Applicant's Position <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Salaried	
Dates of Employment From: _____ To _____	
Reason for Leaving (Exclude Medical Reasons)	

Employer/Company	Job Title
Street Address	City, State, Zip
Applicant's Supervisor	Title
Email Address	Phone
Applicant's Position <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Salaried	
Dates of Employment From: _____ To _____	
Reason for Leaving (Exclude Medical Reasons)	

Last Name:

First Name:

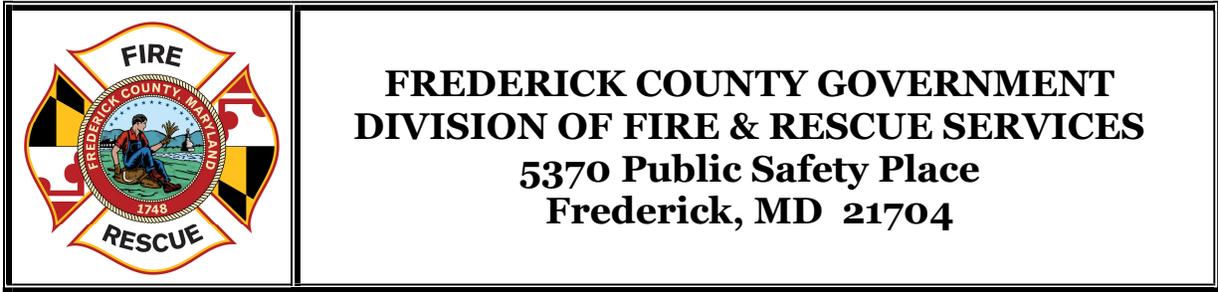


**Division of Fire and Rescue Services
Applicant's Employment Background**

Employer/Company	Job Title
Street Address	City, State, Zip
Applicant's Supervisor	Title
Email Address	Phone
Applicant's Position <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Salaried	
Dates of Employment From: _____ To _____	
Reason for Leaving (Exclude Medical Reasons)	

Employer/Company	Job Title
Street Address	City, State, Zip
Applicant's Supervisor	Title
Email Address	Phone
Applicant's Position <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Salaried	
Dates of Employment From: _____ To _____	
Reason for Leaving (Exclude Medical Reasons)	

Last Name:
First Name:



Division of Fire and Rescue Services
Volunteer Membership Affiliation

Please provide additional information about present Volunteer Firefighter/EMS membership you may have. If you feel additional information will be helpful, please note on blank page provided.

Name of Department:	Phone No:
County:	State:

How long have you been a member? _____

Have you been personally involved in fire suppression? Yes No

How often & in what capacity? _____

Have you been personally involved in EMS? Yes No

How often, and in what capacity? _____

Is there anyone at the station who could verify this information: Yes No

If yes, Name _____ Phone # _____

Station Chief Name _____ Phone # _____

Chief's Email Address _____

 Chief's Signature Date

Last Name:

First Name:



**FREDERICK COUNTY GOVERNMENT
DIVISION OF FIRE & RESCUE SERVICES
5370 Public Safety Place
Frederick, MD 21704**

**Division of Fire and Rescue Services
Military Status**

Have you served in the Armed Forces of the U.S.?

Yes

No

Active

Inactive

If yes, Branch of Service: _____

Dates of services: From: ____/____/____ To: ____/____/____

Job title and rank in military: _____

Do you have any Reserve obligation?

Yes

No

Active

Inactive

Has that obligation begun? Yes No

When is it scheduled to terminate? _____

Type of discharge: _____

**NOTE: Documentation Required – See Page 2 of this packet.
Please attach your **Form DD214** or your discharge paperwork with the submittal
of this packet.**

Last Name:
First Name:

	<p>FREDERICK COUNTY GOVERNMENT DIVISION OF FIRE & RESCUE SERVICES 5370 Public Safety Place Frederick, MD 21704</p>
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Division of Fire and Rescue Services

College Attendance

(Use the blank page if necessary)

Do you have a degree? Yes No

Type: Certificate AA/AS BA/BS MA/MS Other

If not, how many college credits have you earned? _____

If you earned quarter hours, how many earned? _____

What is your major field of study? _____

What is your minor field of study? _____

If your major was not Fire Science or EMS, how many fire/EMS related courses have you taken?

College(s)/Universities Attended

(List last attended first. Use the blank page if necessary)

School Name		
Address (Street, City, County, State, Zip)		
Phone Number		
Dates Attended (mm/dd/yy)	From:	To:
Number of credits earned	Level of Degree earned	Date

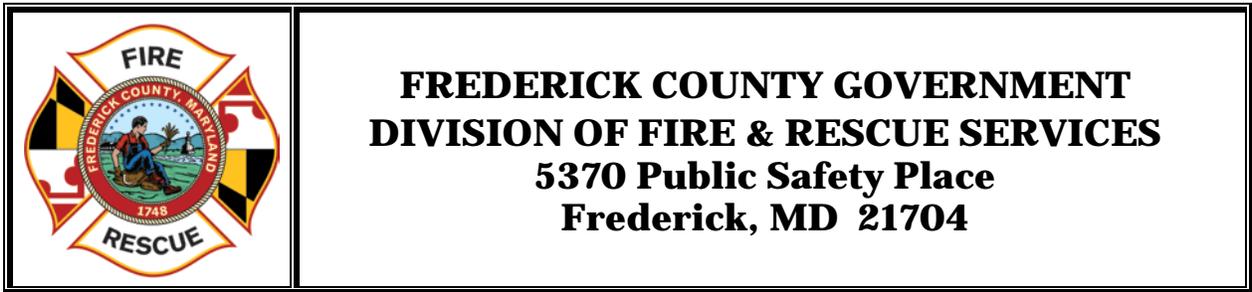
Note: Documentation Required – See Page 2

School Name		
Address (Street, City, County, State, Zip)		
Phone Number		
Dates Attended (mm/dd/yy)	From:	To:
Number of credits earned	Level of Degree earned	Date

Note: Documentation Required – See Page 2

Last Name:

First Name:



**Division of Fire and Rescue Services
Personal References**

List three (3) character references (not related to you by blood or marriage).

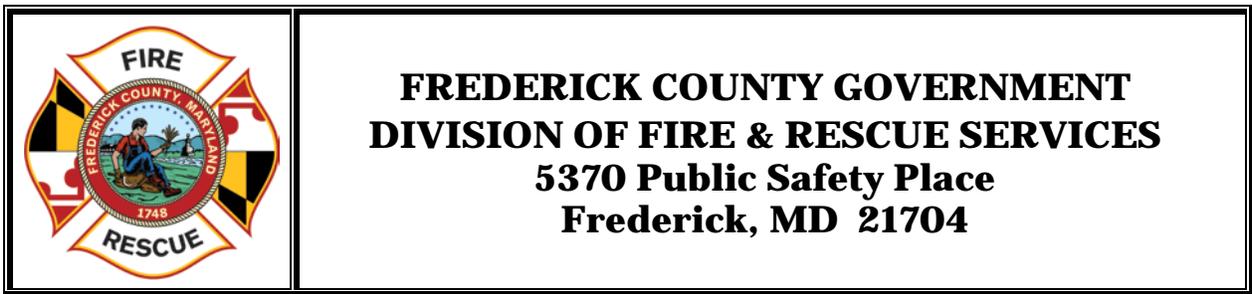
Full Name	
Street Address (No P. O. Boxes)	City, State, Zip
Occupation	Home Phone
Length of Time Known	Cell Phone
Email Address	

Full Name	
Street Address (No P. O. Boxes)	City, State, Zip
Occupation	Home Phone
Length of Time Known	Cell Phone
Email Address	

Full Name	
Street Address (No P. O. Boxes)	City, State, Zip
Occupation	Home Phone
Length of Time Known	Cell Phone
Email Address	

Last Name:

First Name:



**Division of Fire and Rescue Services
Neighbors**

List three (3) people who reside in your neighborhood, or if you have just relocated – the previous neighborhood, and who have not been listed elsewhere in the booklet.

Full Name	
Street Address (No P. O. Boxes)	City, State, Zip
Occupation	Home Phone
Length of Time Known	Cell Phone
Email Address	

Full Name	
Street Address (No P. O. Boxes)	City, State, Zip
Occupation	Home Phone
Length of Time Known	Cell Phone
Email Address	

Full Name	
Street Address (No P. O. Boxes)	City, State, Zip
Occupation	Home Phone
Length of Time Known	Cell Phone
Email Address	

Last Name:

First Name:



**FREDERICK COUNTY GOVERNMENT
DIVISION OF FIRE & RESCUE SERVICES
5370 Public Safety Place
Frederick, MD 21704**

(Note: This page intentionally left blank)

Last Name: _____

First Name: _____



**FREDERICK COUNTY GOVERNMENT
DIVISION OF FIRE & RESCUE SERVICES
5370 Public Safety Place
Frederick, MD 21704**

**BACKGROUND INVESTIGATION
AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, to and by the Frederick County Division of Fire and Rescue Services, a division of Frederick County Government, whether said records are of a public, private, and/or confidential nature.

THE INTENT OF THIS AUTHORIZATION IS TO GIVE MY CONSENT for full and complete disclosure of records, including but not limited to, those held by educational institutions, financial institutions, credit institutions or credit agencies, including records of deposits, withdrawals and balances of checking and savings accounts and loans and also the records of commercial or retail agencies (including credit reports and/or credit ratings); medical and/or psychiatric treatment and/or consultations including records held by hospitals, clinics, private practitioners, and the United States Veterans Administration; records held by public utility companies; employment and pre-employment results, efficiency ratings and/or performance evaluations, records of complaints and/or grievances filed by or against me, and salary records; real and personal property records, and other financial statements and records, wherever filed; records of complaint, arrest, trial and/or conviction(s) for alleged or actual violations of law, including criminal and/or traffic offense records, and records of a civil nature made by and/or against me, wherever located, and to include the records and recollections of attorneys at law, or of counsel, whether representing me or another person in any case in which I presently am involved or have had an interest.

IT IS MY SPECIFIC INTENT TO PROVIDE ACCESS TO PERSONAL INFORMATION, no matter how personal, private, privileged, or confidential it may appear to be, and the source(s) of information specifically identified in this Authorization for the Release of Information.

I UNDERSTAND THAT ANY INFORMATION OBTAINED during the course of the background investigation that is developed directly or indirectly, or in whole or in part, upon this *AUTHORIZATION FOR THE RELEASE OF INFORMATION*, may be considered in determining my suitability for employment with Frederick County Government.

I FURTHER UNDERSTAND that in the event my employment application and/or résumé is disapproved, not considered, or otherwise does not result in my employment, the identity of the source(s) of confidential information **CANNOT AND WILL NOT BE RELEASED AND/OR REVEALED TO ME.**

ADDITIONALLY, I AGREE TO RELEASE, INDEMNIFY AND HOLD HARMLESS Frederick County Government, and all persons to whom this *AUTHORIZATION FOR THE RELEASE OF INFORMATION* is presented and his/her/their agents, employers, and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees, arising out of, or by reason(s) of complying with the request for information that this *AUTHORIZATION FOR THE RELEASE OF INFORMATION* provides.

LASTLY, IT IS FURTHER UNDERSTOOD BY ME THAT A PHOTOCOPY, including a facsimile (or FAX) copy of the actual original of this *AUTHORIZATION FOR THE RELEASE OF INFORMATION* will be valid as an original hereof, even though the said photocopy or facsimile does not contain an original writing of my signature.

Applicant Signature **Today's Date:** _____

Print Full Name (NO INITIALS):
Other Names Used:
Current Address:

Home Phone: _____ **Cell Phone:** _____