



# Ocean Pines Fire Department

911 Ocean Parkway

Ocean Pines MD 21811

410-641-8272 Fax: 410-641-5686 Email: [admin@opvfd.com](mailto:admin@opvfd.com)

## Employment Application

Applicants for all positions are considered without regard to race, color, religion, sex, national origin, age, marital status or presence of disabilities.

Date of Application: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

\_\_\_\_\_  
Last Name: First Middle Int.

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

\_\_\_\_\_  
Main Contact #: Email

\_\_\_\_\_  
Social Security Number: Date of Birth:

\_\_\_\_\_  
Driver's License Number: Class:

Are you either a US Citizen or authorized to work in the US? YES / NO

Are you employed now? YES / NO May we contact your employer? YES / NO

\_\_\_\_\_  
Employer Information Phone Number

Dates available to work? \_\_\_\_\_ Full Time / Part Time

Have you applied to OPVFD before? YES / NO When: \_\_\_\_\_

Referred by: \_\_\_\_\_

## **Employment Experience**

Start with your present or last job. Include military serves assignments and volunteer activities.

Employer

Address

Phone Number

To:

From:

Job Title

Dates Employed

Reason for Leaving:

Hourly Rate / Salary:

Employer

Address

Phone Number

To:

From:

Job Title

Dates Employed

Reason for Leaving:

Hourly Rate / Salary:

Employer

Address

Phone Number

To:

From:

Job Title

Dates Employed

Reason for Leaving:

Hourly Rate / Salary:

## **Special Skills and Qualifications**

Summarize your special skills or training, certifications and or qualifications.  
Please provide copies of all certificates and or transcripts.



List professional, trade, business and civic activities and offices held.

## **Education**

	<b>Name / Location</b>	<b>Yrs. Completed</b>	<b>Degree Y / N</b>	<b>Subject</b>
<b>High School</b>				
<b>College</b>				
<b>Trade / Business School</b>				
<b>Other</b>				

Member or Veteran of the U. S. Military Service: **YES / NO**

Branch:

Rank:

Type of Discharge:

## **References**

Give name, address and telephone number of three employer, co-workers or other professional references who are familiar with your capabilities.



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## **Applicant's Statement**

**I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for immediate dismissal without recourse.**

**I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.**

**I understand that this application is not a contract of employment.**

**If offered employment, I further understand that I may be required to pass a job-related physical examination.**

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**Applicant's Signature**

**Date**