

Return by: _____



Singerly Fire Company



NOTICE TO APPLICANTS
Screening tests for illegal drug
will be required as a condition
of employment.

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: _____

Regular Full-Time _____ Seasonal _____ Part-Time _____

How did you learn of employment opportunities with Singerly? _____

Company policy prohibits employment of an immediate family member into a position supervised by a relative. Do any members of your family work for Singerly Fire Company? Yes _____ No _____

If yes, please indicate name and position: _____

PERSONAL DATA

NAME _____
(Last) (First) (Middle)

List any other name under which your educational or work records may appear: _____

Home Phone No. _____ Office Phone No. _____ Social Security No. _____

Address _____
(Street) (City) (State) (Zip Code)

Are you legally eligible for employment in the United States? (Proof of U.S. citizenship or immigration status will be required upon employment) Yes [] No [] if no, please explain: _____

When is the best time to reach you during the day? _____ Phone No. _____

Have you, since age 18, been convicted of a misdemeanor or felony other than minor traffic violations? (Each conviction will be judged in relation to time, seriousness and circumstances and will not necessarily bar you from employment.)

Yes [] No [] if yes, describe in full: _____

As An Equal Opportunity Employer, Singerly Fire Company does not discriminate in hiring or other terms and conditions of employment because of an individual's race, creed, color, religion, sex, age, national origin, marital status, disability, veteran status, or any other reason prohibited by federal, state, or local law.

Americans with Disabilities Act: No qualified individual with a disability shall on the basis of the disability, be subjected to discrimination in employment under any service, program, or activity conducted by Singerly Fire Company. It is also essential that the Company will not compromise safety in any of their hiring practices. Singerly Fire Company will make all reasonable accommodations with regard to employment of individuals with disabilities. The Company will not discriminate in any way toward any employee with regard to employment related activities (i.e.; hiring, firing, tenure, layoffs, leave, etc.). No employee will be discriminated against for their association or relationship to any disabled person.

EDUCATIONAL DATA

Did you successfully complete?	Circle Highest Grade Successfully COMPLETED	Name and Address of Last Elementary and High School Attended and Course of Study
Elementary yes <input type="checkbox"/> no <input type="checkbox"/>	1 2 3 4	_____
Junior High yes <input type="checkbox"/> no <input type="checkbox"/>	5 6 7 8	_____
Senior High yes <input type="checkbox"/> no <input type="checkbox"/>	9 10 11 12	_____
Date Graduated		If you did not graduate from high school, have you received a GED? _____ If yes, give # _____

COLLEGE OR UNIVERSITY

DEGREE RECEIVED?

Give Name and Address of College, University or Professional School and Course of Study	If Yes, give title, date & major	If No, Number Semester Hours	Years completed	Date of Completion

OTHER TRAINING

Give Name and Address of School	Subjects Studied	Years Completed	Did you finish the course? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you currently serve in the Military or are you a Veteran? Yes _____ No _____

List any licenses and/or certificates that you possess which relate to the job for which you are applying. You are applying for a position which requires driving a Company vehicle; please note the Driver's License Number and Class in which you possess a valid license. (Applicant having 6+ points on driving record cannot drive for Singerly): _____

LIST APPARATUS/EQUIPMENT YOU CAN OPERATE (specific to EMS and fire company usage) _____

ADDITIONAL INFORMATION

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodations? (Singerly Fire Company adheres to the principles of the Americans with Disabilities Act).

Yes _____ No _____ If no, please list the accommodation(s) you feel would be necessary to allow you to perform these functions: _____

EMPLOYMENT RECORD DATA

Give employment record as completely as possible starting with your present or last employer. (Include Military Service)
Attach additional sheets if necessary.

1. Employer	Address	Mo/Yr Start	Mo/Yr End
Type of Business	Reason for leaving(wanting to leave)	Salary Start	Present/End Salary
Title of Position	Name of Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone #
Duties:			

2. Employer	Address	Mo/Yr Start	Mo/Yr End
Type of Business	Reason for leaving	Salary Start	End Salary
Title of Position	Name of Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone #
Duties:			

3. Employer	Address	Mo/Yr Start	Mo/Yr End
Type of Business	Reason for leaving	Salary Start	End Salary
Title of Position	Name of Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone #
Duties:			

4. Employer	Address	Mo/Yr Start	Mo/Yr End
Type of Business	Reason for leaving	Salary Start	End Salary
Title of Position	Name of Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone #
Duties:			

5. Employer	Address	Mo/Yr Start	Mo/Yr End
Type of Business	Reason for leaving	Salary Start	End Salary
Title of Position	Name of Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone #
Duties:			

PERSONAL REFERENCES

Name	Address	Relation to Applicant	Occupation	Phone No.
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Have you worked for Singerly Fire Company before? Yes _____ No _____

If yes, Date: _____ Department worked for: _____

How soon can you report to work? _____

If employed, are you willing to accept the approved salary for the job? _____

Do you have a valid driver's license? _____ Number & Type _____

I authorize Singerly Fire Company to investigate any and all statements made in this application. If in the judgment of the Company, any misrepresentation has been made herein or the results of the investigation are not satisfactory, an offer of employment may be withdrawn; and, if I am already employed, my employment may be terminated immediately.

I voluntarily consent to allow Singerly Fire Company or any of its officers, employees or agents to check my references by contacting any person whom they deem to be an appropriate reference. I understand that these questions may be about my personal or educational background, work experience, character, and personality, including information of a confidential or privileged nature.

Date _____ Signature _____

I understand that if I am selected for an appointment to a position in Singerly Fire Company I will be required to have a physical examination, including drug screen, on the basis of which I may or may not be accepted for employment.

Date _____ Signature _____

MAKE SURE YOU HAVE ANSWERED ALL THE QUESTIONS ON THIS FORM. IF YOU HAVE NOT FILLED IT OUT COMPLETELY, IT MAY RESULT IN THE REJECTION OF YOUR APPLICATION.

POLYGRAPH DISCLAIMER: IT IS THE INTENTION OF SINGERLY FIRE COMPANY TO INFORM ALL APPLICANTS OF THE FOLLOWING: "UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT, OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR, OR SIMILAR TEST, OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND IS SUBJECT TO A FINE NOT TO EXCEED \$100.00."

Date _____ Signature _____

EMPLOYMENT APPLICATION POLICY

This application will be considered for the specific job opening only. All applications will be kept for a one-year period. Applications will be examined on a regular basis and all "expired" forms will be removed and destroyed. If an applicant updates his or her application, the one-year clock will be restarted.

RETURN TO:

**SINGERLY FIRE COMPANY
P.O. Box 444/300 NEWARK AVE
ELKTON, MD 21921**



AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY

Singerly Fire Company is an equal opportunity employer dedicated to a policy of nondiscrimination in employment upon any basis, including race, color, creed, religion, age, sex, national origin, ancestry, marital status, military status, or the presence of any non-job-related medical condition or disability. Please keep in mind the questions contained in this application are not intended to be discriminatory based on any non-job information.

The information requested below is voluntary and will be used to complete statistical reporting required to analyze our applicant flow. It will be separated from your application and will have no effect on the disposition of your application. Thank you for your cooperation.

Position Applied For: _____

Date: _____

Sex: Male: _____ **Female:** _____

Race/Ethnic Identification:

_____ **White/Caucasian, Indo-European, Pakistani, East Indian**

_____ **Black/African American, Jamaican, Trinidadian, West Indian**

_____ **Hispanic, Mexican, Puerto Rican**

_____ **American Indian, Alaskan Native**

_____ **Asian, Pacific Islander**